

The Pre-Doctoral Internship in Professional Psychology at
Berea Children's Home and Family Services

Intern Manual 2009-2010



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Intern Manual 2009-2010

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Berea Children's Home and Family Services

Overview of the Agency

Berea Children's Home & Family Services (BCHFS) was founded in 1864 to provide a home for children orphaned by the Civil War. Since that time we have moved in the direction of improving the lives and opportunities of children, families, and adults by providing an integrated system of effective behavioral health and family support services. Through all of our programs we continue to strive to promote self empowerment and work to eradicate those elements which foster poverty in our communities. In Fiscal Year 2008 we served 8,989 unduplicated clients from 24 Ohio counties, primarily located in the Northeast Ohio region. Of those clients, 90% live at or below the federal poverty level and 42% are residents of Cleveland or East Cleveland.

BCHFS is committed to nurturing a clinical atmosphere in which theory and practice are collaboratively discussed and in which new learning and development is fostered and encouraged. Our clinicians are made up of psychologists, licensed independent social workers, professional clinical counselors, and other clinical staff in the process of accumulating hours in order to meet licensure requirements. BCHFS provides an array of behavioral health and family support services in order to enhance the dignity of every individual. These services are directed toward enhancing a person's individuality, potential for independence, and interpersonal relationships with family and community.

BCHFS offers services in the following areas:

Community-Based Services: Community-based behavioral health services and interventions help provide children and families who are facing tough times with programs in their homes, schools, and neighborhoods. Our behavioral health programs help to assess emotional and behavioral health problems and teach children, families, and young adults to cope with difficulties in their lives. BCHFS is also committed to supporting and helping youth in the process of transitioning from dependent minors to independent young adults by providing a stable environment in which to learn job readiness, daily living skills, and development of social skills with a focus on holistic health.

Out-of-Home Care Services: BCHFS provides a safe haven and alternative living for children who have been removed from their birth families and are in need of healing and nurturing. We offer foster care, adoption, and residential care services for school-aged children as well as programs which help break destructive patterns and nurture youth into self-sufficiency.

Early Childhood Education Services: We operate six, highly rated, childcare centers serving children and families in East Cleveland, Maple Heights, Lakewood, Berea, Brook Park, and Middleburg Heights. Since its inception the program's goal has been to assist families in breaking the cycle of poverty by providing the finest and highest quality care and learning environment to young children.

Mission and Vision

Mission Statement

The mission of Berea Children's Home and Family Services is to improve the lives and opportunities of children, families, and adults by providing an integrated system of effective behavioral health and family support services.

Vision Statement

Berea Children's Home and Family Services aspires to make a measurable and sustained difference in the lives of children, families, and adults through innovative leadership and delivery of superior services responsive to community needs.

Core Values:

FAMILY: Families provide the foundation for the development of healthy children and should be nurtured and supported in their communities and neighborhoods.

HOPE: Hope provides the foundation for resiliency to face challenges, the motivation to seek positive change, and the belief in a better life.

RELATIONSHIPS: Relationships provide strong, positive interaction that fosters successful client outcomes and expanded organizational opportunities to serve.

FAITH: Faith provides strength to endure the difficulties and seize opportunities, and the knowledge that there is more to life than ourselves.

COMMUNITY: Community provides a powerful synergy created from collaboration that results in a healthy, nurturing environment for children, families, and adults.

RESPECT: Respect for the inherent dignity of the people we serve provides the basis for making a sustained difference in their lives.

STEWARDSHIP: Stewardship provides the mandate to exercise care and competence in managing our resources as beneficiaries of the public trust and the generosity of individuals and philanthropic organizations.

