



Community Healthlink
Youth and Family Services

Doctoral Internship
In Clinical Psychology

2018-2019

275 Belmont Street
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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. This setting offers a multi-disciplinary emphasis on training and collaboration across clinicians and allied 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 second 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, Asian, African and Middle-Eastern communities. Urban, suburban, and rural settings are all available within short commuting distances.

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.

Community Healthlink is a state-wide leader in the Child Behavioral Health Initiative (CBHI), promoting community-based mental health and support services.

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 collaborative family based, cognitive behavioral, integrative, and strength based, with many different positions represented within these 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. The complexities of the service delivery system in an urban community mental health clinic challenge interns to integrate research into practice. Interns come to the internship with substantial empirically-based core academic work. This then serves as the empirically-based foundation for the internship year. We also offer evidence-based trainings in clinical seminar, along with additional readings and discussions. Interns are able to utilize CPP, TF-CBT, ARC, DBT, and other evidence based practices. Taken together, the internship offers substantial opportunity for interns to integrate evidence based approaches, both empirically and clinically.

The Internship Program is APA-accredited and preference is given to applicants from APA-approved doctoral programs. For the 2018-2019 training year, four full-time intern slots will be available. The salary for 2018-2019 is \$22,000. To better attend to the clinical needs of the Spanish speaking community the stipend for fluent bilingual interns is \$24,000. The program begins Tuesday, September 4th and continues until Friday August 17th.

Summary of Benefits

- Vacation Days – Fifteen (15) days per year starts accruing the first date of hire (but cannot be used until after 90 days of employment or internship) accruing at the rate of (1-1/4 days per month) per year.
- Sick Days –Accrues at the rate of (1.08 days per month). This accrual is *not* in addition to the Massachusetts Earned Sick Time Law.
- Personal Time – 3 days per year. Personal days accrue from July 1 through June 30 each year and must be used before September 30th of the same year. Interns may use the Personal Days as Education leave for dissertation work, with authorization of the Training Director.
- Holidays – 11 per year. Employees or Paid Interns with 40 hours per week schedule are eligible for 8 hours of holiday time.
- As CHL employees, or paid interns you are eligible to participate in all health care products offered.
- Liability Insurance – In regard to liability/malpractice insurance, Community Healthlink provides coverage for all trainees and employees.

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 via a self-evaluation which is completed by each intern and reviewed with supervisors three times throughout the year. This self-evaluation is constructed around the core

competencies that the program believes are necessary to be considered a competent Scholar-Practitioner. Additionally, interns are evaluated three times during the year by the training committee. These evaluations are built around the core competencies. The goal of these evaluations is to monitor skill acquisition, and modify the training received if necessary to help ensure successful completion of the internship.

Interns should be prepared to work at the Clinic a minimum of two evenings per week. Total time commitment is 40 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 with children, adolescents, transitional age youth, and adults. 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 one of two clinical placements in other Community Healthlink programs: Victim Services or Early Childhood Mental Health Services for approximately 16 hours per week. All of the interns participate in multidisciplinary team meetings, case consultation, and didactic trainings. In addition, interns provide psychological assessments for children and adolescents. The majority of clients are seen after school hours. The clinic is open 8:00 a.m. to 7:00 p.m. Monday through Thursday and 8:00 a.m. to 6:00 p.m. on Friday and is closed on weekends. There are **no** on call responsibilities for interns.

Interns have the same clerical and technical support as the rest of the staff and trainees. Clerical support includes: receptionist(s), billing specialist, and an intern coordinator. The coordinator of the support staff also functions as the support person for the agency's child psychiatry fellows and staff psychiatrists. Considerable support is also provided for the application and interview process. Internship materials including but not limited to the on-line brochure, the Youth and Family Services Manual, the internship manual, and the self-study are all done with support of the clerical and technical staff.

The support staff is supportive of and patient with the interns, year after year. They maintain warm productive relationships.

Technical support for all staff and trainees is provided by our in-house IT department. Each intern office is equipped the same as the rest of the staff and trainees. This includes: telephone, computer, and shared use of audio-visual, fax machine, laminating machine, and printers. Our observation room contains video equipment, tape recorder, and DVD player.

