

Western Youth Services



Internship Description



Western Youth Services' Predoctoral

Psychology Internship Brochure

Internship Program: Western Youth Services (WYS) is pleased to offer a one-year, full time Predoctoral internship program that begins in early September (just after labor day) and ends at the end of August the next year. The internship is currently an APPIC member and is the process of review by APA.

Population served: Western Youth Services interns and clinicians work with a very ethnically diverse population, made up predominantly of Asians and Pacific Islanders (19%), Caucasians (47%), African Americans (3%), and Hispanics (31%). We serve a rising number of families at risk due to domestic violence, victimization, extreme stress, and poverty. In addition, we serve a large population of children in the foster care system who have suffered from sexual abuse, child abuse, or severe neglect and are now faced with adjusting to a new family, new home and different expectations, while trying to cope with the loss of their family of origin. We also serve children with learning difficulties who are too emotionally distressed or disabled to benefit from special education services.

Description of agency: Western Youth Services (WYS) is a private, non-profit human service agency with 30 years of services to the communities of Orange County. WYS provides comprehensive mental health services to children, adolescents, and families at strategically located clinics throughout the county. WYS serves over 6,000 clients a year in our clinics and family resources centers and serves another 23,000 children through our education and prevention programs in the Anaheim City School District Program.

WYS is staffed by a dedicated team of mental health professionals who understand the unique concerns of children and adolescents. WYS staff includes professionals from all mental health disciplines (psychiatrists, psychologists, social workers, marriage and family therapists, and mental health workers) and offers a high level of expertise to its clients. WYS is well respected and has built a reputation for excellent service.

WYS' specialized mental health services include: counseling children at local schools, parenting education, child abuse prevention, family and marital therapy, intensive in-home services for foster families and children, in home therapeutic behavioral services (TBS), and adolescent gang prevention and crime

suppression. We work within the Anaheim City School District, one of the largest school districts in Orange County, to provide conflict resolution and self regulation skills to children in order to make the education within the district safer for all children. WYS works in close collaboration with community-based human service agencies at several Family Resource Centers, to provide therapy, education, and case management services. The majority of our clients are children and families who have suffered great loss, but continue to struggle to provide the best care for their children in less than ideal circumstances.

Mission Statement: Western Youth Services seeks to improve the quality of life in our community, maximize human potential and promote individual and community self-sufficiency through programs that prevent and treat mental, emotional, social, educational and behavioral problems of youth and families. WYS promotes cross-cultural awareness and community partnerships in the planning, development and implementation of its programs.

Psychology Internship Mission: The mission of WYS Internship Training Program is to build current and future expertise in child (community) psychology by providing sequential scientifically informed training opportunities for deliberate practice with real time feedback such that interns develop both extensive treatment and assessment options, and mechanisms for continued evaluation and improvement of their services.

We provide (Activities available for intern participation):

- Individual, Family and group therapy for children meeting Medi-Cal's definition of medical necessity criteria (medical necessity is defined as children who are suffering from an impairment in their daily living as a result of a mental health condition or who are likely to lack appropriate child development or even show regression without the help of psychotherapy)
- Psychodiagnostic, psychoeducational and developmental assessment
- Consultation and liaison with teachers, social workers, and other mental health care professionals
- Crisis intervention to children in out-of home placement
- Parent Education using Triple P or the Incredible Years parenting group
- Support/psycho-educational groups with opportunities to co-lead a group with an experienced clinician
- Case Management and Linkage to services within the community
- Psychiatric Services with intern participation in Psychiatry consultation
- Provision of consultation to other interns and practicum students from a variety of backgrounds
- Assessments and psychotherapy conducted in Spanish or Vietnamese for children and families (for interns who are bilingual, supervision of these

- cases may be conducted in the threshold language as well)
- Infant development and developmental disabilities evaluation, consultation and treatment
 - Rehabilitation services for skills training and deficit amelioration
 - Outreach to nonprofit agencies in the community, local schools, medical facilities, and community organization to serve the needs of children and bring the name and services of Western Youth Services to greater awareness

Non-clinical services

- Holiday donations of Christmas trees, holiday dinners, and presents for children
- Scholarships for parents to continue their education and improve their family circumstances
- Scholarships for Transitional Age Youth (TAY) who were in the foster care system and are now working to further their education

Our Values

- Honoring all individuals: treating all people with dignity (both clients and employees) maximizing human potential and promoting culturally sensitive self-sufficiency
- Providing high quality professional mental health and counseling services
- Developing and expanding prevention services, with priority given to programs providing parent and family life education, and early intervention
- Providing school based services to students and school personnel
- Serving as a training resource for students and intern in the mental health professions
- Developing and enhancing collaborative partnerships with public and private organization in our community
- In all endeavors, promoting personal and professional integrity and conducting all business in an ethical manner

