

Community Healthlink
Youth and Family Services

Clinical Psychology
Internship Program

2011-2012

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Community Healthlink Psychology Internship Program

Established in 1921, Community Healthlink Youth and Family Services (formerly Worcester Youth Guidance Center) is one of the oldest child guidance clinics in the country. For many years we have enjoyed a national reputation for excellence in training mental health professionals. The Clinical Psychology Internship Program was established in 1955 and first received accreditation from the American Psychological Association in 1958. Community Healthlink's Youth and Family Services also serves as a training site for students in the fields of Social Work, Counseling and Child Psychiatry.

Located in Central Massachusetts, Worcester is the third largest city in New England. Worcester is within a one hour commute to Boston and in close proximity to the White Mountains of New Hampshire, and the Berkshire Mountains of Western Massachusetts and Connecticut. It is the home of eleven colleges and universities, including the University of Massachusetts Medical School, Clark University and The College of the Holy Cross. The city is enriched by the ethnic diversity of its population, including growing Latino, Brazilian, and Asian communities. Urban, suburban, and rural settings are all available within short commuting distance.

In 1997, Worcester Youth Guidance Center merged with Community Healthlink, Inc., a comprehensive local non-profit behavioral healthcare organization that provides mental health, substance abuse, and homeless services. Community Healthlink subsequently joined the UMass Memorial Healthcare System, which is a locally based, regional healthcare organization affiliated with The University of Massachusetts Medical School.

Overview of the Program

The Internship Program is dedicated to the development of Scholar-Practitioner clinicians who are able to apply a range of theoretical and evidence based clinical strategies to the assessment and treatment of children, adolescents, and families in a multi-cultural community mental health setting. We strive to maintain a challenging yet supportive learning environment that enables our interns to use research, didactic and clinical training experiences to grow as professionals and as individuals. The dominant theoretical perspectives are family systems and strength based, with many different positions represented within these rather broad categories. Interns are exposed to diverse theoretical orientations and empirically based therapies in clinical services. The concept of the "local clinical scientist" described in the article ("A Bridge Between Science and Practice" by George Stricker and Steven J. Trierweiler 1995) best captures the Scholar-Practitioner model we practice. Interns come to the internship with substantial empirically based academic core work. This serves as the empirically based foundation of the internship year. The complexities of the service delivery system in an urban community mental health clinic challenge interns to integrate research with practice.

Taken together, the internship offers substantial opportunity for interns to integrate evidence based approaches, both empirically and observationally based.

The internship Program is APA accredited and preference is given to applicants from APA approved doctoral programs. The stipend for 2011-2012 is \$18,000. In hopes of better attending to the clinical needs of the Spanish speaking community the stipend for a bi-lingual intern will be \$20,000. The program begins September 6^h and continues until August 31st with most of the usual legal holidays observed. With the approval of the Training Director, interns may take 15 days of vacation time and 3 days of education leave during the year. For the 2011-2012 training year, four full-time intern slots will be available.

The Internship Program consists of both required and optional activities. The training needs and experience of each intern are considered in planning his or her program. Interns should be prepared to work at the Clinic a minimum of two evenings per week. Total time commitment averages 40-45 hours per week. While there will be a phase-in period in September, holiday lulls, and slow-downs due to inclement weather, there will be other times when most interns will need to spend additional time to complete paperwork and testing reports.

Interns provide outpatient individual and family therapy to children and adolescents. The average outpatient services caseload for an intern is 10 sessions a week at the start of the year. At the busiest time of the year, it may be as high as 13 or 14 sessions a week. In addition, interns also provide therapy, consultation, and other mental health services through clinical placements in other Community Healthlink programs such as Victim Services and Early Childhood Mental Health Services approximately 16 hours per week. All of the interns participate in multidisciplinary team meetings, case consultation and didactic trainings. In addition, interns provide weekly psychological testing batteries with children and adolescents in an outpatient setting.

For those students seeking to continue their careers in Massachusetts, the Community Healthlink Youth and Family Services Internship is particularly well suited to prepare professionals for the new Mass Health service delivery system which is being implemented under the Commonwealth's Children's Behavioral Health Initiative (CBHI). Community Healthlink operates three CBHI Community Service Agencies (CSA) in the area which work with families raising children with Serious Emotional Disturbance using the Wraparound Service Planning process. Interns will carry youth and families (in their outpatient caseload) who are enrolled with these CSA's and will be expected to fully participate in the Wraparound Team Planning process.

Interns have a minimum of four hours per week of supervision. Each intern receives one hour of individual supervision each week from the Training Director. In addition, each will receive one hour of dyadic supervision from a secondary supervisor specializing in family and systems work. Interns also receive one hour per week of individual supervision for psychological assessment including intelligence, achievements,

projectives and neuro-psych testing. Finally, each intern receives 1 hour per week of individual supervision with their Placement Supervisor.

