Community Services Institute

Licensed Mental Health Clinic

Doctoral Psychology Internship

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Overview of CSI's Doctoral Internship

Community Services Institute, Inc. (CSI) offers 8 full-time training positions for Doctoral Interns in Clinical/Counseling Psychology at its Springfield, Massachusetts clinic.

These funded positions begin during the first week in July and extend through the second week of July the following year, for a total of 2000-Internship hours (a 54 week, 40-50 hour per week commitment). The first two of these weeks are designated for orientation. After the orientation phase, Interns begin building a caseload, assessments, supervision, and didactics. Supervision is geared not only to supporting clinical learning, but administrative demands as well. Additionally, all Interns participate in 4 hours of didactic training every Tuesday. Didactics are divided into three seminars, each with a different focus. These three seminars are: Becoming a Trauma-Informed Therapist, Practical Application of Psychological Theory, and Psychodiagnostic Assessment. Topics are chosen specifically to support the learning needs of the Interns beginning with instruction on basic safety and the unique challenges of in-home therapy, and advancing into case conceptualization and differential diagnosis. Overall, didactics are designed to support the primary goal of the Internship-professional practice of child, adolescent, adult and family psychology in a variety of community settings (i.e., in-home outpatient psychotherapy, and community mental health centers as well as school settings). As such, the Internship is directed at personal growth and is not directed at specialization. However, Interns will be introduced to the unique challenges of in-home therapy and working with ethnically diverse and economically disadvantaged children, adolescents, adults, and families. Most CSI clients have experienced psychological trauma related to child maltreatment, domestic violence, or exposure to community violence. By the completion of the training year, Interns are expected to have developed competence in working with the complex issues engendered by the above issues, and their impact on assessment, outpatient therapy, and in-home therapy. We are single-mindedly obsessed with "The Other" as a clinical discipline, and guided by Anna Freud's notion of "The Best Interest of the Child."

CSI's philosophy embraces the local clinical scientist model of training (Stricker & Trierweiler, 2006), aiming to integrate current research and best-practices with community-targeted clinical services.

CSI maintains a commitment to diversity and recognizes that multicultural competence is vital to the practice of psychology.

Since its inception, CSI has been committed to innovative treatment approaches. For example, we pioneered in-home therapy before it was "cool." Continuing in that tradition, CSI has made a commitment to train all Interns in neurofeedback. This innovative technique can help individuals with depression, anxiety, PTSD and other forms of affect dysregulation learn to better control their emotions. We will provide all the training and supervision for Interns to become a certified neurofeedback practitioner by the end of Internship. (Certification through the Biofeedback Certification International Alliance, the largest and most comprehensive accrediting body of its kind.)

The program accepts eight full-time Interns every year. Recent Interns have come from the New England area and beyond—including California, Florida, Missouri, North Carolina, and Puerto Rico.

We are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and

participate in the APPIC Matching Program, and abide by their policies.

The CSI Internship Mission

The mission of the Doctoral Psychology Internship at CSI is to prepare Interns to be psychologists who can function independently, effectively, and flexibly in a variety of community settings. CSI was an early pioneer in providing child-focused family support for multi-problem families, particularly those involved with child welfare, juvenile justice, and the Courts and continues this mission.

The treatment of mental health has undergone a radical shift in the way services are delivered to the disenfranchised, a population often poorly served by a clinic-based model. CSI provides a structured training program for delivering a wide range of clinical services including psychological testing, clinical interviews, diagnostic assessment, play therapy, and individual and family psychotherapy. Many of our Interns have familiarity with the office setting; however, CSI prepares Interns for effective practice in the community-particularly at home and in school.

The focus of the training year is on effective service delivery of in-home outpatient psychotherapy treatment. We believe that this training has broad applicability, with transferable clinical skills and roles, to virtually any community or hospital-based healthcare setting, private practice, and residential or public/private school. Additionally, in-home outpatient psychotherapy is a growing field of service. Once viscerally familiar with the challenges of in-home outpatient psychotherapy with this demanding population, Interns may choose to pursue further training using in-home outpatient psychotherapy services as doctoral-level psychology supervisors, clinical program administrators, grant writers or program innovators.

Training Model and Underlying Values

"According to the National Institute of Mental Health (NIMH), one-half of all mental illnesses begin by the age of 14, but most are not diagnosed until 10 years after symptoms appear" (Van Pelt, 2011).

"Home-based care is taking us back to the root of human coexistence. It reminds us that we all have the responsibility to one another."

-Joy Phumaphi, Minister of Health, Botswana.

CSI's Intern training model emphasizes the importance of understanding the eco-psychological context that impacts families, including prejudice and oppression. The field of psychology uses the term *biopsychosocial* in recognition that individuals' struggles are nested within several levels that intertwine and interact. While many programs talk about this, *we live it*. By going into the community, Interns gain a visceral understanding of some of the challenges facing our clientele. Interns are faced with tasks as fundamental as establishing a "safe space" for therapy including planning how to meet needs such as food and shelter. Interns simultaneously are tasked with forming case conceptualizations which may include interventions such as neurofeedback (which requires an understanding of how the environment is impacting individuals' physiology). Interns are engaged in the integration of care through interdisciplinary collaboration & consultation (both inside and outside our Institute) with psychiatrists,

pediatricians, social workers, mentors, school personnel, parents, caregivers, and the Department of Children and Families. Our Institute stresses a psychoanalytic point of reference, but our trainers and supervisors are intentionally eclectic in theoretical orientation, creating a stimulating learning environment. Trainers aim to be supportive and emotionally available, but also model honesty and directness. CSI expects Interns to grow as people, and to tolerate the ambivalence generated by working with this multi-challenged population. We expect Interns to function as professional integral to our clinic. Interns are granted significant autonomy and are expected to manage their own caseload.

We expect Interns to advocate not only for their clients, but also for themselves, in an effort to meet their learning needs. Our goal is to graduate client-oriented, self-reflective, emotionally intelligent and humble psychologists who are multi-culturally competent and sensitive to ethno-cultural counter-transference.

Modeled in accordance with guidelines established by the American Psychological Association, the program requires Interns to work directly with clients (in both clinical and assessment capacities), participate in weekly seminars and didactic trainings, and gain professional experience. In addition, CSI's clinical faculty provides individual and group supervision of Interns on a weekly basis.

Overall, CSI's context for training is broad rather than narrow, based on principles rather than particular techniques.

Our goal is to train well-rounded and compassionate psychologists who maintain high standards of practice, clinically, ethically, and in their personal conduct.

To Apply

Interns must complete APPIC's on line application with all requested materials available no later than the deadline date, November 28. Online application instructions and specific application criteria are available from the APPIC website, www.appic.org. The internship conforms to all APPIC selection policies (please see the APPIC web site at www.appic.org). This 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. Applicants may contact the American Psychological Association by phone at 202 336 5979, by mail at 750 First Street, N.E. Washington, D.C. 20002 or on the web at www.apa.org

Nomothetic and Idiographic Approaches to Clinical Practice

The Local Clinical Scientist Model

We hew closely to evidenced-based practices; however, we recognize that the evidence base is always inadequate to addressing specific problems. As such, "…it is likely that the practitioner always will be required to go beyond firm and available scientific knowledge" (Stricker & Trierweiler, 2006, pg. 39). For this reason, we ascribe to the Local Clinical Scientist model which stipulates that local observations and local solutions to problems benefit from the scientific attitude of the clinician. We believe there is a dialectical tension between two approaches: the nomothetic (the tendency to generalize) and the idiographic (the effort to understand the unique and subjective phenomena of the individual). We teach the value of developing an understanding beyond (a) a textbook grasp of psychological disorders; (b) a rigid application of evidence-based interventions or; (c) singular "true" systems of scoring and interpreting and synthesizing assessment results. The local clinical scientist model emphasizes ecological factors that impact real people and strives to include in situ research components. Our Interns work with clients in the most dire of human predicaments. Working in the poorest neighborhoods of a culturally diverse city, Interns learn to be sensitive to cultural and environmental factors, and be ever vigilant to integrate these influences in their diagnostic and clinical assessment. Rather than strict theoretical beliefs, we teach the value of an integrative, eclectic and pragmatic approach.

