

Dr Forrest Harding Training History 2017-Present

I first began clinical practice in the United Kingdom in 2017 upon graduating with a Master's in Clinical Psychology and Counseling from Columbia University in New York City, USA. I had not planned to practice clinically as a therapist (rather I had taken the MCAT to attend an NIH MSTP MD/PhD program to which I applied) but rather thought I could greatly contribute and positively influence people's lives now while pursuing doctoral school and related work. I had also decided that many approaches to the commercialization and privatization of Western medicine broadly had routinely made people sicker not healthier. I was first joined as a psychologist with the [Association of Humanistic Psychology Practitioners](#) in 2017 and as a family, we later moved to Copenhagen, Denmark where my son Leif (now 5) was born. As in many countries, psychologists, counselors, and psychotherapists do not need to obtain licensing or regulatory approval except in some cases to [work with vulnerable populations](#), so much my early training and experience did not transfer to the United States directly.

In Denmark and the United Kingdom as in many countries in the world, the practice of counseling, psychology and therapy broadly is regulated in certain cases as was the [case until 2009 in California](#) for counseling psychology. However, many practitioners do voluntarily join regulatory bodies as an ethical choice as I have selected to do early on. Many practitioners often complete [certificate short courses](#) of 12 weeks or a part-time year course and then can start practicing counseling in countries like the United Kingdom. In fact, there are many other forms of notable training and education approaches such as at Jungian or psychoanalytic institutes which while offering short continuing education courses that I have participated in often require many years (4-6 years or more) and are regulated in North America in [California](#) and [New York](#) as psychological professions.

Many practitioners (including at points myself) practice at the master's level given that until the 1980s and 1990s this was largely the norm and continues to be the dominant global standard. The US States like Vermont, West Virginia, and Puerto Rico continue this practice of master's level regulation and training/education requirements today. Many psychologists can now become medical psychologists and practice psychiatric medicine in the United States and additionally in a limited sense globally where allowed such as at US military installations or overseas territories. This expansion of psychology scope of practice is an area of interest given my biomedical and neurosciences background and because of the grave shortage of high-quality prescribing psychiatric providers that are broadly trained to administer treatment like psychotherapy in the United States. Given such, I have sought further training, education, and CE in psychiatric prescribing medicine and interrelated areas.

I speak to my clients/patients and others about the great diversity of types of education, training, and ways to arrive at the same types of practice of medicine and a psychotherapeutic practitioner under a large alphabet soup of titles and overlapping practices both in the United States and globally. Patients/clients must have a clear and ethical understanding of the many types, presentations, and diversities of psychotherapeutic treatment as part of the informed consent and treatment processes. In fact, [regulatory bodies](#) and [researchers](#) have found that the public can autonomously make informed decisions, be protected, risk can be adequately managed and better

care is often provided when governmental bodies do not attempt to regulate or over-regulate the licensing of professions including psychotherapeutic treatment.

In 2021 (applied 2019) during the SARS-CoV-2/Covid-19 pandemic and when returning to the United States, I later received my first clinical training license in the US state of Washington. I have been practicing in a part-time manner where I can be most impactful since licensure in the United States. I later applied for and received further post-doctoral training licensure in states including Colorado and Michigan and I have expanded where I can practice in the United States. I further underwent a comprehensive assessment of my education, training, and experience, which has been assessed as being equivalent to a six-year Australian Psychology Accreditation Council (APAC) accredited sequence of study in clinical psychology in the training of licensed clinical psychologists completed in Australia.

I was an Amgen fellow at Stanford University in the Developmental Behavioral Pediatrics department lab at Stanford Children's Hospital in Palo Alto, California, which was located next to the Neonatal Intensive Care Unit in the hospital (NICU). I enjoyed living on the Stanford campus (called "The Farm") in the large stately [Mars House](#) for a time. I brought my basic sciences and neuroscience background from Berkeley to assist on projects focusing on the testing and development of interventions such as early reading fluency treatments in e/m health. We also focused on piloting and studying life course treatments and interventions for developmental delay with a focus on neonatal intensive care (NICU) infant populations. During this time I developed and presented a project in the fields of clinical psychology and neuroscience which was a briefly piloted application using a custom-developed Android tablet with the [ODK framework](#), entitled "Investigation of a Novel mHealth Behavioral Intervention Technology (BIT) for Improving Attention in Young Children." The early fellowship in addition to the Yale University Robert Wood Johnson award laid the pathway for the publishing of my first book and further education, training, and experience in clinical psychology, counseling and public health.

In this further training in addition to my South African work in Anthropology, I focused my doctoral dissertation research entitled *Three Essays on Health Inequality* at Columbia University focused on the development of a novel Artificial Intelligence (AI) language model and Python application that integrates a novel psychological treatment approach. This therapeutic AI app-based approach encourages the paradigm of positive health self-efficacy-seeking behaviors based on Albert Bandura's and others' work on the critical importance of highly developed self-efficacy as a very high-impact construct modulative of positive health. The core further contribution of this work developed in three essay format is a focus on last mile and highly scarce populations with a methodological contribution to the scholarly understanding of health inequality as chiefly a form of intentional coloniality.

I am very excited to continue my training, education, and research and to embody a deep openness and curiosity for it all in the pursuit of positively contributing to society and others — wherever this life may take me.