

Internship Information Packet



THE ALLENDALE ASSOCIATION

APA-ACCREDITED *

PSYCHOLOGY INTERNSHIP

PROGRAM MANUAL

2016-2017

**Questions related to the program's accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation*

INTRODUCTION TO ALLENDALE

The Allendale Association is a private, not-for-profit organization located in Lake Villa, Illinois, 50 miles north of Chicago. Founded in 1897, Allendale serves troubled youth and their families. Allendale's main programs include the following: (1) residential treatment services, (2) educational services, and (3) clinical and community services. In addition to providing services to our residential treatment program clients, Allendale's educational services include a day education treatment program (Stepping Stone) that serves troubled students from the local area school districts. The clinical and community services program consists of specialized foster care, mentoring services, community support program (CSP), and outpatient counseling for children, adolescents, and adults in the community

The Allendale Association is directed by a distinguished board of trustees comprised of 29 men and women representing various races, religions and creeds. The trustees govern the policies and programs of the Association. They are also responsible for raising private funds to support the capital and operational needs of the Association's programs. The Association is very fortunate to have the support of women's auxiliary groups, as well as the generous support of hundreds of "friends" who financially aid Allendale in providing youth and families with high quality programs and services.

All three main treatment programs serve male and female clients and their families. For the Lake Villa day treatment program approximately 44-48% of the students are African-American, 24-37% are Caucasian, 11-17% are Hispanic, and 8-11% identify as biracial or another race. Ninety percent of the clients in our outpatient program are Caucasian. In our residential treatment program, approximately 48% of the clients are African-American, 35% are Caucasian, 7-10% are Hispanic, and 7-10% identify as biracial or another race. The clients served by Allendale represent suburban, urban and some rural populations and range in pathology from those who are severely disturbed and psychotic to those experiencing family conflicts, marital conflicts, personality disorders, conduct disorder, PTSD, depression, anxiety, ADHD, and adjustment problems.

Stepping Stone (Day Education Treatment Program that is part of Allendale's Educational Services)

Stepping Stone is an extended-day, education treatment alternative provided to youth from the surrounding communities who have serious emotional and behavioral disabilities. The program emphasizes academic, diagnostic, and instructional intervention, clinical consultation, as well as individual and group psychotherapy. These students are not able to be maintained in the special education program of their local school districts due to their emotional and behavioral problems, particularly due to significant acting-out behaviors such as aggression to self or others. Due to the severity of their problems they require a highly specialized "day only" therapeutic program. This program serves approximately 120 boys and girls from ages 8 to 21. This includes a satellite campus (LINC) in Woodstock. The main source of referrals is the Illinois State Board of Education.

Clinical and Community Services

All clinical services for the agency (residential, day treatment, outpatient, and community services) are provided by therapists and trainees who are housed in this department.

Bradley Counseling Center (Outpatient Services):

This program includes a community-based, outpatient counseling center with locations - Lake Villa and Gurnee, Illinois. Designed to serve troubled children and adolescents, families, and adults, the center employs clinicians and diagnosticians in the fields of psychology, social work, psychiatry, and other allied mental health fields. Individual, group, family, or couple therapy is utilized to provide remediation and relief and to help clients develop more adaptive ways of dealing with personal difficulties. In addition, the counseling center provides anger management groups. Comprehensive diagnostic evaluations and psychological assessments are also provided, as well as community consultation and education.

Specialized Foster Care:

Allendale's specialized foster care program serves children with special needs. These children predominantly range in age from 7 to 18 years and have a variety of problems, including emotional and behavioral difficulties. Most of these youth are wards of DCFS and referred by this agency. Therapists, caseworkers, and trained foster parents form a treatment team that addresses the needs of this specialized population. Children are generally in foster care from three months (emergency placements) to three years with one of four outcome goals - return home, adoption, subsidized guardianship, or independent living. This program serves approximately 20 to 30 youth and helps to provide a means of "stepping-down" youth in our residential treatment center to a less restrictive treatment setting.