The Pre-Doctoral Internship in Professional Psychology at Berea Children's Home and Family Services

Introduction to the Program

The Pre-Doctoral Internship in Professional Psychology at Berea Children's Home and Family Services is designed to facilitate the professional growth of pre-doctoral interns who are in the process of becoming practicing psychologists. The goals of the internship year include assisting the intern to become more skilled in the breadth and techniques of assessment and intervention with children, adolescents, and families. We also hope to provide an understanding of these intervention strategies within the context of a chosen theoretical rationale. Additionally, the internship year will familiarize students with a host of issues that will involve them in the delivery of behavioral health services to children, adolescents, and families and in a variety of treatment modalities appropriate to working with this population. During the training year, emphasis is also placed on giving the intern exposure to the varied roles a psychologist plays in a large community-based behavioral health agency, including but not limited to administration, clinical training, program evaluation, and consultation.

Students entering the Internship Program will have finished their course work, completed at least three years of graduate training, been admitted to doctoral candidacy, and received confirmation by their graduate training director of their readiness for internship prior to the beginning of the internship year.

BCHFS is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and follows their guidelines. For more information about APPIC, please visit their website at www.appic.org.

The stipend for pre-doctoral interns is accrued hourly with an annual average salary of approximately \$20,000.00 per year with an additional stipend for medical insurance. Interns receive ten days of vacation, eight agency holidays, and up to twelve sick days.

Philosophy and Model of Training

Overall Philosophy of Training

The educational and training model of the BCHFS Internship Program grows out of the Local Clinical-Scientist Model. Consistent with this model of training, the scientific approach is applied to all clinical practice endeavors through a process of learning, doing, and reflecting. Interns are exposed to research-based empirical and theoretical knowledge in the field, given a wide variety of experiences in service delivery, and asked to engage in ongoing analysis, reflection, and dialogue on the nature of this experience. The general knowledge gleaned from scientific and theoretical endeavors is then adapted to the clients' own particular emotional, cultural, and environmental context to arrive at treatment strategies that are most fitting. Supervision then offers the opportunity for reflection, incorporating examination of ethical issues, and the interns' professional identity.

The process of learning, doing, and reflecting is applied to all psychological roles including service delivery, consultation, clinical training, and behavioral health administration. The scientific principles of careful and systematic observation, as well as those of curiosity, inquisitiveness, skepticism, and openness to divergence are encouraged and valued as a means of carefully reflecting on experiences. This approach fosters the development of professionals who have a perspective that ranges from the particular to the general, sensitivity to ecological validity and cultural context, and respect for the complexity and subtlety of their work.

Training Model

The Internship Program's model of training is experiential, based on the belief that professional competency is developed through hands-on direct service contact with clients and subsequent in-depth analysis of that contact. A key component of this analysis is the interns' endeavor to learn who they are as clinicians and in turn make increasing use of that knowledge to better understand and help their clients. This growing awareness of self is integrated with the interns' knowledge of theory and research, balancing the art and science of psychology.

Interns have the opportunity to join multidisciplinary teams in a role of autonomy and responsibility, while being provided with the necessary support, supervision, and training that they need to fully assume that role. This approach to learning is carried through in all aspects of the intern's professional training, including experiences with behavioral health administration, clinical training, and consultation.

Work at BCHFS demands flexibility and adaptability, as much of the therapeutic work is conducted in non-traditional settings (e.g. a school-based setting, the client's home, etc.). This allows students to develop a conceptualization of their role that is not bound to a specific external structure, fostering the development of psychologists who are able to meet the needs of an ever-changing world while maintaining the basic tenets of their role and their profession.

Treatment Philosophy

BCHFS is an organization committed to working within the larger community, creating linkages with governmental agencies, the business and philanthropic communities, and other providers. Our clients must also function within their communities; therefore, a significant part of their treatment involves uncovering, strengthening, and creating linkages in their lives. This approach may range from helping an individual link with unacknowledged parts of the self, to helping members of a family link with each other, to facilitating a family's linkage with community resources to meet their needs. Many clients of BCHFS are dealing with problems that are of a chronic and highly complex nature. The intern is trained to understand and appreciate the tremendous energy and hope that can be stimulated by even subtle or fragile linkages, thereby decreasing the individual or family's sense of isolation and hopelessness.

