



## Clinical Psychology Doctoral Internship Program at AMANI Clinical Services

### ACCREDITATION STATUS

Our program is newly developing and is **NOT accredited by the American Psychological Association** at this time. Our express goal is to pursue APA accreditation over the course of the next 5 years.

### APPIC MEMBERSHIP

We are in the process of seeking Provisional Membership through APPIC.

### AMANI VALUES

AMANI Clinical Services has been in practice for **10 years**, first as Dr. Hastings & Associates and then re-branded about 4 years ago as AMANI Clinical Services. **AMANI Clinical Services is a place where people come to heal.** We pride ourselves in personalized, boutique-style care from the moment a prospective patient first makes contact with our New Patient Concierge and through every level of the care and interaction they receive from our amazing administrative team and the entirety of their clinical treatment.

### *Definitions of AMANI*

**We chose AMANI as our name because of its meaning in multiple languages, and how those meanings capture our mission.**

In Sanskrit, AMANI means *road and way*

In Swahili (a language spoken throughout Eastern Africa and is deeply important to Dr. Hastings), AMANI means *peace, safety, and security*

In Inuit, AMANI is a suffix that *notes presence and location.*

In Arabic, AMANI means *love*

Our **value is to work with people of all ages** (starting with newborns in parent-child dyads, all the way to geriatrics) to help sift through their life circumstances and symptoms. We help people find their way to a sense of peace, security, and wellbeing. Each one of us works hard to help our patients find peace, presence, and love in their most important relationships. We also talk a lot about cultivating each patients' "emotional GPS," so that patients learn to locate themselves, their needs, and the driving forces of their symptoms.

### *Our Patients Get Better*

We are **warm, understanding...AND results oriented and challenging.** Our patients enjoy watching themselves change over time and we enjoy celebrating with them! Everyone's journey towards change, symptom reduction, and well-being is different. We tailor each patient's treatment plan to best fit their unique style of growth, goals, and life circumstances. We are strongly committed to systemic conceptualization and treatment for all of our patients and tailor that level of intervention to the needs of the patients.

We do not do "bobble head" therapy here. We value the expertise of each provider and also honor the inherent expertise each patient brings regarding their own phenomenological experiences. Our approach is integrative and along the spectrum of client-led to structured, we err on the side of active for most cases.



## **PRE-DOCTORAL INTERNSHIP REQUIREMENTS**

Our pre-doctoral internship is designed to be a **full-time** (40 hours per week; 25-32 direct delivery of psychological services), **12 month, 2000 hour, on-site and rigorous training experience focused on experiential learning and clinical immersion**. Our approach with our patients is similar to our training approach—it is **warm and understanding AND results oriented, compassionate and developmental AND challenging. Flexible AND rigorous**.

### *Candidacy*

- AMANI Clinical Services utilizes the AAPI Internship Application form, Parts I and II, are data points which confirm the applicant's enrollment in an **APA-accredited doctoral program in counseling or clinical psychology**. **We are also willing to consider an applicant whose program is not APA-accredited** if the program prepares students adequately from a practitioner-scholar model and if the course sequence produces sufficient mastery of APA's core competencies to prepare the applicant for our training program.
- Candidate applicants must be **actively enrolled in a PsyD or PhD program in Clinical or Counseling Psychology**.
- We require **official graduate school transcripts** to ensure appropriate exposure to key areas of competence.
- A **curriculum vitae** outlining clinical experiences and any additional experiences—specifically volunteer work in the social service sector are preferred. Teaching, teaching assistance-ships, or leadership experiences are valued.
- Applicants must have completed (or be in the process of completing) **at least 3 years** of supervised, clinical experience. **600 supervised assessment and therapy practicum hours** are required.
- We value the opinions of previous clinical supervisors and professors that have played a key role in the professional development of the applicant. Thus, we require **3 reference letters** provided by members of the applicant's faculty and/or clinical supervisors. We **prefer letters from previous clinical supervisors**.
- The application also requires the **AAPI Part I to verify that the applicant has sufficiently fulfilled academic and key training experiences** which cumulatively prepare the applicant for the formative pre-doctoral internship training year. If the AAPI Part 1 does not verify readiness, a letter which verifies eligibility directly from the Director of Training is necessary.
- The **AAPI Application, Part II** will provide an important data about the applicant's provision of direct therapeutic and assessment services, supervision received, and populations served.
- **Previous administration of at least 8 psychological/neuropsychological batteries is preferred**, specifically with children. Experience with diagnostic interview, measures of intelligence and academic achievement, neuropsychological, and personality assessment measures are preferred. A de-identified psychological assessment report must be provided with the application.
- As a training site, we are largely focused on the **systemic treatment of pediatric patients and their families**. Previous supervised, clinical experience working with children and/or the demonstration of significant volunteer/charity work with children is required. A **genuine interest** for working with children is necessary to



thrive in our environment. **Child and adolescent development, child psychotherapy, family and couple therapy courses are required.** Applicant with a Child and Family concentration are preferred, but not mandatory.