Intern offices are also equipped with doll houses, puppets, toys, games, and art supplies.

During the year interns will select a Quality Improvement project to work on in consultation with a senior manager. This project is not an "academic exercise," but a

project that is designed to improve quality in an ongoing Community Healthlink program. Interns will receive experience with consulting with the program managers, helping to develop the questions that need to be addressed, assisting with data collection, analysis, and interpretation, and giving feedback to the program. The Director of Training will work with the interns to make certain that the project selected is a good learning experience and manageable given their other responsibilities.

During the internship training year, interns will provide clinical supervision. Historically, supervisees have included BA, MA level trainees and/or paraprofessional staff (e.g., Peer Mentors or Residential Counselors) in one of our Community Healthlink programs. The Program Manager supervises the intern's supervision of the trainee or employee. In addition, interns learn about best practices in supervision and process their supervisory experiences in a monthly Supervision Discussion Group.

Interns receive a minimum of three to four hours per week of individual supervision. Each intern receives one hour of individual supervision each week from the Training Director. In addition, each will receive one hour of individual supervision or 90 minutes of dyad supervision from a secondary supervisor specializing in family and systems work. Interns also receive individual supervision for psychological assessment and one hour per week of individual supervision with their Placement Supervisor.

During late spring, interns will coordinate and typically lead an in-service seminar for the staff and other trainees. Topics selected are typically based on the intern's dissertation research. This serves as the culmination of their training as Scholar-Practitioners. Throughout the year interns are expected to present case presentations in weekly team meetings and in testing seminar as well as engage in ongoing consultation with staff on testing referrals.

For those interns seeking to continue their careers in Massachusetts, the Community Healthlink Youth and Family Services Internship is particularly well suited to prepare professionals for the Mass Health service delivery system which operates 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 Disturbances using the Wraparound Service Planning process. Interns will carry youth and families (in their outpatient caseload) who are enrolled with these CSAs and will be expected to fully participate in the Wraparound Team Planning process.

There are opportunities to attend UMass Department of Psychiatry Grand Rounds mid-day on Thursdays throughout the academic year. Interns also have an opportunity to attend the annual UMASS Medical School Department of Psychiatry Research Day.

The interns also have the option to participate in an inter-disciplinary Parent Management Training Seminar (PMT) at the clinic during the summer months. This didactic seminar is led by the former Training Director/Clinical Director of the Guidance Center, who now trains the UMASS child psychiatry fellows (who do their direct clinical work at CHL-

YFS). Utilizing current evidence based practices, the seminar is the opportunity for trainees to integrate learning theory with behavioral change.

Training Goals for the Program:

1. To develop interns who demonstrate proficiency in clinical assessment and diagnosis.
2. To develop interns who demonstrate competence in creating and implementing treatment plans for youth and families which take into account the family's unique ethnic, racial, and cultural characteristics.
3. To develop interns who utilize theory, science, and creative clinical thinking in their development of psychological interventions.
4. To develop interns who demonstrate competence with delivering consultation to other programs.
5. To develop interns who demonstrate an understanding of the role of various public sector systems (i.e. Child Welfare, Juvenile Justice, Mental Health) and demonstrate how to advocate and collaborate with such systems to the benefit of the clients they work with in treatment.
6. To develop interns who demonstrate an understanding of and commitment to ongoing professional development.
7. To develop interns who have an introductory knowledge of the skills/competencies needed to provide competence-based supervision.

Program Components

The internship program is organized into six components: Training Seminars, Outpatient Clinical Experiences, Psychological Assessment, Supervised Clinical Placement, Program Evaluation, and supervision of BA, MA level trainees, and/or para-professional staff.