Therapeutic Mentor Program:

The Therapeutic Mentor Program is designed to provide an adult to work intensively with a youth to help develop social skills and/or independent living skills, and to help youth find the necessary structure through healthy activities that can further guide and promote their adaptive functioning. Allendale Mentors work with the youth in their home community to help the youth develop and strengthen skills and to find lasting structure to support skill building and continued adaptive functioning. The goals of developing and strengthening skills and establishing necessary structure to support adaptive functioning are pursued through involvement in activities that are naturally occurring in the youth's own environment; these activities might include, for examples, park district, YMCA, church-based, or athletic programs. These goals include finding activities that provide lasting structure to guide and promote the youth's skill development and adaptive functioning beyond the completion of the mentoring services. Medicaid, sometimes insurance, or other community groups fund mentoring services.

Community Support Program:

The Community Support Program is a grant project of the Department of Human Services. This program is designed to prevent residential or other out-of-home placement for children ages 7 to 17 years old. The services are delivered within a model that brings the needed

support to the youth in their home or community environment. The program provides aggressive outreach, in-home counseling, and case management. This program currently serves about 90-100 youth and families over the course of a year.

Residential Treatment Services

The residential treatment program provides intensive treatment to youth who have severe emotional and behavioral disorders. The residential program is considered “high end” due to the severity of client acting-out behavior (i.e., significant aggression toward self and others). There are nine units on the Lake Villa campus; two group homes located in Waukegan, Illinois; the Benet Lake residential treatment unit, just over the Illinois-Wisconsin border; and a moderate residential unit in North Chicago, Illinois. The total residential capacity is approximately 148.

Clients in the residential program are boys and girls aged 7 to 17 at admission who cannot be maintained, treated, and/or educated in their communities for a variety of reasons. A major contributing factor to the need for out-of-home placement is the existence of severe behavioral dysfunction, acting-out behaviors, and mental illness. Some clients have multiple diagnoses, but only clients with a primary diagnosis of mental illness are considered for admission. Many of the residential clients have significant histories of physical and/or sexual abuse.

The main source of referrals to the residential program includes the Department of Children and Family Services (DCFS), the Department of Human Services (DHS), and the Illinois State Board of Education (ISBE). The residential program also receives referrals from the court system, insurance companies, and private pay.

DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

The doctoral internship in clinical psychology is a 12-month, full-time program accredited by the American Psychological Association. The internship is administered by the Director of Clinical Training, along with the Chief Psychologist and the Training Committee. At Allendale, trainees in the internship program are referred to as doctoral psychology interns. The internship program is dedicated to preparing individuals for the practice of clinical psychology and includes opportunities for year-long involvement in two of Allendale’s main programs: day treatment and outpatient treatment.

Stipend and Benefits

The Allendale Association funds two psychology internships each year with an annual stipend of \$23,600 per intern. Medical and dental insurance is provided. Interns receive two weeks paid vacation, holiday and sick day benefits. Professional time is available for research/dissertation activities (five days) and conference attendance. Clerical and technical support is also available.

Internship Applications

The deadline for all application materials is November 1st.

Intern Requirements

Interns must be accepted for doctoral candidacy in psychology prior to beginning the internship. Applicants must have satisfied all academic requirements for their program except internship and dissertation. Although it is not required to have their dissertation complete by the start of internship, it is strongly recommended. They must have passed their comprehensive exams and have completed at least two clinical practica, one in therapy and one in psychological testing. Two thousand hours are required to complete the internship. Additionally, intern applicants should have experience and/or an interest in psychodynamic treatment, working with children/adolescents, and working with a severe mental health population.

Intern Selection Procedures

The Allendale Association is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and follows APPIC guidelines for intern selection.

Training Model

Our theorist-practitioner model involves a balance between understanding and change, that is, a balance between the theorist/scholar and the practitioner. Theory that is supported by current research is used to generate and test hypotheses about the meaning of a client's behavior based on the tracking of session material. The psychologist practitioner then uses this theory-based understanding within the context of a good working therapeutic alliance to develop interventions designed to effect changes within the client. The effectiveness of these interventions is determined by the degree to which these predicted changes occur following the interventions. The ability of the psychologist practitioner to be aware of and to manage his/her own reactions in the therapeutic process in order to maintain this balance between understanding and change is an essential component of the theorist-practitioner model.

