Part 2. Clarify Career & Training Goals – Seek Training in the MOST Effective Therapies

Take a few minutes to think about the following questions. It is really okay if you don’t have confident answers right now – just come up with answers that feel right for you right now. It’s fine if you have more than one answer.

1. In 10 years, when you’re working in a career that you think you will love, what will you be doing each day?

2. Population: With whom will you work?
   - Children, teens, adults, elders?
   - Individuals, couples, families?
   - Any particular feature for the population? Women or men, GLBTQ, athletes…

3. Service Area – Overall Level of Functioning:
   - Healthy clients who are seeking to optimize mental wellness, optimize specific skills (such as communication or leadership), or plan and succeed at significant life goals.
   - So-called “worried well” clients who do not have a mental illness but who are struggling with personal adjustment, relationships, personal identity, or vocational identity….
   - Clients with common, mild to moderately severe psychological disorders.
   - Clients with moderate to severe psychological disorders.

4. Service Area – Specific Issues:
   - With what kinds of issues / problems will your clients be seeking help? Do you want to work with adults with depression or anxiety disorders? Teens or young adults with an eating disorder? Children with internalizing disorders or externalizing disorders? People with serious mental illnesses (SMI) – such as bipolar disorder?

5. Therapeutic Approach: How will you help your clients?
   - Listening? Acceptance and Validation? (Counseling)
   - Empirically-Supported Therapies that are designed to treat specific symptoms / disorders?
     - Cognitive-Behavioral Therapy (CBT) for Depression? CBT for Anxiety Disorder? Exposure Therapy?
     - Dialectical Behavior Therapy (DBT)? Behavioral Activation (BA)? Multisystemic Therapy (MST)?
     - Motivational Interviewing (MI)? (Clinical therapies)
   - Other methods: Recreational therapy, art therapy, music therapy…?

Over the upcoming months – as you’re completing classes, reading about career options, talking with professionals, and trying out internship experiences – revisit the questions above and see if you can increase your understanding of the questions and various answers you find.

You definitely don’t need to have all of the answers to make career decisions and apply to graduate schools, but the more you think, read, and talk with people about these issues, the more confident you may become about your career goals and decisions about graduate school.

Remember the questions listed in the first handout? Which type of graduate program is best? Should I get a Master’s or a Doctorate? If I go for the doctorate, should I get a PhD or a PsyD? What’s the difference between getting a degree in Clinical Psychology v. Counseling Psychology? What’s the difference between Counseling Psychology and Counseling? What about getting a Masters in Social Work?

The likelihood that you'll be able to get satisfactory answers to your questions about graduate school depends, in part, on your reflecting about the population(s), service area(s), and therapeutic approach(es) you want to work with as you begin your career. **Learning about the most effective therapeutic methods and looking to see how well particular graduate programs will prepare you to perform those types of therapy are key to finding a good grad school.**

You can change your focus and acquire additional training during your career and, if graduate school is training for a particular career (which it is), then your ability to select a graduate program that will get you off to a good start will be improved if you read, reflect, and talk with professionals about the issues above.
Clarify Career Goals: Keep your focus on obtaining training in the most effective empirically-supported therapies (EST). You'll need to evaluate the various licenses, degrees, and graduate schools in terms of the training that you’ll receive.

All licensed mental health care professionals have to earn a graduate degree and complete supervised clinical work experience in order to be licensed. A license is a "quality control" credential awarded by the state - it gives you legal authority to work. Some licenses allow you to work with supervision and others allow you to engage in independent diagnosis and treatment of mental and behavioral disorders.

You’ll need to learn about the types of licenses you could hold and the graduate degree programs that can prepare you for each type of license. While there are many different job titles and specializations in this profession, there is a much smaller list of licenses and degrees. In the state of Indiana, for example, there are four licenses held by mental health care professionals.

The percentages indicate practitioners holding each type of license last year.

