



Child & Family Mental Health
PROVIDING HELP AND HOPE SINCE 1946

HEADQUARTERS
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Psychology Doctoral Intern Training Program: 2019-2020 Training Year

Accredited by the American Psychological Association's Commission on Accreditation¹

ABOUT THE AGENCY AND SETTING

The Guidance Center has been providing quality mental health services since 1946. Formerly known as The Greater Long Beach Child Guidance Center, the agency was founded by a group of local public school teachers and counselors who were concerned about the mental health needs of children with behavior and learning problems in school. A relatively small clinic for many years, the agency became affiliated with the Long Beach Memorial Medical Center and Miller Children's Hospital and moved its offices to the grounds of the Medical Center.

During the past 15 years, the agency enjoyed considerable growth and increased the number of programs, clients served and community-based locations significantly. Between 1995 and 2001, The Guidance Center grew from a relatively small clinic in Long Beach with a satellite office in San Pedro, to a major community mental health service provider employing more than 150 mental health professionals, support staff, administrators, and interns. Today, the Center provides services to children and families at three sites within Long Beach and its surrounding communities. In addition to a large outpatient center in Downtown Long Beach, the Center has operated a satellite clinic in San Pedro since 1977, and a model interagency "System of Care" program in Compton since 1998. The Center also has provided outpatient services in Avalon, on Catalina Island, since 2001.

The Guidance Center is a major contract agency, providing specialty mental health services for the Los Angeles County Department of Mental Health, and also works closely with the Long Beach and Paramount Unified School District (providing on-campus mental health services at over 40 schools), and the County Departments of Children and Family Services and Probation. System-wide, clinicians and interns provide thousands of hours of clinical assessment and treatment services monthly, including diagnosis, crisis intervention, individual, collateral, group, and family psychotherapy, individual and group rehabilitation services, case management, in-home and school-based services, intensive service programs for children and adolescents, psychiatric evaluation and medication services, outpatient substance abuse treatment, and psychological testing. Clients include children from 0 to 18 years and/or parents/caretakers, who are from a broad spectrum of lower and middle-income households, with cognitive, emotional, interpersonal, behavioral, school, and family problems. In terms of ethnicity, Center clientele are approximately 62% Hispanic origin, 24% African-American, 10% Anglo-American, and 2% Pacific Islander. The Guidance Center has a 70 year history of providing full scope mental health services to the most disadvantaged families within the greater Long Beach area.

¹Office of Program Consultation & Accreditation, 750 First Street, N.E., Washington, D.C., 20002, (202) 336-5979

Approximately 42% of our budget is dedicated to prevention and early intervention services through the State of California Mental Health Services Act (MHSA) and requires utilizing of evidence based practice and proven outcomes within our clinic. We have several county funding sources that allow us to provide different levels of specialty mental health services (outpatient care, Field Capable Clinical Services, Full Service Partnership) to disadvantaged families. We also receive additional funding through the Educationally Related Mental Health Services (ERMHS) to provide contracted services with the school district to students whose mental health disorder prevents them from benefitting fully from academics. Additionally, we have funds allotted to provide treatment for unaccompanied minors from Honduras and Guatemala, intervention to parents with children whose mental illness prevents them from working (CalWorks program), and funds to prevent children and adolescents from being removed from their biological families (Family Preservation program). Together, we offer a wide range of services to disadvantaged families which allows interns to develop their competencies in diverse settings and with diverse youth.

Multidisciplined clinical staff and interns work closely with parents, school personnel, allied agencies, and other resources to address each child's difficulties in a professional and coordinated manner. All staff clinicians are state licensed, or otherwise qualified mental health professionals, in one of California's major mental health disciplines. In addition to doctoral psychology internship training, the Center serves as a training site for MSW and MFT interns and doctoral psychology practicum students from local programs. The agency is licensed by the State Department of Health Services as a Psychology Clinic.

ABOUT LONG BEACH, CA

Located on the coast about 25 miles southeast of downtown Los Angeles, Long Beach is the fourth largest city in California, with a population of 462,257 people (2010 census). The City of Long Beach is one of the most ethnically diverse communities in the United States, offering all the world-class amenities of a large metropolitan city while maintaining a strong sense of community and neighborhood pride. Long Beach is home to the Queen Mary, Aquarium of the Pacific, several museums and theaters, Long Beach Airport, an award-winning school district and recreation programs, its own Health Department, miles of beaches and bike paths, five golf courses, five hospitals and two historic ranchos. In 2012, the City of Long Beach was designated a Silver-Level Walk Friendly Community for walkability initiatives and programs.