The treatment methods at BCHFS reflect this dedication to forging links. Two of these treatment approaches are described below.

The Team Approach

In approaching the treatment of children, adolescents, and families, BCHFS believes strongly in a treatment team approach. A child must be viewed not in isolation, but rather within the context of the many different arenas in which he/she lives, including family, school, friendship, other support networks, and the larger community. Viewing a child from a multitude of vantage points allows areas of strength, as well as areas of deficit to be readily evident and demands that the clinician make sense of apparent differences in functioning within varying environments. This results in more careful and realistic assessments of the child or family, along with facilitating the creation of practical and individualized service plans.

Depending on the program and services a client receives, the treatment teams consists of psychologists, social workers, professional counselors, psychiatrists, nurses, care managers, vocational specialists, and direct care staff. The intern is often the clinical coordinator of a client's care and guides the overall care. Interns have a valuable opportunity to learn from the various disciplines to enhance their professional growth and development and to better understand how an integrative approach enhances client care. Interns attend program meetings and individual client review meetings. At these meetings, the interns have an opportunity to interact with the team members and coordinate treatment.

1) Treatment Philosophy

In keeping with this team approach, BCHFS has amalgamated the treatment perspectives of cognitive behavioral, family systems, and psychodynamic therapy into a fluid and integrated approach that focuses on the effects of developmental trauma on a client's functioning. The overall orientation of the agency's behavioral health services is cognitive behavioral in nature. Psychodynamic and family systems theory is utilized to better understand the origins of the symptoms presentation, the context of the internalization of early significant relationships, and developmental arrests. The ways in which cultural background, socio-economic status, and genetic predisposition and limitation shape, structure, and influence the way one experiences the world and copes with internal and external stressors is emphasized.

Clinicians at BCHFS work practically using techniques from cognitive-behavioral, developmental, psychodynamic, and family systems models. Behavioral interventions assist a child to learn to approach situations in new and more adaptive ways through techniques such as shaping, reinforcing client strengths, and teaching new skills. Cognitive techniques try to alter maladaptive thoughts and irrational fears. Psychodynamic interventions help the client to better understand the origin of the difficulties in their lives in order to gain needed insight to make lasting changes. Family systems approaches help to restructure families, develop appropriate boundaries, and enhance communication and empathy among family members. Clients are encouraged to expand their repertoire of coping skills by learning problem-solving techniques, socialization skills, relationship skills, relaxation techniques, etc.

Clinicians at BCHFS place an emphasis on understanding the relational aspects of the therapeutic connection. The relationship is utilized to uncover patterns of behavior in the here-and-now that may be interfering with the client's growth. Clinicians are not likely to analyze the relationship with their clients, but instead use this understanding to plan interventions with the goal of assisting their clients to develop more supportive, stable, and sustaining relationships both within their family and the community.

Clients at BCHFS often inadvertently share who they are by making the clinician feel as they do, or as significant others in their life might feel. As a result, the clinician's countertransference reactions are often crucial pieces of data that when harnessed, significantly contribute to understanding the client. Clinical supervision, therefore, requires that interns be willing to share their countertransference reactions and their emotional experiences of clients with their supervisors. Because clinicians use themselves as "tools" in the therapeutic encounter, self-awareness and self-reflection are emphasized. Supervisors assist interns in exploring and understanding the qualities and dynamics they bring to each interpersonal encounter and how these facilitate or hinder effective communication.

A similar approach is taken in work with families. The focus of family treatment generally includes identifying conflicts, role confusion, and emotional needs. Clinicians may aid family members in recognizing and acknowledging their abilities, as well as their limitations, along with learning new, more nurturing and satisfying ways of relating. They may also target specific child behavioral problems and assist parents by encouraging, supporting, and strengthening their roles so as to become partners with their children in effecting change.

