



Allendale

Hope and healing start here.



Relational Re-Enactment Systems Approach to Treatment

The Allendale Association
Bradley Counseling Center

APA-Accredited*
Psychology Internship
Program Manual
2022-2023

***Questions related to the program's accredited status should
be directed to the Commission on Accreditation:**

Office of Program Consultation & 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 youth with emotional and behavioral challenges, 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 outpatient counseling for children, adolescents, and adults in the community (including in-home therapy through the community support program), as well as specialized foster care, and intensive stabilization and support services. Allendale's educational services offer a therapeutic day school program (Stepping Stone and LINC in Woodstock, IL) that serves at-risk students from local area school districts; the school also provides educational services for the youth in the residential program. Allendale's 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, and a moderate residential unit in North Chicago, Illinois.

The Allendale Association is directed by a distinguished board of trustees comprised of 23 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 therapeutic day school program, in FY2021, 35% of the students are African-American, 40% are Caucasian, 20% are Hispanic, and 5% identify as bi-racial or another race. In our residential treatment program, approximately 55% of the clients are African-American, 35% are Caucasian, 6% are Hispanic, and 4% identify as bi-racial 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.

The psychology internship program is a 12-month full-time program in Allendale's Clinical and Community Services department. The internship also includes providing services to the Stepping Stone therapeutic day school program. The internship typically begins about the third week of August.

Clinical and Community Services

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, 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 services. Comprehensive diagnostic evaluations and psychological assessments are also provided, as well as community consultation and education.

Specialized Foster Care:

Allendale's foster care program primarily serves foster care children with special needs, as well as some traditional foster care children. 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 helps to provide a means of "stepping-down" youth in our residential treatment center to a less restrictive treatment setting.

Stepping Stone Therapeutic Day School Program (Part of Allendale's Educational Services)

Stepping Stone is an 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 5 to 21. This includes a satellite campus (LINC) in Woodstock. The main source of referrals is the Illinois State Board of Education.

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: therapeutic day school treatment and outpatient treatment.

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.

Stipend and Benefits

The Allendale Association funds two psychology internships each year with an annual stipend of \$35,568 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.

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.

Internship Applications

The deadline for all application materials is November 1st.

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, as well as clinical consultation (a core component of the REStArT model). 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 Model

Our theorist-practitioner model involves a balance between understanding (conceptualization and theoretical approach) and change (managing the therapeutic alliance and intervening purposely). Theory that is supported by current research is used to generate and test hypotheses about the meaning of a client's behavior based on tracking moment-to-moment session material. Tracking of the process allows the theorist-practitioner to assess the status of the alliance by actively using client feedback to promote a therapeutic relationship. The theorist-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. An essential component of this model is the ability of the theorist-practitioner to use the "person of the therapist;" that is, 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.

Training Plan

The REStArTSM Model:

Interns are trained in the Relational Re-Enactment Systems Approach to Treatment (REStArTSM) model. Throughout the training, interns receive didactic training regarding the REStArTSM 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 for effective residential treatment (having a coherent conceptual therapeutic approach, family involvement during treatment, stability of post-discharge placement, and availability of aftercare support from Wampold and Malterer, 2007). Although the REStArTSM 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 REStArTSM model integrates psychodynamic/object relations, systems, neurobiology, trauma and attachment theories (McConnell & Taglione, 2012 and 2016). For further information on this model, please see the REStArTSM page of our website (www.allendale4kids.org). Throughout their assignments in Allendale programs, interns 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 interns are oriented to the outpatient and Stepping Stone 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. Following the orientation training, the interns begin their assignments.

Outpatient Assignment:

Interns take on an outpatient therapy caseload in September, after they have begun the Stepping Stone 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 program. 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 (from 5pm-9pm), including one evening in a satellite location (Gurnee). 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.

In addition to providing therapy services, interns provide psychological testing in the outpatient program, depending on referrals. These psychological evaluations includes any of the following: providing a comprehensive assessment of a client's functioning, making differential diagnoses to aid in treatment recommendations, developing appropriate treatment plans, and evaluating anger management issues. Interns will determine, in conjunction with their supervisor, which tests to administer to each client based on their unique presenting problem, question for testing, and available resources. Supervision of assessments is provided by members of the Outpatient Psychologist and Training team (OPT) in a group supervision format.

As part of their outpatient assignment, interns provide services in the anger management program as available. The anger management program includes 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 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. Interns 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 or responding to a sense of urgency from the client, parent, or school). Interns are assigned an intake supervisor who provides supervision on all intake calls for approximately the first two months. After that, interns transition to utilizing the supervisor as a consultant.

After being involved in outpatient intake for the beginning 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 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/file audit process of our Quality Improvement (QI). 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 and chairperson.

Therapeutic Day School Assignment:

Interns are assigned year-long duties in the Stepping Stone 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.

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 during orientation, with a brief 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 Stepping Stone clients, including consultation to the school staff.

Interns are also active in the IEP (Individual Education Plan) meetings held annually on each of their individual and family cases. Participants in the IEPs include the student, Stepping Stone staff and administrators, school district representatives, and parents. In these meetings, 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.