- Applicants with **diverse phenomenological experiences** and backgrounds are welcomed and encouraged to apply.
- Some **level of licensure** in mental health in the state of Illinois (Licensed Professional Counselor-LPC; Licensed Clinical Professional Counselor-LCPC) is **preferred but not required.**

#### *Application*

- Curriculum Vitae
- A de-identified psychological assessment report writing sample
- 3 letters of recommendation. Preference for letters from clinical supervisors and/or professors with significant knowledge of the applicant's clinical strengths.
- Official graduate school transcripts
- APPIC Application packet

#### *Interview Process*

This is our **first year formalizing our training program and seeking provisional APPIC membership**, and doing so late in the training year. As such, we are not able to participate in the match but will be participating in the post-vacancy process. As such, we will **tailor our interview process to the applicants that are invited for interviews.** A basic outline includes:

1. Interview with the Clinical Director/Owner Dr. Massey-Hastings and practice manager Ryan
2. Interview with the Supervisory Team
3. Interview with the Clinical Team
4. Tour of our site
5. Meet and greet with as many of our administrative team as possible

#### **OVERVIEW OF OUR CLINIC SETTING**

##### *Environment*

We believe in the power of a **healing space.** We have taken exceptional care to create a **spa-like environment** for our patients and our clinicians which emphasizes bringing the beauty of nature inside. We have paid painstaking attention detail to making our space as **seamlessly operational and supportive of our clinicians** as possible. We have ensured that the space also meets the **clinical needs of our patients.**

Additionally, we have designed our space to be **supportive and inclusive of training needs.** We have 2 separate offices with **one-way mirrors which are wired for audio and video.** These spaces allow for **live supervision, implementation of Parent-Child Interaction Therapy** and various models of Parent Management Training, and support **increasing mastery of the administration** of psychological and neuropsychological tests and assessments.

We are located in the **suburbs of Chicago.** As such, **a car is recommended for transportation.**



### *Structure*

Due to our setting, and the needs of our patients, **interns are required to be on-site** and engage in the direct delivery of psychological services **3 evenings/nights per week and a weekend day OR 4 evenings per week to ensure that 2000 hours are met within 12 months**. Which option above will be **determined by the Supervisory Team** and be **based on licensure**.

### *Team*

We value each and every member of our team and their equally important roles in serving our patients.

#### *Manager*

Our amazing practice manager Ryan is responsible for human resource related concerns and operations, technology concerns, and general problem solving related to the operations of the practice as a whole.

#### *Administrative Support Team*

Our administrative support team is second to none. We have a Billing Concierge, a Patient Happiness & Scheduling Concierge, and a New Patient Concierge. They have amazing working relationships with each other and with our clinical team. They are the spine of this practice, amazing human beings, and work very hard to support our clinical team.

#### *Director of Clinical Training/Founder of AMANI Clinical Services*

The Director of Clinical Training fulfills the following responsibilities to serve the intern:

1. Procurement and organization of learning experiences and training opportunities. Ensure diversity, breadth, and depth of training and learning experiences.
2. Clinical supervision of trainees including pre-doctoral interns, post-doctoral fellows, and master's level trainees.
3. Clinical supervision and development of supervisory team.
4. Ensuring that the clinical training program adheres to the organized plan of training for trainees, ensure that the program meets academic requirements for the respective doctoral program, and ensure that the program fulfills licensure requirements.
5. Decision making and case assignment based on the developmental model of training to ensure graded, increasing complexity of cases, systems involvement, and care coordination needs.
6. Ensure that interns are evaluated by the supervisor team in a timely manner consistent with doctoral program requirements.
7. Ensure that structure of the training environment is supportive of the utmost ethical and legal provision of care.
8. Ensure that diversity is an honored component of the environment.
9. Provide support and guidance in the event of a conflict between trainee and primary supervisor.