ABOUT THE PSYCHOLOGY INTERN TRAINING PROGRAM

BACKGROUND. The Center has trained psychology interns for over 35 years, but until 1992, training primarily was for half-time interns from two local schools. At that time, the Center had two locations and a total staff size of about 15 clinicians. Since 1992-93, the program has trained full-time interns. The program applied for APA accreditation during the 1994-95 training year and was successful, earning accreditation initially for 1995 to 2000. During the last site visit in 2013, the site visitors noted that "Past and present interns were very clear that they feel like colleagues. The support of staff was a universal theme among the listed strengths of the program. The interns report they are well-treated, respected, regarded as colleagues and not subjected to any ethically questionable behavior on the part of staff." The APA Commission on Accreditation awarded the maximum seven year accreditation to the program with the next site visit scheduled for 2020.

INTERNSHIP POSITIONS. Since the 2017-2018 training year we have slots for six interns, an increase from four in prior years.

AIM AND COMPETENCIES. The Guidance Center's mission is to provide comprehensive mental health treatment to our community's most disadvantaged children and their families struggling with mental illness and abuse, leading them toward a positive and productive future. The Guidance Center envisions a community where all children have the help they need to be healthy and happy.

Consistent with the agency's mission, the doctoral psychology internship program's aim is "to provide a training experience that integrates for each intern the science and practice of psychology, facilitates the transition from theory to practice, and produces broadly competent practitioners who can effectively address the needs of children, adolescents, and their families across multiple professional settings."

The program's training program ensures entry-level, independent competence in the 9 Profession Wide Competencies delineated in the Standards of Accreditation: **Individual and Cultural Diversity, Ethical and Legal Standards, Professional Values and Attitudes, Communication and Interpersonal Skills, Consultation and Interprofessional/Interdisciplinary Skills, Supervision, Research, Assessment, and Intervention.**

Staff members at all levels of the Center are accustomed to treating psychology interns as capable professionals; they are given responsibilities and opportunities commensurate with their advanced level of education, training, and skill development. Because advanced clinical training in human services involves issues of quality assurance, supervision and training involves ongoing evaluation of the intern's performance while at the same time providing the freedom, support, and responsibility to grow professionally. Professional growth and development includes integrating the science and practice of psychology, acquiring and demonstrating a broad range of clinical competencies, and transitioning from a student to professional self-awareness.

Interns are included in all Center activities and their input, feedback, and suggestions are responded to and incorporated during program evolution, evaluation, changes, and refinement. Because interns grow and develop through the supervised experience of working with "real life" problems, situations, and families, their services are appropriately billable and result in some revenue generation for the Center. The primary purpose of developing and maintaining an intern training program, however, is to fulfill the Center's mission to provide professional training.

The internship program provides broad and general training to develop well-rounded and competent professional psychologists while also fostering individual growth and learning objectives.

CORE TRAINING ELEMENTS.

Training is cumulative, sequential, and graded in complexity to meet both profession-wide competencies and individual intern training objectives. It is further designed to be at a developmentally appropriate level for full-time doctoral psychology interns, given previous practicum and educational experiences. Intern training begins in orientation, and continues throughout the year in six "Core" Training Elements. **All six interns participate in the following core training elements:**

1. **Supervised intervention experience** in all aspects of specialty mental health and integrated care

with children, adolescents, parents, and families. These services include: intakes and assessment; clinical case management; a range of psychotherapeutic interventions and modalities, including implementation of evidence-based interventions; clinical case consultation with other treatment staff, schools, and allied agencies; crisis intervention; and termination planning and discharge. Services are provided in the office, client's homes, and schools. Interns will spend four days per week in specialty mental health care and approximately 1 day per week at the integrated/consultation track of their choice (described in detail below). Training begins with shadowing intakes, direct observation of intern completing an intake, and then case assignments. Cases are assigned gradually within the first three months with full caseload achieved by the end of the third month.

As a community mental health center, providing therapy in the homes of our youth or meeting them in settings that are familiar and safe for them (i.e., parks, YMCA) is a necessary component of successful treatment for families who may otherwise not access services due to financial barriers. Training in the complexities of specialty mental health allow our interns a unique perspective and adaptability necessary for work in integrated care settings. Interns are expected to become well-versed in brief and long-term interventions that do not fit the traditional 50 minute session, rapid assessment utilizing screening tools (e.g., Patient Health Questionnaire-9, Youth Outcome Questionnaire) and semi-structured interviews (KSADS-PL).

