

# Current Training Needs in Public Sector Mental Health

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According to the Bureau of Labor Statistics (2015), positions for psychologists are expected to grow approximately 20% between 2014 and 2024 with many of these positions being in the public sector (DeAngelis, 2008).

Psychologists bring a unique skillset to public sector jobs that help meet the complex needs of community mental health, federal and state judicial systems as well as the military. Many of these positions are filling a need that the President's New Freedom Commission on Mental Health identified in 2003. These positions are typically ideal for early career psychologists due to the generous benefits and loan repayment programs. However, there continue to be concerns regarding core competencies of working in the public sector (Chu et al., 2012) as well as fully understanding the roles and services available. This domain typically involves ongoing advocacy, limited fiscal resources, non-traditional roles, and presents distinctive challenges typically not specifically addressed in doctoral training. It is often the student's responsibility to learn to navigate these while managing a plethora of other scholastic demands and unforgiving schedules. Conversely, public sector work allows for civil service protections, creativity, and integration of therapeutic orientations, field work, potential for program development, and an opportunity to immediately help individuals in dire need.

## Current Intern Perspective

In my personal experience, community mental health involves an endless combination of client characteristics and varying therapeutic modalities (group, collateral, family, couples, psychological testing), characteristics that require broad skills and present great countertransference risks. Often it is necessary to adjust one's style and intervention drastically from session to session. Treatment is mostly short-term requiring evolving expectation management in response to levels of pathology and the public agency focus or constraints. Noted client characteristics are high service utility, lack of resources, and predominantly lower functioning. Clients frequently present with complex, multi-layer trauma and a distrust in authority or government systems manifested as

hostility, avoidance or resistance. Financial barriers, cognitive limitations, comorbid disorders, cultural differences, criminal involvements, and substance abuse are just some of the factors complicating treatment. In general, the larger the system and the constellation of needs or therapeutic focus, the more difficult it is to manage countertransference reactions (Wright, 2014). Countertransference responses are potent factors for every provider, regardless of approach and whether one believes in the concept or is trained in it (Betan, Heim, Conklin, & Westen, 2005). I do not think that therapeutic alliance, typically the best predictor of treatment outcomes, can be maximized across clients without adequate mastery of transference reactions, in particular countertransference. Paradoxically, experienced clinicians can have more problems handling countertransference than novices (Lecours, Bouchard & Normandin, 1995), highlighting the need for ongoing emphasis on this commonly undermined skillset.

Considering the nature of public sector work and a stable trend of limited resources, it is imperative to establish creative and ongoing training for clinicians. The focus should start at the onset of training and continue throughout the career by means of peer consultation groups and even specialized supervision. Highly skilled psychologists are valuable investments in this era of managed and integrative healthcare. Through fulfilling multiple roles (supervisor, consultant, clinician, administrator, and advocate) and being proficient with a variety of clients, we can aid career diversity and longevity while addressing changing community needs.

## Recent Graduate Perspective

With increasingly greater amounts of budget cuts reducing the number of community mental health resources available to Americans in recent years, jails, prisons, and state hospitals have become the largest providers of mental health services in the country (Torrey et al., 2014). The population of mentally ill inmates in California prisons has nearly doubled since 2000, bringing the total percentage of detainees with mental health diagnoses up to 45 percent in 2014 (Stanford Law School Three Strikes Project, 2015). Given this reality, the demand for psychologists in the area of corrections and rehabilitation has increased exponentially. To psychologists employed in other sectors, the challenges inherent to the treatment of severe mental illness (SMI) within correctional

settings are often ambiguous. Therefore, it is appropriate to conceptualize correctional psychology as “a different animal” than clinical psychology altogether, and understanding that as such, psychotherapy and assessment often look very different in custodial environments.

As a participant in the Forensic Emphasis Program at Palo Alto University, I was fortunate to graduate with an appreciation for the complexities associated with blending psychology and the law. Correctional psychology and forensic psychology are not synonymous, however, and few clinical psychology doctoral programs train students to become correctional psychologists. As an early career psychologist in a high-security correctional setting, this gap in competency has become most salient to me in the area of expectations – the presumptions that I internalized over the course of my training in regards to acceptable standards of care, the therapeutic process, and treatment gains. Over time, one must come to accept that in prison, wonderful interventions are often undermined by the adversarial context of the environment. Though I recognize that healthy boundaries and consistently imposed consequences can be extremely reparative, the framework and manner in which they are implemented make all the difference. While the rigid structure of correctional settings is arguably essential to the maintenance of safety and security, the truth of the matter is that there is nothing therapeutic about punishment. It is this reality that drives home the cruciality

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of knowing oneself and one's needs as a professional prior to embarking on a career path in the area of corrections.

## Non-Traditional Graduate Perspective

Last September I started in my position as a staff psychologist at DSH-Salinas Valley. Although there are many paths into the public sector, mine began in graduate school. As a non-traditional student with approximately 5 years of licensed mental health experience under my belt, I was clear on the types of experiences I wanted to obtain while in graduate school: public sector and forensics. These goals allowed me to research what psychology “looked like” in the public sector and assisted me in obtaining unique experiences in state hospitals, county detention centers, and community mental facilities. Many of these positions required me to “think outside the box” in order to help facilitate the process of these organizations becoming a doctoral program approved practicum site and although it required a lot more work on the front end, the long term benefits outweighed the initial costs.

My transition into fulltime public sector work was initially turbulent, primarily due to noticeable differences between academia and public sector work. The vast cultural shift of working in an environment where collegial interests, mentorship, and the exchange of ideas is the primary goal to a culture where deadlines, paperwork and achieving treatment goals are the primary concerns was initially daunting. However, one of the rewards of working in public sector is their willingness to make empirically-supported changes that will strengthen the organization's ability to meet their mission. As a result of this flexibility, I have been able to create a space of academia within the public sector through the creation of a practicum training program. The aim of this program is to highlight some of the gaps between academic training and the knowledge base needed when working within public sector, such as suicide risk assessment, unbiased forensic evaluations, and mentorship.

Due to the unpredictable nature of suicide crisis events many trainees have a surface level understanding of how to assess risk, prompting a need within the public sector for professionals and early career psychologists (ECPs) who have well developed suicide risk assessment skills and the ability to provide adequate suicide risk supervision which should include assessment tools, role plays, and the implementation of appropriate level of care for clients suffering from suicidal ideation and risk (Magaletta, & McLearn, 2015). When it comes to forensic evaluations, ECPs are in “excellent position to implement skills necessary to identify and manage potential sources of bias” due to their ability to develop ‘good habits’ early (Martinez, 2014). Although no professional is above the influence of bias, new trainees have an advantage because they are less susceptible to the cognitive shortcuts that make bias common place primarily due to their novice status (i.e. they are less likely to make assumptions or find commonalities between cases due to their lower levels of experience), which can assist the quality of the work. However, new trainees and

ECPs desiring a position in public sector psychology should familiarize themselves with corrective measures for typical sources of bias (e.g. understanding of base rates, allegiance effect, and diagnosis momentum) in order to prevent or mitigate instance of bias in forensic evaluations (Martinez, 2014). Lastly, a major concern for ECPs is the need for mentorship which typically transcends the public sector to all areas of psychology (Green & Hawley, 2009). Creating mentorships in the public sector can be somewhat difficult due to the nature of the environment, thus making it that much more important. Creating a space for trainees and ECPs to discuss issues outside of the mandatory clinical supervision is necessary to career longevity and should include a variety of people from supervisors within the field of psychology to other professionals working in the public sector in order to shape ECP's outlook on what it means to be a long-term public sector professional. ■

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