#### *Supervisor Team*

Our supervisor team is made up of 4 independently licensed professionals: 3 Clinical Psychologists and 1 Masters Level Licensed Clinical Professional Counselor. Our supervisory team is based on deep and abiding respect for the diversity represented in the team, honesty, reliability, accountability, collaboration...and a lot of fun! Our **supervisory team is diverse in interests, experience, expertise, and backgrounds**. The 3 psychologists have been friends for about a decade and both Dr. Daniels and Dr. Massey-Hastings were trained and supervised by Dr.





Kroencke in the early years of their careers. Amanda Owen, LCPC has recently been promoted to our supervisory team after training with us for several years. She has proven herself to be of upstanding character, clinically passionate, and providing valuable clinical expertise and support to our cohesive team.

#### *What Supervisees Say About Their Supervisory Experiences*

“I LOVE having the diversity of working individually with Dr. MH, Dr. K, and Dr. D. You all bring not only a depth of knowledge, but come from a multitude of different techniques, theories, and just life events. This is something that I was initially nervous about having three different supervisions, but it has proven to be such an asset and strength! Learning from three intelligent, passionate, and empathetic woman has changed my life for the better, from both a clinical and personal perspective.”

“You actually offer supervision! LoL!!! It’s a great synergy of both pushing professionally to attain more independence while supporting so I don’t feel alone. The balance of professional and personal topics that are discussed during supervision has also helped my become a better clinician. Because I feel comfortable sharing my personal experiences, my supervisors have been able to point out countertransference that can impact my clinical skills. I absolute love that!”

“There’s an environment of failing safely, assuming it’s not an egregious ethical/legal violation. I’m allowed to make a mistake, clean up the mistake, and grow from it, rather than living in the shame.”

“When a problem arises, it feels like there’s a genuine push for a harmonious balance for problem solving.”

“I also feel incredibly confident that if a hole was to arise [in my training or supervision], I know my feedback will be honored and addressed in [appropriate] ways.”

“I also love the group supervision. I enjoy hearing the different perspectives, but it’s also validating to see that more experienced clinicians also have similar struggles that I feel. I also love the culture of vulnerability that has been created that allows not only myself, but everyone to share and create greater growth opportunities.”

“I just had a realization complet[ing] my notes this morning how much ease I have with notes now. This process used to qui[te] literally terrify me. I want to THANK YOU for hanging in there with me!!!! I know they are nowhere near perfect, but the typing of them doesn’t cause my literal panic in the slightest.”

#### *Clinical team*

Our clinical team is comprised of our supervisory team, our pre-doctoral intern, our post-doctoral fellow, and our psychometrician. We value each member of our clinical team and their unique contributions to learning, patient care, and the practice climate.

#### *What our Team Says About Their Experience with AMANI Clinical Services*

##### **Dr. Kroencke’s Experience**

As I reflect on saying yes to joining AMANI Clinical Services five years ago, I am filled with immense gratitude. Work/life balance has been a critical talking point for decades. It is something we as mental health providers discuss with our patients/clients regularly. Without a doubt, Dr. Hastings has developed a culture for our patients and her staff to embrace and model this concept. The environment is serene with attention to so many details. As clinicians we are supported in a variety of ways administratively (scheduling of our appointments, documentation transcription



requirements, and billing) which allows us to focus on the top priority of patient/client care. This practice fosters a calm and fulfilling place to participate in psychotherapy and work alongside amazingly talented clinicians. As I move into almost 23 years of practice as a licensed psychologist, with a history of working in a variety of other settings, I know AMANI Clinical Services will be where I round out my career.

### **Dr. Daniels' Experience**

I joined Amani Clinical Services, after working for a number of years in a high stress system. I am grateful for the opportunity and support Dr. Massey-Hastings has provided me to grow as a professional and as a person. I have never experienced an environment in which the culture is centered around clinicians' well-being (despite ubiquitous claims of such in other systems). The administration here is second to none in listening to and providing for my needs. They are immediately responsive and relentless in caring for staff. The support staff are also exemplary in their ability to anticipate my needs and ensure all runs well. The clinical team are strong and compassionate, and I am honored to be surrounded and supported by such amazing people. Dr. Massey-Hastings has thoughtfully created an extremely warm work/therapeutic environment, while also expertly developing the most streamlined documentation process with which I have worked. I know there are a lot of options for professionals in the field. I am grateful for my good fortune to have found and joined this team.

### **Lidia's Experience (our amazing Patient Happiness & Scheduling Concierge)**

I have felt very blessed working at Amani Clinical Services because ALL of the staff and therapists are so gracious, supportive and encouraging. It's a very uplifting environment to work in.