A community leader in Long Beach, California recently stated in a Department of Health and Human Services survey, "While we have very limited resources and so much more to do, we need to continue to serve the underserved by providing evidence-based interventions. We need more one stop shop services where we can integrate health, social, and employment services under one roof" (LBCHA, 2013, pg. 155). Another leader commented, "For mental health I would love to see a multifaceted approach like early screening and addressing depression and anxiety for kids. We need to address the stigma associated with mental health" (LBCHA, 2013, pg. 155). Their assessments of the issues impacting the city of Long Beach, California are key to supporting residents with the most commonly mentioned health issues: obesity (including physical activity, nutrition, access to food), access to care (including transportation, language, and cultural barriers, lack of youth friendly clinics and services), diabetes, asthma, mental health, and high blood pressure (LBCHA, 2013). Therefore, our collaboration with integrated care settings to train health service psychologists intends to address this need through a multifaceted, integrated approach and to develop future psychologists who can continue meet this gap in care.

A. Intervention Experience Details

Over the course of the training year, interns deliver services with outpatient clients with whom there are opportunities to deliver individual, family, and group services in the office and field. Interns will typically be assigned their first clinical cases in the second week of orientation when diagnosis/interviewing, abuse reporting procedures, suicide assessment, documentation, and health record training are completed. As primary therapists responsible for all aspects of direct service delivery to approximately 6-8 ongoing therapy cases, interns are exposed to and manage cases with clients of all ages up to young adulthood, with a wide range of presenting concerns and degrees of dysfunction. Intern caseloads may vary, depending on client availability and referral, and severity, modality, and frequency of treatment of clients on caseload, but a general guideline is that interns will have a minimum of 6 individual cases at any given time. There is the expectation that interns will have a large enough caseload (including intervention and assessment) to have at least 12 direct service hours

each week. This is NOT a productivity expectation that will result in remediation if not met, but allows training supervisors to ensure that interns are obtaining hands-on experiential training.

Clients typically treated by interns hail from different kinds of families (single parents, teen parents, foster care, blended/step families, extended families), cultural backgrounds, and socio-economic levels (although primarily low-income). Presenting concerns most frequently correspond to diagnoses from the following DSM-5 categories: Attention-deficit and other disruptive behavior disorders, mood and anxiety disorders, adjustment disorders, psychotic and prodromal psychotic disorders, and problems related to abuse and neglect. Interns also may see clients who meet diagnostic criteria for autism spectrum disorders, elimination disorders, and combinations of the above.

Interns are the primary service provider for the clients they treat. Intern responsibilities include intake, initial assessment and collaborative treatment plan development, on-going treatment in accordance with a variety of therapeutic approaches and evidence-based models, contingency and crisis management, case coordination with other members of the treatment team (i.e., psychiatrists and/or case managers), evaluation of progress and outcomes, and when appropriate, termination or transfer. Because interns are exposed to a full range of clients and families requesting services, they also work with a good mix of short-term, medium, and longer-term cases, families that fail to connect with services, some who will need to be transferred to continue when the intern leaves, and some relatively chronic, longer-term cases that will be transferred to them upon arrival.

B. Integrated Clinical Consultation Experience

In order to develop additional competencies in intervention, assessment, consultation and interprofessional/interdisciplinary collaboration, we place **two** interns in each of **three** supplemental tracks one day per week. Interns will provide mental health services and consultation in one of three possible integrated care settings: Stramski Children's Developmental Center, Miller Children's and Women's Hospital General Pediatric Inpatient Unit, or the Long Beach Unified School District for 1 day per week. Descriptions of each site and intern role are described below. Interns are provided a tour and additional information during the first week of internship and rank their supplemental track preferences. The training director makes assignments based on individual learning goals and fit. Interns typically receive their first or second choice.