Program Philosophy and Objectives

The Allendale Association internship program is dedicated to the thorough training of interns in the areas of diagnosis, intervention, consultation, psychological testing, and supervision opportunities. It offers intensive training and experience with diverse treatment populations and exposes the interns to a variety of treatment modalities, including individual, group, and family therapy. The internship is predicated on the belief that a competent psychologist must have a knowledge and understanding of clinical psychology that is grounded in theory and research and the ability to apply that knowledge and understanding to a variety of clinical situations.

The program has a strong psychodynamic influence. The emphasis of the training program is to provide training in core therapeutic skills essential to the practice of clinical psychology; to teach intervention strategies/skills grounded in theory and research; to promote self-examination as a way to understand one's impact on the therapeutic process and the alliance; and to foster the ability to critically examine the efficacy of interventions. The

program encourages interns to continually reflect upon the complex relationship among psychological theory, practice, and individual differences, while paying close attention to their own reactions to the client in order to be a self-reflective clinician.

Training Plan

Orientation:

During the first two weeks of the training year, the interns are oriented to the outpatient, day treatment, and residential programs. The goal of orientation is to acclimate each intern to the Allendale Association at the professional and interpersonal level. During this period, the interns are introduced to supervisors, seminar instructors, and staff members, and become familiar with the clinical and administrative functioning of each program, and with the goals and objectives of each training seminar. Particular emphasis is placed upon the role of the intern in each treatment program. Additionally, interns are taught the Allendale Relational Re-Enactment Systems Approach to Treatment (REStArT – formerly known as Counter Response) model for working with youth in residential and day treatment. This model of treatment was developed as an evidence-based treatment practice built on the four factors (having a coherent conceptual therapeutic approach, family involvement during treatment, stability of post-discharge placement, and availability of aftercare support) for effective residential treatment (Wampold and Malterer, 2007). The REStArT model integrates psychodynamic/object relations, systems, neurobiology, trauma and attachment theories (McConnell & Taglione, 2012). For further information on this model, please see our website (www.allendale4kids.org). Throughout their assignments in these programs, interns are expected to work within the model of the agency while incorporating their own theoretical orientation. Following the orientation training, the interns begin their assignments.

Day Treatment Assignment:

Interns are assigned year-long duties in the day treatment program, starting after orientation. The interns see Stepping Stone individual clients and provide clinical consultation to each of the students' families in conjunction with the teacher. Interns begin providing clinical consultation after obtaining training regarding clinical consultation and having a dialogue with staff regarding the process. They also may see some family cases.

Interns are considered part of the core treatment team, along with the classroom teacher, and they participate in the classroom meetings as part of the leadership of the classroom. The interns begin attending these meetings after orientation, with a period of observation in order to bring questions to core team consultation with the Stepping Stone Director and Clinical Consultant and/or individual supervision prior to taking on the consultant role. The individual and family case assignments are supervised by a therapy supervisor, who is a licensed psychologist. This supervisor works with the interns on all aspects of their clinical work with day treatment clients, including consultation to the school staff.

Interns are also active in the multi-disciplinary staffings and IEP (Individual Education Plan) meetings held up to every six months on each of their individual and family cases. Participants in the multi-disciplinary staffings include the student, day treatment school staff and administrators, school district representatives, and parents. In these staffings, interns

provide information regarding the meaning of a client's behavior, treatment goals and progress, as well as recommendations through written reports and verbal feedback.

Outpatient Assignment:

Interns take on an outpatient therapy caseload after they have become settled in the day treatment assignments. This experience at Allendale's Bradley Counseling Center includes direct service hours in the areas of individual, family, and group therapy. Clients come to the agency through a variety of referral sources including schools, court system, physicians, EAP (Employee Assistance Program) providers, DCFS (Department of Child and Family Services), Allendale foster care and independent living programs. Clients seen in outpatient include children, adolescents, and adults who present with a wide range of psychological problems. The clients come from a variety of socioeconomic and ethnic backgrounds. Due to client availability, the outpatient assignment includes the intern having two evenings per week (1pm-9pm), including one evening in a satellite location (Gurnee or Woodstock). Each intern is assigned to a therapy supervisor with whom they meet for one hour weekly throughout the training year. This supervisor is a licensed clinical psychologist, who is responsible for working with interns on all aspects of their clinical work with outpatient and community services clients.