### **Erin's Experience (our amazing New Patient Concierge)**

Hello, my name is Erin Rollins. I am the new patient coordinator for Amani Clinical Services. I have worked here for a year and a half and I have to say this has been one of my favorite jobs. The staff is incredible, the owner being so hardworking, caring, talented, and a BOSS. We work with individuals of all ages and I love to see how highly recommended all of the members of our staff are in the community, because of how skilled, dedicated, and evidence-based the treatments are that are used here. I cried reading about all of the success stories on the testimonials page. I have to say Dr. Nikki Massey-Hastings and her husband throw the best, and most creative, work parties and the comradery with the other staff members is top-notch. Anyone would be happy to work here independently but with a lot of support and training an employee can only dream of.

### *Populations Served*

We are a clinic that exists in an affluent suburb of Chicago and meets patients' needs at the outpatient level. We emphasize **systemic treatment**. The populations that we serve are **broad** and representative of the diversity of our supervisor team.

- Adoptees and families formed by adoption; specializing in the unique needs of adoptees; trans-racial adoptees
- Those involved in the family formation process including reproduction, infertility and trying to conceive, and adoption
- Parent-infant dyads and children in early childhood
- Children
- Adolescents
- Young Adults
- Adults
- Geriatrics



- Couples
- Families
- Perinatal and post-partum populations
- Those with substance abuse and addiction as well as those with process addictions
- Chronic and complex medical needs
- Those suffering from Adverse Childhood Experiences and other traumas
- Those in need of psychological and neuropsychological assessment

#### *Weaknesses in Populations Served*

In an affluent suburb of Chicago at the outpatient level, there are **several populations that pre-doctoral interns will not likely be exposed to**. We consider this a significant gap in the training that we can offer.

- Diverse socio-economic backgrounds
- Culturally diverse and historically underrepresented and served communities such as Black, Latin X, and Asian-American communities.

#### **BENEFITS**

- \$28,500 year stipend paid bi-weekly
- Blue Cross Blue Shield PPO health insurance, 2 plan options, with 50% site contribution; deducted pre-tax which may lower your tax liability
- 10 days of paid time off (PTO)
- 8 paid holidays
- \$500 training stipend

#### **PROGRAM VALUES, GOALS, AND MODEL OF TRAINING**

##### *Values & Goals*

Our developing internship program is designed to offer the pre-doctoral intern a **rigorous, practitioner-scholar generalist training experience** in a private practice, outpatient setting. The private practice, outpatient setting is much like a **primary health care setting for mental health in its clinical diversity**. There is great breadth of patient presentation with significant diversity in age, sexuality, cultural and religious affiliations, systemic needs, diagnosis, treatment goals, and need for collaboration with community-based providers and systems. **Interns are valued members of our clinical team and of our organization**. As a developing pre-doctoral internship program that **values the pursuit of excellence, we deeply value the feedback of our pre-doctoral interns to help us refine our training program**. We are an active team and will actively integrate intern feedback and ideas.

Our **main goal** is to comprehensively prepare scholar-practitioners as generalists who provide **high-quality, efficacious direct therapeutic and assessment services in a manner that is culturally sensitive and competent, globally aware, integrative, and skilled in systemic intervention**. We believe that professional psychologists, like all health care professionals, must be **life-long learners and problem solvers**. Thus, we have an environment of **intellectual stimulation**, consumption of **research**, and **translation** of research into clinical practice. We engage in the exploration of intellectual inquiry and examination. Pre-doctoral interns are encouraged and supporting in submitting posters and presentations to conferences and may also be afforded opportunities to co-author presentations with our Supervisory Team. We focus extensively on **best-practice**. Exposure to best practice principles occurs through supervision, training,



exposure to other supervisees, and learning activities. Similarly to our hope for our patients, we hope to **prepare the intern for professional practice** by helping the **intern to acquire a broad base of clinical skills**—and the **wisdom and proficiency** to know in which **clinical circumstances** and **how to masterfully implement** those skills.

Our training program, our Supervisory Team, and all members of our staff are held to the **legal expectations of mental health professionals in the state of Illinois** and to the American Psychological Association's **Ethical Principles of Psychologists and Code of Conduct**.