During late spring, interns will coordinate and lead one in-service seminar for the staff and other trainees. Topics are to be based on research and to be determined by each intern in consultation with the Training Director and serve as the culmination of their training as Scholar-Practitioners.

There are opportunities to attend UMass Psychiatry grand rounds mid-day on Thursdays throughout the academic year. Both staff and trainees are invited to attend the UMASS Psychology Day.

Program Goals

1. To prepare interns to work with children, adolescents, and their families in community mental health and other outpatient services settings.
2. To educate interns about serving underprivileged and underserved populations and the challenges individuals face in social marginalization.
3. To teach interns to think about children in the context of individual, family, and larger systems and to design interventions based on an understanding of the interactions of multiple systems.
4. To help interns find their own voice as clinicians, including theoretical orientation and therapeutic style. This involves helping interns to clarify and build on their previous training and experience, and apply what they have learned to clinical practice. Interns are prepared as Scholar-Practitioners to enter the field of clinical psychology and be able to assume postdoctoral positions in preparation for licensure and clinical practice.
5. To teach interns an approach to psychological testing as a consultation that contributes to case formulation. This requires not only competence in test administration, scoring, and interpretation, but also an understanding of the context of the referral and the ability communicate the results in a way that is meaningful and useful to the clients, families, and referring clinicians.
6. To help interns make a successful transition from student to professional status. This involves assisting them in developing collegial relationships with other professionals, including dealing with differences in theoretical orientation, professional standards, and ethical sensibility. It also involves educating interns about professional work in contemporary clinical practice, including managed mental health care.
7. To provide interns with exposure to a wide variety of testing materials and an understanding of the impact of managed care on psychological testing in different contexts, including outpatient, residential, and private practice settings.

Program Components

The internship program is organized into four components: Training Seminars, Outpatient Clinical Experiences, Supervised Clinical Placement, and Psychological Assessment.

Training Seminars: The Internship Seminar meets for 2 hours each week from September through April. Syllabi and research articles are disseminated with learning objectives as part of this didactic seminar. Major topic areas covered include:

- Introduction to Assessment & Treatment. Includes sessions on working in community mental health populations and multi-problem families, assessment models, risk assessment and management, and working with larger systems.
- Child & Adolescent Psychotherapy. Provides a selection of important topics in this area, such as play therapy, and treatment of substance abuse.
- Specialized Topics. Includes cultural diversity, consideration of legal and ethical issues specific to children and adolescents, as well as topics such as testifying in court, theoretical models of clinical supervision, confidentiality and ethical dilemmas.
- Strategic and Structural Family Therapy
- Strength Based Treatment
- Trauma Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing

Working with Families Seminar. This seminar meets for 1 hour each week from September through March. The goal is to educate trainees about the variety of roles that mental health professionals may take when working with children who struggle with psychological and emotional difficulties. The seminar covers several topics which include:

- A Contextual Model of Therapy
- Family Therapy
- Positive Psychology
- The Parent Perspective
- Strength and Culture Discovery and Service Planning
- Collaborative Interventions with Families
- Larger Systems and Their Impact on Families

This seminar includes opportunities for interns to present their work with families to the seminar participants.

Process Group: One hour a week is devoted to processing the internship experience. This group is coordinated by the interns during a designated hour.

Outpatient Clinical Experience. Interns provide outpatient individual and family therapy to children and adolescents ages 3-21 years old at Community Healthlink. Clients experience a range of psychological and emotional difficulties, including depression, anxiety, ADHD, trauma, PDD and behavioral problems. CHL serves a culturally, ethnically, and racially diverse population of families, many of whom experience poverty and have difficulty accessing mental health services. The average outpatient services caseload for an intern is 10 sessions per week at the start of the year. At the busiest time of the year it may be as high as 13 or 14 sessions per week. Interns also participate in weekly multidisciplinary team meetings with other clinicians at Community Healthlink for case consultation, didactic trainings, and group supervision.

Psychological Assessment: The assessment component consists of a 1 ½ hour weekly didactic seminar and supervised testing experiences. The didactic assessment seminar meets weekly for 12 months and covers the administration, scoring and interpretation of standardized instruments to assess intelligence, emotional, and personality functioning, adaptive skills, basic academic skills, and language skills. Careful attention is given to addressing the questions of the referral source and writing reports that are understandable and useful to the individuals who will be reading them. The process of testing and report writing is conceptualized as a consultation to the referral source and the family. As such, it is an intervention into a system in addition to being an assessment process. Interns receive weekly supervision in scoring, interpretation, report writing, and oral presentation of test results. Each intern is required to administer 12-15 test batteries by the end of the training year. Opportunities to do additional testing or develop a specialization such as ADHD or PDD screenings exist. There is a strong emphasis on projective and neuropsychological testing through a developmental lens. Consistent with the Scholar-Practitioner model, interns receive didactic instruction, video presentations, and live demonstrations in the beginning of the training year. At the end of the year, interns are expected to complete testing batteries effectively and efficiently within the parameters set by managed care and the referral source to prepare to be an independently practicing psychologist.