Stramski Children's Developmental Center: The Stramski Children's Developmental Center is a center that helps children and families deal with conditions such as autism, cleft lip and palate, birth defects, learning problems, attention deficits, and other developmental delays. Often, parents have difficulty advocating for their children due to cultural, educational and language differences. The Stramski Center fills this gap by facilitating access to services and monitoring progress. Using a multidisciplinary approach, the center is able to provide individualized care to help children reach their optimum potential. This rotation provides training and exposure to specialized medical populations, in particular developmental delays. The interns participating in the Stramski Track 1) conduct brief assessments and provide short-term therapy 2) participate in warm hand-offs with pediatricians, 3) shadow pediatricians during appointment to help identify possible mental health needs of patients and families, and 4) consult with members of the interprofessional treatment team (including licensed educational psychologists, nurses, pediatricians, nutritionists) and liaison to provide referrals to patients and family members. Interns utilize the same health record, input notes to the

referring physician in the record, provide brief consultation and feedback to patient and physicians, and work as part of the team.

Miller Hospital Inpatient Unit: Miller Children's & Women's Hospital Long Beach provides specialized pediatric care for children and young adults, with medical conditions ranging from common to complex — as well as maternity care for expectant mothers — all under one roof. Miller Children's is recognized as one of the eight free-standing children's hospitals in California and still incorporates patient and family centered care, spiritual healing, and mind-body connection into its medical and surgical interventions. Interns participating in the inpatient track will have the opportunity to 1) participate in interdisciplinary rounds, 2) provide consultation to interdisciplinary treatment teams serving inpatients, 3) assess harm to self or others and provide behavioral de-escalation of patients, family members, and/or staff as necessary, 4) provide appropriate disposition and case management for psychiatrically impaired children after they have been medically stabilized in collaboration with other staff, and 5) evaluate and provide brief, problem-focused treatment of childhood psychological disorders (i.e., adjustment disorder, depression, anxiety) and medical treatment adherence as identified while the patient is hospitalized under the supervision of a licensed psychologist.

It's About T.I.M.E. School-Based Consultation: Under the direction of a licensed clinical social worker certified in The Child Trauma Academy's Neurosequential Model of Education™ developed by Bruce Perry, interns will provide consultation to school personnel. Partnering with Long Beach Unified School District, The Guidance Center developed the Trauma-Informed Movement in Education (T.I.M.E.) program using the NME to support and encourage school staff in the understanding that many children have endured ongoing, significant life stressors and traumatic experiences. They learn that trauma can inhibit students' abilities to succeed in the traditional classroom environment. The goal of the program is to support staff in seeing students and their challenging behaviors through a different or "trauma-informed" lens that promotes health bonds, which are scientifically proven to help students' brains heal emotionally and develop academically. Interns participating in the school-based consultation track will provide 1) psychoeducation to school personnel regarding trauma, 2) modelling for staff on how to respond to students in a trauma-informed manner, and 3) direct intervention with students as necessary.

2. Certification in the Managing and Adapting Program (MAP), an evidenced based program developed by Bruce Chorpita, Ph.D. Certification involves 40 hours of face-to-face training, review and passing of two client portfolios, and 12 consultation/supervision meetings. Interns are provided training in the Managing and Adapting Program (MAP), Seeking Safety, Interpersonal Psychotherapy for Depression, Child Parent Psychotherapy, and Trauma Focused Cognitive Behavioral Therapy. Any of these practices may be used in treatment under the direction of a certified supervisor, but only Los Angeles County Department of Mental Health approved certification will be provided for MAP.

3. Diagnostic Assessment and Comprehensive Psychological Testing of clinic referred children. Interns complete at least 6 diagnostic interviews and at least 6 batteries each year to assist clinicians in answering diagnostic questions about their clients. Diagnostic assessments are semi-structured interviews to determine initial diagnoses for clients and require the completion of the initial assessment form. Testing includes consultation, brief assessment, comprehensive assessment, and

therapeutic assessment. Interns learn a hypothesis-driven approach to psychological assessment and how to provide individualized, specific feedback and recommendations.

A. Assessment and Testing Details

Interns will conduct the semi-structured clinical interview, initial intake paperwork, and diagnostic assessment for at least 6 clients throughout the year.

In order to diversify training, testing experiences will be differentiated as much as practical. Interns will have the opportunity to conduct various types (i.e., comprehensive vs. focused) and models (i.e., traditional information-gathering vs. collaborative/therapeutic) of assessment. Testing cases generally span the age ranges from 3 to 18, and interns have the opportunity to assess at all agency sites and programs. Focal areas of assessment training include measures specific to the child/adolescent population, collaborative/therapeutic assessment, use of video recording as parent intervention in feedback, productive and constructive feedback, and special issues in testing culturally diverse, economically disadvantaged and chronically mentally ill individuals. In particular, adequacy of norms, literacy, validity, and response bias issues will be incorporated into the selection and interpretation of test instruments. Interns will further develop skills in both oral and written presentation of feedback to clients, caregivers, referring professionals, and treatment teams.

