

**Post-Doctoral Residency Information Packet**



**THE ALLENDALE ASSOCIATION**

**POST-DOCTORAL RESIDENCY**

**PROGRAM MANUAL**

**2017-2018**

## **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 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 outreach, in-home counseling, and case management.

## **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.

### **POST-DOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY**

The post-doctoral residency program is a 12-month full-time program. Depending on agency needs, there are two different post-doctoral residency programs: an outpatient/day treatment post-doctoral residency and a residential treatment post-doctoral residency. The post-doc residency typically begins about the third week of August, but applications for post-doc residencies are accepted throughout the year when positions are available.

#### **Stipend and Benefits**

The Allendale Association funds several post-doc positions each year, depending upon the needs of the agency. Medical and dental insurance is provided. Post-docs receive two weeks paid vacation, holiday and sick day benefits. Professional time is available for conference attendance. The stipend is \$40,000 for the year.

#### **Program Philosophy and Objectives**

The Allendale Association internship program is dedicated to the thorough training of post-docs 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 post-docs to a variety of treatment modalities, including individual, group, and family therapy. The residency 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 post-docs 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 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.

## **Training**

### Orientation:

During the first two weeks of the training year, the post-docs are oriented to the outpatient, day treatment, and residential programs. The goal of orientation is to acclimate each post-doc to the Allendale Association at the professional and interpersonal level. During this period, the post-docs 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, post-docs are taught the Allendale Relational Re-Enactment Systems Approach to Treatment (REStArT) 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](http://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 post-docs begin their assignments.

### Types of Residency Programs:

The outpatient/day treatment post-doc requires a weekly average of 22 direct-service hours, which may include individual therapy, play therapy, and family therapy. Caseload consists of day treatment clients and/or outpatient clients. Co-leading Stepping Stone day treatment groups may also be part of the outpatient post-doc position. Outpatient post-docs will also provide supervision of intakes and participate in the staff rotation for on-call coverage. During this period, post-docs are available by phone if clients are in need of crisis intervention after hours and the client's therapist is not available. Two evenings (1pm-9pm) are required in order to see outpatient clients.

The residential post-doc involves a caseload of approximately 15-17 individual residential clients (including clinical consultation with families); the case load may also include day treatment clients (including consultation with families) when available; some family cases, and two groups co-led with a residential staff member.

### Consultation:

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

### Supervision:

Post-docs may also have the opportunity to supervise mentors in the Therapeutic Mentoring Program as the mentor works with a client toward specific goals. Supervision for post-docs' 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 is on helping post-doc supervisors address the core areas of supervisor training (Borders et al., 1991).

Seminar and Didactic Training: In addition to their individual supervision, post-docs, participate in the following seminars:

#### *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 post-docs, director, and 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 post-docs 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.

### *Outpatient Staffings:*

As a member of the outpatient staff, outpatient post-docs attend 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 post-docs participate through case presentations and providing feedback to other presenters. Post-docs become part of the staff rotation for being notetaker and chairperson after a period of observing the staffings.

*Residential Therapist Meeting:* As a member of the residential therapist staff, post-docs attend a monthly residential therapist meeting. As part of the peer review process of our Continuing Quality Improvement, therapists present cases to be reviewed by the clinical staff to ensure accuracy of diagnosis, identification of a client's conflict cycle, appropriateness of treatment plan, and progress toward stated goals. The post-docs participate through case presentations and providing feedback to other presenters. Post-docs become part of the staff rotation for being notetaker and chairperson after a period of observing the staffings.

## **Clinical Supervision**

Through supervision and training, which are integral components of the post-doctoral residency, professional competence in the practice of clinical psychology is fostered and developed. One hour of individual supervision by a licensed clinical psychologist is provided weekly. Clinical consultation and training is also available through weekly seminars and bi-weekly in-services and monthly residential therapist meetings. Additionally, post-docs in the residential program are considered part of the "core leadership team," which includes representatives from the client's multidisciplinary team. As part of this leadership team, residential post-docs will participate in unit supervision, provided by the unit Residential Director and the therapist supervisor.

## **Performance Evaluation**

A variety of opportunities for mutual evaluation of the post-doc's training progress and outcome are provided through:

- On-going feedback in weekly individual supervision and training seminars utilizing audiotapes.
- Evaluation after each formal presentation of cases in each of the seminars and supervision groups.
- Mid-year and end-of-the-year formal evaluations with individual supervisor.

**Remediation**

If a post-doc is experiencing problems that interfere with attainment of sufficient progress, a remediation plan may be developed. The remediation plan identifies the problem areas as well as the desired goals and objectives towards resolving the deficiency. Implementation of a remediation plan is determined by the individual's supervisor(s). The post-doc is actively involved in the process. Length of remediation can vary depending on the identified areas. Decisions regarding successful completion of the remediation plan are determined by the individual's supervisor(s) following a formal review with the post-doc.

Appendices include Allendale's Whistleblower Policy and Grievance Procedures.