The Clinic Training Program

Overview: Western Youth Services currently has 10 licensed psychologists who all participate in one or more aspects of the training program (e.g. teaching, supervision, co-therapy) and 4 registered psychologists who can serve as educators and mentors for our interns. Our training program exists in one agency, but within four different regions that vary in location across Orange County. Interns are housed in North Anaheim, Santa Ana, Fountain Valley, or Mission Viejo. Interns are required to have transportation during their work hours as seminars occur in several of our clinics and clients may be seen in the clinic, homes, or in the schools. While all regions provide the same services and

have licensed psychologists and supervisors, there are some differences in the areas of emphasis within each clinic. The North Anaheim clinic has the greatest school site involvement, as well as the highest number of emancipated teens. Our Santa Ana clinic houses our Clinical Evaluation and Guidance Unit (CEGU) program, which provides crisis intervention to children who have been placed out of the home, our Early Childhood Program (ECP) which specializes in working with children between the ages of birth to five years, and our new Alternative Paths and Choices (SSA-ARC) Program which provides mental health services to families recently involved with social services due to abuse or neglect allegations. Santa Ana also has the greatest involvement with the Orange County Family Court. Our Fountain Valley clinic has a large Vietnamese speaking population and an emphasis on treatment services for children who are not benefiting from their special education placement. The Mission Viejo clinic has an emphasis on providing assessment and treatment services to children with learning disabilities who are not benefiting from their special education placement due to mental health problems or diagnoses.

Intern Activities and Expectations:

- Carry a client caseload of 15 to 25 clients, depending on intern abilities and clients needs
- Spend a minimum of 25% of their time in direct client contact, with almost 50% of their times spent engaging in activities that directly benefit our clients.
- Provide 75 to 80 hours client service hours per month (including therapy, assessment, consultation, report writing and other relevant documentation)
- Complete a minimum of 6 to 12 Assessment batteries and Assessment Reports which may be psychodiagnostic, psychoeducational, or developmental in nature. Occasional neuropsychological screenings may also be available for intern participation.
- Actively prepare for and participate in 4 or more hours of individual and group supervision per week
- Actively prepare for and participate in both the Weekly Psychotherapy Seminar (1 hour/week) and Weekly Psychological Assessment Seminar (1 hour/week) and other WYS and CYS monthly trainings
- Provide many of the following services to WYS clients:
 - Infant development and developmental disabilities evaluation, consultation and treatment
 - Individual, Family and group therapy for children meeting Medi-Cal medical necessity criteria (medical necessity defined above on pg. 3)
 - Evaluation and treatment of psychological factors associated with poor school performance; including adjustment issues, parent-child issues, and school-client-family dynamics

- Consultation and liaison with teachers, social workers, and other mental health care professionals
- Crisis intervention to children in Out-of home placement (especially for those interns on the CEGU placement)
- Parent Education using the Triple P or Incredible Years parenting group (available in both English and Spanish)
- Support/psycho-educational groups with opportunities to co-lead a group with an experienced clinician
- Case Management and Linkage to services within the community
- Psychiatric Services with intern participation in Psychiatry consultation and educational rounds
- Provision of consultation to other interns and practicum students from a variety of backgrounds
- Assessments and psychotherapy conducted in Spanish or Vietnamese for children and families (for interns who are bilingual, supervision of these cases may be conducted in the threshold language as well)

ALL CLINICS WILL INCLUDE THE FOLLOWING:

Supervision: A minimum of four hours of weekly supervision is provided to all full time interns. Two of those hours will be individual face-to-face supervision with a licensed psychologist. Additional individual supervision may be provided with a board registered child psychiatrist, licensed social worker, or licensed marriage and family therapist, in order to expand the training of the intern and to permit greater exposure to working within a multidisciplinary team. All interns will also receive a minimum of two hours of weekly group supervision with the Director of Training. Additional multidisciplinary group supervision will be provided within the clinic where the intern is working. This supervision will be client focused and will often include masters level clinicians (MSW and MFTI). Another hour of group supervision focused specifically on psychological assessment will be available. Each supervisor is clinically responsible for the cases he or she is supervising.

Training Seminars: We offer weekly seminars in Psychological Assessment and Child Psychotherapy. In addition, interns at Western Youth Services are invited to attend the County of Orange MHSA trainings on diverse topics, several of which are required by the Board of Psychology for licensure or licensure renewal (e.g. domestic violence, aging and long-term care). In addition, Western Youth Services offers several in-service seminars per year. These in-service seminars are designed to review important ongoing clinical issues, such as cultural diversity and legal and ethical concerns, provide training in evidence based therapy such as PCIT and FFT, as well as update clinician skills in areas

such as group therapy and treatment planning for frequently served diagnoses. All of these in-service seminars in the last two years have been approved by the California Board of Psychology Accrediting Agency for Mandatory Continuing Education Credits for Psychologists (MCEP).

Training Model: Our training model is that of scholar-practitioner. We strive to provide interns with a breadth and depth of training experiences in the context of utilizing both evidence based and theory based information to guide their treatment planning, conceptualization, and service delivery. All staff members remain actively involved in professional associations, continuing education, and reviewing the relevant literature, in order to constantly improve the quality of their work and supervision.

