

**University of Massachusetts Amherst**

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**From the Selected Works of Christopher E. Overtree**

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## The many hats of a clinic director

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Over its next few issues, *Psychotherapy Bulletin* will publish a 4-5 part series that will focus on first-hand accounts from early career psychologists (ECPs) in diverse positions that value psychotherapy practice, training/teaching, and/or research. In these papers, the authors will (a) describe the nature of their position, (b) outline how they got to their current position, (c) share the most satisfying aspects of their job, (d) discuss the most challenging aspects of their job and how they have negotiated such challenges, and (e) provide pearls of wisdom for achieving and succeeding in their type of position.

Michael Constantino, Ph.D.  
Early Career Series Editor

## EARLY CAREER PSYCHOLOGISTS

### The Many Hats of a Clinic Director

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Time has not has changed the importance of the old maxim “if you want something done right, you better do it yourself.” After completing my training as a psychologist, I always imagined that I would fulfill this principle practicing, not surprisingly, psychology. But that was before I became a clinic director and began shopping for things like power drills, window shades, and “do not disturb” signs. Before I knew it, I had become a repairman, webmaster, and interior decorator, and the *Frequently Asked Questions* section of our staff manual had rocketed to the top of my “to do” list. Adding insult to injury, donning my psychology “work” pants occasionally meant dungarees instead of gabardine.

I have always told my students that their career trajectory would inevitably make more sense when examined in hindsight. By the time you look back, the path has already been tread and understanding the twists and turns is only a matter of examining your footprints. But this is unsatisfying advice for people making decisions they believe will greatly impact their larger life goals, and it underestimates the confusion one can feel when forced to look ahead. Like most, my early career path has been a combination of hard work, careful planning, the influence of colleagues and friends, significant choice

points I faced along the way, and of course, luck.

#### *Position Description*

Currently, I am the Director of the Psychological Services Center (PSC), the training clinic for the Clinical Psychology Program at the University of Massachusetts-Amherst. As a training clinic, we provide mental health services, primarily psychotherapy and assessment, using graduate student clinicians working under licensed clinical psychology faculty. The PSC is the first and primary clinical training site for our graduate students, though all of them also work in outside clinical agencies to gain specialized experience and exposure to different client populations. The PSC is thus comprised of our student clinicians, a student clinic coordinator, a professional-level office manager, clerical-level secretary, clinical faculty supervisors, and a number of graduate and undergraduate research assistants. Several of our clinical faculty members supervise as part of their normal course load. Supervisors include tenure and non-tenure line faculty, spanning the range from part-time Lecturers to Assistant, Associate and Full Professors. We also utilize the generous *pro bono* services of many adjunct clinical faculty, full time practition-

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ers who volunteer to supervise a single graduate student clinician and their caseload. As Director, I create the system in which all of these people go about their work. This can be extremely complicated given the different constituencies represented and our many program goals, the highlights of which include quality clinical training and service, evidence-based practice, and the development of strong skills in academic scholarship.

When the UMass-Amherst Clinical Psychology Program began shifting from a Scientist Practitioner to a Clinical Scientist Model (meant to emphasize our goal of training academic clinical psychologists), the PSC Director position was created to move some of the administrative burden associated with our clinical training program away from research faculty and into the hands of someone who had more interest in clinical administration and training. As a UMass-Amherst graduate, I returned with the excitement one experiences when returning home, and I had the unique pleasure of being recruited and ultimately hired by my former research mentor Mort Harmatz, now Professor *Emeritus*. I continue to enjoy the privilege of informal consultation with him at our local coffee shop, perhaps the only place I can work quietly without the interruptions that have become a constant aspect of my job as a clinic director. I work on a multi-year contract, outside the university tenure system. While to some this would create a sense of instability, some of the most rewarding aspects of my position are simply incompatible with the tenure process at our university. Thus, my non-tenure status has allowed my role to evolve as my own interests and the needs of our clinical psychology program have shifted over time. And because my job includes managing and strengthening the clinical training our students receive, as well as supporting our department in meeting its broader scholarly, clinical, and instructional goals, my position remains important in the overall success of our program, and thus far, secure as a result.

Although I am speaking primarily of my position as a clinic director, I should mention that I wear two other hats, one as the Associate Director of Clinical Training and the other as a Lecturer in the Psychology Department. I teach one large undergraduate course in abnormal psychology and two graduate courses in clinical interviewing and diagnostic assessment, as well as providing programmatic assistance to our Director of Clinical Training (DCT). Apart from this, I spend most of my time in the following ways.