As part of their outpatient assignment, interns provide services in the anger management program. The anger management program includes conducting brief anger management evaluations or providing anger management treatment (in either individual or group therapy). The anger management treatment curriculum is based on empirically supported treatments to provide psychoeducation and aid clients in learning specific skills to address anger management problems. If anger management program participants are available, this assignment would begin after orientation and after didactics regarding the anger management program are given. Interns work with externs or other interns in providing these services. Interns attend a weekly supervision group regarding the anger management program.

After being involved in outpatient intake for the first half of the year, interns become part of the staff rotation for on-call coverage. During this period, interns are available by phone if clients are in need of crisis intervention after hours and the client's therapist is not available. The typical rotation for on-call coverage involves staff and interns to be on-call for approximately one month.

Each intern attends bi-weekly case staffings in which the outpatient cases are staffed at admission, discharge, and during the course of treatment. The cases are reviewed by the clinical staff, interns, and practicum students to ensure accuracy of diagnosis, appropriateness of treatment plan, and progress toward stated goals as part of the peer review process of our Continuing Quality Improvement (CQI). The interns participate through case presentations as they take on outpatient cases or if they have a high-priority intake in which they opened a file. Interns also provide feedback to other presenters. Interns become part of the staff rotation for being notetaker after period of observing the staffings. After being notetaker, interns are then added to the staff rotation for chairperson responsibilities.

Group Assignment:

Interns also provide group therapy, having opportunities in each of the three programs.

In the day treatment program, interns have the opportunity to work with a classroom teacher to co-lead structured community groups. Interns would begin these groups after being oriented to the groups and offered an opportunity to dialogue with the teacher and supervisors about implementation of the groups. The group work for Stepping Stone groups is supervised by a licensed psychologist and the Director of the Stepping Stone program.

Interns may have the opportunity, based on referral availability, to co-lead anger management groups in the outpatient (Gurnee or Woodstock offices), residential, or day treatment programs. The anger management curriculum is based on empirically supported treatments to provide psychoeducation and aid clients in learning specific skills to address anger management problems. If anger management group participants are available, this assignment would begin after orientation and after didactics regarding the anger management program are given. Interns work with externs or other interns in providing these services. Interns attend a weekly supervision group regarding the anger management program. Participants of the supervision group are presented with a cognitive-behavioral curriculum for treating individuals with anger management difficulties. This curriculum is based on research regarding empirically supported treatments for anger management as a presenting problem (Deffenbacher, Oetting, & DiGiuseppe, 2002).

Additionally, interns may have the opportunity, based on referral availability, to co-lead substance abuse groups in the residential and/or day treatment programs. These groups are based on empirically supported treatments to provide psychoeducation regarding substance use and aid clients in learning specific skills to address substance use problems. Interns work with residential staff in providing these services. When an intern is providing substance abuse group treatment, they will attend a weekly supervision group. Participants of the supervision group will be presented with a cognitive-behavioral curriculum for treating individuals with substance abuse difficulties.

The group supervisions for the anger management and substance abuse programs focus on teaching group intervention skills from a dynamic, interactional and relationally-based perspective, focusing on the Practice Guidelines for Group Psychotherapy by the American Group Psychotherapy Association (2007). Additionally, focus will be on the development of the co-therapy relationship and how it impacts the group process (Dugo & Beck, 1997). Participants of the supervision group will then implement the theories of assessment and intervention by providing the anger management curriculum to clients or by providing the substance abuse curriculum to clients in a group setting.

Consultation:

Interns provide consultation to school personnel on an as-needed basis throughout the year. They participate in school clinical meetings where individual clients are discussed. Additionally, they provide clinical consultation to day treatment families on their caseload in a multidisciplinary team.

Supervision:

Interns supervise over the course of the year. This typically involves supervising an extern on their completion of intakes after having time to acclimate to the process of intake and

demonstrating competency in this area. For those who want an advanced supervision experience, they may also have the opportunity to supervise a therapeutic mentor as the mentor works with a client toward specific goals or the supervision of externs on anger management assessments (when available). Supervision for interns' development as a supervisor is provided on a weekly basis through the Supervision Skills group supervision. This is led by the Director of Clinical and Community Services and/or the Anger Management Program Coordinators. Didactics presented at the beginning of the year review developmental models of supervision, including the Integrated Developmental Model of Supervision (Stoltenberg, 2005) and the Loganbill, Hardy, and Delworth Model (Loganbill et al., 1982) and introduce the specifics of each of the supervision opportunities. A main focus of the supervision regarding supervision of mentors or externs is on helping intern supervisors address the core areas of supervisor training (Borders et al., 1991).