We work to train psychologists who will be entering the field and working within child assessment and/or treatment settings. We view the training year as a time for intensive clinical experience. Although we do not see interns as having the time to complete additional research projects (as well as their own dissertation) during their own internship year, we do require ongoing scholarly activity, such as literature review, critical thinking, and the appropriate application of learning.

In order to facilitate the intern's progress toward the ultimate goal of autonomous and responsible professional functioning, a developmental model of supervision is used. In this approach, the supervisor facilitates the intern's movement from relative dependency to increasing autonomy and responsibility in service planning and delivery over time. Training is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. The developmental model has the advantage of providing a unifying paradigm for the program while allowing flexibility and individualization for both interns and faculty. A developmental approach can be used with any theoretical orientation. It allows the program to select interns from an array of qualified applicants from diverse programs with varied training models and orientations. The exchanges that take place in a gathering of heterogeneous trainees can then serve to maximize exposure to and understanding of similarities and differences between a variety of therapeutic conceptualizations and methods in group supervision, didactics and other group interactive activities.

The training plan calls for interns to complete only one rotation/placement with an additional possible minor rotation in the second half of the year, depending on comfort and facility with the basic clinical material. Training experiences help interns meet both knowledge and competency objectives. The development of knowledge is expected to occur through exposure, modeling, and didactic

training. The development of competency is facilitated through exposure, modeling, didactic training, rehearsal, self evaluation, practice, supervisory evaluation and the provision of feedback through mentoring, coaching, and in vivo supervision.

Evidence Based Treatment Experience: All interns will gain experience in one of both of the following evidence based treatment programs.

- **Functional Family Therapy:** is a family intervention for at-risk youth ages 10 to 18 whose problems range from acting out to conduct disorders to alcohol and/or substance abuse. Often these families tend to have limited resources, histories of treatment failure, a range of diagnoses, and multi-system exposure.

FFT is a short-term intervention program with an average of 12 sessions over a 3-4 month period. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.

FFT is a strength-based model. At its core are a focus on and an assessment of those risk and protective factors that impact the adolescent and his or her environment. Specific attention is paid to both intra-familial and extra-familial factors, and how they present within, and influence, the therapeutic process.

- **Parent Child Interaction Therapy:** *PCIT* was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents across a one way mirror during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. *PCIT* is an empirically supported treatment for child disruptive behavior and is a recommended treatment for physically abusive parents.

Electives/Minor Rotations: Minor rotations were designed to create new learning opportunities for those interns who had met all or most competency goals before the final quarter of the internship. These minor rotations, or electives, are in the areas of supervision, quality improvement, and administration.

- **Supervision elective:** interns providing weekly supervision to a practicum student under the supervision of a licensed psychologist. This allows the intern to apply supervision models to training another with feedback on their application and personal style.

- **Quality Improvement:** interns attend the monthly Quality Improvement meetings and then meet with his or her regional management team to brainstorm possible activities which might assist the region in reaching targeted goals (e.g. decrease time of progress note submission, increase use of family therapy in disruptive behavior disorders). Interns might also speak to management staff in programs that have a higher success on the selected goal(s) in an attempt to ferret out what factors are leading to greater success in the other program that might be appropriate to apply to their region.
- **Administration:** interns shadow various supervisors, trainers, managers, and administrators to gain awareness of how clinics and programs are organized and managed. On this rotation interns meet with the director of training to review overall internship and staff training goals and discuss program organization as well as methods of tracking, distribution and increasing goal attainment. Interns also meet with regional management staff to review regional deliverable, goals and outcome data, as well as methods used by the region to meet these deliverables. Interns select one area of program functioning that they see can be improved (e.g. timely reordering of testing protocols) to brainstorm procedures to improve functioning of some aspect of their clinic.

Planned Programmed Sequence of Training: Interns begin the year with a two week orientation in which they are trained to work within our system, including conduct clinical intakes, write intake reports, master treatment plans and client service plans. They are initially assigned more straightforward clients (e.g. those who do not require social service, AB3632, or court involvement). The intern's initial intake session may be scheduled with his or her supervisor, depending on the intern's experience and comfort level. Initial intake reports and treatment plans are highly supervised and may be co-constructed with the supervisor. However, all documents created by the intern are co-signed and reviewed in a group meeting to determine their compliance with MediCal paperwork requirements. Once interns become more comfortable working within the MediCal system, they are encouraged to take cases with other system involvement (e.g. schools, foster care, social service involvement) as well as encouraged to engage in other modalities of treatment (e.g. family therapy and group therapy). Seminars are initially highly didactic and pragmatic, but move toward more group discussions and debates as the year progresses. Generally, supervision is initially more specific and instructive, but moves toward more joint processing of the client and intern's experience, depending on the skill level of the intern.

Training Purpose and Objectives: The purpose of our Psychology Training Program is to provide a training experience to advanced graduate psychology students within a multi-disciplinary setting that meets the qualifications of field experience in Ph.D./Psy.D. Programs and licensing requirements for the Board of Psychology of the State of California (as well as those of other states).