#### *Program Development*

Because my position was recently created, much of my time and effort in the beginning was spent developing systems to streamline the functioning of the PSC, which had suffered from a low client census, financial difficulties, and some aesthetically challenged clinical offices and waiting areas. The PSC had always been well known by students and internship sites for the excellent clinical training it provided, but our reputation as a treatment center in the local community was not as strong. I focused my efforts on reinventing our local image as a community mental health center, knowing that this could only improve our training. Because much of our basic operating costs are provided for in the Psychology Department budget, targeting low-income individuals in our local community has been an excellent and sensible niche service for us to provide. Thus, over the last several years, we have begun to see our census increase as more clients select our services based upon a reinvigorated clinical reputation.

One of the other major projects that drew my attention early in my tenure was developing an improved infrastructure for conducting naturalistic psychotherapy research within our clinic. Working closely with one of our tenure-line faculty, Michael Constantino, we developed a more rigorous initial evaluation procedure for screening clients, including measures we felt

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would provide useful data about psychotherapy process and outcome. Although this change was ultimately beneficial for the quality of our training and clinical services, it also represented a major source of transitional stress for the faculty and students working in our clinic. Thus, as might be easily imagined, I spent much time writing protocols, conducting trainings, addressing complaints, and creating new clinical materials to be used for client informed consent.

### *Staff Management*

Another large part of my job involves staff management. I supervise our office manager and secretary, establishing priorities for their day-to-day work, conducting regular evaluations, and supporting their ongoing professional development. Though our clinicians are unpaid graduate trainees, I work with them as staff too, creating expectations for their work, but doing so in a manner that is commensurate with their training level. I work with the DCT to make supervision assignments, set treatment team priorities or areas of specialization (e.g., adult or child services), and hire adjunct faculty when necessary. I solicit student evaluations of their supervisors and supervisor evaluations of their students, dealing with resulting problems that may emerge. And though I supervise the initial screenings of all our incoming clients, I almost always defer to clinicians and their supervisors when it comes to clinical decision-making. The exceptions include situations where safety is an issue or, conversely, where more mundane administrative problems (e.g., unpaid balance, record-keeping, etc.) present as part of the clinical picture.

### *Marketing*

The need for creative marketing talents took me by surprise, but I have now developed a successful and comprehensive marketing strategy for the PSC. Because one of my primary areas of interest is in community mental health, I am interested in seeing the PSC fill a necessary niche for men-

tal health services in our local community. After four years in my position, I have had to become proficient in web and graphic design, as well as the appropriate use of internet advertising. I have also made certain that my office manager and secretary could conduct the perfect mail-merge. I have made a concerted effort to keep our university press office, the local media, local agencies and clinicians aware of our ongoing programs by direct, personal communications. In fact, one of my biggest marketing successes has been the creation of an email list serve of local clinicians and agencies. Because I use this list serve primarily to distribute information that benefits the recipients (e.g., notices of training opportunities, special programs, etc.), when I make announcements about the PSC, people do not immediately hit the *spam* button.

### *Clinical Supervision and Teaching*

Obviously, most of my time is spent actively in the provision of clinical services, either directly as the clinician, or indirectly as the clinical supervisor or consultant. I take this aspect of my work very seriously, and I fully appreciate the importance of simply being available to our clinicians, faculty and staff. To this end, I set aside a significant part of each day to sit in the front office, greeting clients, assisting clinicians with paperwork, and responding to questions or problems that arise during the day. I have found this time to be extremely valuable, both in terms of the assistance I can provide and the relationships I have developed with our clinicians and staff. By simply making myself available, I am able to be a hands-on manager, not a micro-manager, and I come to know the strengths and weaknesses of individual students. Thus, when a student comes to consult with me about a clinical issue, I can often incorporate aspects of their clinical development that I have observed over several years of knowing them (something that is usually a valuable contribution in a clinical consultation).

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### *Daily Nuts and Bolts*

Like any university, ours provides many services that I can call upon in need. But as previously mentioned, there are times when it is simply easier for me to tackle a mundane problem that occurs in the PSC. Occasionally, I deal with problems of my own creation, such as recently, when my aggressive hand washing led to cascading pools of industrial hand soap from the broken dispenser. But other times, it is just simpler for me to troubleshoot a computer, make a quick change to our website, take a client payment, hang a new framed picture in the hall or change the toner in the copier. I once asked a mentor of mine, an employer at the time, why he had taken his time to complete a small menial task that could easily have been assigned to someone else. He explained that there are times when a leader's job is to take action, even in small matters. Failing to do so can distance you too greatly from the details that make a larger organization successful, advice I try to remember.