The **goals** of our program include:

1. Interns will be trained and supervised utilizing a model that **honors the development of the intern** during a formative year of clinical training which refines and prepares a **generalist** practitioner. Interns will receive **personalized supervision** and significant access to supervisors with an emphasis on **apprenticeship**. Clinical caseload is designed to **increase in number and clinical complexity** and support a cumulative training experience. Learning activities are planned and sequenced to support the **developmental progression** of the intern.
2. Interns will **increase mastery in foundational and generalist competencies as described by the APA to a level acceptable of a pre-doctoral intern graduate** through an emphasis on the **direct delivery of clinical services**.
3. Interns will increase their **mastery of clinical skills** and treatment modalities necessary to treat a vast **variety of clinical presentations, demographics, and systemic needs**. Interns will build clinical skills that facilitate the **development of human resilience** in the intern's patients and their systems.
4. Interns will develop and/or refine competency in key **risk assessment** skills, **level of care determination** and recommendation conversations, and **crisis management** skills.
5. Interns will increase their **breadth and depth of understanding of theories of change** and theoretical models of treatment.
6. Interns will increase **mastery in the process of psychological and neuropsychological testing** for children, adolescents and adults.
7. The intern will also **increase competency in the delivery of several specialty areas** as represented by our diverse supervisor team, including:
  1. psychotherapeutic treatment of children and their families;
  2. psychotherapeutic treatment of couples;
  3. health-psychology focused psychotherapy;
  4. third-wave Cognitive Behavioral Therapy and ACT treatment
  5. psychotherapeutic treatment of substance abuse, addiction and process addictions
  6. special population competency: adoptees and members of the adoption triad
  7. treatment for complex trauma
  8. neuropsychological evaluations of children, adolescents, and adults;
  9. professional speaking and presentations;
8. The intern will increase **competency in clinical collaboration** with community-based multi-disciplinary treatment professionals.
9. The intern will **be exposed** to outside clinical psychologists and other health-focused professionals.
10. The intern will have the **opportunity for exposure to grass-roots and non-governmental agency mental health efforts in Tanzania** due to the Clinical Director's consultation and charity work with the Ilula Orphan Program.





### *Model of Training & Intern Development*

We emphasize a **developmental model** with emphasis on **apprenticeship** that is **sequential in clinical complexity** as the pre-doctoral intern develops in key areas of competency. We value the role and relationship of the Clinical Supervisor and the role all other members of our team play in the development of the intern.

### *Appreciation and Respect for Diversity*

As a team, we are curious and interested in growth, development, diverse ways of being, and sources of diversity. We honor the dignity and value of all. We value the unique phenomenological experiences the self of the developing intern brings to our team and the ways we can grow simply by exposure to the intern. We also honor the ways in which **interns who are part of groups that are underrepresented, underserved, and systematically oppressed may present with unique training needs and interests**. Our goal is privilege the voices of these interns. We appreciate individual differences many areas, including but not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, physical and mental abilities, size and appearance, and socioeconomic status.

We strive to create an environment of inclusion, acceptance, and support where our team members feel valued, affirmed, and understood. We value continuous growth and believe that if we know better, we can do better. Therefore, we welcome and encourage biases to be brought forward and the role of the intern in raising our awareness to our blind spots. We make every effort to help our team feel valued, respected, and comfortable.

## **CURRICULUM**

### *Overview*

We have prepared a **pre-planned, programmed, and sequenced training experience** to ensure breadth and depth of clinical training during the pre-doctoral internship formative training year. Curriculum is **heavily based on experience through the direct delivery of psychological services**.

The training curriculum will support development, apprenticeship, and cumulative skill development of the intern through **2 hours of individual clinical supervision** per week, **live observation** psychological and neuropsychological test administration and report writing support, **weekly clinical team group supervision**, learning opportunities and didactic training provided by site supervisors, external clinical psychologists, and other health professionals.

Our **primary supervision model is integrated** and inclusive of administrative, clinical, and supportive supervision to trainee. We provide supportive, skills-based, and process-oriented supervision to the intern. Supervisors will educate supervisee on techniques/interventions for varied populations, while cultivating trainee clinical strengths and problem-solving individual growth edges that present throughout the course of provision of care. **Our approach to supervision is to emanate a non-judgmental stance, professionalism, compassion, empathy, warmth with high expectations that inspire and encourage the development of the intern**. We **dialectically balance** a warm/ supportive and challenging approach to supervision. Developmental models of supervision focusing on integrated development in administrative, assessment, professionalism, and clinical areas are emphasized.