Our program is designed to provide more structure at the beginning of the year, and for interns to play an increasingly independent role towards the end of the year. Through our program, interns will learn to assess the psychosocial impact of acute and chronic stress and deprivation in children and their families. Interns will become proficient in psychodiagnostic testing and will gain some experience in learning disability assessments. They will also be exposed to neuropsychological testing and know how to determine the need for further cognitive assessment for their own clients. Interns will gain significant experience in community consultation and liaison skills, which include making community referrals, coordinating care with outside agencies, and giving feedback to other mental social service professionals.

We fully anticipate that interns graduating from our program will be prepared to function as entry-level child psychologists. Many of our graduates accept psychology positions within community mental health agencies, while others go on to post-doctoral fellowships in order to further specialize in a particular area, and some become private practitioners and graduate school teachers.

Licensure in the state of California requires 1500 Predoctoral and 1500 Postdoctoral hours of Supervised Practice, as well as successful completion of the national written exam and a written exam in Jurisprudence and Clinical judgment. Satisfactory completion of the pre-doctoral internship at Western Youth Services exceeds this requirement and provides over 1800 hours of Pre-doctoral Supervised practice in a one year period. While this number allows meets or exceeds the requirement for most states, a few states require 1900-2000 hours of predoctoral internship experience. Any intern who plans to locate in one of these states could still be placed at Western Youth Services, but would need to limit the amount of vacation, educational or sick time taken away from the program to meet this higher number of hours. Our interns can anticipate that their weekly responsibilities will be approximately 35 - 45 hours per week once they have built a caseload. This time estimate includes clinical service, paperwork, supervision, seminars, administration, test scoring, and write-ups of psychological assessments with and without psychological testing.

Specific training goals for each of our interns include:

1. Interview, Evaluation, and Conceptualization - interns will be able to:
 - a. Establish rapport, demonstrate empathy, elicit participation and cooperation, and attend to the content of clinical interactions
 - b. Conduct effective interviews to gather necessary information to reach a differential diagnosis and a clear understanding of the dynamics sustaining the problem
 - c. Assess high risk behaviors, and recommend interventions to maintain safety of clients and others
 - d. Attend to both the content and process of clinical interactions
 - e. Considers relevant personality and psychotherapy theory/research and understands problems and/or diagnostic categories within an evidence-based theoretical and conceptual framework that guides hypotheses regarding appropriate assessment and/or treatment strategies and suggests relevant treatment possibilities
 - f. Overall interview, evaluation, and conceptualization performance at the intermediate level by 3rd month and high intermediate to advanced level by end of internship.
2. Assessment and Diagnosis -interns will be able to:
 - a. Select, administer, and score a battery of age appropriate tests selected to lend clarity to the referral question and assist in differential diagnosis using the DSM IV by the 3rd month of internship
 - b. Write a sufficient number of integrated psychological assessment reports (minimum of 6) in a timely fashion to demonstrate ability to synthesize testing data and developmental knowledge with patient history, family SES, and cultural background and lead to a clear conceptualization and thoughtful treatment recommendations by end of the internship year
 - c. Obtain overall assessment and diagnosis performance at intermediate level by 6th Month and high intermediate to advanced by the end of internship
3. Psychotherapy -interns will be able to:

- a. Establish a healing relationship with a variety of clients, maintain therapeutic boundaries, separate own issues from those of the client by the 3rd month of the internship
 - b. Maintain an awareness of intern's own impact on the treatment process by the 3rd month
 - c. Keep timely, clear, relevant progress notes that document service in a fashion compliant with the funding source (e.g. AB, SSA, Medi-Cal, ACSD) requirements by 3rd month of internship
 - d. Identify goals of treatment by the 6th month of internship
 - e. Seek out scholarly literature to inform and guide clinical decision, and treatment selections, consider relevant psychotherapy research and use a variety of treatment modalities and intervention skills to successfully assist the clients in reaching these goals by end of internship
 - f. Obtain overall psychotherapy performance at the intermediate level by 6th month and high intermediate to advanced level by the end of internship.
4. Use of Supervision -interns will be able to:
- a. Routinely approach supervision with a list of topics to discuss, prepared to present with needed supporting materials (e.g. completed charts, reports, notes, CD/DVDs) and use feedback to improve clinical effectiveness by the 3rd month of internship
 - b. Seek out immediate supervision in response to clinical risks appropriately level by the 3rd month of internship
 - c. Obtain overall use of supervision performance at the intermediate level by 6th month of internship
5. Professional Behavior and Development -interns will be able to:
- a. Resolve conflict quickly and appropriately with staff, peers, and supervisors and work well as a team member by 3rd month of internship
 - b. Challenge self and demonstrate a sincere desire to learn by engaging in self reflection, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars by 3rd month of internship