Psychological assessment and testing may focus on multiple domains, including cognitive, achievement, neuropsychological, adaptive behavioral, emotional, interpersonal, personality, and developmental functioning. All clients who receive psychological testing services are referred from within the agency, and are currently in treatment with an agency clinician.

At this level of training, supervised testing experience focuses on providing a consultative response to referral questions, the tailored acquisition of data, obtaining results, and efficient interpretation and communication of findings and recommendations. Interns are not expected to need much practice or education regarding the administration of standard test instruments, but studying and learning about new tests with which the intern is not familiar is supported. Training in this area emphasizes efficiency, relevancy, and practical application.

Interns are expected to complete a minimum of 4 psychological testing cases (including comprehensive reports) over the course of the training year. Interns may choose to conduct more if time permits. Cases are assigned during the assessment bootcamp and to the extent possible based on the waitlist are given more straightforward referral questions (e.g., ADHD vs anxiety diagnostic clarification). Once the supervisor has observed one process in its entirety, the intern may be assigned more complex cases (e.g., psychosis diagnostic clarification, therapeutic assessment).

Approximately 8 hours per week are spent in assessment activities, which typically include one to two hours of supervision and, as relevant for the case at hand, consultation and preparation for the assessment, face-to-face contact with the assessment client or collaterals, scoring and interpretation of test results, preparation of a written report, and feedback activities.

4. Partners for Change Outcome Management System (PCOMS) training in order to identify clients who are not responding to therapist treatment as usual and addressing the lack of treatment progress in a positive, proactive way that keeps clients engaged while collaboratively seeking new directions.

PCOMS is an evidence based practice that gives clients a voice in their treatment. Interns must use PCOMS with at least one therapy case during the year.

5. Supervision of practicum students to develop supervisory skills. As part of the training to become professional psychologists, interns have the opportunity to supervise psychology practicum students in therapy and psychological testing in a group or individual format, participate in supervision didactics, and receive supervision of supervision from the Director of Training. **Depending on prior testing and supervision experience, interns will have the opportunity to provide individual or group supervision of practicum students for at least 4 months of the training year.** Interns will co-lead group supervision of the doctoral practicum students for four months out of the training year (Oct-Feb or March-June). Two interns with the most supervisory experience or therapy/testing experience will serve as co-supervisors the first half of the year. Two interns will provide supervision the second half of the practicum training year. Two interns will provide individual clinical and/or testing supervision to two practicum students on at least one case in the latter half of the year. Interns participate in supervision of supervision with the Director of Training during professional development supervision.

6. Exploration of individual and cultural diversity through didactics and professional issues supervision and through case conceptualization. Supervisors present their morality genograms at the beginning of the year in order to foster conversations regarding diversity and how they impact relationships. By the second or third month of the program, interns also present to fellow interns and supervisors their morality genograms depicting their core values and how those do or do not impact clinical work and supervision. The program also sponsors a Diversity Fishbowl discussion that interns are expected to attend. The discussion focuses on one aspect of diversity each quarter and allows all staff to develop a better understanding of one another.

CLINICAL SUPERVISION

Each intern will have between 4-5 hours of supervision each week during the course of the training year. Per state licensure and APA requirements, interns are provided with a minimum of one hour of supervision for every ten hours worked, which will be at least four hours per week. In addition, two of those hours must be individual, face-to-face supervision hours with a licensed psychologist.

INDIVIDUAL SUPERVISION. All primary and testing supervisors are licensed psychologists who have participated in required California Board of Psychology supervision continuing education classes. Primary supervisors provide at least one hour of individual supervision per week. Testing supervisors provide one hour of individual supervision per week.

GROUP CLINICAL SUPERVISION. As a cohort, the interns participate together in clinical supervision led by licensed psychologists. Group supervision allows the interns to learn intervention and assessment skills from one another, provide peer supervision/consultation, practice case conceptualization from multiple lenses, and incorporate research into their clinical work. Formal case presentations are expected, generally about four times per year. Additionally, at the mid-year and end of year, each intern gives an evaluated case presentation (one therapy or one testing at each time point) to the psychology training faculty and intern cohort. A formal evaluation is completed for each intern by the supervisors and written and verbal feedback are provided to the interns.