1) Licensed Clinical Social Workers (LCSW) – 48%. Degree: Master’s in Social Work.
2) Licensed Mental Health Counselors (LMHC) – 20%. Degrees: Master’s in Counseling or Clinical Psychology.
3) Licensed Marriage & Family Therapists (LMFT) – 12%. Degree: Master’s in Marriage & Family Therapy.
4) Licensed Psychologists – Clinical, Counseling, or School (LP, HSPP) – 20%. Degree: PhD or PsyD.

You’ll get more information about different licenses and degrees in the next section, but first note that there is a great amount of overlap - especially in terms of populations & service areas - between these groups of mental health care providers!!

1) Licensed Clinical Social Workers (LCSW) diagnose, prevent and treat mental, emotional or behavioral disorders, conditions or addictions through the provision of individual, marital, couples, family or group counseling and psychotherapy.
2) Licensed Mental Health Counseling (LMHC) includes assessment, diagnosis and treatment, counseling and psychotherapy, of a nonmedical nature of mental and emotional disorders, psycho-educational techniques aimed at prevention of such disorders, and consultation to individuals, couples, families, groups, organizations and communities.
3) Licensed Marriage and Family Therapists (LMFT) are mental health professionals trained in psychotherapy and family systems, and licensed to diagnose and treat mental and emotional disorders… treat a wide range of serious clinical problems including: depression, marital problems, anxiety, individual psychological problems, and child-parent problems.
4) Counseling Psychologists (LP/HSPP) do counseling/psychotherapy with individuals of all ages, families, and organizations. Clinical Psychologists (LP/HSPP) assess and treat mental, emotional, and behavioral disorders. These range from short-term crises, such as difficulties resulting from adolescent rebellion, to more severe, chronic conditions such as schizophrenia.

Do the letters behind your name – your degree and license – make a difference in terms of the therapeutic approach you’ll use? In terms of your being able to provide the most effective therapy available to your clients, the letters behind your name (LCSW, LMHC, LMFT, LP) matter less than the fact that you’ve received training in the specific ESTs that the literature says is most effective for your population and service area. Some doctoral graduate programs that train Licensed Psychologists do a better job preparing their students to deliver ESTs than some master’s degree programs that will produce LCSWs, LMHCs, LMFTs – but some doctoral programs do not do a better job. Some master’s degree programs turn out clinicians who will become far better trained in ESTs than some doctoral programs. Which ones? Stayed tuned… we’re heading in that direction.

How can you tell which graduate programs will support you in obtaining training in the most effective therapeutic methods available today? How can you map out a career path for yourself so you will get good training even if the graduate program you select does not give you all of the training that you need? First, who cares about ESTs?

- Potential clients who are savvy. They’ve received referrals from other practitioners (perhaps their M.D. or psychiatrist or their child’s pediatrician or a school social worker or psychologist) or they’ve researched how to find excellent practitioners.
- Agencies that license some mental health facilities: Psychiatric hospitals in Indiana that treat children who’ve experienced trauma – neglect, abuse, other – are required to be able to provide Trauma-Focused Cognitive-Behavioral Therapy (TFCBT).
- Mental health facilities that have made a commitment to using ESTs – Centerstone of Indiana, for example, made the commitment decades ago.
- Insurance agencies – public and private – may decline to reimburse clients for therapy sessions unless the clinician uses an EST. The following is a description of a course offered to Touro College School of Social Work alumni: “Increasingly, social workers and other practitioners are asked by the funding sources that support New York’s public service agencies to demonstrate their familiarity with, and competency using, evidenced-based practices. Cognitive Behavioral Therapy (CBT) is one of the most frequently employed evidence based practices…”3

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Prepared by Dr. Cynthia M. Patton, Last revised September 2, 2014
What knowledge & skills can you expect to acquire during graduate school?
How can you make sure you’re on your way to being trained in the most effective therapies?