- c. Demonstrate progress in developing a professional identity and demonstrate appropriate professional demeanor and boundaries at a passing level by the end of internship
 - d. Is aware of own strengths, limitations, and personal stress level and seeks out needed assistance to behave in a professional manner by 6th month of internship
 - e. Obtain overall professional behavior at the intermediate level by 6th month and at the high intermediate level by the end of internship.
6. Sensitivity to Diversity - interns will be able to:
- a. Demonstrate awareness of the impact of culture on the client's view of therapy and work flexibly and effectively with diverse clients by the 6th month of internship
 - b. Display sensitivity to and respect for cultural, ethnic, religious, gender, sexuality, and financial diversity. Considers all such diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to the community by the 6th month of internship
 - c. Consider the impact the intern's own race, culture, gender or socio-economic status may have on client's perception of the therapist or the therapeutic process as a whole and is able to address in a constructive manner in supervision by the end of internship.
 - d. Obtain overall diversity performance at the intermediate level by the 6th month and at the high intermediate level by the 12th month of internship
7. Ethical and Legal - by the end of the internship year, interns will be able to:
- a. Demonstrate good judgment when faced with ethical decisions, seek information and/or consultation to behave consistent with APA ethical principles, California laws and regulations by the 3rd month
 - b. Know and follow specific and appropriate procedures for assessing danger to self or others, managing aggressive clients, reporting child, elder, dependent adult and/or spousal abuse by the 3rd month of internship

- c. Obtains overall ethics and legal performance at the intermediate level by the 6th month and at the high intermediate to advanced level by the 12th month of internship
8. Personal and Interpersonal
- a. Manage personal stress and/or emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities at the intermediate level by the 3rd month and at the high intermediate level by the 12th month of internship.
9. Scholarly Inquiry and Evidence Based Care
- a. Seek out scholarly literature to inform and guide clinical decisions, treatment selections and questions to supervisors by the 3rd month of internship
 - b. Consider relevant personality and psychotherapy theory and research in clinical thinking and supervision discussions by the 6th month of internship
 - c. Understand problems and/or diagnostic categories within an evidence-based theoretical conceptual framework that guides hypothesis generation regarding appropriate assessment and/or treatment strategies by the 6th month of internship
 - d. Obtain overall scholarly inquiry performance at the intermediate to high intermediate level by the 12th month of internship

Current Interns: WYS interns are all given the title of Psychology Intern. Prior interns have typically come from Southern California or Arizona APA approved graduate programs in Clinical Psychology with a growing group from Northern California and Illinois. Many have stayed at Western Youth Services as registered psychologists. Others have gone on to Post-Doctoral Fellows in Child Psychology or gone onto a combination of part time private practice and part time teaching within Professional Schools. WYS currently has ten full time interns and one part time intern.

APA Accreditation

Our internship program is currently APA accredited and will be reviewed again in 2017. For further information, please feel free to contact the Committee on Accreditation (CoA) of the American Psychological Association (APA) at:

Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • [Email](mailto:apaaccred@apa.org) (apaaccred@apa.org)

Evaluations and communication with Interns Home Graduate Programs

Interns are routinely given informal evaluation and feedback during supervision. Supervisors provide written evaluations a minimum of twice a year and meet with the intern to discuss the assessments and offer recommendations. Many supervisors engage in the evaluation process three times in the training year (at 3 months, 6 months and end of the year) in order to maximize intern growth and professional direction. Differences between interns' and supervisors' appraisals are expected to surface in these meetings, and are typically resolved quickly. Interns evaluate their supervisors, seminars, and the training program twice annually. At these same time periods, the Training Director obtains additional evaluation data through consultation with supervisors by phone or in person and talks with other professional staff that have significant contact with interns, and then meets with the Training Committee to review all intern evaluations. The committee summarizes each intern's strengths and weaknesses, and formulates a plan to facilitate each intern's growth during the balance of the year. A summary letter, along with a copy of the most recent evaluation (only when required by the graduate program), is sent to the intern's graduate program at mid-year and again at the end of the year. Based on these evaluations and summaries, the Training Director and the intern may modify the intern's Training Plan or the overall Training Program itself, to better meet the Interns' training needs. Interns meeting all mid year goals (described above) complete the first half of the internship in good status. Interns failing to meet more than one mid year goal are managed according to the Due Process procedure to reach all goals in a determined time period.

At the end of the internship year, the home graduate program receives a brief summary evaluation indicating whether the intern has successfully completed the internship. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program; the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems according to our Due Process procedure.

Resources

All interns have their own extensions and e-mail addresses, as well as computer and printer access at work. Interns also have access to a large variety of

psychological tests and computer scoring programs. Most interns share office spaces, but this has not been problematic due to the large amount of work that is done in the field, as well as the availability of play therapy rooms in all regions. Interns also have access to a person who will conduct requested literature searches in order to make our service provision as evidence-based as possible.

Administrative assistance

Administrative assistants are employed in all clinics housing psychology interns. These staff assist interns by greeting and orienting clients, providing blank paperwork for client completion, taking messages, answering and transferring calls, taking referrals, distributing periodic Outcome measures for client completion, pulling needed reports, and entering data for billing purposes.