### *Expectations*

**Supervisor expectations** for trainee include legal and ethical provision of care and seeking supervision in challenging/uncertain experiences. We expect that the **supervisee will approach the rigorous training experience of internship with an intrinsic desire to grow, learn, and absorb**. This will be demonstrated by coming to supervision



with organized notes and items to focus on that are particularly challenging. We expect that the intern will **acknowledge that feeling overwhelmed is an inherent part of the learning process that should be honored** and will solve the problem by learning new material and seeking mastery, as well as seeking support. We expect that the pre-doctoral intern will **practice honesty with him/her/their self and supervisors re growth-edges, missteps, and struggles**.

**We take the legal requirement and ethical duty of documentation very seriously.** The practice-wide expectation is that all clinical **notes are completed no later than 24 hours post-session**, the pre-doctoral intern will **review their charts** for errors weekly, and the intern **will review supervisor feedback** on documentation weekly.

**Interns are expected to follow and adhere to all practice policies and procedures.**

### *Sequence of Training*

The Pre-Doctoral Internship training year is a formative moment in the pre-doctoral intern's professional development. We have designed it sequentially to support the personal and professional development of the pre-doctoral intern in main areas of competency and is supportive of increasing clinical acuity and independence throughout the progression of the training year. All direct delivery of psychological services are supervised by the Supervisory Team, comprised of both Licensed Clinical Psychologists and a Licensed Clinical Professional Counselor.

Our training sequence occurs in **3 phases**:

The **first phase** is the general orientation phase, which involves a multi-day, detailed series of presentations regarding the policies and procedures of the AMANI Clinical Services Training Program. The first phase also includes site orientation, which allows pre-doctoral interns to settle in and interact with members of the team. Pre-doctoral interns will also be briefed and oriented to their upcoming clinical schedule. Interns will meet with their supervisors to review their self-assessment of areas of competency and growth in the context of the orientation phases and determine a plan for supervision. Pre-doctoral interns will meet with the practice Psychometrician manager and be oriented to the plan for assessment training. Interns will be oriented to risk and level of care assessment.

Supervision during this phase is supportive and challenging, directive, skills-based and evidence based. It will prepare pre-doctoral Interns for the second phase of training.

During the **second phase** of training will begin quickly, in line with our emphasis on experiential learning through the immersion in direct delivery of psychological services. Interns begin to be scheduled with new patients for intake interviews, begin initial assessment and diagnosis processes, begin treatment planning, and initiate a course of treatment with their patients. Pre-doctoral interns work with their supervisors regarding the characteristics, needs, complexities of the cases. Cases will be added in a titrated manner until a full case load is achieved. Interns will also begin working with the practice Psychometrician manager to begin the process of testing and writing sections of reports.

Supervision during the 2<sup>nd</sup> phase of training will remain supportive and challenging, directive, skills-based, and evidence based. Acquisition of clinical skills and skillful implementation of skills is emphasized. Systemic analysis and intervention is emphasized. Clinical problem solving and risk assessment are targeted.



The **third phase** involves increasingly independent, supervised work on the part of the intern. The Intern will be expected to serve as a leader in group supervision, will implement and monitor treatment plans, will engage in case consultation and collaboration with other health professionals and systems, will complete risk assessments, and will be encouraged to develop more integrated, systemic, and in-depth conceptualizations of their patients.

As the intern's formative training year progresses, to support the independent development of the intern, supervision becomes more process-oriented. Supervision will also become more personalized to the needs of each intern and their personal rate of progress and development. Clinical application of scholarly research, critical thought and higher-order conceptualization, systemic conceptualization and intervention become foci. Interns will be encouraged to share their knowledge regarding special interest areas and provide consultation to the team. Interns will be supported and encouraged to answer their own questions as they pursue independence in clinical decision making while also being provided with supervisory input.

*Clinical Training in Direct Psychological Interventions: Psychotherapy (25-28 hours per week)*

Interns will provide **direct clinical services to a wide range of patient presentations**, familial stories and involvement, diagnoses and needs. **Due to our setting, and the needs of our patients, interns are required to be on-site and engage in the direct delivery of psychological services 3 evenings/nights per week and a weekend day OR 4 evenings per week to ensure that 2000 hours are met within 12 months.** Which option above will be determined by the Supervisory Team and be based on licensure.

Interns will focus primarily on increasing mastery in Child-Center Play Therapy/Filial Play Therapy, Structural Family Therapy, Emotionally Focused Family Therapy, Gottman Method, Emotionally Focused Couples Therapy, Parent Management Training, Exposure Response Prevention Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Narrative Therapy, Narrative Exposure Therapy and Prolonged Exposure for trauma, and Acceptance Commitment Therapy as these modalities represent the expertise of the supervision team and support our focus on systemic treatment of patients.

