



THE ALLENDALE ASSOCIATION

**Doctoral Level Psychology
Therapy Externship
Information Packet**

2018-2019

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) clinical and community services, (2) educational services, and (3) residential treatment services. 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. Allendale's educational services includes a day education treatment program (Stepping Stone) that serves troubled students from the local area school districts, and also provides educational services for the residential students.

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. Ninety percent of the clients in our outpatient program are Caucasian. 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. 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.

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.

**Stepping Stone Day Education Treatment Program
(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.

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.

THE EXTERNSHIPS IN CLINICAL PSYCHOLOGY

The clinical psychology externships are 12-month, part-time programs (16-20 hours per week). We offer two externship tracks - one focused on therapy and one focused on diagnostic assessment. The number of students accepted into each track varies. The externship program is dedicated to preparing individuals for the practice of clinical psychology and includes year-long involvement within Allendale's main programs.

Program Philosophy and Objectives

The Allendale Association internship program is dedicated to the thorough training of externs 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 externs to a variety of treatment modalities, including individual, group, and family therapy, as well as clinical consultation (a core component of the REStArT model). The externship 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 externs 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

The Allendale REStArT Institute:

Residential fellows are trained in the Relational Re-Enactment Systems Approach to Treatment (REStArT) model through the Allendale REStArT Institute. Throughout the training, externs receive didactic training regarding the REStArT model, starting in orientation and continuing through seminars, supervisions, trainings, staffings, meetings, and consultations. 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). Although the REStArT model was originally developed for use in our residential program, its components are well-suited for use across our multiple levels of treatment environments including outpatient, therapeutic day school and foster care. The REStArT model integrates psychodynamic/object relations, systems, neurobiology, trauma and attachment theories (McConnell & Taglione, 2012). For further information on this model, please see the REStArT Institute page of our website (www.allendale4kids.org). Throughout their assignments in Allendale programs, externs are trained in and begin to work within the model of the agency while developing their own approach to treatment.

Orientation:

During the first two weeks of the training year, the externs are oriented to the outpatient, day treatment, and residential programs. The goal of orientation is to acclimate each extern to the Allendale Association at the professional and interpersonal level. During this period, the externs 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 extern in each treatment program. Additionally, externs 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). Throughout their assignments in these programs, externs are expected to work within the model of the agency while incorporating their own theoretical orientation. Following the orientation training, the externs begin their assignments.

THE THERAPY EXTERNSHIP

Outpatient Counseling Center Assignment:

The twelve month experience at Allendale’s Bradley Counseling Center includes 7 to 10 direct service hours per week 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 providers, DCFS, BCC Foster Care, and Independent Living Programs. The types of clients seen 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 involves the extern having two evenings per week (1pm-9pm), including one evening in a satellite location (Gurnee or Woodstock). Each extern is assigned to one primary outpatient supervisor for the training year and receives one hour of individual supervision each week. The supervisor is responsible for working with the extern on all aspects of his/her casework, which includes clinical, ethical and legal issues, record keeping, and documentation.

As part of their outpatient assignment, externs may provide services in the anger management program (depending on availability). The anger management program includes providing anger management treatment (in either individual or group therapy). This curriculum is based on research regarding empirically supported treatments for anger management as a presenting problem (Deffenbacher, Oetting, & DiGiuseppe, 2002). If anger management program

participants are available, this assignment would begin after orientation and after didactics regarding the anger management program are given.

Externs also spend two to four hours per week providing intake services. The primary focus is assessing the client's appropriateness for outpatient services. This involves taking calls from people seeking treatment, identifying the presenting problems, and collecting identifying and background data. Externs may also have the opportunity to manage high priority or "crisis" calls during their intake shift (i.e. assessing suicidal/homicidal clients or possible abuse cases to determine the appropriate level of intervention). Externs are assigned an intake supervisor who provides supervision on all intake calls.

Each extern 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 externs participate through case presentations as they take on outpatient cases or if they have a high-priority intake in which they opened a file. Externs also provide feedback to other presenters. Externs become part of the staff rotation for being notetaker after a period of observing the staffings.

Group Therapy Assignment:

Externs *may* have the opportunity, based on referral availability, to co-lead anger management groups in the outpatient program, or to provide the curriculum to clients on an individual basis. The anger management program is based on empirically supported treatments to provide psychoeducation and aid clients in learning specific skills to address anger management problems. Externs 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). If anger management program participants are available, this assignment would begin after orientation and after didactics regarding the anger management program are given.

In the day treatment program, externs *may* have the opportunity to work with a classroom teacher to co-lead structured Life Plan and/or 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.

Stepping Stone Day Treatment Assignment:

Externs *may* also be assigned duties in the day treatment program. The extern may be assigned to work with Stepping Stone students or families for therapy. For all Stepping Stone clients, the extern will participate in clinical consultation with the family, which is a service provided with the student's teacher. The extern will also provide feedback regarding treatment goals, progress in therapy, and treatment recommendations for Individual Education Plan (IEP) meetings that are held annually. Participants in the IEP meetings include the client, day treatment school staff and administrators, school district representatives, and parents. Externs may also have the opportunity (based on availability) to provide Life Plan Group therapy within the Stepping Stone Program, in conjunction with the classroom teacher.

Diversity Training:

Externs 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.

Externs 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.

Externs increase their skills in identifying and addressing diversity issues throughout their training experiences. In seminars, externs 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 trainees and staff to present cases and identify relevant diversity issues so that they can incorporate that understanding into the treatment planning process.

Training Experiences

In addition to their individual supervision, therapy externs may participate in the following training features:

Control Sensitive Classification Seminar:

In this seminar participants will be presented with information within the framework of the REStArT model about control sensitive youth – how to identify this type of youth, the nature of their attachment style and its origin, how it is re-enacted in the therapy, and how to interrupt this re-enactment and provide an opportunity for development of the youth's coherent narrative. Additionally, participants will learn how to track session material in order to determine meaning of the youth's behavior and effectiveness of the interventions used. A main focus will be on therapists' ability to identify and manage their counter-response as part of the youth's re-enactment in the session. Some motivational interviewing techniques will also be included.

The seminar will begin with a didactic overview of how to work with control sensitive youth. Audiotape presentations from participants will then be used to apply this information to the therapy. Each presenter will present twice during the year. The first presentation will comprise four consecutive sessions for four weeks in a row. The second presentation will consist of three consecutive sessions for three weeks in a row.

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 need 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.

Continuing Education Presentations:

Allendale offers bi-weekly continuing education programs for psychologists and social workers. The interns attend these 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.

APPLICATION PROCEDURE

Application:

To complete the application procedure, the following materials are to be submitted to the Director of Clinical Training:

- A letter of interest that addresses the following two questions:
 1. In terms of self-awareness, what have you observed about yourself while doing clinical work that is something you do well; and, also, what is something that you have observed about yourself while doing clinical work that you need to improve on?
 2. In addition to gaining more experiences, what are you hoping to gain out of your practicum this year?
- A current curriculum vita
- Two letters of reference from professionals best able to provide information about clinical and professional skills and potential. The two letters of reference do not include the letter of qualification provided by schools for those schools that send letters of qualification.
- Official transcripts from graduate programs

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, eligible applicants will be contacted to set up a personal interview. Offers for externship placement will be made in compliance with the ACEPT match day policies.