Administrative assistants do not take dictation or transcribe reports. For this reason, all psychology interns must have a basic familiarity and comfort level with computers and Microsoft Word.

The Director of Training will collect and monitor monthly training logs, to ensure that adequate supervision, didactics, and client contact are occurring to reach all APPIC and BOP requirements.

Location of Internship

The Internship is located in several parts of Orange County, specifically, Anaheim, Santa Ana, Fountain Valley, and Mission Viejo. Orange County is located within Southern California, between San Diego and Los Angeles. Orange County boasts access to both of these great cities, as well as proximity to Disneyland, mountains, desert, and the Pacific Ocean. Temperatures are warm to moderate all year. Housing is easily available, but relatively expensive. For more information on the area, please see the Orange County web site at www.oc.ca.gov.

Salary, Benefits, and Financial Assistance

Salary is \$21,500 per year for monolingual interns and \$23,000 for bilingual Spanish or Vietnamese speaking interns. Because interns are not provided with group medical insurance, a monthly stipend of \$250/month is provided to assist in covering the expense of private medical insurance or medical visits (for a

total of \$3000/year increasing the total financial package to \$24,500 for monolingual and \$26,000 for bilingual interns).
2 weeks paid vacation and up to one week of education leave
11 paid Holidays
10 days sick leave available
1800 hours of Predoctoral Internship level Supervised Professional Experience (SPE) with the California Board of Psychology (BOP) which may be increased to 2000 if carefully planned

Intern Selection

Nondiscrimination:

It is the policy and practice of Western Youth Services to seek, encourage, and support cultural and ethnic diversity. This diversity is sought to meet clients' needs, to expand the sensitivity and awareness of all staff, and engage in the richness of culture. Intern diversity is sought through building and maintaining a diverse group of supervisors, encouraging applicants from all backgrounds, and treating all applicants, psychology interns and staff with dignity and respect. Diversity is supported through training, discussions in clinical supervision, and activities in seminars.

Qualified Applicants will have:

1. Clinical experience with children in group, family or individual child therapy
2. Strong desire to work with children and/or families in the future
3. Good understanding of child development and healthy family functioning
4. Good conceptualization and writing skills
5. Strong desire to learn
6. Willingness to accept additional information and corrective feedback
7. Exposure to both individual and family/systems coursework
8. A minimum of 500 hours of supervised clinical experience
9. Completed two clinical practicum in which the student provided therapy and some psychological assessments
10. Completed a minimum of two full psychological assessment batteries
11. Completed minimal child testing prior to internship (e.g. 2-4 intelligence tests, 1-2 projective tests, 1-2 academic scales)
12. A basic knowledge and comfort with Microsoft Word and Outlook
13. Advanced candidacy and good standing in an APA approved program in clinical, counseling, education, or school psychology (Students from school who are currently in the APA review process may be considered. Please call Katie Devlin at (949) 330 1677 to discuss this possibility if you are in this situation).

14. A clean fingerprint and criminal record, as assessed by a Live Scan with the Department of Justice prior to hire.

Application Procedure

Applications are due on November 1st. With the exception of letters of recommendation, no materials will be reviewed late without prior permission and a clear rationale.

1. Please complete the APPIC Application for Psychology Interns (AAPI) Online. Instructions and registration information can be found at http://www.appic.org/match/5_3_match_application.html. The AAPI Online application packet will include:
 - a. Resume/Vitae
 - b. Cover letter/letter of interest in our program
 - c. Copy of all graduate transcripts
 - d. 3 letters of recommendation
 - e. Verification of Internship Eligibility and Readiness from your graduate program's Director of Training
2. In order to have a complete application, you will also need to include one psychological testing report preferably on a child (with all identifying information removed please) in the supplemental materials section of the AAPI Online.
3. Please do not submit any application materials by mail.

Applications will be screened by both Dr. Devlin and the full psychology training committee. All applications will be evaluated based on their compatibility with available programs and training interests, as well as their experience, insight, training and writing ability. Strong applicants will be invited in mid-December to come to interview in early to mid-January. If you would prefer to interview over the Holiday break (e.g. because you are traveling to this area at that time) please inform us of this as soon as possible so that interviews with multiple Training Committee members can be arranged ahead of time.

After completion of interviews, applicants' materials and interview responses are reviewed in order to rank order all remaining applicants for the NMS Match.

Matched interns are required to be fingerprinted and successfully pass a criminal background check before being placed in a WYS clinic or school program. Applicants who are unlikely to pass this evaluation should refrain from applying.

Questions

Programmatic questions should be directed to Katie Devlin, who can be reached by email at: kdevlin@wysoc.org, or by phone at (949) 330-1677.

Psychology Training Program Staff

Director of Training

Katie Devlin, Ph.D. (PSY 14132)

University of Arizona, Clinical Psychology Program

Director of Training, Lake Forest Administrative Offices, Psychological and Training Interests: Behavioral Medicine/Health Psychology, Brief therapies, Time Limited Dynamic Psychotherapy, Neuropsychological and Psychodiagnostic Assessment, Medical Compliance in Children, Attachment Disorders, Trichotillomania, Elimination Disorders, Somatoform Disorders, Functional Family Therapy, Strategic and Systemic Family Therapy.