We attempt to instill an ideological flexibility and tolerance (as opposed to "sloppy thinking"), while incorporating research and an attitude of scientific inquiry (Peterson, 1991; Stricker & Cummings, 1992). We are more tolerant than narrow in our thinking about what can be considered "acceptable methodology," while at the same time placing the need to protect the public as paramount. We agree with Stricker and Trierweiler (1995, 2006), that science is an attitude to approaching one's work, and can function in any area of experience:

> A major task for the local clinical scientist is to generate evidence that either supports or questions the applicability of scientific conclusions in particular cases. From this perspective, despite frequently heard arguments about practice being nonscientific, overgeneralization of research findings without due heed to case particulars is inappropriate and misleading. (Stricker &Trierweiler, 2006, p.40)

While we sometimes ask our Interns to "think outside the box" when necessary to serve their clients, we in no way doubt that the "box" (scientific inquiry) does, in fact, exist.

CSI assumes Interns will engage in a degree of ongoing scholarly activity, such as literature review when they encounter an unfamiliar psychotherapeutic disorder. We expect Interns to bring critical thinking, and the appropriate application of this learning to their therapy practice. We have created

opportunities for them to practice the skill of applying evidence-based treatment to their current cases. In addition, they may take part in ongoing research.

Diversity

Respect for, and understanding of, cultural and individual diversity is easy to say and harder to do when a client's behaviors and values are frightening, objectionable, and harmful to themselves or to others.

Didactic and experiential training that fosters an understanding of cultural and individual diversity demands self-reflection and an examination of deeply-held beliefs. Clinical practice necessitates ongoing vigilance to impede the rise of judgmental or punitive attitudes towards clients and to examine them when they happen. This effort is essential for effectively treating this population with compassion and understanding.

Respect for diversity is integrated throughout the training experience, as Doctoral Psychology Interns explore counter-transference in supervision, group discussion, and didactic seminars and in assigned readings. In addition, we expect that all medical documentation of mental impairments be informed by contextual considerations and reflect this respect for diversity.

We are particularly sensitive to contrasting values in social class, as our trainers come from diverse socio-economic class backgrounds.

Ecological Contextual and Systemic Approaches

We are informed by Bronfenbrenner's Ecological Model (Bronfenbrenner, 1997) and Maslow's Hierarchy of Needs (Maslow, 1943, 1962). In this framework we view individuals' as striving to meet their needs within nested ecological structures. Clinical assessment and treatment approaches are guided by an understanding of the ecological context of the child and family**.** Within a community atmosphere of ongoing violence, our clients have been exposed to severe stressors that are repetitive or prolonged, involving harm or abandonment by caregivers and other ostensibly responsible adults, and occurring at developmentally vulnerable times. Clients often present with a combination of multiple diagnoses, both psychological and physical. For us, regardless of the specific diagnoses, assessment, or treatment methodologies in use, professional discipline or theoretical framework, the foundation of good clinical work with this difficult, multi-problem population involves working with five core foci:

- Affect dysregulation.
- Dissociation—structural and continuous.
- Somatic dysregulation.
- Impaired self-development.
- Disorganized attachment patterns.

Within this framework, treating families with complex problems is neither short-term nor solely problem-focused. It is long-term and relationally-based, with incremental changes occurring over time. Institute engagement with our clients sometimes happens over multiple generations.

Direct Service as a Powerful Teacher

We challenge our Interns to be single-mindedly obsessed with clients as a clinical discipline, and constantly focused on improving a family's inner strength, self-concept, and cohesion. This requires an Intern who is capable of "playing ball on running water" (Reynolds, 1984), and an emotionally-available training faculty, who are responsive to the emotional upheavals that our Interns may experience.

While interactions between Interns and professionals in our clinic are often informal, and humor is occasionally used to modulate tension, the Intern is sometimes surprised by how serious their trainers become when issues of a client's wellbeing becomes the focus of discussion.

The Best Interest of the Child

We remain dedicated to the "Best Interest of the Child" (Goldstein, Freud & Goldstein, 1986) and teach an understanding of this concept in clinical practice. The term refers to the process of deliberating what type of services, actions, protections and caretaker(s) will serve the best interests of a child.

A "Best Interest" framework considers as paramount the child's ultimate safety and well-being.

The overarching goals, purposes, and objectives that shape the treatment use many of the following guiding principles:

- Emphasizing the importance of family integrity and a preference against removing the child from his/her home.
- The centrality of emotional and relationship ties between the child(ren), and her or his parents, siblings, family, and household members of other caretakers.
- The mental and physical health, safety, and/or protection of the child.
- The capacity of the parents to provide a safe home, adequate food, clothing, and medical care.
- The mental and physical health, safety, and/or protection of the parent(s).
- The expectation that a child removed from his/her home will be given care, treatment, and guidance that will assist the child in developing into a self-sufficient adult.
- The immediate end of domestic violence in the home.

Psychologists have a responsibility to:

- Define a clinician's decision-making roles clearly but narrowly.
- Engage in timely actions and decisions (as children grow quickly and have immediate needs).
- Distinguish between personal values and professional knowledge.
- Recognize the complexity of the decision-making processes.
- Accept that decision making should be a shared process between children, parents and professionals.
- Acknowledge that 'the best interest of the child' is always contingent, depending on the particular position and assumptions of the person expressing them, as well as the objective circumstances.

At CSI, our clients are excellent teachers, and learning occurs within the context of caring, where clients' needs remain primary. We emphasize the value of developing a collaborative relationship between families and clinicians. Despite the many challenges that our clients face, our approach stresses a strengths-based frame**.**

Areas of Conceptual Knowledge and Applied Skills

Primary objectives for Interns include developing conceptual knowledge and applied skills in most of the following areas:

- Early childhood and children's mental health
- Family preservation
- Family-focused psychotherapy
- Parent guidance and skills training
- Complex traumatic stress disorder treatment (includes physical, sexual, verbal, and ongoing abuse) including Attachment, Self-Regulation and Competency, and Trauma-Focused CBT
- Psychotherapy interventions (individual, play therapy, and family therapy)
- Neurofeedback
- Psychodiagnostic Assessment
- Inter-professional, multi-disciplinary consultation and collaboration with mentors, teachers, social workers, and other mental health care professionals

The Internship Program is dedicated to developing clinicians who are able to apply a wide range of theoretical and clinical strategies in the assessment and treatment of children, adolescents, adults and families. We aspire to create a learning environment that enables our Interns to use new training experiences to grow as people, as well as skilled professionals.

Summary of Internship Training Goals and Objectives

CSI's Internship training goals are three-fold:

Goal One: To develop mature, self-reflective professionals, who, through a local clinical scientist model, conform to ethical, legal and policy standards, embracing both individual and cultural diversity, and practicing effectively within an interdisciplinary behavioral health clinic framework. Utilizing the local clinical scientist model, we seek to train interns to…

Five objectives in goal one:

A. Transition from a student role to that of an entry-level professional.
B. Embrace attitudes which contribute to effective professional functioning.
C. Become proficient in integrating science into practice and to generate clinically relevant research that contributes to clinical understanding.
D. Become proficient in understanding and implementing ethical principles and laws that govern the practice of psychology and apply them to clinical work.
E. Become proficient in clinical issues of diversity and apply them to clinical work.