I. Training Seminars: The Internship General 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. Topics for this seminar are modified each year based on feedback from the current intern class. Examples of past topics have included:

- Working in community settings with multi-stressed families
- Assessment models, risk assessment, and management
- Attachment theory and treatment of attachment disorders
- Strength-based conceptualizations and partnering with larger systems.
- Treatment of substance use and abuse
- Working with culturally diverse populations

- Consideration of legal and ethical issues specific to children and adolescents, including issues around confidentiality and mandated reporting
- Testifying in court
- Theoretical models of clinical supervision
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Expressive Therapies
- Forensic evaluations of children
- Diagnosis and Treatment of Autism Spectrum Disorders
- On Termination
- MA Licensure and career opportunities for psychologists

Working with Families Seminar. This seminar meets for 90 minutes each week from September through March. The seminar is intended to examine the complexities of child and family work. The seminar curriculum is sequential, and begins with an overview and discussion of a contextual model of therapy. The seminar then, in sequence, explores topics of initial family and youth engagement, initial family and youth assessment, treatment planning, treatment implementation, and termination. In addition, other topics that are of particular importance to child and family work are included, such as domestic violence, child abuse and neglect, and working with family sub-systems. This seminar includes opportunities for interns to present their work with families to the seminar participants.

Supervision Discussion Group. The Supervision Discussion Group meets for 2 hours each month. The goals of this seminar are to introduce interns to theory and research on clinical supervision, give them the opportunity to practice supervising, and to process these experiences in a group format. Interns learn about supervision models and best practices through reading and discussing chapters from Falender and Shafranske's books on Competence Based Supervision. This knowledge provides structure and guidance for interns' supervision experiences. Interns play recordings of their supervision meetings for the discussion group, and elicit the group's feedback, observations, and suggestions, to further develop and improve their supervisory skills.

II. Outpatient Clinical Experience. Interns provide outpatient individual and family therapy to children and adolescents ages 3-21, and their families at Community Healthlink's Youth and Family Services Site. Clients experience a range of psychological and emotional difficulties, including but not limited to depression, anxiety, ADHD, trauma, PDD, Autism, 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. Interns are expected to see approximately 10-15 outpatient clients per week. Interns' outpatient clinical work is supervised through one hour per week of individual supervision with the Training Director for the entire year. In addition, interns are grouped into pairs at the beginning of the year, and they meet for 90 minutes of

weekly dyad supervision with a secondary outpatient supervisor. Half way through the year, interns are given the choice of remaining in weekly dyad supervision for the remainder of the year, or dividing into weekly 45 minute individual sessions.

Process Group: One hour a week is devoted to processing the internship experience. This group is coordinated by the interns during a designated hour. Historically the interns have reported this is a unique and valuable opportunity to discuss and synthesize the internship experience. It is a separate and distinct component of the training year only for the doctoral psychology interns.

III. Psychological Assessment: Consistent with the Scholar-Practitioner model, the assessment component of the training year consists of supervised assessment experience and weekly didactic seminar meetings. The Assessment Seminar provides interns with the opportunity to further develop their psychological assessment skills and includes a broad range of content areas relevant to completing assessments with children, adolescents and young adults in the context of a community mental health setting. Interns also receive weekly individual supervision that advances skills in the areas of addressing the referral question; appropriate test selection; administration; scoring, and interpretation of various measures, integrated report writing; developing recommendations; and presenting feedback.

Interns are expected to complete a series of focused evaluations during the course of the training year, with each evaluation being completed within 6 weeks. Typical referral questions include diagnostic clarification, assessing current level of functioning across various domains (e.g. cognitive, social, emotional, adaptive, etc) and provide recommendations for the home, school and/or treatment settings. Given the population we serve, interns will have an opportunity to use trauma specific measures and formulate results and recommendations through a trauma-informed lens. Interns will also utilize measures specific to attention and executive functioning, including the use of Continuous Performance Testing.

In addition to testing responsibilities, interns complete at least one (1) case presentation during Assessment Seminar that includes discussion of the referral question, test selection, interpretation of data, clinical and diagnostic impressions, and recommendations. Interns also administer at least two (2) measures under direct observation of the Assessment Coordinator and/or other trainees. Finally, interns will be asked to select a specific test or measure to present during the Assessment Seminar.

IV. Supervised Clinical Placement. Each intern provides services at one of the following programs: *Victim Services* or *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 in assigning focus areas. Each area of focus involves

approximately 16 hours per week throughout the training year including one hour per week of individual supervision.