WYS Psychology Staff

Bruce Lyons, Ph.D. (PSY 11224)

Florida State University, Tallahassee, Counseling Psychology

Staff Psychologist, WYS Fountain Valley, Psychological and Training

Interests: Family Therapy, Legal and Ethical Requirements of Mental Health, Professional Issues.

Henry Drummond, Ph.D. (PSY 20938)

Pacifica Graduate Institute

Clinical Supervisor, Anaheim Clinic and Anaheim Unified School District Program. Psychology and Training Interests: Working from a Depth psychological (Jungian, Self-psychology, Object Relations) perspective with deprived population. Psychoanalytic and Psychodynamic Assessment and treatment. Relationship between the Imaginal world of the client-and disturbed behaviors. Conceptualizing diagnostic assessments. Developmental psychology. Psychological life: the role of Imaginal Psychotherapy. Addressing the relationship between the imaginal world and psychosocial traumas in Personality development.

Emily Cheatum, PsyD (PSY22328)

Alliant International University/California School of Professional Psychology, Los Angeles, Clinical Psychology Program, Child/Adolescent and Family Psychology emphasis

Licensed Psychologist, East Region, Clinical Evaluation and Guidance Unit
Psychology and Training Interests: Adolescents, Crisis Intervention, Self-Harm, Suicide, Child Trauma, Parent-Child Interaction Therapy

Jenniffer Vasquez, LCSW (LCS 19269)

Cal. State Long Beach, School of Social Work

Program Coordinator - North WYS (Anaheim)

Psychological and Training Interests: Addressing Mental Health Issues Affecting Children in School Settings and Working with Mental Health Issues Affecting Hispanic Families

Lorry Leigh, Ph.D. (PSY 12974)

University of California- Los Angeles, School Psychology Program

CEO/Executive Director, Lake Forest Administrative

Offices, Psychological and Training Interests: Community Mental Health, Navigating the Mental Health System, School and Learning Difficulties, Psychopathology, Role of the Consultant.

Maurie Edelman, Ph.D. (PSY 3779)

University of Wisconsin, Madison, Clinical Psychology

Program Coordinator/Clinical Supervisor and Staff Psychologist, WYS Fountain Valley, Psychological and Training Interests: Personality Assessment; Adolescence; Family Psychotherapy; Integrating Models of Treatment; Interagency Collaboration; Ethical Issues.

Nicole McCuistion, MFT (MFC 42478)

WYS Program Director for ACSO Mental Health programs

Cal State Long Beach, Masters in Counseling/ MFT Emphasis

Specialized Interests: Working with Children who have experienced trauma, attachment disorders, anxiety disorders; Coordinated Care for children and families (mental health, school, community working on the same page); Strengths-based and Needs-driven Approaches.

Paul De Pompo, Psy.D. (PSY 21598)

California School of Professional Psychology-San Diego Campus (APA accredited), Clinical Psychology - Child and Family Track
Associate Fellow, Albert Ellis Institute (APA accredited)
Program Coordinator: TBS Program, Licensed Clinical Psychologist
Psychological and Training Interests: REBT/CBT, Parent Children Interaction Therapy (PCIT), Complicated Bereavement, family therapy, PTSD.

Shirley Dahncke, Psy.D. (PSY 20198)
California School of Professional Psychology, Los Angeles, Clinical Program Coordinator/Clinical Supervisor, WYS Anaheim, Psychological and Training Interests: Play Therapy, Working with Children ages 0-9, Selective Mutism, Attachment Disorders and Issues, Developmental assessments, Childhood Trauma, Abuse and Neglect, Filial Play Therapy, and Family Therapy Psychodynamic psychotherapy

Appendix A

APPIC policy requires that all Psychology Interns be informed of the Due Process and Grievance Procedures both during the application process and at the start of internship. These policies are included here for your review and will also be reviewed during interviews as well as during initial internship orientation. Please call Dr. Katie Devlin at (949) 330-1677 if you have any questions.

Due Process and Grievance Process

Options for Management of interns:

1. Staff will update Training Committee on intern progress at each committee meeting
 - a. Initiate plan of correction/remediation when committee agrees
2. Use of supervision notes that specify needed follow up (see Intern Supervision Notes below) at all supervision sessions or once suspicion of concern arises.
 - a. Usually signed by intern and copy saved and given to intern
 - b. If intern problem remains after 3 or more signed supervision notes, coaching ensues to correct problem, as intern is not demonstrating capacity to change independently.
 - c. 1-2 Coaching/Counseling sessions to walk intern to desired change
 - i. Intern's agreed upon plan is summarized by PC/supervisor in an email written to the intern with a cc to both the DT and RPD
 - ii. If behavior remains unchanged after emailed plan, move on to intervention/correction plan
 - d. Intervention or Correction plan (See Corrective Supervision Tool below)
 - i. Made with intern, PC, and internship DT
 - ii. Use provided form, have intern sign
 - iii. Written/electronic copy provided to RPD
 - e. Remediation plan (See Remediation Plan for Psych Interns, attached)
 - i. Usually includes the school in the Remediation plan
 - ii. Usually includes increased supervision
 - iii. Always sets a timeframe for improvement
 - iv. Usually sets failure to complete the internship as a possible outcome of remediation plan
 - f. Academic probations (drop box on Remediation plan)
 - i. Due to failure to meet remediation plan
 - ii. May extend remediation plan for extenuating circumstances or terminate internship