### *Road to Current Position*

Before returning to UMass in my current role, I took several other steps that later proved instrumental in my development as a clinician and administrator. My clinical internship year took me from Amherst to New Hampshire, where I worked in child and family community mental health at Dartmouth Medical School. As is true for all clinical internships, I quickly learned how intense a full-time clinical practice can be, particularly when one's clients are children who bring a chain of clinical contacts that extends to parents, teachers and in one of my favorite cases, the baby-sitter. But perhaps more important to my current career path, I began to observe some of the programmatic difficulties experienced by the agency I worked for, and I realized that my interest in clinical administration was strong. Understanding ways to improve access to mental health treatment in underserved communities became a personal passion, and clinical administration quickly emerged as an obvious path. Of course, this

was not something that was entirely new to me. As a graduate student, I sought out leadership opportunities in both clinical and academic realms. I viewed these activities as opportunities to expand the impact of my own clinical training well beyond the lives of the clients on my caseload.

Like all community mental health centers, my internship site suffered from a rather common problem; our costs outpaced our income. Frustratingly, this seemed to have nothing to do with our business model or clinical services. Our client census was high enough to support a robust waiting list, and thanks to universal health care for children in our state, almost all our clients had some form of insurance. In our local community, personal living expenses were modest, making office space more affordable and justifying relatively lower (yet competitive) salaries for psychotherapists. At the same time, our reimbursement rate was commensurate with third-party contracts in other areas of the country. We had a solid staff of dedicated psychologists with very low turnover and these excellent clinicians supported an internship program that consistently attracted outstanding students from across the country. We had free parking.

But we also had many problems. Our client no-show rate was quite high while our collections rate remained low (we collected slightly more than 60% of what was billed). When our more economically disadvantaged clients' insurance stopped approving psychotherapy sessions, we were faced with the dilemma of continuing to provide treatment without reimbursement or discharging clients still in need of ongoing mental health care. Delayed or overlooked clinical paperwork meant delays in mental health approvals, errors committed by clinicians and administrative staff alike. Ever changing financial circumstances led to inconsistent employee benefits, workload requirements, and job insecurity. And finally, each change in the upper level

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administration affected the climate in our office, and even the relationships between psychologists, social workers, and psychiatrists as new priorities trickled down to the clinical staff. I soon realized that I wanted to participate actively in improving the models of delivery for mental health services, something I felt was crucial for our field's growth.

I surprised myself by deciding not to march directly to a post-doctoral fellowship in pursuit of my licensure. Instead, I sought out opportunities to teach at the undergraduate level, something I had enjoyed and excelled at during graduate school. Because of personal connections to the area, I conducted a targeted, regional search and found myself at New England College. What it lacked in financial resources was made up for with the energy of the extremely dedicated faculty and staff, small classes, and active student engagement. I encountered a wealth of potential faculty mentors, each of whom respected my talents and encouraged me to work in my areas of strength. Because we were small, I worked closely with the sociology department, the education department, as well as the campus mental health service. I quickly gathered experience teaching a range of courses from basic introduction to psychology to the most advanced courses in clinical psychology. It was not a difficult transition, having finished graduate school with several courses fully prepared and under my belt, and I certainly did not miss the grueling clinical schedule I would have maintained as a post-doctoral fellow and full-time clinician. What I did not expect was a call from the Dean of the Graduate School asking me to take over the position as Director of their Community Mental Health Counseling Program, a graduate program that led to licensure at the masters level in New Hampshire. Although I felt quite prepared to take on this challenge, I also felt lucky to be in the right place, at the right time, and with the right training. I had the privilege to gain invaluable experience in program

development, budgeting, the admissions process, and of course, university politics. Working as the director of this program for two years was an excellent counter-point to my previously intensive clinical training. I felt I had a new tool in my belt that could extend the influence of my clinical training.

So when my wife decided she wanted to return to school to become a Nurse Midwife, I looked for clinical teaching and administrative positions, with an eye towards completing my post-doctoral hours required for licensure. Unexpectedly, I received two international offers, one in Scotland and one in Australia, each of which would allow me to provide clinical services and work in clinical administration. But while both were attractive in their own right, I worried about losing touch with my family, and about completing my licensure in the United States. Perhaps magically (luck again shows itself), this was very near to the time when my former advisor had first approached me about the clinic director job, a new position being created in two stages from part- to full-time. When he offered to supervise a part-time position as a post-doctoral fellow to help me complete the clinical hours needed for licensure, it was practically a done deal. Since that time, my wife and I have been extremely happy returning to the area where we both attended school.