- **Victim Services.** The Victim Services Program provides therapeutic and practical supports to children, adolescents, and adults (including victims' families and loved ones) exposed to domestic violence, homicide, sexual assault, LGBTQI victimization, community violence, natural disasters, and other traumatic events. The Victim Services Team is comprised of dedicated clinicians trained in trauma-informed treatment modalities including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Attachment, Regulation, and Competency (ARC) therapy, and Child-Parent Psychotherapy (CPP). Individuals enrolled in this program may receive individual, family, or group therapy, partake in outreach events, access victim advocacy (i.e., assistance with victim compensation, support through legal processes, and safety planning), and receive coordinated care with other agencies. All services are provided by and supervised by clinicians with specific training and experience in working with trauma survivors.
- **Early Childhood Mental Health Services. (Together For Kids Program)** Early Childhood Mental Health Services has three components: (1) mental health consultation services for early education and care programs serving children ages birth through five; (2) short-term treatment for young children and families; and (3) training for caregivers and educators on a range of issues pertaining to social-emotional development and challenging behavior in young children. The early childhood mental health consultation placement utilizes a variety of resources to educate interns about the consultation process: (1) live observation of the Quinsigamond Community College Children's School, a training site for students in the Early Childhood Education Program; (2) live observation of experienced clinicians conducting observation and consultation sessions in early education and care settings; and (3) supervisor modeling of providing feedback to parents and teachers during the consultation process. 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, self-motivation, and initiative.

- V. Program Evaluation.** Interns work with a member of the psychology training committee and/or the agency's Quality Improvement Department to identify a limited program evaluation or quality improvement project for the year, which they will then implement. Throughout their project, the member of the psychology training committee assigned to that intern serves as a mentor to assist them, as needed, with the completion of any aspect of the project. Interns will present findings to the program manager(s) and, under the guidance of their mentor, will

consult to the program around implications and potential program changes implied by the data.

- VI. Supervision.** Interns provide clinical supervision to BA, MA level trainees and/or paraprofessional staff (e.g. Peer Mentors or Residential Counselors) in one of our agency programs. The Program Manager supervises the intern's supervision of the trainee or employee. In addition, interns have the opportunity to process their supervisory experiences in a monthly Supervision Discussion Group. (Details regarding this group can be seen in the **Training Seminar** listing above.)

APPLICATION PROCEDURE

- The training year begins on the first Tuesday after Labor Day in September and ends August 17, 2019.
- Applicants are required to have received their Masters' degree and completed their third year of their APA-approved doctoral training program, prior to the start of the internship.
- Applicants ideally have had a minimum of 500 (400 intervention and 100 assessment hours) practicum hours prior to the internship.
- APPIC Application for Psychology Internship (2018-2019). This is available at the APPIC Website: www.appic.org
- All applicants will need to complete the I-9 process verifying employment eligibility. Candidates will be provided instruction on acceptable documentation in the offer letter of employment.
- Due date for the application including all supplemental materials is no later than Monday November 20, 2017 at midnight EST.
- Sample Testing Report. Please include a psychological testing report for a child or adolescent client. 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. (Treatment may be in progress.) We are interested in learning a bit about how you think, not in report length per se. 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 client'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 Friday, December 8, 2017, if we wish to schedule a personal interview. While on-site interviews are preferable, we can arrange telephone interviews. Please note that we strive to review completed applications as we receive them. We typically begin to schedule interviews prior to the application deadline. 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 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
2018-2019**

Susan Tritell, Psy.D.*
Director of Psychology Training

Richard Hummel, Ph.D.*
TFK Clinical Supervisor

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

Christine Sauck, Ph.D.*
Director, Victim Services

Tamara Swartz, Ph.D.
Victim Services Clinical Supervisor

Nathan Gay, Psy.D.*
Coordinator of Psychological Assessment

Christina Wertz, Ph.D.
Supervision Seminar Leader

*Completed APA Internship here

Adjunct Faculty Seminar Leaders:

Melanie Amir, OT

Lydia Crespo, MA

Brian M. Denietolis, Psy.D.

Hon. (Retired) Martha P. Grace

Ken Holbert, Ph.D.

Julie Ann Lamacchia, LICSW

Stella Lopez, Psy.D.*

Rachel Schein, Psy.D.*

Lori Simkowitz-Lavigne, MA, LMHC

Ashley Warhol, Psy.D.