Psychological Testing:

All interns will attend didactics in the anger management program supervision group at the beginning of the year in order to review the tests typically used in the anger management program and to discuss the process of anger management evaluations. Interns then provide anger management evaluations through the anger management program, which are supervised in the anger management supervision group. They are also offered an optional experience in conducting full battery psychological assessments. Each intern who chooses to do a battery is given supervision with one of their two primary supervisors regarding the assessments they complete. Cases are assigned after the interns have begun the didactics and are able to take on additional responsibilities. Through supervision, interns receive guidance in selecting, administering, scoring, and interpreting assessment measures, organizing test findings, integrating the findings into a written report, and providing feedback and recommendations to referral sources.

Seminars and Didactic Training:

In addition to their individual supervision, interns participate in the following seminars and training features:

Family Therapy Seminar:

This seminar meets weekly for one hour throughout the year and focuses on developing knowledge and skill in the treatment of children and adolescents from a family systems perspective. The seminar will begin with didactic instruction, including a review of related research, followed by presentations. Assessment and intervention skills are taught drawing primarily from evidence-based systems (Cottrell & Boston, 2002), Functional Family Therapy (Alexander, et al., 2000) and psychodynamic (Shedler, 2010) treatment approaches. Concepts and skills are taught in how to develop a balanced treatment alliance with the client and family members drawing from evidence-based Motivational Interviewing techniques (Lundahl, et al., 2010). Other assessment skills taught include assessing the child/adolescent's developmental level, formulating a DSM-5 diagnosis, identifying how the client's presenting problem relates to family communication and behavioral patterns, mapping the child and family's relational re-enactment pattern utilizing Allendale's Relational Re-Enactment Systems Approach to Treatment (REStArT), and considering cultural and environmental factors to inform treatment planning. Intervention skills focus on establishing a safe therapeutic framework, intervening to

interrupt the family's relational re-enactment pattern that maintains homeostasis of the client's presenting problem, and identifying with the family what structured supports are needed to maintain healthier relating in the family. Seminar members rotate to present audio tapes of therapy sessions in sequence over three weeks. Seminar members serve as the consultation group for the presenting therapist. The option to present "live" sessions is available.

Disorders of the Self Seminar:

In this seminar participants will be presented with information about the components of evidence-based treatment, Jonathan Shedler's article on the efficacy of psychodynamic therapy (citing several meta-analyses), and neurobiological research supporting some psychodynamic concepts. The focus will be on Shedler's seven distinctive features of psychodynamic technique, along with Dr. James Masterson's and Dr. Nancy McWilliams' psychodynamic therapy approaches. Emphasis will be placed upon diagnosing particular personality/character structures; applying specific interventions deemed effective in reducing the intensity and frequency of maladaptive defenses; and providing opportunity for expression of the real self of these personality disorders. Within the framework of a psychodynamic understanding of the structure of the anti-social personality disorder, certain interventions (including some motivational interviewing techniques) to work effectively with this disorder will also be presented. The seminar will begin with a didactic overview of theory and technique. Audiotape presentations from participants will then be used to apply these theoretical approaches and techniques to therapy. Each presenter will present for three consecutive weeks twice during the year.

Professional Issues Group:

This meeting is led by the Director of Clinical Training and meets monthly. The interns, director, and intern supervisors meet for one hour to exchange information regarding training, professional development, career opportunities, and scholarly material related to the field of clinical psychology, including discussion of patient-focused research, outcomes data for Allendale's REStArT model, diversity related to the population served at Allendale, psychological testing, ethics, self-care, and licensure.

CE & CEU Presentations:

The interns attend bi-weekly presentations throughout the training year. These two-hour presentations cover a wide range of topics in the field of psychology, including assessment, treatment interventions, supervision, professional conduct and ethics, specialty topics, and cultural and human differences. The majority of the presentations are provided by outside speakers with an expertise in their topic area.

Diversity Training:

Interns encounter diversity in many ways across the different program areas. We emphasize as many factors as possible that comprise a client's cultural make-up so that issues of diversity are always salient.