GROUP PROFESSIONAL DEVELOPMENT SUPERVISION. Other than individual and group clinical supervision,

interns also participate in a monthly professional issues supervision led by the Director of Training and integrated care supervisor. The focus of this group supervision is development of a professional identity, supervision of supervision, and integrated care supervision.

OTHER SUPERVISION. Once per month, the interns have the opportunity to meet with a postdoctoral fellow/staff psychologist for a **peer process group**. This individual is not involved in evaluating interns. This process group is meant to serve a supportive, non-evaluative function to help interns cope with the demands of internship. In addition, interns who are bilingual or who would like to develop bilingual Spanish skills participate in a monthly **Spanish group supervision**.

The exact nature of the supervision is dependent on several factors: the needs of the intern, variation in style, and the theoretical orientation of the supervisor. It is understood that material discussed in supervision remains confidential, with the exception that there may be need to discuss supervision content with the remainder of the supervisory team to facilitate training and professional development. The intern's right to privacy is acknowledged and recognized, with this right honored in supervision whenever possible.

Interns are to discuss problems and challenges with their supervisor in supervision. If the problem cannot be resolved, interns should consult with the Director of Training. Other due processes in cases of conflict or disagreement, grievances, or differing views regarding evaluations are detailed in the Intern Grievance and Due Process Procedures below.

Interns formally evaluate all clinical supervisors at midyear and conclusion of the training year. These evaluations are returned to the Executive Administrative Assistant who will then compile the responses so that individual ratings remain anonymous. However, interns are encouraged to have an open dialogue with their supervisors regarding the supervisory relationship. Additionally, the evaluations are used in reviewing and modifying the training program, including supervisory structure and personnel, as indicated.

SEMINARS & IN-SERVICE TRAINING. Several forms of didactic training are presented to psychology interns each month: (1) The Center provides a series of monthly in-service trainings for the clinical staff and all interns on topics and issues pertinent to child, family, community, and clinical service delivery, and for program presentations by allied community agencies with whom we would collaborate; (2) there is a weekly didactic seminar specifically for interns that focuses on assessment and therapy topics; and (3) there are scheduled training opportunities available through the pediatric ambulatory rotation experiences presented at Long Beach Memorial Hospital sites. Psychology interns also attend administrative staff meetings and periodic staff retreats, for the purpose of increasing staff cohesion, mutual appreciation, and stress reduction. During the last two months, interns are given time to prepare for the EPPP.

Staff and interns also are encouraged to attend local continuing education conferences and workshops, and the Center provides paid time off and tuition reimbursement for pre-approved outside training. The Center is an APA approved sponsor of continuing education.

TYPICAL WORK WEEK AND EXPECTATIONS.

A typical workweek for a psychology intern includes:

Activity	Hours per week
Specialty Mental Health: Therapy, Intake Assessments	8 hours
Psychological Testing	8 hours (report writing & testing)
Integrated Care, Consultation, Interprofessional Development	8 hours
Total Clinical Activities	Approximately 24 hours per week
Individual clinical supervision	1 hour
Group clinical supervision	2 hours
Assessment supervision	1 hour
Group professional development supervision	1 hour
Total Supervision	Approximately 5.0 hours per week
Didactic Seminars (Assessment, EBPs, etc...)	2 hours
Team Meetings	1 hour
Documentation, Travel, Other	5.0 hours
Provision of supervision to practicum students	2 hours
Peer supervision	1 hour
Total Other	11.0 hours
Total time per week	40 hours

Although the program is preplanned and organized, a degree of flexibility is maintained within the structure in order to meet individual intern objectives and needs for more or less training with, for example, certain diagnostic groups, age ranges, kinds of families, clinical areas of interest, specific treatment modalities or approaches, etc. At the beginning of the year interns review profession-wide competencies expected to be developed and demonstrated during the year, and the program learns from each intern the individual goals and objectives they have for the training year. Progress during the year is measured against both program and intern learning objectives.

WORKLOAD EXPECTATIONS. This weekly schedule is approximate and may change based on the needs of the clients and agency. Interns are expected to spend a majority of their time in direct experiential activities. Interns are expected to provide at least 12.5 hours of billable services per week; though, they will not fail internship if this expectation is not met for reasons outside of the intern's control. This productivity expectations provides a concrete measure of intern time spent in direct clinical activities and provides interns to develop professionalism.

