

## William Waller's (DRAFT)

### Goal statement

To save everybody.

For your consideration for doctoral candidacy. I am seeking the knowledge, skills and all required authorizations to sit for the Examination for Professional Practice in Psychology (EPPP). My goal is to earn the authority to supervise a program that works with individuals that are suffering from comorbidities. Focusing on the dual diagnosis of individuals with Substance Use Disorder plus a mental health condition. The team will have the licensure and authority to start a treatment plan in "the field" (anywhere other than the safety of an office or clinic). This team will be trained in multiple treatment tactics. Through a combination of immediate interventions, rapport and other tactics we will strive for the best outcomes for every client. Finally we will measure and quantify our efforts, tactics and publish the results.

I will training to be talented clinician with a scope of trauma and substance use recovery. I would like to work in the most heinous of spaces: shelterless, drug houses, hoarders, nomadic addicts and everyone else suffering from a mental health condition. Our team should have the power of referral so our team of counselors and social worker can walk them through those referrals, coordinate, and advocate for each of these individuals. This team will customize the right pathway to recovery for everyone that accepts the patient/client relationship.

Aggressive interventions start with crisis rescue, stabilization, and referral. The team would be qualified to administer such interventions as TMS, ketamine therapy and psilocybin. The team will follow each individual thru the continuum of care in a diligent manner. Working on their clinical, therapy and administrative skills sets along the way. Some of the advanced interventions are problematic to administer in "the field". However, with the merits and challenges of each

intervention being carefully considered. Being able to have a lucid conversation with someone inside the symptoms of severe withdrawal, psychosis, or delusion will always be impossible. The goals can move from a lucid conversation to stabilize, treat and refer, in hopes for a future lucid conversation. Stabilizing is great at building rapport, which will be more than necessary when we encourage these individuals into the aforementioned treatment trials.

I want to be a great clinician that builds a team of other great clinicians where we work in the field listening, guiding, caring, loving, measuring and treating.

There is a lot of work that needs to go into my doctoral application. This is just one of the many pieces to that application I am currently working on.