II) Goals and Competencies

The overall goal of BCHFS Pre-Doctoral Internship Program is to prepare interns for the professional practice of psychology. The program has clearly defined areas of expected competency that are consistent both with our philosophy and training model as well as with more global standards for the training of professional psychologists. By the end of the internship year, it is expected that interns will have developed basic competency in the following areas:

A) Theories and Methods of Effective Psychotherapeutic Intervention

Achieve competency in providing psychotherapeutic services (individual, family, and group) to children, adolescents, and families of differing cognitive capacities, diagnostic categories, and cultural and socio-economic backgrounds. Achieve competence in case conceptualization, treatment planning, and assessment and management of client risk.

B) Theories and Methods of Assessment and Diagnosis

Achieve competency in the administration, interpretation, integration, and reporting of psychological test battery data. Demonstrate a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multi-axial classification as related to clients with a range of age, cognitive ability, symptomatology, behavioral disturbance, ethnicity, and socio-economic status.

C) Individual and Cultural Diversity

Achieve competency in the utilization of the guidelines for multicultural education and training established by the American Psychological Association as a backdrop for individual and group work. Demonstrate an openness to exploring one's own cultural identity issues. Achieve competency in delivery of culturally sensitive psychological services.

D) Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

Achieve competency in gathering clinical and research information to enhance clinical knowledge and individualize client care.

E) Inter-Professional Treatment Settings

Achieve competency in the development of collaborative interactions with professionals of different disciplines and training backgrounds. This includes the area of case consultation. Demonstrate an ability to selectively and appropriately act as an effective leader.

F) Professional Conduct, Ethics, and Legal Matters

Achieve competence in seeking supervision when indicated, displaying appropriate interpersonal boundaries, completing required paperwork in a timely fashion, and displaying efficient and effective time management skills. Demonstrate increased understanding of, and conformance to, legal and ethical standards in clinical practice as outlined according to the Ohio State Board of Psychology and the American Psychological Association ethics code.

III) Structure of the Program

A) School Based Mental Health Services

BCHFS has served with and in schools from our very beginning. All our work is with the child within the child's environment including school, family, home, and community. School-based services provide proven behavioral health services directly in the schools. Innovative programming is custom made for the schools and includes individual, group, parent, and family services. Youth are self-referred or referred by school personnel. Youth are seen with a wide variety of presenting problems such as behavioral acting out, post traumatic stress, depression, anxiety, attention and hyperactivity problems, suicidality, and family conflict.

All interns are assigned to School Based Mental Health Services two days per week. The interns will be assigned to one school for the duration of the school year. At the end of the school year, interns are expected to continue to see their school based clients in the community. Interns are expected to carry a caseload of 8-12 clients. Interns will learn how emotional, learning, and behavioral problems influence school and community functioning. Interns are expected to develop consultation, collaboration, and crisis management skills. Intern responsibilities also include providing case management services and consultation with the referral source and other behavioral health professionals.

B) Outpatient Counseling

BCHFS offers counseling services at several sites throughout the Greater Cleveland area. Outpatient counseling provides personalized and professional services to children, adolescents, adults, and families. A variety of counseling modalities or approaches are used based on the needs of the client and family. Youth are seen with a wide variety of presenting problems such as behavioral acting out, post traumatic stress, depression, anxiety, attention and hyperactivity problems, suicidality, and family conflict. Modalities or approaches used are brief cognitive, reality based, insight oriented, and behavioral.

Two interns are assigned to Outpatient Counseling two days per week. Interns are expected to carry a caseload of 8-12 clients. Therapy includes individual and family modalities with a focus on an integrative approach that utilizes interventions from a variety of modalities tailored to meet the individual needs of the clients. Intern responsibilities also include providing case management services and consultation with the referral source and other behavioral health professionals.

C) Early Childhood Services

BCHFS recognizes the early childhood years as the most critical period in the development of a child. Realizing this, BCHFS offers services that braid together our strengths as an agency to meet the basic and attachment needs of young children and their families. We support the spiritual, medical, developmental, and behavioral health needs of our young clients through various programs including: Early Intervention Service Coordination, Medically Fragile Foster Care, Help Me Grow, and Early Childhood Mental Health.