Group Assignment:

Interns also provide group therapy, having opportunities in the Stepping Stone program and, potentially, the outpatient program.

In the Stepping Stone program, interns have the opportunity to work with a classroom teacher to co-lead structured Life Plan and 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 the Stepping Stone Clinical Consultant (a licensed psychologist) and the Director of the Stepping Stone program.

Interns *may* have the opportunity, based on referral availability, to lead anger management groups in the outpatient program. 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. Interns 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. Interns may work with externs or other interns in providing these services if groups are available.

The supervision for the anger management program and the Stepping Stone groups focuses on teaching group intervention skills from a dynamic, interactional and relationally-based perspective, within the **REStArTSM** model.

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 Stepping Stone families on their caseload in a multidisciplinary team.

Supervision:

Interns are offered the opportunity to practice the role of supervisor through the Classifications Seminar. The first part of the seminar is didactic (see below), and then the interns will present cases. Interns develop skills in providing supervision by serving as a consultant during the seminar case presentations. After presenting their own case, interns serve in the role of consultant for an extern or master's-level trainee. Interns receive supervision on their supervision by members of the Outpatient Psychologist and Training team (OPT) in a group supervision format. Didactics presented in this group supervision at the beginning of the year review the developmental processes of supervision, including Goodyear et al. (2014) and Clay (2017).

Assessment/Testing:

All interns will attend trainings at the beginning of the year to review the assessments/treatment feedback measures used in the outpatient program (Columbia-Suicide Severity Rating Scale, Ohio Scale, Columbia Scales, and Treatment Feedback Form). Interns then utilize these assessments/feedback measures in their supervision to form accurate assessments of each client, incorporating the data into their documentation,

throughout the course of treatment. This ongoing assessment of the client helps guide the case conceptualization and interventions for each case.

Additionally, interns attend didactics regarding the tests typically used in the anger management program and to discuss the process of anger management evaluations/psychological testing comprehensive assessments. Interns then provide anger management evaluations through the outpatient program, depending on referrals, and have the option to provide comprehensive assessments based on referrals. These cases are supervised by members of Outpatient Psychologists and Training (OPT) committee in a group supervision. Cases are assigned as they are available and after the interns have begun the didactics and are able to take on cases. When an intern is completing a comprehensive testing case, it counts as two weekly client hours for the month in which it is completed; an anger management evaluation counts as one weekly client hour for the month in which it is completed. 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:

Classifications Seminar:

In this seminar participants will learn the Allendale **REStArTSM** principles. Additionally, components of evidence-based treatment, Jonathan Shedler's (2010) article on the efficacy of psychodynamic therapy (citing several meta-analyses), and neurobiological research supporting some psychodynamic concepts will be reviewed. Didactics will include: a review of "core sensitivities" (Poulson, 2017), Shedler's seven distinctive features of psychodynamic technique, relationship-based therapeutic skills (Norcross and Lambert, 2018) and cultural humility (Hook, et al. 2013). Emphasis will be placed upon diagnosing personality/character structures/classifications; 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 times for the first round of presentations and then three consecutive times for the second round of presentations.

Professional Issues Group:

This meeting is led by the Director of Clinical Training and meets monthly. The interns, externs, post-docs, new staff, director, and supervisors meet for one hour to exchange information regarding training, professional development, and scholarly

material related to the field of clinical psychology, including discussion of patient-focused research, outcomes data for Allendale's **REStArTSM** model, diversity related to the population served at Allendale, psychological testing, ethics, self-care, and licensure. Scholarly material related to treatment is discussed in the context of specific cases that supervisors and trainees bring to the group to receive feedback about a specific question.

Continuing Education Presentations:

Allendale offers monthly continuing education programs for psychologists and social workers. The interns attend these presentations throughout the training year. These two or three 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.

Training in Diversity, Equity and Inclusion:

Interns encounter diversity in many ways across the different program areas. Our program utilizes the construct of "cultural humility" to create a broad lens to reflect on issues of culture. We emphasize as many factors as possible that comprise a client's cultural make-up so that issues of diversity are always salient and intersect at many points for both the client and the therapist.

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 and supervision groups as related to the content. The program also has several external presenters each year who focus their training specifically on diversity topics.

Interns increase their skills in identifying and addressing diversity issues throughout their training experiences. In the seminar and supervision group, interns present cases related to the seminar/group 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 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:

Allendale Association focuses on lifelong learning and application of scientific knowledge to one's work. 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 monthly, where the agency looks at practice-based evidence (Campbell & Hemsley, 2009) for each of the program areas. Interns are provided multiple opportunities to apply research to their clinical work, such as through critical examination of articles and discussion of 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, utilizing treatment feedback forms with outpatient clients, and utilizing supervision to look at the effectiveness of their specific interventions.

Patient Focused Research:

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 Stepping Stone 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. Additionally, interns utilize the principles of "Patient-Focused Research" (Asay, Lambert, Gregersen, & Goates, 2002) in looking at patient outcomes by doing a Patient Focused Research Project. 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 that they then present in professional issues.