Learn about typical psychology & our social world(s): Development, Cognition, Social Psychology, Neuroscience.
Family Interactions – Marriage & Parent-Child. Sociology, Gender Studies, Cultural and Ethnic Diversity…

Learn about atypical psychology & our social world(s) – diagnoses, causes, and a bit about treatments
• Abnormal Psychology, Behavioral Disorders of Childhood and Adolescence…

Learn about counseling theories – descriptions of ways that we might be able help people change to become more healthy. If someone believes in one theory of counseling more than others, they may describe it as their “theoretical orientation”.
• Behavior Therapy (Behavior Modification, Exposure Therapy, Cognitive-Behavioral Therapy), Family Systems, Existential/Humanistic/Client-Centered, Psychodynamic (Freudian), Person-in-Situation (Social Work)…

Skills of a Mental Health Care Professional
Learn about and do – practice, with close supervision and frequent feedback about your performance!

General Counseling Skills
• Communication skills and personal reflection exercises that help professionals develop rapport with diverse clients – including active listening (attending, reflecting), establishing clear goals, and engaging the client in solution-focused change.

Assessments
• Training in delivering and interpreting common reliable, valid assessments: Structured Clinical Interview, Suicide Risk Assessments, Beck Depression Inventory, Child Behavior Checklist, and many more.

Interventions
• Empirically Supported Therapies (ESTs) are treatments that have been demonstrated to be safe and effective for specific disorders, such as major depressive disorder, obsessive-compulsive disorder, and so forth. ESTs often incorporate a variety of psychotherapeutic techniques. If you’ve learned about behavioral therapy and cognitive-behavioral therapy then, when you read about the ACTION Treatment Program for Girls, for example, you’ll better understand the behavioral activation, cognitive-behavioral, and problem-solving skills building components of this EST. It’s important to work to become familiar with ESTs for a wide variety of problems and populations (children, teens, adults) because clients will approach you with problems that you don’t treat and you want to be able to help them find a professional who can deliver the EST they need.

• An excellent graduate program will assist you as you evaluate the quality of the evidence for the most commons ESTs that have been developed for population/problem with whom you wish to work. Why? So that you can seek classes, practica, internships, and post-graduate training in the most effective ESTs. You’ll need to read systematic research reviews, paying special attention to results of very well designed studies (e.g., experiments that compare improvement of clients receiving the EST to already established, effective therapies). Once you’ve got a list of the most effective interventions for a particular target population and problem, then you’ll need to investigate the nature of training you’d need to learn how to do those ESTs. For example, the developers of Trauma-Focused Cognitive Behavioral Therapy urge practitioners who want to learn how to do TFCBT to complete an online training course, read the program developers’ treatment book, complete a readiness assessment, attend intensive skills training for 1-2 days with an accredited TFCBT trainer, and receive ongoing expert consultation from trainers for six months as they begin to use TFCBT. How can you be sure that getting training in TFCBT is right for you? When it’s time to learn how to do therapy in graduate school (a practicum or internship) you can look for a site that has a therapist who has received formal training in TFCBT and apply to work with them. After you’ve graduated, you can get formal TFCBT training on your own (the price may be equivalent to 1-2 additional graduate school classes) or look for a clinic or hospital that assists their employees in getting this sort of excellent training for your first job as a licensed practitioner.

• Evidence-Based Practice (EBP). EBP means that you’ll use the scientific literature to select the most effective ESTs for a population with whom you wish to work as a clinician and will seek training to use those interventions; you’ll learn to conduct reliable, valid assessments that measure symptoms or skills/behavioral deficits relevant to that EST; you’ll conduct the EST as it was designed & tested (with fidelity); and you’ll regularly re-assess your clients to check that they’re responding as expected to the therapy. OR you’ll utilize ESTs and will be able to utilize primary scientific journal articles - the very latest findings - to design/alter an intervention for your client IF you’ve received carefully supervised training in how to pick appropriate assessments, design an intervention, and assess to make sure that the clients is responding to your intervention.
Deciding which therapeutic skills you do or don’t need without reviewing the professional/scientific literature on which ESTs are most effective for your target population/problem is like putting the proverbial cart before the horse: YOU WILL SEE AND HEAR THE FOLLOWING TYPES OF STATEMENTS FROM OTHER SOURCES...