This is an example of the possible week's schedule:

Weekly schedule

Calendar

media

Your source for calendars

Name: Psychology Interns

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	Intern 1 & 2-At Track	Intern 3 & 4-At Track	1st Wed: CE; 2nd Wed: LBOP staff mtg; 3rd & 4th Wed: Didactic	Intern 5 & 6-At Track	
10:00					
11:00					Profess development supervision (prof id, sup of sup, integrated care)
12:00					Lunch/Peer Supervision 1x/mo
1:00			Group Clinical Sup (MAP, case presentations)		
2:00					1/2 year: Practicum Grp Sup
3:00					
4:00					
5:00					

PSYCHOLOGY TRAINING COMMITTEE AND CORE TRAINING STAFF

Kendra Bailey, Ph.D. Clinical Supervisor, Intern Primary Supervisor, Group Supervisor

Areas of Interest: psychodynamic and attachment theories, family therapy, and psychological assessment.

Lauren Ford, Psy.D. Pediatric Clinical Psychologist, Integrated Care Supervisor, Group Supervisor

Areas of Interest: child and adolescent chronic illness, multidisciplinary collaboration, adapting cognitive behavioral therapy for healthcare settings

Leah Gutierrez, Psy.D. Clinical Supervisor, Intern Primary Supervisor

Areas of Interest: early childhood mental health, trauma informed care, attachment theory, Child Parent Psychotherapy, play therapy, training/development

Dawn Vo-Jutabha, Ph.D. Chief Quality Officer/Training Director, Assessment and Professional Development Supervisor

Areas of interest: developmentally focused-clinical psychology, supervision training, development of psychology professionals/training, adapting evidence-based treatments for specific populations, and psychological assessment

ADJUNCT TRAINING STAFF

Tiffany Dawson, LMFT, Psy.D. Clinical Supervisor

Program involvement: didactics, applicant reviewer and interviewer, MAP trainer

Brittany Jondle, Psy.D. Staff Clinical Psychologist, Integrated Care Supervisor

Areas of Interest: adolescent medicine, multidisciplinary collaboration, juvenile justice

Ioana Pal, Psy.D. Clinical Psychologist, Miller Children's Hospital, Track Supervisor

Program involvement: supervisor for Stramski Children's Development Center, mentor

Lisa Fasnacht-Hill, Ph.D. Pediatric Neuropsychologist, Miller Children's Hospital

Program involvement: supervisor for inpatient services, guest lecturer, didactic seminars, mentor, applicant interviewer

Nathan Swaringen, LCSW Licensed Clinical Social Worker

Program involvement: supervisor and trainer for the neurosequential model of education and It's About T.I.M.E. track

Susana Prego, LMFT (Spanish-speaking), Therapist

Program Involvement: Spanish group supervisor

Christina Zavalza, Psy.D. Staff Clinical Psychologist, Integrated Care Supervisor

Areas of interest: immigration trauma, international mental health care, psychological testing, integrated health-care

OTHER CONTRIBUTORS

Aseye Allah, LCSW (Spanish-speaking) Program Manager

Program involvement: applicant interviewer

Patricia Costales, LCSW (Spanish-speaking) Chief Executive Officer

Program Involvement: applicant interviewer

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions

The 2018-2019 training year will begin Monday August 26, 2019 and end Friday, August 21, 2020. The training year consists of 52 weeks and provides approximately 2,000 supervised pre-doctoral hours towards licensure. Note: hours may be less if all sick and vacation time are taken during the year.

In order for your application to be considered, you **must** have:

1. No Minimum Total Direct Contact Intervention Hours	***A minimum of 400 combined direct contact intervention and assessment hours. Applicants with no psychological testing experience at the doctoral level by the start of internship will not be considered.
2. No Minimum Total Direct Contact Assessment Hours	
3. Completed all coursework for a doctorate in psychology from an APA-accredited clinical or counseling psychology program	
4. A majority of clinical practicum (therapy and testing) and other relevant experiences with children, adolescents, and/or families	
5. Completed a dissertation proposal by internship start date	
6. Passed all comprehensive or qualifying exams in the doctoral program	
7. Interns must be a citizen of the U.S., a non-citizen national of the U.S, a foreign national who possesses a visa permitting permanent residence in the U.S., or a student with an eligible visa that allows employment. The Guidance Center does not sponsor individuals for work visas.	

*The program is primarily a clinical psychology training program, and is limited to doctoral candidates who have a one-year full-time internship as a part of their degree requirements. Applicants who have a doctorate in a related field and are seeking an internship to re-specialize will need to be enrolled in a qualifying clinical retraining program.