3. Poor performance on evaluation may trigger a remediation plan
 - a. A significant # of low ratings (poor performance) on the evaluation triggers a remediation plan
4. For specific issues (e.g. poor attendance in clinic)
 - a. Doc interns for late time on their paycheck, apply sick or vacation time instead
5. Unethical, violent or highly disruptive behavior (e.g. stealing, physical attack, knowingly disregarding for client confidentiality) may result in immediate termination of internship.

INTERN COMPLAINT OR GRIEVANCE ABOUT SUPERVISOR, STAFF MEMBER, TRAINEE, OR THE TRAINING PROGRAM

It is expected that relations between the psychology interns and the supervisors/training staff will be characterized by *mutual respect and courtesy*. When relations are conducted in this manner, it is expected that the any dispute between interns and faculty members will be quickly resolved.

The Internship Program will use the Due Process method whenever a dispute is not immediately resolved and utilize the following procedures. The guidelines above are intended to provide the Intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

1. The intern will raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem directly and informally.
2. If the intern cannot resolve the grievance with the faculty member or supervisor, the matter will be brought to the attention of the Regional Program Director. The Regional Program Director will review the problem with the intern and attempt to resolve the grievance informally with the faculty member or supervisor involved.
3. If the grievance cannot be resolved informally, the Program Director will review the grievance with the Director of Training and the supervisor before the next Training Committee meeting. The Director of Training will make recommendations for resolving the grievance in consultation with the appropriate group, depending on the nature of the complaint. Grievances about individual staff or employees will be handled in consultation with the Director of Operations and the Human Resources Manager. Grievances about the training Program will be handled in consultation with the Psychology Training Committee. If the Training Director is the object of

the grievance, or is unavailable, the issue should be raised instead with the Director of Operations who will determine which review group is most appropriate.

4. Grievances about or against staff that are not resolved at the level of the Director of Operations and HR Manager will be brought to the CEO for final resolution.
5. Grievances about the Psychology Training Program that have not been resolved by the Director of Training in consultation with the Psychology Training Committee, will go to a Panel for final resolution. The Director of Training (or Director of Operations) will convene a review panel consisting of the Director of Training, the Director of Operations, the Human Resource Manager and one staff members of the Intern's choosing. The Review panel will review all written materials (from the Intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.



Supervision Notes for Psychology Interns

Supervisee:

Supervisor:

Date:

High risk client initials or issue discussed	Risks	Method of Assessment	Plan

Concerns:

Directives:

Response to Directives:

Intern Signature

Supervisor Signature



Corrective Supervision Tool for Psychology Interns

1. Highlight a positive skill, attribute or recent accomplishment:
2. State the problematic behavior.
3. Explain why the behavior is a problem (for the Agency, for teammates, for management):
4. Explain why the behavior is a problem for the psych intern:
5. Describe the desired behavior. Give specifics:
6. Explain why the desired behavior will be beneficial for all involved (Agency, teammates, AND the psych intern):
7. Define how you want to see the behavior (role play, model, ask them to demonstrate):
8. Describe how the supervisor will support the requested change:
9. Agree on a follow-up date (2-5 days maximum!):



Remediation Plan for Psychology Interns

Date: _____

1. State the problematic behavior, performance, or conduct.
2. Describe the desired behavior. Give specifics:
3. Give specific recommendations for rectifying the problem:
4. Describe the steps the intern/supervisor/Training Director will take to meet the goal and demonstrate the desired behavior. Check all that apply: <input type="checkbox"/> increased supervision <input type="checkbox"/> change in format, emphasis or focus of supervision <input type="checkbox"/> involve graduate school Director of Training in problem solving <input type="checkbox"/> recommendation/requirement of personal therapy <input type="checkbox"/> reduce workload <input type="checkbox"/> specify coursework to complete <input type="checkbox"/> recommend leave until <input type="checkbox"/> recommend second internship after resolving current performance problem
5. Specify emphasis of supervision, additional course work or training, recommendation of graduate program, workload reduction, here
6. Define procedures for measuring success or failure of effort:
7. Describe how the supervisor will support the required change:
8. Time frame for successful resolution or probation status decision:

Intern Signature

Supervisor Signature

Dir of Training Signature

Outcome: Complete improvement in performance

Date: _____

Recommendation: Return to routine intern status

Intern Signature

Supervisor Signature

Dir of Training Signature