• All you need to learn are General Counseling Skills - communication skills, goal-setting and solution-focused counseling, acceptance and validation. Most clients just want someone to listen.
• You really need to learn general counseling skills and about a variety of counseling theories that will serve as the basis for advice that you’ll give clients about how to solve their problems. If you learn a variety of counseling theories then you may refer to yourself as “eclectic” counselor – someone who can draw on different perspectives to give advice to different clients, depending on their current issue.
• You need to learn general counseling skills and you’ll need to explore counseling theories and pick one theoretical orientation to study in depth that will become your primary source for advice you’ll give clients. Your theoretical orientation will be based on which ideas you think will be most useful to help people - Behavior Therapy (Behavior Modification, Exposure Therapy, Cognitive-Behavioral Therapy), Family Systems, Existential/Humanistic/Client-Centered, Psychodynamic, Person-in-Situation (Social Work).
• You need to learn general counseling skills, and pick a theoretical orientation, and then look for research results to support your preferred counseling theory.

How do you put the horse in front of the cart? As an undergrad, take courses and talk with clinical science professors and with professional mental health care providers about EBP and ESTs and how to evaluate the quality of different therapies so that you can obtain training in the most effective therapies available for the clients with whom you wish to work.

• General Counseling Skills – You’ll need to learn & practice them. They’re important!
• Theories of Counseling – It is important to learn about these theories because ESTs are often based on ideas drawn from different theoretical backgrounds. The ideas have been used to create treatment programs that have been tested to ensure they are safe and effective. Note: It would be great if the amount of time spent on each type of counseling theory in graduate school matched their representation in current lists of the most effective ESTs for psychological problems. On the APA Division 12 – Effective Therapies website, look at treatments for any/all disorders - the vast majority are behavior therapies (which include cognitive-behavioral therapies), family systems, and a handful are client-centered or psychodynamic.
• Empirically-Supported Therapies (ESTs) & Program Evaluation & Evidence-Based Practice (EBP). Graduate schools – at both the master’s and doctoral level – vary tremendously in the way in which these topics are addressed. Do look for graduate programs that emphasize evidence-based practice. Most mental health care professionals will have to seek training in ESTs during/after graduate school by working with carefully selected clinical supervisors, by seeking an employer who provides such training, and/or by paying to participate in training programs for particular ESTs during or after graduate school.

What do IU PBS Clinical Science faculty think about theories of counseling and ESTs? They responded to a survey from “The Insider’s Guide To Graduate Programs in Clinical and Counseling Psychology (2013/2014)” in which they were asked to indicate faculty members’ theoretical orientations. Why? Students searching for graduate schools have, in the past, wanted to know the preferred counseling theories of faculty members while deciding whether or not to apply. The PBS faculty response - which is printed in the book - is: “Our faculty doesn’t really have particular ‘orientations’ apart from an ‘empirical science’ commitment.” What did they mean? What matters most is how effective a particular treatment package is (as demonstrated by high quality research on that EST) not the theoretical origin(s) of the ideas used by the developers of that treatment.
Clarify Career Goals: Training in Empirically-Supported Therapies (ESTs)

The lists of research-supported psychological treatments maintained by the Society of Clinical Psychology (APA Division 12) and by the Society of Clinical Child & Adolescent Psychology (APA Division 53) contain far more behavior therapy interventions (including cognitive behavior therapy, behavior modification...) than any other type of therapeutic interventions. How can you get training in the most modern, safe & effective psychotherapeutic treatments for psychological disorders?

You could attend a graduate program that provides thorough training in cognitive-behavioral therapies. **ASK EACH SCHOOL:**

- What types of empirically-supported assessments will we learn about in our courses on assessment / diagnosis / treatment? Will we practice delivering assessments and get feedback on our performance from faculty?
- What types of evidence-based interventions will we learn? How thorough is the coverage of behavioral, cognitive-behavioral, and systems therapies?
- Will I take a one semester-long course that focuses exclusively on Cognitive Behavioral Therapy? Can I take additional semester-long courses on advanced/specialized types of cognitive-behavioral therapy (CBT for children and adolescents, Trauma Focused CBT, Acceptance and Commitment Therapy, or Dialectical Behavior Therapy, or...)?
- Can I get training in behavioral, cognitive-behavioral and systems therapies in a clinic affiliated with the school or during practica or internships? Are students learning how to do therapy closely supervised by professionals with advanced CBT training? What is the nature and frequency of feedback about my performance I’ll get during these experiences?