An intern is assigned to Early Childhood Mental Health two days per week. Interns are expected to carry a caseload of 8-12 clients. Most work is done in the client's home. Treatment includes early intervention services, family therapy, and linkages to other service providers. Intern responsibilities also include providing case management services and consultation with the referral source and other behavioral health professionals.

D) Group Therapy

BCHFS is proactive in terms of developing programming to meet the ever changing needs of the clients we serve. Group therapy can be a powerful intervention because clients gain valuable feedback from both clinicians and peers in order to improve their daily functioning. Groups cover issues related to topics such as victims of sexual abuse, sexual behavior problems, anger management, relationship skills, and a general process group for youth in out of home care. These groups may be provided in a school or an outpatient setting. Depending on the group topic and intern interest, interns are expected to lead or co-lead a group either weekly or every other week.

E) Psychological Evaluation

BCHFS provides a comprehensive array of assessment services. Psychological evaluations are designed to address several issues such as cognitive functioning, academic achievement, executive functioning, adaptive functioning, reality testing, and emotional functioning. A wide variety of measures are utilized to develop a comprehensive and integrated view of overall client functioning. Clients are referred for psychological evaluations in order to clarify diagnosis, provide treatment recommendations, determine treatment needs upon discharge from a more restrictive setting, and to assess the impact of trauma on a client's functioning. Referrals come from any program within our agency. Interns are expected to provide feedback to children, families, and other professionals through written reports and verbal feedback. Given that assessments cover a wide range of concerns, the assessment length varies from client to client. Thus there is no set number of psychological evaluations expected to be completed during the year. Interns dedicate approximately three hours per week to assessment.

IV) Training

The training program at BCHFS provides interns with training opportunities and seminars that offer theoretical and practical knowledge based on pertinent literature and research as well as on clinical experience. Relevant articles and/or bibliographies are given to interns in conjunction with training and supervision experiences. While most training and supervision is exclusively with fellow pre-doctoral interns, some experiences are interdisciplinary in nature, offering interns the opportunity to interact with counselors, social workers, nurses, and psychologists. Interns often enjoy the diversity and exposure to various disciplines. Training is sequential and cumulative. All training didactics are coordinated by a faculty member.

A) Diversity Didactic

The Diversity Didactic meets twice monthly for two hours each meeting. The didactic utilizes the guidelines for multicultural education and training established by the American Psychological Association as a backdrop for individual and group work. Both experiential and didactic modes will provide interns the opportunity to examine their own attitudes and beliefs about race, ethnicity, and work within a multicultural organization and society. Interns will integrate the knowledge gained in didactic sessions with their clinical and assessment work with clients. This course will enhance the interns ability to engage with clients in a manner that is sensitive to cultural differences and informed as to the meaning of those differences for the individual and their larger community.

B) Open Didactic

There will be an ongoing didactic series lead by various faculty members or invited guests. Topics will cover a wide range of clinical issues related to the practice of professional psychology. Examples of topics include parenting interventions, sexual development, sexual behavior problems, consultation, developmental trauma, executive functioning, art therapy interventions, psychopharmacology, and abuse and women's issues in treatment.

C) Professional Conduct and Ethics Didactic

The Professional Conduct and Ethics Didactic will meet eight times for two hours each meeting. This didactic will cover the professional conduct and legal and ethical issues inherent in the process of professional psychology. Topics that will be included for consideration include: licensing and certification, professional interpersonal behavior, coping strategies, professional responsibility and documentation, time management, and administrative competency. Ethical topics included for consideration include: confidentiality / privacy, managed care models, “duty to warn,” expert testimony, malpractice, and forensic matters such as the insanity defense.