We consider these five objectives to be essential competencies in the traditional core skill-set of professional psychology.

Goal Two: To produce entry-level psychologists who possess the knowledge and skills necessary for professional practice. This includes training interns to…

Four objectives in Goal Two:

A. Become proficient in clinical assessment and diagnosis
B. Become proficient in clinical interventions from multiple theoretical orientations.
C. Become proficient in consultation, supervision and/or teaching
D. Become proficient in understanding the elements of effective management and administration involved in health care organizations and program evaluation

We seek the compassionate and curious apprentice, and aim to assist his or her evolution into a humble, adaptive and more effective local clinical scholar-practitioner. Our hope is to point out both the power as well as the limitations of science. We assume that our Interns hold themselves to high ethical standards and accept the responsibility to apply that knowledge judiciously and responsibly in their role as a psychologist.

Goal Three: To produce trauma-informed psychologists prepared to work in community settings where complex, developmental trauma is the norm. In this regard, we seek to train interns to…

Four Objectives in Goal Three:

A. Assess for history of trauma exposure in a sensitive, client-centered manner.
B. Understand the types of traumatic exposures and the differential impacts (adaptations) on individual clients.
C. Become proficient with theoretical models for the treatment of complex trauma including issues of engagement, pacing, and specific interventions.
D. Understand vicarious traumatization and engage in self-care practices to avoid "burnout."

Goal Four: To prepare new psychologists for the complexities of working in multiple settings in the community. In this regard we train interns to…

Three Objectives in Goal Four:

A. Recognize the difference between a "boundary violation" and a "boundary crossing." Utilize appropriate boundary crossings to facilitate work.
B. Assess and determine when community-based work is appropriate and when systemic factors prevent effective functioning. Determine when a community setting may be inappropriate for a clinical problem.
C. Effectively maintain the "therapeutic frame" when entering a client's home.

CSI's Internship is primarily practice-oriented. We embrace the local clinical scientist model (Stricker & Trierweiler, 1995, 2006). This model acknowledges that clinical research findings may not generalize well to every clinical environment, (particularly ones like ours which are dominated by clients suffering complex traumatic stress disorder), and acknowledges the "decay" that takes place in the generalization process (Cronbach, 1982).

The local clinical scientist model holds that it is necessary to develop local norms and knowledge in order to increase the utility and effectiveness of assessment and intervention strategies. It warns against dogma and rigidity, and instead encourages clinicians to develop the capacity for critical judgment, while remaining aware of personal biases.

Components of the Internship Program

Requirements for Successful Completion

1. Interns will maintain an active caseload (determined in collaboration with the supervisor) of individual therapy sessions, collateral contacts, assessments, and neurofeedback performed as an adjunct service to other clinicians.
    a. Interns must meet competency in documentation. This includes completing all progress notes, assessments, and therapeutic updates (for the psychiatry department) within the timeframes provided. Interns must meet a 90% timeliness rate during the final quarter of the program.
2. Interns will complete a *minimum* of three (3) psychological assessments. The first draft of the assessment report must be completed within two weeks of the date of testing, with the finalized report completed within one month of the testing date. Interns are expected to schedule a feedback session with the client/referral source.
3. Interns will complete a *minimum* of 15 comprehensive assessments and individualized action plans (diagnostic intake and treatment plans).
4. Interns will attend all staff meetings and didactic sessions. If an Intern misses more than two (2) sessions of either staff meeting or didactics, this will be grounds for remediation. Appropriate remediation will be determined by the Internship staff.
5. Interns are required to attend the Introduction to Neurofeedback training course.
6. Interns are required to complete 40 sessions of neurofeedback training. This can include work with their clients, other clinicians' clients, and/or colleagues. Interns are strongly encouraged to complete 100 sessions during the course of the training year. This will complete the direct service requirement for Board Certification in Neurofeedback.
7. Interns are required to supervise Therapeutic Mentors on at least three (3) cases.
8. Interns are required to participate in the shadowing for the next year's class. (Interns are not allowed to use vacation time for the last three days of the program.)
9. Interns must meet all competencies (as defined in the section "Evaluation and Feedback") by the end of the year evaluation.

Typical Work Week

Interns' Schedule (approximate):

13-20	hours	Face-to-face Direct Service Contact with Clients (including travel time)
3.5	hours	School & Staff Consultation/Case Conference/Case Management
2-5	hours	Test Administration/Structured Interviews/Report Writing
2.5	hours	Chart Review
11	hours	Clinical Writing/Progress Notes
4	hours	Seminars/Didactic Training
2	hours	Group Supervision
2	hours	One-to-One Supervision
40-50	hours	total

Supervision

Supervision is an essential facet of the Internship at CSI. Each Psychology Intern will receive no less than 2 hours of weekly individual, face-to-face supervision with a doctoral-level psychologist, who is also licensed as a health service provider in the State of Massachusetts. Additionally, Interns will receive at least 2 hours of face-to-face group supervision weekly. There are two supervision groups weekly: a process-oriented group, and a neurofeedback specific group.

The therapeutic relationship is powerful and complex. The main "instrument" in therapy is the "person-of-the-therapist." Interns develop this "instrument" through reflecting upon, and sharing the ways in which their personal qualities, reactions and experiences influence, and are in turn impacted by their clinical work. This supervisory exploration, while potentially therapeutic, is not therapy and is not intended to be. The aim is to enhance self-observation, increase self-awareness and therefore enhance the Intern's ability to function effectively in their therapeutic role.

Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner, within the context of a safe and supportive professional relationship.

CSI values mutual honesty, openness and appropriate disclosure between Intern and Supervisor. The Intern is encouraged to be explicit about their training goals over the year, and to understand the Supervisor(s) approach and philosophy toward supervision. Should any difficulties arise, ethical standards encourage the psychologist, whenever possible, to bring these concerns first to the individual(s) who are the source of the concern, and, if this cannot be satisfactorily resolved, refer to the Grievance policy (located in the Internship Handbook).

Interns should expect a warm, collegial and supportive relationship with CSI's entire Internship faculty and staff. That is our goal. In addition, the Intern should recognize that it is in their best interest for Internship staff to regularly consult with each other about the Intern's progress and professional challenges. It is our aim to bring any areas of concern to the Intern as quickly as possible, and to work collaboratively to facilitate a successful resolution.

A prime emphasis of supervision, at the start of the Internship, is to develop the Intern's capacity for engagement, assessment and diagnostic skills, as well as the effective use of the DSM 5 and ICD 9. This is strongly emphasized. Interns are expected to read, research, and become familiar with the diagnostic criteria for the most commonly presented psychological disorders[1]. In addition, Interns will encounter the need for multi-disciplinary consultations with psychiatric prescribers, and therefore will benefit from a working familiarity with commonly prescribed psychotropic medications, both their generic and brand name. These can be found at:

http://www.nami.org/Learn-More/Treatment/Mental-Health-Medications

Supervision will be scheduled in 1 hour blocks of time; however, Interns are actively encouraged to seek regular consultation with their supervisors throughout the week as the need arises, even if the supervisor is not in-house. Interns are also never "alone" in managing their caseload. They have access to Senior Staff who act as adjunct supervisors and, during nighttime and weekends, they also have access to 24 hour, 7 day a week phone support, back-up psychiatric evaluation, and medication management. In addition, "Mobile Crisis" is a community-based, 24-hour, 7 day a week, assessment team who evaluate the need for hospitalization. Mobile Crisis can be reached by calling: 800-437-5922.

Overview of Didactics & Group Supervision

The didactic day is Tuesday and is mandatory for all Interns. The schedule for didactics is generally 10 AM-12 PM and 1 PM-3PM. These times will generally be divided into three seminars: Becoming a Trauma-Informed Therapist, Practical Applications of Psychological Theory, and Psychodiagnostic Assessment.