Examples of graduate programs that do offer at least one semester-long course in CBT:
- The MA in Clinical Psychology (Mental Health Counseling Track) at the University of Indianapolis. This 60-credit program leads to the LMHC license in Indiana and includes Cognitive and Cognitive-Behavioral Approaches to Treatment and Cognitive and Cognitive-Behavioral Approaches Lab. (The PsyD program includes the same courses).
- The PsyD program in Clinical Psychology at Indiana State University leads to the LP license in Indiana and includes a semester-long course in Cognitive Behavior Therapy.
- A 15-month online degree being offered by the University of Maryland - the Masters in Clinical Psychological Science (MPS) - offers Behavioral and Cognitive-Behavioral Interventions for Adults & Behavioral and Cognitive-Behavioral Interventions for Children and Adolescents. The program does not lead to licensure, but may attractive to someone who wants to enter a Clinical Psychology PhD.

If you don’t attend a graduate program that provides thorough training in behavioral & cognitive therapy, then you can plan to enroll in post-graduate EST training programs and get supervision from a clinician who has that training.

You can receive training in a variety of ESTs as a post-graduate - it is **not easy, it is expensive** – and it is valuable to you and your clients.

For example, you can find CBT Training Programs on the **Academy of Cognitive Therapy (ACT)** website. A training program can be about as expensive as a graduate level course – can you imagine paying for a couple of additional courses after you finish grad school and have your license?

**What is ACT Certification?** The non-profit Academy of Cognitive Therapy (ACT) was established in 1998. Why? The program directors believe that it is vitally important to certify individuals as cognitive therapists for several reasons:

1. Cognitive therapy, as developed by Aaron T. Beck, M.D., and refined by him and his colleagues, is an important empirically validated psychotherapy which must maintain its own identity.
2. There has been confusion in the distinction between psychotherapy which incorporates some cognitive techniques, and cognitive therapy which is based on a cognitive conceptualization.
3. Many therapists identify themselves as cognitive therapists when their practice does not reflect such an orientation.

ACT’s standards identify clinicians with the necessary training, experience, and knowledge to be highly effective cognitive-behavioral therapists. ACT certification indicates to consumers, potential employers, and other clinicians that the individual is a skilled cognitive therapist. The Academy’s certified membership includes physicians, psychologists, social workers, and other mental health professionals from around the world.

Individuals who apply for membership must document training in cognitive therapy & their postgraduate education. They are required to submit a written case summary with cognitive conceptualizations and audiotapes of actual sessions to be rated by the Credentialing Committee. Applicants must have completed the terminal degree in field and be licensed for independent practice. A minimum of 40 hours of specific education in cognitive therapy. At least one year of clinical experience using cognitive therapy in a clinical setting with a minimum of ten patients.

Evidence-based Interventions (EBIs) – Online databases...

Society of Clinical Psychology – American Psychological Association, Division 53
Research-Supported Psychological Treatments - Below is an alphabetized list of psychological treatments. Click on a treatment to view a description, research support, clinical resources, and training opportunities.
http://www.psychologicaltreatments.org/