Training Experiences

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

- Maintain a caseload of 8 client hours between 5pm and 9pm (individual and family) in the outpatient program, which may include foster care.
- Conduct psychological testing for outpatient clients as available.
- Maintain a case assignment of 4-6 individual therapy clients who are seen once a week in the Stepping Stone program.
- Provide clinical consultation for their Stepping Stone clients in conjunction with the multi-disciplinary team.
- Co-lead Life Plan and Community Group in the Stepping Stone program in conjunction with the classroom teacher as available.
- Participate as part of a multi-disciplinary team for all Stepping Stone and community services clients, including staffings, team meetings, and clinical meetings.
- Participate in outpatient case staffings.

- Attend monthly continuing education presentations.
- Document in clinical records and write reports.
- Make formal case presentations in the various seminars and supervision groups.
- Practice supervision skills by facilitating group discussions of cases in Classifications Seminar.
- Provide anger management services (psychoeducational anger management curriculum in either individual or group modalities and/or anger management evaluations) as available.
- Application of "Patient-Focused Research" principles/routine outcomes monitoring to one's own work, including completion of the "Patient-Focused Research Project."
- Fulfill any or all other clinical responsibilities, as assigned.

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, including use of clinical assessments used in the Outpatient Program.
- Intervention with individuals, families, and groups (including empirically based/supported treatments).
- Consultation to other mental health professionals and to Stepping Stone families.
- Providing supervision as a beginning supervisor.
- Accurately evaluate the effectiveness of specific interventions with individuals and groups.
- Application of "Patient-Focused Research" principles to one's own work.
- Critically evaluate research articles in seminars, supervisions, and the professional issues group.
- Incorporate issues of culture in the understanding of clients/families in order to develop a good working alliance.
- Professional values, ethics, and attitudes, including communication and interpersonal skills in all roles

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 the required 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 form.
- Achieve a score of 2.0 or higher on the research composite score and the communication and interpersonal skills composite on the end-of-year 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, Use of the Scientific Method, Supervision Skills, Consultation Skills, Conducting Supervision Skills, and Professional Attitude and Development Skills of the intern evaluation form.
- Complete a project utilizing “Patient-Focused Research” principles.
- Successful completion of full battery psychological evaluations or anger management evaluations (as available) within given timeframes.

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.

Individual Supervision: 2 hours per week:

- 1 hour per week therapy supervision - outpatient/community services
- 1 hour per week therapy supervision – Stepping Stone

Group Supervision/Consultation: up to 5 hours per week:

- 1 hour per week Classifications Seminar
- 1 hour per week supervision of testing/supervision
- 1 hour per week Outpatient Case Staffings
- ½ hour per week Core Team dialogue in Stepping Stone program
- 3 hours per month Clinical Meeting, case presentation or trainings with teams in Stepping Stone
- 1 hour per month Stepping Stone observation/supervision of groups

Supervisor Accessibility and Back-Up Coverage:

Supervision occurs in-person and face-to-face and the supervisor maintains full professional responsibility for all clinical cases. If a situation occurs in which meeting in-person cannot be done safely, then supervision will occur virtually using a secure, user-friendly, HIPAA-compliant video platform. Such situations would be short-term, routinely assessed with the expectation that in-person supervision would resume as soon as safely possible. The ethics related to the use of virtual supervision and/ or therapy are covered during orientation.

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 Chief Psychologist via cell phone.

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:
- Identification of the problem areas,
 - The desired goals towards resolving the deficiency,
 - The steps the intern can take to improve,
 - 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
 - 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 severe acting out behaviors.

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:
 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 internship this 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 Clinical 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.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are Updated: 8/15/22

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
Not applicable	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation 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.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N		Amount: N/A
Total Direct Contact Assessment Hours	N		Amount: N/A

Describe any other required minimum criteria used to screen applicants:

In the cover letter, please answer 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 internship this year?

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$35,568	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation) Vacation is 2 weeks = 80 hours Holiday Pay: = total 80 hours holiday 7 holidays - New Years, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving & Christmas (56 hours) 2 floating holidays (16 hours) 1 birthday holiday (8 hours)	160	
Hours of Annual Paid Sick Leave	64	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Dental insurance; Vision Insurance, 403b, Addl. Vol. Life Insurance, Life Insurance; up to 5 days of paid time for completion of dissertation; time allowed for conferences		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	3	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching	0	0
Community mental health center	1	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Additional information, including Allendale's Whistleblower Policy, Grievance Procedures, Diversity, Equity and Inclusion policy, and Equal Employment Opportunity (EEO) policy are available through Human Resources.

Record Retention:

All records related to interns' training and evaluations are maintained in a file that is kept permanently in a confidential and locked location.

Background Checks and Physical:

The Allendale Association conducts a background check for all incoming employees, trainees and volunteers. Any concerns that are raised within this background check will be discussed with the applicant before action is taken. Fingerprinting is conducted prior to employment in order to obtain DCFS clearance. A pre-employment physical is also required within 30 days of starting at Allendale.

COVID 19:

In keeping with state and local guidance and requirements, the Allendale Association requires employees and trainees to be fully vaccinated or to undergo weekly testing.

Masking is currently required in many situations. These requirements are subject to change as the agency navigates the pandemic.