Description of Seminars

Becoming a Trauma-Informed Therapist. This seminar will meet weekly for one hour throughout the training year. This course is intended to prepare Interns for working with complexly traumatized children, adolescents and adults. Topics will include: introductions to developmental trauma; neurobiology of PTSD; what trauma reactions look like in children; working with schools to understand fear reactions; assessment approaches; phase-oriented treatment; Attachment, Self-Regulation and Competency; Trauma-Focused CBT; Internal Family Systems; structural and continuous dissociation; and other topics.

Practical Application of Psychological Theory. This seminar will meet weekly for one hour throughout the training year. This course will cover various topics related to therapeutic issues and techniques. Topics will include: boundaries and ethics in in-home therapy; play therapy;

[1] These include the following: Posttraumatic Stress Disorder; Major Depressive Disorder; Oppositional Defiance Disorder; Conduct Disorder; Bipolar Disorder I & II; Intermittent Explosive Disorder; Pervasive Developmental Disorder; Autism; Dysthymia; Substance-Induced Mood Disorders; Panic Disorder with and without Agoraphobia; Generalized Anxiety Disorder and Social Phobia; Substance Abuse/Dependency (particularly benzodiazepines and opioids).

differential diagnosis; case conceptualization and group presentations; psychopharmacology; cultural competence; psychotherapy; & evidence-based treatment; professional identity & role; and selected clinical issues in treatment.

Psychodiagnostic Assessment Seminar. This seminar will meet weekly for two hours throughout the training year. It has two components: Formal training in psychological assessment and group discussion/formulation of assessment cases presented by the Interns. Each Intern will have the opportunity to present the test data from each of their three assessment cases. The didactic portion includes: Psychological Assessments including Interviewing, Intellectual, Projective & Personality; Court-involved & Forensic Assessments; Trauma and Risk Assessments; Parenting Evaluations; Disability Assessments; and Assessment of Childhood Intellectual Functioning Including the Evaluation of Young Children, Children from Different Cultural Backgrounds, and Non-verbal Tests of Intelligence

The group discussion/presentation of test data is intended to help develop the Interns' skills in synthesizing test data and formulating hypotheses. As such, this section is oriented around actual psychodiagnostic testing material, the interpretation of which is first modeled by the supervisor, and later by the entire group collectively. All testing is expected to be scored, including the Rorschach (using the Comprehensive System [Exner, 2003]), prior to presenting this material to the group. The supervisors and group members will make hypotheses and test them against the collected data in order to arrive at a clinical formulation.

Monthly Staff Meetings. Monthly staff meetings are scheduled on Mondays and are an opportunity for Interns to meet all clinicians who might otherwise be out in the field. Staff clinicians volunteer to present on various topics of their interest/expertise, and representatives from other local programs are consistently invited to present on services.

Research Opportunities

Clinical Data. At CSI, we don't expect participation in research protocols during the doctoral psychology Internship year, yet we do require ongoing scholarly activity, such as literature review, and we expect Interns to bring critical thinking, and the appropriate application of scientific learning to their therapy practice. We embrace the National Council Of Schools And Programs Of Professional Psychology (NCSPP) educational model of the practitioner who engages "the challenge of the human condition directly." (R. L. Peterson, D. R. Peterson, Abrams, Stricker, & Ducheny, 2010)

Starting with the needs of each client, the NCSPP educational model requires that practitioners bring the best available theoretical conceptions, the most useful available research, and their individual and collective professional experience to bear in studying and improving the functional condition of the client. Professional activity is not the application of knowledge derived from a separate scientific research process; it is a form of science and, indeed, a form of research in and of itself. The process of professional work has been described as "disciplined inquiry" by D. R. Peterson (1991, 1995, 1996). According to Peterson, et al, (1997), "The properly trained professional psychologist is a scientist in

the sense that the skilled physician is a local clinical, biological scientist and the skilled engineer a local physical scientist" (p. 376).

Interns will have the opportunity to gather data on their own clinical cases, should they choose to. Interns may propose the use of evaluation protocols as part of the ongoing treatment regime. Interns can use this data to create their own research hypotheses.

In addition, CSI periodically develops new clinical programs. Interns will be offered the opportunity to participate in these new programs and are encouraged to assist in collecting medical documentation data.

Neurofeedback Research. During the 2012-1013 training year, CSI launched an initiative to train all Interns and selected staff in the administration of EEG biofeedback (neurofeedback). As part of this initiative, we will be encouraging Interns to collect data with their individual clients. This will allow for case studies and other small-scale projects. We are also actively partnering with non-profits to pursue NIH and private foundation funding for larger-scale randomized controlled trials.

All research participation is contingent upon approval by the Intern's supervisor, the Internship Director and the Research Director.

Financial Assistance and Benefits

Stipends:

Stipend: $20,500 for 2018-2019

Stipends are issued every two weeks.

Time Off

Vacation Days. Interns are entitled to 10 days of pro-rated vacation time. Vacation time during the first 90 days or the last 30 days of your Internship must be approved by the Internship Director. Requests for time off and sick time must be logged in HRcheckwriters web portal at: https://www.checkwriterspayrollhr.com/ and must be approved by your supervisor. Please plan ahead to give adequate notice to your clients and trainers.

Holidays

Interns are entitled to 10 holidays as listed in the Employee Handbook that can be found on HR Checkwriters.

Sick Days

Interns are eligible for five (5) sick days per training year.

Professional Development/Dissertation Research

Interns may be excused for up to six days (48 hours) for professional development, or dissertation research with permission of the Internship Director.

Dissertation Defense

Interns may be excused for up to three days either to complete dissertation defense, for professional development, or some combination, with permission of the Internship Director

Medical & Dental Insurance

Interns who rely solely on the Internship stipend may meet eligibility for Massachusetts state subsidized health insurance that can be purchased on the MA Health Connector (https://betterhealthconnector.com). Additionally, Interns are eligible to participate in CSI's Group Health & Group Dental plans.

Intern Selection Criteria

"We aim is to select the compassionate and curious novice, and help his or her evolution into a humble, adaptive and more effective local clinical scholar-practitioner who appreciates both the power as well as the limitations of science, and who holds themselves to high ethical standards and accepts the responsibility to apply that knowledge judiciously and responsibly in their role as a psychologist" (Internship Handbook).

Practica and academic preparation requirements

- Each Intern accepted into the Internship program will be in the process of completing a doctoral degree in professional psychology from a nationally accredited, degree-granting institution in the United States.
- Qualified applicants must have earned a master's degree in education, psychology, or social work to participate in a doctoral Internship.
- Intern applicants must have all required coursework as well as comprehensive exams completed and be in good standing with their doctoral program by the start of the Internship year.
- Eligibility for entry is based on satisfactory completion of graduate program coursework, practicum experiences, including assessment, and other academic requirements as specified by each graduate program.
- We require that Interns have proposed their dissertation by the time Internship begins.
- Applicants must also demonstrate a sound background in psychology, and a general level of competency in diagnosis and delivery of psychotherapy services, psychopathology, diagnostic criteria, assessment, and theory-based therapeutic interventions as well as knowledge of basic psychodiagnostic testing administration and scoring.
- Applicants who demonstrate a specific interest in children, adolescents and family populations through coursework, research, or practicum or externship experiences are highly desirable and tend to be more highly ranked.