| Acceptance and Commitment Therapy for Chronic Pain, Depression, Mixed Anxiety, OCD, Psychosis | Guided Self-Change for Mixed Substance Abuse |
| Applied Relaxation for Panic Disorder | Healthy-Weight Program for Bulimia Nervosa |
| Assertive Community Treatment for Schizophrenia | Interpersonal Therapy for Depression |
| Behavior Therapy/Behavioral Activation for Depression | Illness Management and Recovery for Schizophrenia |
| Behavioral Couples Therapy for Alcohol Use Disorders | Interpersonal Psychotherapy for Binge Eating Disorder |
| Behavioral Couples Therapy for Depression | Interpersonal Psychotherapy for Bulimia Nervosa |
| Behavioral and Cognitive Behavioral Therapy for Chronic Low Back Pain | Interpersonal and Social Rhythm Therapy for Bipolar Disorder |
| Behavioral Weight Loss Treatment for Obesity and Pediatric Overweight | Mentalization-Based Treatment for Borderline Personality Disorder |
| Biofeedback-Based Treatments for Insomnia | Moderate Drinking for Alcohol Use Disorders |
| Cognitive Adaptation Training for Schizophrenia | Motivational Interviewing and Motivational Enhancement Therapy for Substance and Alcohol Abuse/Dependence |
| Cognitive Behavioral Analysis System of Psychotherapy for Depression | Multi-Component Cognitive Behavioral Therapy for Fibromyalgia |
| Cognitive Behavioral Therapy for ADHD | Multi-Component Cognitive Behavioral Therapy for Rheumatologic Pain |
| Cognitive Behavior Therapy for Insomnia | Paradoxical Intention for Insomnia |
| Cognitive Behavioral Therapy for Anorexia Nervosa | Present-Centered Therapy for Post-Traumatic Stress Disorder |
| Cognitive Behavioral Therapy for Binge Eating Disorder | Prize-Based Contingency Management for Alcohol Use Disorders, Cocaine Dependence, |
| Cognitive Behavioral Therapy for Bulimia Nervosa | Problem-Solving Therapy for Depression |
| Cognitive and Behavioral Therapies for Generalized Anxiety Disorder | Prolonged Exposure for Post-Traumatic Stress Disorder |
| Cognitive and Behavioral Therapies for Social Phobia/Public Speaking Anxiety | Psychoanalytic Therapy for Panic Disorder |
| Cognitive Behavioral Therapy for Chronic Headache | Psychoeducation for Bipolar Disorder |
| Cognitive Behavioral Therapy for Panic Disorder | Psychological Debriefing for Post-Traumatic Stress Disorder (PHTT) |
| Cognitive Behavioral Therapy for Schizophrenia | Relaxation Training for Insomnia |
| Cognitive Processing Therapy for Post-Traumatic Stress Disorder | Reminiscence/Life Review Therapy for Depression |
| Cognitive Remediation for Schizophrenia | Schema-Focused Therapy for Borderline Personality Disorder |
| Cognitive Therapy for Bipolar Disorder, Depression, OCD | Seeking Safety for PTSD with Substance Use Disorder |
| Dialectical Behavior Therapy for Borderline Personality Disorder | Self-Management/Self-Control Therapy for Depression |
| Emotion-Focused Therapy for Depression | Self-System Therapy for Depression |
| Exposure and Response Prevention for OCD | Short-Term Psychodynamic Therapy for Depression |
| Exposure Therapies for Specific Phobias | Sleep Restriction Therapy for Insomnia |
| Eye Movement Desensitization and Reprocessing for Post-Traumatic Stress Disorder | Social Learning/Token Economy Programs for Schizophrenia |
| Family-Based Treatment for Anorexia Nervosa | Social Skills Training for Schizophrenia |
| Family-Based Treatment for Bulimia Nervosa | Stimulus Control Therapy for Insomnia |
| Family-Focused Therapy for Bipolar Disorder | Supported Employment for Schizophrenia |
| Family Psychoeducation for Schizophrenia | Systematic Care for Bipolar Disorder |
| | Transference-Focused Therapy for Borderline Personality Disorder |

Society of Clinical Child & Adolescent Psychology – APA Division 53
Parent Resources http://effectivechildtherapy.fiu.edu/parents
Overview of Evidence Based Practices for Youth Mental Health http://effectivechildtherapy.fiu.edu/professionals/keynotes

American Academy of Child & Adolescent Psychiatry – Family Resources
https://www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Home.aspx?hkey=5bd95eb8-aabb-4110-b706-90216cbe33df

National Registry of Evidence-Based Practices & Programs
http://www.nrepp.samhsa.gov/
NREPP is a searchable online registry of more than 280 mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.

Prepared by Dr. Cynthia M. Patton, Last revised September 2, 2014