D) Scholarly Inquiry and Application

Training in the area of scholarly inquiry and application will involve the interns working with the Training Director to develop a professional presentation on a relevant area of clinical interest. The interns with the guidance of the Training Director will select an area of interest related to their current clinical work. The interns will seek out current scientific knowledge including research and theory. The interns and Training Director will work collaboratively to develop a training on the chosen topic that enhances knowledge of the topic and its relevance to current clinical practice. The interns and Training Director will then deliver that training to a professional audience. The interns will receive audience as well as supervisory feedback.

E) Formal Case Presentation

Interns are expected to do one formal case presentation to the internship faculty. The interns receive feedback on both their style of presentation as well as on the case content.

F) Departmental Staff Meetings

Each department has a monthly or twice monthly staff meeting at which administrative, client, and treatment issues are discussed. Each intern is assigned to a departmental meeting. They act as the internship liaison with that department and are responsible for informing the other interns of topics covered at that meeting.

V) Supervision

Supervision will be provided in accordance with the requirements of the university in which the intern is enrolled, APPIC membership standards, and the American Psychological Association’s Guidelines and Principles for Accreditation of Programs in Professional Psychology. A combination of individual and group supervision will be provided.

A) Individual Supervision

Interns will receive a minimum of two hours of individual supervision per week by two licensed psychologists, one of which is the Training Director. One hour of supervision will focus on school based mental health services. The other hour will focus on early childhood mental health

or outpatient counseling. Supervision includes attending therapy sessions with the intern as warranted and reviewing audiotapes of therapy sessions.

B) Groups Supervision

Interns will receive one hour per week of group supervision for group therapy by a post-doctoral psychology fellow under umbrella supervision. Part of that supervision will include in depth discussion of group processes and review of relevant literature. Supervision may include co-leading groups with the post-doctoral fellow.

C) Psychological Evaluation Supervision

Interns will receive a minimum of one hour of group supervision on the administration, interpretation, and writing of psychological test batteries by either a licensed psychologist and/or a post-doctoral psychology fellow under umbrella supervision. Intern assessment cases will be discussed on an ongoing basis. Part of that supervision will include training on relevant assessment instruments.

D) Availability of Supervisors

In addition to regularly scheduled supervision sessions, individual and group supervisors have an “open door” policy and are always available for consultation or assistance. Interns are expected to utilize this “open door” policy that is an integral part of the supervisory experience in a milieu setting. All individual supervisors have cell phones and email and are therefore available for consultation even when they are off grounds, including during evening and weekend hours. The Chief Clinical Officer is the designated back-up supervisor who is available to interns when their individual supervisors are not on grounds or are on vacation.

VI) Advisement and Evaluation

During the initial four weeks of the internship year, interns work with the Training Director and other faculty to formulate a Training Agreement and Individual Learning Plan for the year, outlining a number of specific individualized goals and objectives. In preparation for creating this contract, interns are asked to fill out a Self-Assessment focusing on the six overall competency goals for the year. Based on this document; input from the intern’s graduate program; supervisors’ initial assessments; and the intern’s interests, past experience, and long-term professional goals the Training Director, along with the intern, complete an Individual Learning Plan by the first week of October. Two other times during the year, the intern fills out a Self-Assessment which is used by the intern and supervisor to re-assess training goals.

Interns receive three formal competency based written evaluations during the course of the internship year. The first evaluation takes place in December, the second takes place in April, and the year-end evaluation takes place in August. The evaluations contain both a narrative and a checklist component. They offer an in-depth analysis of competency areas, noting in particular the intern’s strengths and areas of needed growth. The evaluation prepared at the end of the internship year includes an indication of an intern’s progress during the year, areas of strength,

and suggested areas of continued focus. Evaluations are prepared by the Training Director with input from all supervisors and training faculty who have worked with the intern. Internship core faculty meet on a monthly basis to review the internship program, intern development and performance, and address any issues that may arise. Informal feedback based on that monthly meeting will be provided to the intern on an ongoing basis.