Additional Qualifications

- Computer proficiency, including the ability to learn the use of electronic medical records, is necessary.
- Demonstrate excellence in written and oral communication, and organizational skills
- Show flexibility, self-initiative, and the willingness to self-reflect
- The capacity to maintain a positive attitude under challenging circumstances
- Reliable transportation is a necessity for clinical travel

Delivery of Direct Client Services: Face-to-Face

Definition and Commitment

Service delivery is defined as having direct contact with a service recipient (client). Whether this service delivery is accomplished by a psychotherapy session, conducting psychodiagnostic testing, consultations, or co-therapy training (to name a few), Interns will be provided with ample opportunity to meet the required 675 hours to successfully complete this internship.
The clinical caseload for any given week ranges from 5-20 direct service hours, with an average of 12-18 hours of face-to-face client delivery over the Internship training year.

Direct Service Delivery vs. Caseload

Psychotherapy sessions are credited for 60 minutes. A minimum of 33% (675 hours of 2000) of the Intern's time should be spent in direct client contact, in some combination of face-to-face psychotherapy, consultation, or testing hours. In order to achieve the direct service requirement, Interns must average 13.5 contact hours per week for 50 weeks. However, it takes time for Interns to build up a caseload. Therefore, Interns should aim to obtain 15-20 hours per week at the height of internship. In order to attain this level, Interns will need a caseload of 22-30 clients.

Direct Service through Psychotherapy

Interns will be assigned no fewer than 5 cases at the start of the internship. These will be transfer cases in which the Comprehensive Assessment and Individualized Action Plan have already been completed. Interns will then build their caseload by conducting intakes. Supervisors will initially help Interns in completing documentation; however, by the end of the first quarter Interns will be expected to be proficient in completing documentation. Supervisors will review at least three (3) Comprehensive Assessments and Individualized Action Plans to verify competence.

Defining a "Full Caseload"

There is no formal definition of a "full caseload" for Interns. However, Interns should be aiming for 15-20 hours of direct contact per week. Interns are expected to work with supervisors and ask the Operations Manager for more cases if this level is not being achieved consistently. Conversely, a supervisor might request a reduction in caseload if the determination is made that the Intern is becoming compromised by stress, inadequate self-care or other reasons.

Internship is a busy time for Interns, as they practice carrying a full caseload, often for the first time, while simultaneously keeping up with the demands of medical documentation, report writing, didactics, supervision and other meetings. In this way, with supervisory feedback and assistance, and practicing in an ethical and professional manner, Interns become familiar with, and test their ability to, manage the intricacies of a "real world" (clinical employment) caseload (which is often considered 20-35 "billable client hours" each week).

If Interns are unable to manage this level of direct service delivery, at any point, and for any reason, whether because it impacts their own wellbeing or it is determined to negatively affect the quality of patient care, Interns should notify their supervisors and the Internship Director immediately. Reductions in direct service delivery hours will occur as quickly as feasible. The Intern will be given no more client service hours until a more manageable caseload level, agreed upon by both the Intern and Supervisor, is reached or the Intern's current cases are transferred.

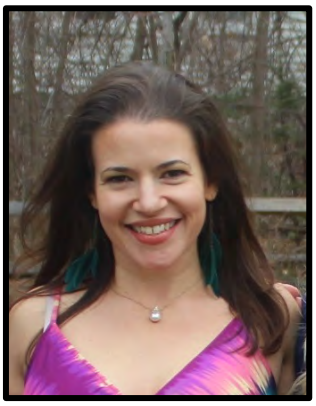
Interns are encouraged to make final requests for additional clients by the third week in February. This will allow adequate time for therapist-client contact in order to fully serve the needs of the client.

Interns have the opportunity to introduce their clients to a "new psychotherapist," (beginning Doctoral Intern), near the end of their internship, as there is a 2 week overlap between one year's Doctoral psychology Interns and the next. The "novice" Interns will shadow the current Intern, who will act in a consultative and supportive transitional role, both as the more "experienced" clinician and to help familiarize the novice with the organizational culture, protocol, and practices at CSI.

Direct Service through Psychodiagnostic Testing

In addition to a psychotherapy caseload, Interns are also required to complete direct service delivery hours by conducting at least three (3) psychological test batteries and subsequent reports. These test batteries will be composed of objective intellectual measurements, achievement tests, various neuropsychological tests personality measurements, and rating scales. The number of direct contact hours granted for each test battery varies based on the number of psychological tests appropriate for a given referral question. Generally, hours will vary between 6 and 9.

Training Faculty



Devon Bausch, Ph.D.

Clinical Supervisor, Clinician

Devon Bausch received her Ph.D. from the California School of Professional Psychology in San Francisco. Dr. Bausch provides individual and group therapy in a community mental health setting, with crisis intervention utilization. She sees a broad range of clients with diverse backgrounds, including age, gender, sexual orientation, SES, and diagnostic range of mental illness. Her clinical focuses include substance abuse disorders and dual diagnosis. Dr. Bausch offers both talk therapy and neurofeedback, having provided over 300 hours of neurofeedback to patients suffering with anxiety, ADHD, depression, and trauma. Dr. Bausch has been with CSI since 2012. This is her third year providing supervision to the doctoral intern class.

Eric Betances-Olivieri, Psy.D.

Eric M. Betances-Olivieri is a Puerto Rican psychotherapist who completed his Clinical Psychology doctoral degree from Carlos Albizu University, San Juan Campus in 2015. Throughout his early psychology career, Dr. Betances-Olivieri has been committed and invested to community work. He completed his pre-doctoral internship in Community Services Institute. Dr. Betances-Olivieri went on to complete his post-doctoral internship in Lynn Community Health Center. His main topics of interest reside in matters associated to relational & attachment dynamics throughout the lifespan, complex trauma, and inter-subjective constructivism within an ecological perspective. Dr. Betances-Olivieri is also interested in the understanding of migration movements & refugees adjustment to USA, as well as to the study of marginalized and oppressed groups, within a bio-psycho-socio-politico-cultural-spiritual narrative approach to treatment. Other topics of interest to Dr. Betances-Olivieri include the interplay between the mind & body, clinical neuropsychology and the role of the dopaminergic reward pathway in addictive-like behaviors. Dr. Betances-Olivieri joined the internship as the Interim Training Director in 2018.

Ronald Davidoff, M.D.

Medical Director

Dr. Ronald Davidoff is the Medical Director of the Springfield office of Community Services Institute. He brings over 30 years of experience in the practice of Psychiatry, and he is Board Certified in both Adult Psychiatry and Child Psychiatry. His medical degree is from Georgetown University School of Medicine in Washington, D.C. He was chosen by the Massachusetts Alliance for the Mentally Ill to receive their first annual Award for Distinguished Service on Behalf of Those Suffering with Mental Illness, and the National Alliance for the Mentally Ill has honored him with their Exemplary Psychiatrist Award.

Sean DeMartino, Psy.D.

Practicum Director, Clinician

Dr. DeMartino received his Psy.D. from Springfield College in 2017. He came to the area after obtaining his M.S. in Mental Health Counseling at the University at Albany. He completed his Doctoral Internship at Community Services Institute after initially becoming interested in the program's focus on providing trauma informed services and neurofeedback services. In March 2018, Dr. DeMartino took on the role of Acting Practicum Program Administrator working with the doctoral practicum students and pre-masters interns. He passed the National Clinical Mental Health Counseling Examination in April 2017.

Dr. DeMartino has previous experiences working in residential substance abuse treatment and college counseling settings providing individual psychotherapy, process-oriented group therapy, and psychoeducational based groups. Additionally, he has previously worked in a community mental health setting providing individual psychotherapy. Dr. DeMartino is currently an adjunct faculty of psychology at Springfield College teaching courses at the undergraduate, graduate, and doctoral level. Dr. DeMartino's research interests include posttraumatic stress and comorbid disorders, such as substance use issues.