#### *Most Satisfying Aspects of Current Position*

Being a clinic director has enabled me to explore methods of service provision, staff training, and program management with the goal of improving the quality of care we provide to our clients. Because I have the autonomy to make adjustments along the way without excessive bureaucracy, I have been able to intercept some problems before they became entrenched in clinical or administrative practice. When I identify an area of need in our local community, I can respond with a service that is targeted and timely. The positive feelings I always experience when I help a client change

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his/her life are amplified immeasurably when I manage a clinic in which many clinicians can experience the same success. Similarly, working in the role of supervisor for clinicians in training has improved my own clinical work, both from exposure to the brilliant minds of the students and faculty with whom I work, and from being forced to consider the implications of my work at all levels, administrative, financial, clinical and professional.

Ironically, because we are a training clinic, there is an upper boundary to our growth. While this is frustrating in some respects, it also helps me to remain focused on our primary mission. In doing so, I hope we continue to improve in our areas of clinical specialty, as well as to generate solid and reliable data for psychotherapy research.

#### *Most Challenging Aspects of Current Position*

I do feel the burden of responsibility for the lives of the clients in the PSC, often becoming concerned about particular clinical situations that have arisen. It takes a great deal of discipline not to bring these concerns home at the end of the day. While this is something we as clinicians have all had to learn, as a clinic director, the possibility of experiencing this on a magnified scale can be great.

My work also extends into many different areas of our clinical psychology program, and I have learned to navigate the university's ocean of red tape with some skill. Because of this, I am often asked to assist in projects that are not necessarily part of my job, and may not even fit into my day. Because I have been generous with my time in the past, the number of these requests has increased over time. Unfortunately, this has left me in a situation I particularly dislike; that is saying no to people I would like to help.

Finally, I am quite happy to be exempt from the tenure requirements of the current system at our university. However, I am often frustrated by the subtle ways in

which clinical work, community outreach, administration, and teaching can be undervalued at a research university. I would be lying if I did not admit that there have been times when I felt I had to work twice as hard to garner the same level of respect that might have been given to me automatically had I come to the university as an Assistant Professor.

#### *Pearls of Wisdom*

If you are thinking of going into clinical administration, I hope the following suggestions will help.

#### *Let Clinicians and Supervisors Do Their Job*

Regardless of how much you might wish to affect the lives of the clients in your clinic directly, it is important not to take on that responsibility. Leave the primary responsibility for clinical care where it belongs, with the clinician and his/her supervisor. Only get involved when it is clinically or ethically necessary or when consultation is requested. Be a resource, not a back-seat driver.

#### *Always Clarify Your Role*

When you are asked to assist with a clinical issue, research project, or other task, always take the time to clarify your role. Are you being asked to do a personal or professional favor or are you being asked to be a formal collaborator with whatever benefits this might entail? When you take on new tasks, will they become part of your job in perpetuity or is there a plan for them to revert to their rightful owner? Although these conversations can occasionally be awkward, I am never more disappointed than when I find myself saying "yes" when I should have said "no" or when I had to pull myself off a project because I was overcommitted.

#### *Start a Consultation Group*

Find a group of similarly experienced colleagues that you do not work with directly and arrange a formal or informal consultation group. This can be an amazing way to

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create a network of support to assist you with problems you encounter with your work colleagues or job responsibilities. It is refreshing to be able to seek assistance without concern for how doing so might affect your standing at work.

*Don't Try To Do Everything*

Because being an administrator often means a lot of autonomy in terms of defining one's priorities and projects, it is tempting to try and tackle too many problems at once. It is important to remember that your job will follow a developmental progression. Things you do not have time to work on this year will still be around next year.

*Try Everything Once When Possible*

It is easier to understand your staff's perspectives and jobs when you have tried them yourself. When our secretary was out sick for several consecutive days, I decided to clear my schedule and work her desk as a way of learning more about her job. By the time she returned, not only was I more excited about returning to my own job (a built-in morale booster), but I was more effective at troubleshooting our procedures for managing client appointments, payments,

and records. Perhaps more importantly, I had a new respect and appreciation for the importance of her position in the overall functioning of our clinic.

*Remember That Bad News Flows Up and Good News Stays Put*

If I could only impart one kernel of newly earned wisdom, it would be to remember that bad news always makes its way to your doorstep, while good news may not. When things are going well, people generally do not need you as much as they do when problems arise. Identify ways of keeping yourself in the loop when good things happen so you can share in the feeling of success, and give credit where credit is due. Not only will your presence improve your rapport with your colleagues and staff, but it will work wonders on your own job satisfaction and happiness.

**Author Note**

Anyone who may wish to learn about the Psychological Services Center and our programs can visit us on the web at [www.umass.edu/psc](http://www.umass.edu/psc). I also welcome any follow up communications or questions at [overtree@psych.umass.edu](mailto:overtree@psych.umass.edu).

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