Interns also receive didactics regarding diverse populations throughout the year. During orientation, the program offers didactic training regarding diversity issues that relate to the populations served in each of the program areas, particularly regarding the unique cultural

challenges in working with clients who present with severe acting out and their families. Additionally, at the beginning of the year, didactics are offered regarding diversity issues in each of the seminars as related to the seminar content. The program also has several presentations each year focusing specifically on diversity topics, and the other presenters cover diversity issues that may occur related to the specific topic they are discussing.

Interns increase their skills in identifying and addressing diversity issues throughout their training experiences. In seminars, interns present cases related to the seminar content, and they are expected to discuss issues of diversity that are being considered in the treatment, as well as how they are addressing these issues. They also receive feedback around this topic from other trainees in these seminars in order to improve their skill in addressing these issues in their work.

The program uses outpatient case staffings for interns and staff to present cases and identify relevant diversity issues so that they can incorporate that understanding into the treatment planning process.

Additionally, the program devotes professional issues group sessions throughout the year as opportunities for the staff and interns to present cases in which issues of diversity are particularly salient and to discuss how they are addressing those issues. This offers interns an opportunity to learn from specific case examples and to engage in collegial dialogue regarding experiences working with diverse clients and effective ways of addressing diversity issues.

Quality Improvement and Research:

The Allendale Association supports quality research and scholarly inquiry. Research studies are carried out from time to time and interns are welcome to avail themselves of the opportunities to do research in any of the program areas at Allendale. Additionally, interns are invited to participate in the Outcomes meetings that are held twice monthly, where the agency looks at practice-based evidence (Campbell & Hemsley, 2009) for each of the program areas. Interns apply patient-focused research (Lambert, Hansen, & Finch, 2001; Lambert, 2009) to assess the effectiveness of their interventions with clients on an ongoing basis. In outpatient, this occurs through review of client feedback forms in supervision to adjust their interventions based on the data received. For day treatment clients, the interns look at other sources of data (i.e., behavioral data such as dangerous behaviors and rule violations, academic performance such as grades and attendance, etc.) in supervision and in their therapy reports, which allows them to adjust treatment interventions based on the dynamic data.

Scholarly Inquiry:

Allendale Association focuses on lifelong learning and application of knowledge to one's work. Interns are provided multiple opportunities to engage in scholarly inquiry, such as through discussion of articles and cases in professional issues, utilizing specific interventions with clients in seminars and supervision groups, didactic presentations with CE and CEU presentations, working with the REStArT model for day treatment clients, utilizing treatment feedback forms with outpatient clients, and utilizing supervision to look at the effectiveness of their specific interventions. Additionally, Allendale Association utilizes the principles of "Patient-Focused Research" (Asay, Lambert, Gregersen, & Goates, 2002) in

looking at patient outcomes. Over the course of the internship year, interns create a way to look at some aspect of their own practice utilizing these principles, look at data relevant to their project, and complete a brief write up of their findings.

Training Experiences

Each psychology intern will be expected to perform the following tasks:

- Maintain a case assignment of 5-6 individual/family therapy clients who are seen once a week in the day treatment program.
- Maintain a caseload of 6-7 clinical hours per week (individual and family) in the outpatient program, which may include foster care.
- Provide clinical consultation for their day treatment clients in conjunction with the multi-disciplinary team.
- Co-lead anger management or substance abuse groups in the residential, day treatment, or outpatient (anger management program only) programs as available.
- Co-lead community group in the day treatment program in conjunction with the classroom teacher as available.
- Provide anger management services (psychoeducational anger management curriculum in either individual or group modalities and anger management evaluations) as available.
- Participate as part of a multi-disciplinary team for all day treatment and community services clients, including staffings, team meetings, and clinical meetings.
- Participate in outpatient case staffings.
- Attend biweekly CE & CEU presentations.
- Document in clinical records and write reports.
- Make formal case presentations in the various seminars and supervision groups.
- Supervise an extern regarding their completion of intakes (and a therapeutic mentor if desired and available).
- Complete a project looking at aspects of one's own practice utilizing the principles of "Patient-Focused Research."
- Fulfill any or all other clinical responsibilities, as assigned.

- Conduct full battery psychological evaluations in the residential, day treatment, and/or outpatient programs (optional).