Mark Gapen, Ph.D./BCN

Internship Director

Dr. Gapen began his career working on an NIMH-funded study of risks and resilience factors for PTSD in a large urban hospital in Atlanta, GA. Additionally, Dr. Gapen worked in the Atlanta VA, and community and academic health settings before beginning a two-year postdoctoral fellowship with Dr. Bessel van der Kolk at the Trauma Center in Boston, MA. During his fellowship, Dr. Gapen earned a Certificate in Traumatic Stress Studies, worked with chronically traumatized individuals of all ages, and was the research coordinator for a study investigating the effectiveness of neurofeedback in ameliorating the physiological symptoms associated with PTSD. Most recently, Dr. Gapen was the Clinical Research Psychologist for the Uniformed Services Program at the Brattleboro Retreat. In this role, Dr. Gapen provided direct service to police, firefighters, active and retired military, corrections officers, and other uniformed service professionals. Dr. Gapen has extensive experience working in multi-disciplinary settings and incorporates multiple contextual factors into his conceptualization of psychopathology. He is board-certified in neurofeedback. He has authored numerous publications in the field of neurofeedback, and he most recently was awarded the "Most Significant Publications in the Field of Neurofeedback" from the Foundation for Neuroscience and Applied Neurofeedback in 2017.

Sarah McAnulty, APRN

Psychiatric Nurse, Prescriber

Sarah McAnulty, APRN joined the psychiatry department at CSI in June 2015. A community and perinatal nurse for 21 years working in Holyoke, Springfield and Franklin County with both Spanish and English speaking clients. Sarah made the shift to psychiatry after years of maternal-child home visits illuminated the essential importance of positive mental health on the entire family structure. She most recently worked for the Center for Human Development and received her MSN from Northeastern University in Boston, MA. She believes in a holistic model of health that recognizes the basic needs for stable housing, a sense of purpose, and respectful treatment and care from the medical and behavioral health fields. She values the dignity of every person and the unique diversity of their life experiences.

Susan Rogers, Psy.D. LMHC

Director of Clinical Services

Susan Rogers completed her Doctorate in Clinical Psychology at Antioch University New England. Her dissertation is entitled: "Exploring ethical and boundary challenges in outreach psychotherapy: A training model." Dr. Rogers uses this training to help outreach clinicians maintain appropriate boundaries, while engaging in the difficult task of outreach psychotherapy, and remaining self-reflective, competent and confident professionals.

Dr. Rogers is the Director of Clinical Services, a clinical supervisor at CSI, on the training faculty of the doctoral internship program, and continues to maintain a caseload of therapy clients including adults, adolescents, and children. She is particularly skilled at working with clients with severe histories of trauma, including clients with dissociative symptoms. She has advanced training as a neurofeedback practitioner and has completed specialized training to work with individuals who struggle with problem gambling. She has recently been trained in Sand Tray work and encourages clinicians to use this intervention with both children and adults.

Cristen Sacco Dion, MSW, LCSW

Clinical Operations Department, Clinician

Cristen Sacco Dion earned her bachelor's degree in 2007 from the College of Our Lady of the Elms and completed her Master's Degree in 2010 at Springfield College's School of Social Work. After earning her Master's degree, Cristen began working at Community Services Institute as a clinician in 2010. Her interests include administrative social work and working with children and families with a focus on preschool-aged children. Cristen also assists with CSI's Social Work pre-master's internship program alongside Constance Johnson van Wright, MSW, LICSW. For the past two years, Cristen has been the mental health representative for the Hampden, Hampshire, and Franklin County Head Start sites. She currently chairs the Policy Council through the Head Start affiliation and sits on the board of directors for Head Start. Cristen also participated in Springfield's Resiliency in Action initiative, which organized and prioritized issues that influence the experience of toxic stress and resiliency in young children (Birth – 5 years).

Frank C. Sacco, Ph.D.

Founder, President, Scholar-in-Residence, Didactic Trainer, Therapist

Since 1984, Dr. Sacco pioneered the use of outreach psychotherapy with multi-problem families often referred by Department of Social Services, Department of Youth Services, courts and schools. He is an international speaker on school violence and victimization and is an international speaker on the topics of violence. He has been qualified as an expert in Child and Family Mental Health over 100 times in juvenile and federal courts in Massachusetts. He has been a consultant to the FBI's Behavioral Sciences Unit on topics including US School Shooters, Threat Assessment, Domestic Violence, and Internet Sexual Exploitation of Children. Dr. Sacco was previously licensed as a psychologist in California, before moving to Massachusetts (now lapsed). He completed training at the Menninger Clinic under Dr. Karl Menninger and studied for two and a half years with Harriet B. O'Shea, Ph.D., an elder Anna Freudian, and Professor Emeritus from Purdue University.

He has co-authored over 35 papers and book chapters on school violence prevention, threat assessment, as well as several educational videos. He recently published a book titled "*Why School Anti-Bullying Programs Don't Work*." Dr. Sacco is a 25-year marital artist with a Black Belt in Han-Pul Karate.

James S. Sacco, Ed.D.

Clinic Administrator; Chief Psychologist, Didactic Trainer, Licensed Clinical Psychologist

As the Clinic Administrator at CSI, Dr. James Sacco oversees all aspects of care at the clinic. Dr. Sacco has two decades of experience evaluating and consulting on very difficult cases referred by Department of Social Services, courts and schools. He has testified as an expert in psychology many times in the past ten years. He is a specialist in learning disabilities and the assessment of risk and trauma. Dr. Sacco began his career as a classroom teacher and advanced into the role of School Administrator. He is a distinguished clinician with 20 years clinical experience, and a member of the American Psychological Association.

Robert Storey, Ed.D.

Psychodiagnostic Testing Consultant, Licensed Psychologist

Dr. Storey has 20 years' experience as a psychological examiner. He has also been called on as an expert witness for Care and Protection cases, and criminal cases. Dr. Storey is a Tai-Chi Master, holds a 2nd degree black belt in Hapkido, 5th degree Master's level Black Belt in Han-Pul Karate and studied Thai Boxing in Asia, and is researching the application of Internal Arts in psychological therapy.

CJ Van Wright, MSW, LICSW

Social Work Internship Director, Clinical Supervisor

CJ Van Wright, MSW, LICSW is Clinical Supervisor, Social Work Internship Director at Community Services Institute (CSI). She graduated from the University Of Maryland School Of Social Work at Baltimore City in 1983, and has practiced social work in various settings at micro, mezzo and macro levels.

Prior to CSI, CJ was Director of Co-Occurring Disorders and Internship Programs at Valley Psychiatric Service, for 13 years. She was involved in developing the agency's first Multi-Cultural Study Group. She collaboratively developed and oversaw their vibrant Internship Program and Clinical Team for trauma and addictions. She believes that interns enrich the agency environment by supporting its culture of learning. Constance appreciates the grace and privilege of being part of an intern's professional emergence.

She completed a fellowship at the Five College Women's Studies Research Center, exploring Black Female to Male (FTM) Transgender identity. Her topics of interest include the intersection of trauma and addiction, social work and technology, forensic social work and intergenerational impacts of slavery. She maintains a curiosity for the applications of classroom learning in field practice. More recently she is intrigued with the potential impact of technology on the therapeutic alliance.

In addition to clinical supervision at CSI, CJ facilitates adult trauma psycho-education groups for women at Western Mass. Regional Women's Correctional Center. The courage and resiliency of the women in her groups never ceases to inspire her. She is Adjunct Faculty at Springfield College School of Social Work since 2004 where she currently teaches Human Behavior in the Social Environment II and Social Work Practice 3. The classroom keeps her perspective fresh and attitude humble.

Patricia Webber, RCNS

Psychiatric Nurse, Prescriber

Patricia Webber has been with CSI since 2000. She provides psychopharmacology services for children and adults. She is board certified by the American Nurses Credentialing Center (ANCC) as a Clinical Nurse Specialist in Psychiatric Mental Health Nursing.