For our pediatric patients, we **DO NOT** say "hi" and "bye" to parents/guardians in the waiting room. The parents/guardians are **informed regularly regarding our conceptualization** and involved in dyadic work. We provide **systemically focused clinical treatment for pediatric patients** and expect all clinical staff to **actively involve parents through dyadic work, family therapy, and very importantly, parent guidance and training.** This is particularly critical with many of the diagnoses we see in pediatrics in which parents are responding automatically in ways that reinforce symptomatology. Our practice is known for results and known for **disrupting negative interaction cycles** in families. All interns are expected to **develop mastery in the systemic treatment of pediatric patients.**

As a team, we **value and honor the human capacity to change with and without expert support** and focus on **building resilience** in all of our patients.

Our supervisor team is **very diverse in population specialization and interests.** Our supervisor team diversity, combined with our outpatient setting which has a **long-standing position in the community with an excellent reputation**, and a model of primary mental health care draws a **diverse range of patients** in terms of age, needs, clinical acuity, collaborative efforts with the patients' systems, consultation requirements, diagnoses, type of interventions, and treatment length. The populations we serve are sufficient in **breadth and depth to support a generalist training experience.**



Interns will be encouraged to **conceptualize cases from multiple conceptualization perspectives** with an emphasis on **integrative analysis**. Interns will prepare and present 3 case conceptualizations formally per semester in Case Conceptualization Seminar. Interns will also be encouraged to submit poster presentations to various conferences and may be offered opportunities to co-author or second author presentations with their supervisors.

*Clinical Training in Direct Psychological Assessment: Psychological and Neuropsychological Assessment for Differential Diagnosis (4-6 hours per week)*

Interns will participate in a formalized training curriculum to train them in **pediatric and adult psychological and neuropsychological assessment** administration, data analysis, profile conceptualization, and report writing. Interns will be involved in 1 testing case per week. Training will be sequential and cumulative, building upon stages of mastery. The intern will also work closely with the **practice psychometrician manager** and benefit from her support and expertise. Our testing office is 1 of 2 offices set up for live supervision with a one-way mirror, audio, and video to enhance the training experience.

**Referral questions are diverse**, ranging from developmental and neurodevelopmental questions, giftedness, personality functioning and almost all cases are seeking diagnostic clarification. Ages range from early childhood to geriatrics. Training will be sequential and cumulative, building upon stages of mastery in administration, scoring, data entry in the report template, writing by section, recommendations, and conceptualization.

Our practice has an excellent reputation for our **emphasis on depth of clinical conceptualization**, as well as a writing style that is easily digestible to our patients, their parents, and their supportive systems—the people we are writing for. We **personalize each case** and spend a great deal of time thoughtfully sifting through data to determine the needs of the patient.

Our assessment library is dynamic and always growing due to specialized needs of psychological and neuropsychological evaluation patients. Some of the instruments we use regularly include:

- Wechsler Preschool and Primary Scale of Intelligence (WPPSI-4)
- Wechsler Intelligence Scale for Children (WISC-5)
- Wechsler Adult Intelligence Scale (WAIS-4)
- Wechsler Individual Achievement Test (WIAT-4)
- NEPSY-II
- Delis-Kaplan Executive Function System (DKEFS)
- Wechsler Memory Scale (WMS-4)
- Test of Everyday Attention in Children (TEA-Ch)
- Test of Everyday Attention (TEA)
- Behavior Assessment Scale for Children (BASC 3)
- Sensory Profile -2 (SP-2)
- Symptom Checklist 90 Revised (SCL-R)
- Child Yale-Brown Obsessive Compulsive Scale
- Yale-Brown Obsessive Compulsive Scale
- Yale Global Tic Severity Scale (YGTSS)
- Diagnostic Interview for ADHD in Adults (DIVA-5)
- Diagnostic Interview for ADHD in Young People (Young DIVA-5)
- Mood Disorder Questionnaire