Clinical Supervision

Supervision and training are integral components of the internship program. Through intensive supervision and training in a variety of psychological services, professional competence in the practice of clinical psychology is fostered and developed. Individual and group supervision are provided in each of the treatment settings by licensed doctoral-level psychologists.

Supervision is provided as follows:

Individual Supervision: 2 hours per week

- 1 hour per week therapy supervision - outpatient/community services
- 1 hour per week therapy supervision – day treatment

Group Supervision/Consultation: up to 6 hours per week

- 1 hour per week supervision of anger management program work
- 1 hour per week Supervision Skills supervision
- 1 hour per week supervision of substance abuse group work (when running a group)
- 1 hour per week Family Therapy Seminar
- 1 hour per week Disorders of the Self Seminar
- 1 hour per 2 months day treatment group supervision/observation
- 1/2 hour per month Core Team dialogue in day treatment program
- 1/2 hour per two months team meeting dialogue in day treatment program
- 2 hours per month Clinical Meeting case presentation or trainings with classroom teams in the day treatment program

Supervisor Accessibility and Back-Up Coverage

In the event that an immediate supervisor is unavailable and a need for consultation occurs, trainees can follow the following steps:

- Contact the Training Director via cell phone.
- Should the Training Director be unavailable, please contact the Vice President of Clinical and Community Services via cell phone.

Expected Competencies

After completing their training, interns are expected to demonstrate competence in the following areas:

- Assessment, diagnosis, and treatment planning with individuals, families, and groups.
- Intervention with individuals, families, and groups (including empirically based/supported treatments).
- Consultation to other mental health professionals and to day treatment families.
- Providing supervision as a beginning supervisor.
- Accurately evaluate the effectiveness of specific interventions with individuals and groups.
- Scholarly inquiry and application of “Patient-Focused Research” principles to one’s own work.
- Incorporate issues of culture in the understanding of clients/families in order to develop a good working alliance.
- Psychological testing, including the selection and administration of assessment instruments, scoring and interpretation of test data, and writing integrated reports (if intern chooses to do full battery assessments).

Successful completion of the internship program and achievement of the competencies are demonstrated by the following:

- Achieve an end-of-year overall score of 2.0 or greater on the end-of-year intern evaluation form.
- Complete the required number of presentations and achieve an end-of-year overall score of 2.0 or higher on the seminar evaluation form for each of the required seminars (family seminar and disorders of the self seminar).
- Achieve a score of 2.0 or higher on the diversity composite score on the end-of-year intern evaluation form; achieve a 2.0 on each diversity item on the end-of-year seminar evaluation forms.
- Achieve an end-of-year composite score of 2.0 or higher on the Conducting Supervision Skills portion of the intern evaluation form.
- Achieve an end-of-year composite score of 2.0 or greater on each of the Psychological Assessment and Diagnostic Skills, Therapy Intervention, Consultation Skills, Use of the Scientific Method, and Supervision Skills sections of the intern evaluation form.

- Complete a project utilizing “Patient-Focused Research” principles and achieve a score of 2.0 or greater on Question #12 in the Use of the Scientific Method portion of the intern evaluation.
- Successful completion of full battery psychological evaluations within given timeframes (if interns choose to complete assessments).

Performance Evaluation

A variety of opportunities for mutual evaluation and feedback regarding the intern’s training progress and outcome are provided through:

- Ongoing feedback in weekly individual and group supervisions and training seminars utilizing audio tapes, detailed notes, and/or live observation (i.e., family therapy sessions).
- Written evaluation after each formal presentation of cases in each of the seminars and supervision groups.
- Individual meetings in November and May with the intern supervisors to discuss the intern’s progress toward their training goals and areas for focus until the next formal written evaluations at mid-year and end-of-year. Interns will be provided with a written summary of the discussion.
- Mid-year and end-of-the-year formal written evaluations with supervisors and seminar instructors.