If an intern is experiencing problems that interfere with attainment of sufficient progress, an inadequate rating may be given and a remediation plan may be developed. The remediation plan identifies the problem areas as well as the desired goals and objectives towards resolving the deficiency. Implementation of a remediation plan is determined by the Training Director and the individual's supervisors. The intern is actively involved in the process. Length of remediation can vary depending on the identified areas. Decisions regarding successful completion of the remediation plan are determined by the Training Director and supervisors following a formal review with the intern. The intern's academic training director is involved throughout the process. Should the intern disagree with the inadequate rating or faculty is not satisfied with the intern's action in response to the action, due process / grievance procedures may be implemented. For more details about the BCHFS due process procedures, please refer to the BCHFS Due Process document.

VII) Psychology Staff

Laura Bauhof, Ph.D. (Loyola University of Chicago, 2002) is a Post-Doctoral Fellow. She is involved in psychological assessments. She has experience in community mental health and university counseling center settings. Her theoretical orientation is based in interpersonal and systems theory with an emphasis on cognitive-behavioral and solution-focused interventions. Dr. Bauhof's interests include cultural diversity, psychological assessment, and identity development.

Robert Brian Denton, Psy.D. (Wright State University - School of Professional Psychology, 2007) is a Supervising Psychologist. He is responsible for conducting psychological assessments for children and adolescents, group intervention, and consults with other departments of the agency. His theoretical orientation is integrative with a foundation in contemporary psychodynamic theories. Dr. Denton's interests include working with children and adolescents, trauma, multicultural awareness, personal empowerment, and incorporation of mindfulness-based principles in clinical work. He provides supervision for psychological assessment and leads the Professional Conduct and Ethics Didactic.

Julie Janco-Gidley, Ph.D. (The University of Akron, 2006) is a Post-Doctoral Fellow and may be involved in supervising under umbrella supervision. She is involved in psychological assessments. She also serves as adjunct faculty at Lakeland Community College and conducts psychology assessments in private practice. Her theoretical orientation is primarily cognitive-behavioral. Dr. Janco-Gidley's professional interests include working with children and families, parenting, women's issues, brief therapy, nontraditional therapy, stress and coping, and social support and other protective factors.

Benjamin W. Kearney, Ph.D. (Cleveland State University, 2000) is the Vice President and Chief Clinical Officer. He also serves as an adjunct professor at Cleveland State and has a private practice. His theoretical orientation is primarily cognitive behavioral influenced by attachment theory, family systems theory, and neurodevelopmental information. Dr. Kearney's areas of interest include program evaluation, mental health system development, mental health organization management, and early childhood mental health.

Rosemary Ludway, Ph.D. (Kent State University, 1987) is a Psychologist. She is involved in psychological assessments. Dr. Ludway has over thirty years of experience in public and private schools. Her theoretical orientation is based on brief solution focused theory with an emphasis on reality based interventions. She has worked in assessment, diagnosis, and consultation for children ages 5 to 18 with a wide variety of learning, physical, and emotional problems. Her interests include assessment of children who have experienced trauma, the effects of illness on emotional development in children, and assessment of children on the autism spectrum.

Laura Moncrief, Psy.D. (Illinois School of Professional Psychology, 2002) is a Supervising Psychologist. She is involved in psychological assessments, in-service training, and coordinates and leads therapy groups. Her theoretical orientation is integrative with an emphasis on cognitive and interpersonal theory. Dr. Moncrief's main interests are in the area of trauma, particularly sexual abuse from both the perspective of the victim and the aggressor. She is also interested in working with youth in out-of-home placements, transitions from youth to young adulthood, relationship issues, and women's issues. She provides supervision for the groups and school services programs.

Kathleen M. Payne, Ph.D. (St. John's University, 2001) is the Agency Psychologist and Training Director. She coordinates the agency psychological testing service, coordinates the pre-doctoral internship, provides clinical trainings to various departments, and consults with other departments. Her theoretical orientation is a combination of attachment, interpersonal, and family systems theory. Dr. Payne's current interests include psychological assessment, trauma, parenting interventions, family therapy, and working with youth in out-of-home placements. She provides supervision for the outpatient counseling and early childhood mental health portion of the internship.