Supervised Clinical Placement. Each intern provides services at one of the following programs: Victim Services and Early Childhood Mental Health Services. After match day in February, the four matched interns will be contacted to indicate their ranking preferences for slots in these programs. Preferences and prior experience will be considered on assigning focus areas. Each area of focus involves approximately 16 hours per week throughout the training year and an additional one hour per week of individual supervision.

- **Victim Services.** The Victim Services Program is comprised of four components: (1) therapy, support groups, advocacy, and outreach for children and families who have witnessed domestic violence; (2) therapy, advocacy, and support groups for family and friends of homicide and vehicular homicide victims; (3) psychotherapy for teens victimized by gang violence, dating violence, sexual assault, or hate crimes and (4) intensive support, psychotherapy, referral, and advocacy for children and the families of children who have been physically or sexually abused. All services are provided by and supervised by clinicians with specific training and experience in working with trauma survivors.
- **Early Childhood Mental Health Services.** Early Childhood Mental Health Services has three components: (1) mental health consultation services for early education and care programs serving children ages two through five; (2) short-term treatment for young children and families and (3) training for caregivers on a range of issues pertaining to social-emotional development and challenging behavior in young children. Clinical responsibilities include child-specific and general classroom observations/consultations at preschool sites, child/family assessments, attendance at weekly clinical team meetings, and participation in relevant seminars. Qualifications for this placement include previous experience in an educational setting, good written and oral communication skills, flexibility and self-motivation and initiative.

APPLICATION PROCEDURE

- The training year begins on the first Tuesday after Labor Day in September and ends on the last Weekday in August.
- Applicants are to have received their Masters Degree and completed their third year of their APA approved doctoral training program.
- Applicants need demonstration of a minimum of 500 (intervention/assessment hours) practicum hours prior to the internship.
- APPIC Application for Psychology Internship (2011-2012). This is available at the APPIC Website: www.appic.org
- Due date for the application including all supplemental materials is no later than November 21, 2010.
- Sample Testing Report. Please include a psychological testing report for a child or adolescent patient. Please take appropriate precautions to preserve the patient's anonymity. Preference is given to reports that include cognitive and personality assessments although we acknowledge that some graduate students do not have the opportunity to do testing. Experience with projective testing is preferred.
- Sample Treatment Summary. Include a report summarizing your treatment of a child or adolescent. The treatment may be in progress. We are particularly interested in your case formulation, how your treatment goals flow from the formulation, and how your treatment interventions reflect your formulation of your goals. As with the testing report, be sure to protect the patient's anonymity.
- Letters of Recommendation. We require 3 letters of recommendation, preferably from individuals who have supervised your clinical work. Letters that are very specific about your clinical skills tend to have the greatest impact on the selection process. We are particularly interested in hearing about your experience and aptitude for working with children, adolescents, and families.
- Interview. Due to the large number of applications we receive, we cannot interview all applicants. We will contact you prior to December 13, 2010, if we wish to schedule a personal interview. While on-site interviews are preferable, we can arrange telephone interviews. We generally start calling applicants for interviews after Thanksgiving. Please make certain that we have your current contact information with which to reach you.

The description put forth in this brochure reflects both the current and prospective programming. Please keep in mind that changes may evolve throughout the year; e.g. seminars, staff, and/or placement opportunities.

Matching Program:

Community Healthlink Youth and Family Services is participating in the APPIC Internship Matching Program. Applicants must obtain an Applicant Agreement Package from National Matching Services (NMS) and register for the Matching Program in order to be eligible to match to our program. The “Request for Applicant Agreement Package” form is available online at www.natmatch.com/psychint/reglink.htm. The program code number for Community Healthlink Youth and Family Services is: 134211.

The internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from any intern applicant.

For Further Information:

Please contact Dr. Tritell at 508-421-4495, or email at tritell@communityhealthlink.org.

Information about the program’s accreditation status is available from:

Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
202-336-5979

**Psychology Training Committee
2011-2012**

Core Members:

Susan Tritell, Psy.D.
Director of Psychology Training

David Haddad, Ed.D.
Director, Training & Quality Management

Anthony Irsfeld, Ph.D.
Seminar Leader; Clinical Supervisor

Danielle Wahba, Psy.D.
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Adjunct Members:

Michelle Chunis, LICSW, Ph.D.
Director of Victim Services

Sarah Gates, Psy.D.
Seminar Leader, Early Childhood

Beth Greenberg, Ph.D.
Coordinator of Non-Embedded Preschool Consultation Services
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Richard Hummel, Ph.D.
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