Remediation

If an intern exhibits chronic issues that impact the delivery of treatment, client care, ethical practice, professional conduct, or serious deficiency in their expected progress, a remediation plan may be developed. In such a case, the process will be as follows:

- The intern will be informed of the concerns regarding their progress in supervision and given an opportunity to work on them.
- If this is not sufficient to address the concerns, the supervisor will inform the intern that we will have a meeting to more formally address the concerns. The meeting will include the Training Director, intern's supervisors, and academic Training Director to outline the concerns and what the intern can do to improve in those areas. This meeting will include a written summary of the issues to be addressed, and a date to review the intern's progress.
- If the concerns are still not addressed at the next review date, the intern will be placed on a written remediation plan, which will include the following:
 - o Identification of the problem areas,
 - o The desired goals towards resolving the deficiency,
 - o The steps the intern can take to improve,
 - o The timeframe in which the plan will be formally reviewed with the Director of Training, the intern's supervisors, and academic Training Director to assess progress (these meetings will include written feedback regarding the intern's progress toward the goals), and
 - o What steps may be taken if the remediation plan is unsuccessful.

Implementation of a remediation plan is determined by the Director of Training and the individual's supervisors. The intern is actively involved in the process through formal meetings in which the plan is reviewed and the intern is given written feedback regarding their performance. Length of remediation can vary depending on the identified areas. Decisions regarding successful completion of the remediation plan are determined by the Director of Training and supervisors following a formal review with the intern. The intern's academic training director is involved throughout the process.

APPLICATION PROCEDURE

Eligibility

Requirements for clinical psychology internship candidates follow guidelines established by A.P.A. (750 First Street, NE, Washington, DC 20002-4242 (202) 336-5500), and A.P.P.I.C.:

The doctoral students must be “in good standing” and:

- Will be/have been accepted for doctoral candidacy in a clinical or counseling psychology program of an accredited institution (preferably an APA-accredited program), prior to beginning the internship.
- Have completed supervised psychotherapeutic and psychodiagnostic practicum experiences in psychology.
- Have obtained a letter from their graduate program’s clinical training department certifying their eligibility to pursue a clinical internship program and stating whether the student has ever been on a corrective action/remediation plan or similar process.
- Have successfully passed comprehensive exams/tasks.
- Have experience and/or an interest in psychodynamic treatment, working with children/adolescents, and working with a severe mental health population.

Application

To complete the application procedure, the following materials are to be submitted, via uploading the information to the APPIC server, to the Director of Clinical Training no later than November 1st.

- The APPIC Application located at www.appic.org.
- In the cover letter submitted through the APPIC process, please address the following two questions:
 - In terms of self-awareness, what have you observed about yourself while doing clinical work with regard to strengths and issues in need of further development?
 - In addition to gaining more experience, what are you hoping to gain out of your internship year?

- Two letters of reference from professionals best able to provide information about clinical and professional skills and potential.

Selection Process

The initial screening process will begin upon receipt of all materials requested on the application form. Following receipt and review of this material, the eligible applicants will be contacted for a personal interview.

STUDENT EVALUATION GUIDELINES

Psychology interns are evaluated on an ongoing basis throughout their training. They are given weekly feedback by the clinical supervisors, and the Training Director meets with them on a quarterly basis to review their progress toward training goals and areas of focus until the next formal written evaluation at mid-year and end-of-year (interns are provided with a written summary of these meetings). Written evaluations are completed after each presentation in the seminars and supervision groups. Formal written evaluations are completed every six-months with the supervisee by the primary clinical supervisors.

Clear learning and service delivery objectives are established with interns. In situations where an intern is not making sufficient progress at the level required for his/her position and level of training, the intern may be put on immediate probationary status.

At the time of probation, written goals will be established with the student to determine the steps needed to improve the student's performance via a remediation plan.

Probation may be invoked at any point during the intern's training. Length of probationary status will be reviewed by the Allendale committee on psychology training or by the intern's clinical supervisor(s), and the Director of Psychology Training, the Chief Psychologist, and the intern's Training Director from his/her school.

Decisions about the intern's professional or clinical potential are made on the basis of the judgment by the team of clinical supervisors of the student's work as presented in audio tapes, direct observations, and written reports.

The student's internship may be terminated if the student's clinical work or professional potential falls below the standards of clinical work that are required by Allendale and remediation has been ineffective.

When an intern violates Allendale policy, makes inappropriate clinical decisions without supervision, which adversely affects the client or the welfare of the agency, or engages in unprofessional conduct, the student may be subject to immediate dismissal.

An intern who wishes to appeal probation or dismissal should follow the Allendale Association due process.

Appendices include Allendale's Whistleblower Policy and Grievance Procedures.