Ms. Webber completed her Master's Degree in Psychiatric Mental Health Nursing at the University of Massachusetts, Amherst in 1996. Her graduate work focused on the "lived experience of mental illness" using art and literature to develop compassion. She is trained in individual, group, and family therapy, as well as biological sciences. She completed her post graduate education in Adult and Child Psychopharmacology through Harvard Medical School and Mass General Hospital Continuing Education Programs. Prior to coming to CSI, Ms. Webber worked in a range of settings including a 21 bed inpatient psychiatric unit, a partial hospital program, and outpatient clinics in Western MA. She is a member of the American Nurses Association and the American Psychiatric Nurses Association. She is also a member of, and supports, the National Alliance on Mental Illness (NAMI). She maintains a private practice in Amherst, MA

About CSI

Community Services Institute, Inc. (CSI) is a private, mental health clinic with an active Psychology Department, delivering a full range of mental health services in two locations. Serving the Springfield area for more than 30 years, and more recently with a satellite office in Boston, CSI has pioneered the provision of child-focused family support for multi-problem families, particularly those involved with child welfare, juvenile justice, and the Court.

One meaning of the word "institute" is: "*an organization founded to promote a cause,*" and our cause is to ease the suffering of individuals traumatized by violence, dislocation, and poverty. We accomplish this by stabilizing families through improving access to clinical interventions delivered in their community through in-home and clinic-based outpatient psychotherapy and school-based services. CSI is at the forefront of the Family Preservation Movement and develops programs focused on family reunification and on improved functioning for families facing severe challenges.

Licensed by the Massachusetts Department of Public Health, CSI has a multi-disciplinary structure, administratively overseen by a child psychiatrist, several psychologists, and clinical social workers, working closely as a team. CSI employs approximately 40 master's and doctoral level outreach therapist, and many bachelor's level Therapeutic Mentors. Psychotherapy is provided under a medical model with the associated need for accurate clinical documentation of medical necessity.

Clinical Services

CSI offers a wide spectrum of psychotherapy and support services. Below is a brief description of selected services. For a complete list, please see the online *Policies and Procedures Manual* located at the CSI website http://www.communityserv.com located under the "Clinical" drop-down menu.

In-Home Mental Health Services. CSI offers intensive in-home outpatient psychotherapy for individuals, children and families struggling with high risk situations stemming from serious emotional disturbances, psychological impairments, addictions, and high-stress life circumstances such as foster care, homelessness, and violence.

In-home outpatient psychotherapy services for youths (under the age of 21) and their families are structured, consistent, strength-based therapeutic relationships designed to treat the child's behavioral health needs.

These service goals include:

- Improving the family's ability to provide effective support
- Promoting the youth's healthy functioning within the family

- Strengthening the family's capacity to support their child(ren)'s functioning in a variety of settings
- Minimizing admittance to in-patient hospitals, psychiatric residential treatment facilities, or other treatment settings

Office Psychotherapy. CSI's clinical offices provide individual, family and play therapy. One office is devoted to play therapy, and contains therapeutic toys and video equipment for taping. Supervisors are trained in a variety of evidence-based treatment models including Cognitive Behavior Therapy; Acceptance and Commitment Therapy; neurofeedback; Attachment, Self-Regulation and Competency; and Trauma-Focused CBT

Children's Services. CSI specializes in expressive play therapy for children who have been exposed to trauma, or suffer from mental health issues such as anxiety, learning and other school difficulties, opposition or defiance, ADHD, or depression. Children's services also include:

- School-based interventions
- Placement stabilization in homes, schools, and the community
- Supervised visits

Assessment & Psychological Evaluation. CSI has been offering psychological evaluations for over twenty years. Our Interns are trained in a wide variety of assessment and testing procedures, a sample of which are included below:

- Psychological assessments.
- Disability assessments.
- Trauma and Risk assessments.
- Parenting evaluations (including forensic evaluations).
- Court-involved assessments.

Psychiatric Medication Services. Client's who have been actively engaged in outpatient therapy for three months or more are eligible to be referred to our Psychiatric Services Department. We employ a child psychiatrist who supervises several psychiatric nurses. Together they provide ongoing medication support for clients who benefit from a combination of medication and therapy services. *Psychiatry services are not a stand-alone component of treatment for clients; instead, clients must be actively attending therapy services to maintain eligibility for medication services.*

Neurofeedback Services. All Interns and several staff have been trained to administer EEG biofeedback (neurofeedback) to clients. Using state-of-the-art computer equipment, we help clients to regulate and shift their neural activity through the use of operant conditioning. This type of intervention is incorporated as one component of outpatient therapy. Additionally, CSI accepts out-of-pocket payment (on a sliding scale fee schedule) for stand-alone neurofeedback treatment.

Therapeutic Mentoring Services (TMS). TMS are structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs.

TMS are provided to youth (under the age of 21) in the home (including foster homes and therapeutic foster homes), or other community settings including schools, child care centers, or respite settings.

Services include supporting, coaching, and training youth in:

- age-appropriate behaviors;
- interpersonal communication;
- problem-solving and conflict resolution;
- relating appropriately to other children, adolescents, and adults;
- engaging effectively in recreational and social activities;
- navigating a variety of social contexts;
- learning new skills; and
- achieving functional progress in the community.

Interns provide consultative and supervisory guidance to the mentors who serve their clients.

Clinic Locations and Populations Served

CSI serves a culturally diverse population in a mostly urban setting. The Institute has two locations: its main office is located in Springfield and its satellite in Boston (Dorchester). In both locations our target population is multi-problem families referred by DCF and treated with complex interventions in their homes, schools, and in the community. Most families are headed by single mothers. However, we serve clients in a wide variety of family constellations—from independent adults to children in intensive foster care.

A significant portion of the children we see are living in foster homes after having suffered from sexual abuse, child abuse, or severe neglect. These children 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.

Our population reflects the composition of our urban community, with multi-racial, multi-lingual, and a diverse ethnic clientele.

Description of Clinic Location

About Springfield and the Pioneer Valley

CSI is located in the Pioneer Valley, an outdoor enthusiast's paradise. Described as being at "*The Crossroads of New England*," located at the intersection of I-91 and the Massachusetts Turnpike, Springfield is located approximately 90 miles from Boston, (home to our satellite office), 30 miles from Hartford, CT, and 150 miles from New York City. The Berkshires are an hour west, and New York's capital city of Albany is a bit further west. The beaches of Cape Cod and the islands are a two and a half hour drive to the east. Our Springfield office is within walking distance of both Amtrak and Peter Pan Bus Lines in downtown Springfield. Within city boundaries is Forest Park, with 735 acres of beautifully landscaped green space and a zoo. Designed by Frederick Law Olmsted, it is one of the largest municipal parks in the United States.

Greater Springfield boasts the second-largest concentration of institutions of higher learning in New England. Western Massachusetts is rich in cultural arts including the Springfield Symphony Orchestra and Shakespeare & Company in Springfield. Jacob's Pillow in Becket hosts a number of traditional and contemporary musical and dance events. In Lenox, located in the Berkshires, you will find both Tanglewood, (home to both the Tanglewood Music Festival and Tanglewood Jazz Festival) as well as the summer host for the Boston Symphony Orchestra.

Springfield is also the home of Dr. Seuss and the city where basketball was invented. It is home to the Basketball Hall of Fame and Springfield's Quadrangle museums hold the largest collection of Chinese cloisonné outside of Asia. Springfield is consistently ranked among the most GLBT friendly in the country and the US Census reports that Springfield was among the top ten cities in the US with same-sex couples according to the 2010 census. Advocate magazine named Springfield the "13th gayest city" in the U.S.