Kathleen Quintus, Ph.D. (Fielding Graduate University, 2004) is a Supervising Psychologist. She is involved in psychological assessments, school based mental health services, and in-service training. Dr. Quintus has over thirty years of experience in the schools. Her theoretical orientation is a combination of Gestalt and cognitive-behavioral with additional training in Redecision therapy. Her interests include psychological assessment, individual and group therapy, and school consultation. She provides supervision for the school services program.

Courtney A. Townsend, M.A. (Illinois School of Professional Psychology) is an Early Childhood Mental Health Psychology Fellow. She is involved in providing services to children and their families ages birth to six to help promote healthy development and mental health. Her theoretical orientation is integrative with an emphasis on family systems theory. Ms. Townsend's professional interests are in the area of trauma, attachment, and play therapy techniques. She serves as a mentor for interns.

Martha A. Webb, Ph.D. (Fielding Graduate University, 2003) is a Supervising Psychologist and works primarily in private practice. Dr. Webb is also a Licensed Independent Chemical Dependent Counselor and has worked in the addictions and mental health fields for over thirty years in a variety of prevention and treatment settings with both adolescents and adults. Her theoretical orientation is humanistic with Gestalt training. Her areas of interest include cultural diversity, sexual identity development, and relationship issues. She leads the Diversity Didactic.

VIII) Logistics of the Training Year

A) Stipend and Benefits

The stipend for pre-doctoral interns is approximately \$20,000 per year, with an additional stipend for medical coverage if needed. Interns are eligible to receive discounted child care services through one of our Family Life Centers. The internship year generally begins the first week of September and runs for a full calendar year. Interns are expected to be on site Monday through Friday. Interns are expected to work approximately two evenings per week. Interns are granted 10 days paid vacation with the expectation that two days of vacation be used the last week in August. In addition, there are eight agency holidays and up to twelve sick days. Additional time may be requested for professional development activities such as dissertation defense and attending or presenting at professional conferences.

Interns have administrative assistance during the year. They have designated office space, a computer work station, and cell phones. All testing materials required for psychological assessments are provided. Readings for didactics are provided. Finally office supplies are provided.

B) Eligibility

The doctoral students must be “in good standing” and:

- Will be/have been accepted for doctoral candidacy in a clinical, counseling, or school psychology program of an accredited institution prior to beginning the internship.
- Have completed supervised psychotherapeutic and psychodiagnostic practicum experiences in psychology.
- Have obtained a letter from their graduate program’s clinical training department certifying their eligibility to pursue a pre-doctoral internship program.
- Have successfully passed comprehensive exams.
- Applicant acceptance is pending fingerprint clearance from the Department of Justice and the FBI, pre-employment physical, and verification of your legal right to work in the United States.

C) Applications

- BCHFS is utilizing the APPIC Application for Psychology Internship (AAPI) online available at the APPIC web site www.appic.org.
- Three letters of reference from professionals best able to provide information about professional skills and potential.
- A work sample of a completed psychological report with identifying information deleted.
This goes under the supplemental section.

If you need additional information please contact the Training Director:

Kathleen M. Payne, Ph.D.

Agency Psychologist

Berea Children's Home and Family Services

202 East Bagley Road

Berea, OH 44017

440-260-8556

kpayne@bchfs.org

D) Selection Process

- All application materials must be submitted by December 1, 2009.
- The initial screening process will begin upon receipt of all materials requested on the application form. Following receipt and review of this material, the eligible applicants will be contacted for a personal interview by December 15, 2009.
- Interviews will take place the first three weeks of January.
- 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.

Please note that this intern manual is subject to change for the 2009-2010 internship year as well as for subsequent years based on the future needs of the interns and the agency.

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My signature below indicates that I have been given a copy of and read the 2009-2010 internship manual.

Pre-Doctoral Intern Name (Printed)

Pre-Doctoral Intern Signature

Date