



Allendale

Hope and healing start here.



Relational Re-Enactment Systems Approach to Treatment

The Allendale Association
Bradley Counseling Center

Post-doctoral Residency in Clinical Psychology
Information Packet
2023-2024

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 post-doctoral residency program is a 12-month full-time program in Allendale's Clinical and Community Services department. The residency also includes providing services to the Stepping Stone therapeutic day school program. The residency typically begins about the third week of August, but applications for residencies are accepted throughout the year when positions are available.

Clinical & Community Services

Bradley Counseling Center (Outpatient Services):

This program includes a community-based, outpatient counseling center located in Lake Villa, 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 serves approximately 55 youth and 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 (Therapeutic Day School Program that is 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 symptoms, and in particular significant acting-out behaviors such as aggression to self or others. Due to the severity of their behaviors, 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.

Post-Doctoral Residency in Clinical Psychology

The residency requires a weekly average of 22 direct-service hours, which may include individual, group, and family therapy. Caseload consists of outpatient and therapeutic day school treatment (i.e., Stepping Stone therapeutic day school) clients. Providing clinical consultation to Stepping Stone families (in conjunction with the classroom teacher) and

co-leading Stepping Stone groups are also part of the outpatient residency position. Residents may also provide testing services to outpatient or therapeutic day school clients. Post-docs 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 post-docs will present cases. Once they have had a chance to present, they will also have the opportunity to facilitate the process for trainees or staff who are at an earlier level of training. After facilitating the group discussion, the post-doc meets with the primary supervisors to receive feedback regarding their supervision skills during a group format supervision-of-supervision. Outpatient residents also participate in the staff rotation for on-call coverage. During the on-call period, residents are available by phone if clients are in need of crisis intervention after hours and the client's therapist is not available. Two evenings (typically from 1pm-9pm to include 8 appointments after 5pm) are required in order to see outpatient clients.

Stipend and Benefits

The Allendale Association funds several resident positions each year, depending upon the needs of the agency. Medical and dental insurance is provided. Residents receive two weeks paid vacation, holiday and sick day benefits. Professional time is available for external conference attendance. The stipend is \$52,944 for the year.

Program Philosophy and Objectives

The Allendale Association post-doc 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, as well as clinical consultation (a core component of the **REStArTSM** model). The post-doc program 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 (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:

Post-docs are trained in the Relational Re-Enactment Systems Approach to Treatment (REStArTSM) model. Throughout the training, post-docs 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 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, post-docs 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 post-docs are oriented to the outpatient and Stepping Stone 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 post-doc in each treatment program. Following the orientation training, the residents begin their assignments.

Consultation:

Post-doctoral residents provide clinical consultation to Stepping Stone families on their caseload as part of a multidisciplinary team. Additionally, they provide consultation to school personnel on an as-needed basis throughout the year. They participate in team meetings and clinical meetings where individual clients are discussed.

Supervision:

Post-docs 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 post-docs will present cases. Once they have had a chance to present, they will also have the opportunity to facilitate the process regarding a case for a trainee at an earlier stage of training (intern or extern, for example). After facilitating the group discussion, the post-doc meets with the primary supervisors to receive feedback regarding their supervision skills during a group format supervision-of-supervision. 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), and introduce the specifics of each of the supervision opportunities. Depending on availability and scheduling, residents *may* supervise an extern on their completion of intakes after having time to acclimate to the process of intake and demonstrating competency in this area.

Assessment/Testing:

All post-docs will attend trainings at the beginning of the year in order 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). Post-docs 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, post-docs attend didactics regarding the tests typically used in the anger management program and to discuss the process of anger management evaluations/psychological comprehensive testing assessments. Post-docs 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 post-docs have begun the didactics and are able to take on cases. When a post-doc 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, post-docs 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.

Seminar and Didactic Training:

In addition to their individual supervision, residents *may* have the opportunity to participate in the following seminars:

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 particular 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 t **REStArTSM** esting, 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.

In addition to the above seminars, residents will attend the following:

Continuing Education Presentations:

Allendale offers monthly continuing education programs for psychologists and social workers. The post-docs 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.

Outpatient Staffings:

As a member of the outpatient staff, post-doctoral residents attend 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, post-docs, 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 residents participate through case presentations and providing feedback to other presenters. Residents are part of the staff rotation for being note taker and chairperson.

Training in Diversity, Equity & Inclusion

Post-doctoral residents 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.

Post-docs 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 external presenters each year who focus their training specifically on diversity topics.

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

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 are also available through weekly seminars and bi-weekly in-services.

Application

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

- A letter of interest that addresses the following 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 experience, what are you hoping to gain out of your residency this year?
- A current curriculum vita

Performance Evaluation

A variety of opportunities for mutual evaluation of the resident'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 resident 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 resident 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 resident.

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.

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. Fingerprinting and the background check must be initiated at least 5 business days prior to the start of orientation. A pre-employment physical is also required within 30 days of starting at Allendale.

COVID 19:

The Allendale Association follows state and local guidance and requirements. There are no requirements in place at this time.