Eight Attitudes that Contribute to Effective Functioning at CSI

To appreciate the "culture" at CSI, the following eight attitudes capture the essence of our core relational values:

Anxiety Management, Curiosity & the Ability to Tolerate Ambiguity. Training in psychology is a reciprocal, developmental process. The trainee should expect the Internship to be an organized, steady and predictable learning environment, with trustworthy senior faculty and supervisors. These senior professionals' goals are to encourage the Intern to tolerate and manage anxiety. Despite the Intern's awareness of the supervisor's evaluative function, we encourage them to remain personally vulnerable and professionally uncertain (to "not know") yet remain curious. Our goal is to teach Interns to grapple with the complicated ethical dilemmas and boundary management issues inherent in an in-home outpatient psychotherapy setting, without demanding simple answers or retreating into a hopeless posture that argues that answers don't exist.

Over time, Interns come to gain both confidence and competence in their ability to function and respond flexibly and effectively in a chaotic and ever-changing environment characteristic of severely impoverished urban communities. The personal human qualities of the Intern, their flexibility, adaptability, and tolerance for ambiguity, are crucial to success in this process. We aim to solidify, without rigidifying the trainee's still-fledgling skills, and to assist them in their progressing at a speed appropriate to their needs, into mid-level, then onto advanced Doctoral Psychology Intern competencies.

A Spirit of Collaboration and Goodwill. Learning is a two-way street at CSI. We believe that collaboration and relationship-building are essential elements in shaping professional attitudes and clinical skills in engagement, developing a therapeutic alliance, and inter-professional collaboration. We value collegial group effort, and a willingness to contribute to the Institute's common pool of knowledge and expertise. This is why we offer opportunities for Interns to take the lead as client advocates, when interacting professionally with other professional staff, supervisees, peers, supervisors and consultation constituents.

Working Well within a Multidisciplinary Team. Professional socialization and the ability to observe and interact with peers and other professionals is an essential element of the learning process. Interns are integrated within the Center's multidisciplinary team approach, and learn to work cooperatively and closely with this team, whose combined efforts enable our clients and their families to become empowered, overcome obstacles, and flourish within their community.
Our Interns are exposed to clinical supervisors and faculty whose dominant theoretical perspectives include psychoanalytic, family systems, and cognitive-behavioral approaches. We do not see these orientations as antagonistic to, nor in competition with one another, but rather, all are valuable approaches to understanding complex problems. We expect this same professional courtesy and tolerance from our Interns.

Reacting to and Assuming Authority Appropriately. Reacting appropriately to authority does not mean capitulation or submission. Disagreement and strong opinions are welcomed at CSI, as they stir excitement and enthusiasm for the therapeutic endeavor. We value the Intern who is able to comfortably assume authority as required, and do so willingly and appropriately. This is as true on a peer-Internship group level, as it is Institute -wide.
At the same time, there are situations where "directives" are given, for the Intern's safety or to safeguard client care. An Intern's capacity to comply with or to directly and respectfully disagree with their supervisor, and to further request an additional opinion in a timely manner, is essential.

We are single-mindedly dedicated to finding new and innovative ways to effectively serve this difficult to reach client population. We invite Interns to participate in this journey with us, by remaining curious, compassionate, and passionately dedication to finding better ways to serve our clients.

Valuing and Developing Self-Observational Skills. We coach Interns in the process of adopting four types of observational skills necessary for the professional development of a professional psychologist, during training and supervision:

- objective observation (observing from the outside);
- participant observation (including an understanding of the reciprocal effects of
- the observer and the observed);
- subjective observation (empathic observation and intuition) and;
- self-observation (self-examination)

Through a combination of clinical experience, supervision, and didactic training, our Internship seeks to develop essential attitudes and skills to work effectively with this population.
Observational skills are developed as the Intern learns to balance objective and subjective elements of knowing through psychological testing, application of theory and research, and clinical supervision. We realize that an emphasis on professional practice has traditionally been informed by disciplined scientific inquiry. However, we also realize that today's relevant assessment and treatment protocols and evidence-based interventions will continue to change dynamically, as our understanding expands. This happens most effectively by careful observation. Therefore, clinical supervision continues to draw attention to empathy, intuition, self-awareness and reflection, and didactic learning, as the hallmarks of the mature professional.

These include the practice of disciplined inquiry, openness to multiple ways of knowing, self-awareness, observational skills, self-reflection, and attention to context, collaboration, and a respect for diversity. We value the self-aware, reflective, and humble psychologist who sees their role as a "change agents." We strive to be helpful, open, and interested in the individual, as we endeavor to heal the pain of complex traumatic stress disorder (Courtois, Ford, van der Kolk & Herman, 2009) seen in child and family mental health.

Self-disclosure: A Key in Effective Clinical Training. It is important that Interns understand that self-disclosure will be part of the supervisory and training experience during the doctoral Internship.

Training staff will encourage the Intern's exploration and understanding of the characteristics and dynamics the trainee brings to interpersonal and professional situations, and how these characteristics and dynamics facilitate or hinder effective professional interactions and interventions. This exploration includes identifying and processing the "cohort dynamics" of the Interns themselves in order to assist in the development of professional, collegial relationship skills. Interns are encouraged to examine and discuss such issues as how personal characteristics and interpersonal styles affect professional group functioning, ways to address and resolve conflicts that might arise among interns, and the influence of power differences in professional groups or between Intern and Supervisor/Trainer.

Balancing Multiple Roles & Competing Demands. The Internship year is the capstone of training since it involves the application, development, and integration of knowledge and experience in an intensive learning environment. CSI Interns become adept at balancing multiple professional roles and demands, while embracing dynamic and complex responsibilities. Our faculty aims to be congenial in their guidance and support, but will also increasingly challenge Interns as they transition from a student role to that of an entry level professional. This process results in a professional identity that is unique to the individual, and incorporates competencies in professional demeanor, knowledge, skills and flexibility.

Intern as Active Learner. Interns are asked to be active learners, clarifying their own learning needs with the help of their supervisors and other faculty, as well as recognizing when these needs aren't being met. The capacity to step forward and define those needs in a collaborative manner produces the greatest opportunity for success. While not every goal articulated by an Intern can be met with the resources available, we make every effort to satisfy those aspirations if it is within our power to do so. If something isn't working as you'd like, speak up. If you find yourself needing more help or knowledge in a particular area of clinical practice or professional development, please let us know.

Administrative Assistance

CSI has a full-service billing agency to resolve billing questions and a Human Resources Department to answer questions about pay, staffing issues, reports and tallying practices. In addition, Interns have access to clerical and technical support from seven administrative support staff: an office manager/psychology department coordinator; a psychiatry and medical records coordinator; a receptionist; a transcriptionist; medical records administrative assistant; a systems support specialists to troubleshoot computer problems.

CSI provides access to PC's with electronic medical record keeping, e-mail, Internet and word processing capabilities. Interns also have access to telephones [with long distance service] while in office, a fax machine, a postage machine, psychological testing equipment, and photocopying equipment. Each Intern will have access to an office in the Clinic when seeing clients in-house.

Toys are also supplied in specific offices and another clinical office is set up with the capacity for filming for training and live supervision.

Recent Interns

Recent Interns have come from the following schools:

Antioch University New England, Carlos Albizu University (Miami and San Juan Campuses), City University of New York (CUNY) - The Graduate Center, Forest Institute of Professional Psychology, Georgia School of Professional Psychology, Hofstra University Doctoral Program, Loyola University, Northeastern University, Nova Southeastern, Pacific University, University of California-Santa Barbara, University of North Carolina-Chapel Hill, University of La Verne and others.

Post-internship employment has included work in community mental health centers, medical centers, and teaching positions in colleges/universities, as clinicians, program directors, psycho-diagnosticians, and adjunct professors.