Adverse Childhood Experiences Questionnaire  
Clinician Administered PTSD Scale for DSM 5-Child/Adolescent (CAPS-CA-5)  
Clinician Administered PTSD Scale for DSM 5  
EAT-26  
NSSI-AT  
Multidimensionality Anxiety Scale for Children (MASC)  
Minnesota Multiphasic Personality Inventory (MMPI)  
Minnesota Multiphasic Personality Inventory-Adolescents (MMPI-A)  
Million Adolescent Clinical Inventory (MACI)  
Vineland Adaptive Behavior Scales (Vineland 3)  
Social Responsiveness Scale (SRS-2)  
Autism Spectrum Rating Scale (ASRS)  
Play Based Assessment Coded for Social Communication  
Incomplete Sentences  
Structured Behavioral Observation in the patient's environment (e.g. school)

*Individual Supervision (2 hours per week)*

2 hours per week The pre-doctoral intern will receive 2 hours of individual supervision per week from 3 Different Clinical Psychologist supervisors. Individual supervision with our Masters Level Supervisor will also be included.

Interns will review the **APA's Competency Benchmarks in Professional Psychology document with their primary supervisor** to outline a supervision plan at the onset of the clinical training year. The intern will be **evaluated** based on this document (in addition to the intern's academic program requirements) **mid-year and end of training year** to ensure sufficient progress towards the development of competencies. Training experiences, learning opportunities, and foci of supervision will be **modified based on the evaluation of the core competencies**.

*Group Supervision (1 hour per week)*

1 hour per week Our full clinical team **meets weekly to discuss cases and collaborate on shared cases**. **Didactic presentations** covering a variety of ethical, legal, and clinical topics are included. Group supervision time also includes **guest speakers from the community** and may include other health professions and psychologists with a variety of areas of expertise.

*Seminar, Didactics, and Professional Development (1 hour per week)*

The pre-doctoral intern will receive supervision and learning experiences designed to improve mastery of clinical skill and treatment acuity to **serve special populations** often represented in our practice.

Seminars

- 1 hour monthly Psychological and neuropsychological testing/Reading group
- 1 hour monthly Case presentations—interns will present cases with an emphasis on conceptualization
- 1 hour monthly Systemic Treatment Seminar/Reading Group



1 hour monthly Third Wave Cognitive Behavioral Therapy: ACT & DBT Skills Group

Didactic Presentations (in place of some scheduled Group Supervision) Topics May Include (but are not limited to):

- |                                       |   |
|---------------------------------------|---|
| Risk Assessment                       | Level of Care Assessment  |
| Treatment Planning                    | Models of Termination   |
| Domestic Violence in Outpatient Work  | Non-Suicidal Self Injury in Outpatient Work                       |
| Suicidality in Outpatient Work        | Record keeping  |
| Legal Responsibilities                | Intersection of Ethics and Legality                               |
| Emotionally Focused Couples Therapy   | ACT   |
| Emotionally Focused Family Therapy    | Gottman Method  |
| Authoritative Parent Training         | Substance Abuse, Addiction, and Process Addictions                |
| Female Sexuality                      | Childhood Sexual Development                                      |
| Child Development                     | Adolescent Development  |
| Adult Development                     | Sunset Season of Life   |
| Prolonged Exposure for Trauma         | Grief Treatment   |
| Needs of Adoptees                     | Racism and Impact on Delivery of Medical & Mental Health Services |
| Dynamics of Family Formation          | Dynamics of Families Formed Through Adoption                      |
| Perinatal & Post-Partum Mental Health | Rare presentations in an outpatient setting                       |
| Medical rule outs in Assessment       | Chronic Medical Conditions & Health                               |
| Treatment of Caregivers               | Pediatric Therapy Interventions                                   |
| Feeding Relationships                 |   |

Professional Development

- 1 hour quarterly Consultation with a psychiatrist: Interns will meet quarterly with external psychiatrists for case consultation and learning opportunities. Psychiatrists will be chosen based on the intern’s specific interests.
- PRN Interns will also increase their clinical collaborative skills through direct delivery of services with community based higher level of care providers, nutritionists, prescribing psychiatrists, schools and school staff, primary care providers and pediatricians, and other medical specialists.
- Weekly Training and supervision with our psychometrician in the administration of psychological and neuropsychological assessments, management of case from start to finish, seeking collateral/informant information, review of initial data to determine need for additional clinical interview, data entry and report preparation

**OPPORTUNITIES**

We hope to place pre-doctoral interns with us that will be a great fit for our team and benefit from all that we have to offer. We have post-doctoral placements and hope that our interns will thrive in our environment and be considered candidates for completing their post-doctoral fellowship with us. We value a primary mental health care model and continuity of care is important to our patient populations. As a practice, we are deeply invested in the professional development, growth, and futures of our trainees.