The ideal applicant will also have:

- 1) a strong commitment to serving the underserved,
- 2) an apparent passion for and previous experience working in community mental health,
- 3) made significant progress toward completing their dissertation requirement (at least data collected),
- 4) flexibility and openness to working with clients in any setting,
- 5) the ability to work under pressure and multi-task,
- 6) the capability to work with and learn from multidisciplinary professional staff,
- 7) a willingness to experience different treatment modalities,
- 8) the ability to be reflective about individual and cultural diversity factors, and
- 9) an interest in trauma treatment

ALTHOUGH WE HAVE TRAINING OPPORTUNITIES IN MEDICAL SETTINGS THE FOCUS OF THE INTERNSHIP IS ON SPECIALTY MENTAL HEALTH SO APPLICANTS WHO ARE ONLY INTERESTED IN PEDIATRIC PSYCHOLOGY MAY NOT BE THE BEST FIT. FINANCIAL AND OTHER BENEFIT FOR UPCOMING TRAINING YEAR (2018-2019)

Interns are considered non-exempt employees and are provided all the benefits of that status. Applicants may ask for the employee handbook or the internship handbook if further details are required.

Annual stipend/salary for full-time interns	(\$14.25/hr) Annualized hourly rate is \$29, 640 Interns who are fluently bilingual in Spanish and English (and pass a verbal test) will receive an additional \$4,500 annual stipend. Overtime paid for time worked above 40 hours *Salaries are not finalized until adoption of that year's budget	Paid on the 7 th and 22 nd of every month
Annual stipend/salary for half-time interns	Not Applicable	
Program provides access to medical insurance for intern	Yes, interns are fully covered for medical, dental, and vision if the HMO plan is chosen.	Coverage begins the first day after one-month of employment.
Trainee contribution to cost required?	No, not for HMO plan. Interns have the option to purchase a PPO plan for additional out of pocket cost.	
Coverage of family member(s) available?	Yes, at cost to intern.	
Coverage of legally married partner available?	Yes, at cost to intern.	
Coverage of domestic partner available?	Yes, at cost to intern.	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80 hours per year *vacation cannot be taken the last week of internship; the agency is typically closed between Christmas and New Years and requires vacation days to be taken	Accrued at a rate of 3.334 hours per pay period
Hours of Annual Paid Sick Leave	64 hours per year	Accrued at a rate of 2.792 hours per pay period
In the event of medical	Yes, the program will work with the	

conditions and/or family needs that required extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	intern and doctoral program to ensure that 2000 hours are still accrued and all competencies are met	
Other Benefits	<ol style="list-style-type: none"> 1. 40 hours per year for pre-approved continuing education or dissertation related meetings 2. \$150 towards continuing education workshop reimbursement 3. Work related mileage reimbursement (\$0.53.5/mile) 4. Partial mobile phone reimbursement 5. Intern contribution to 403b retirement plan 6. Employee Assistance Program 7. Employee Discounts through Fun Express 8. Shared Offices 9. Personal laptops with video recording capability 10. One-way mirror therapy rooms 11. \$75 towards therapy supplies 12. Secretarial and record-keeping support 13. Internet access 	

INITIAL POST-INTERNSHIP POSITIONS

	2015-2018	
TOTAL # INTERNS IN 3 COHORTS	14	
TOTAL # WHO DID NOT SEEK EMPLOYMENT B/C RETURNED TO DOCTORAL PROGRAM OR COMPLETING DEGREE	2	
	POSTDOCTORAL FELLOWSHIP	EMPLOYMENT
COMMUNITY MENTAL HEALTH CENTER	2	3
FEDERALLY QUALIFIED HEALTH CENTER		
INDEPENDENT PRIMARY CARE FACILITY/CLINIC		
UNIVERSITY COUNSELING CENTER		
VETERAN AFFAIRS MEDICAL CENTER		
MILITARY HEALTH CENTER		
ACADEMIC HEALTH CENTER		
OTHER MEDICAL CENTER OR HOSPITAL	4	
PSYCHIATRIC HOSPITAL		

ACADEMIC UNIVERSITY/DEPARTMENT		
COMMUNITY COLLEGE OR OTHER TEACHING SETTING		
INDEPENDENT RESEARCH INSTITUTION		
CORRECTIONAL FACILITY		
SCHOOL DISTRICT/SYSTEM		
INDEPENDENT PRACTICE SETTING		3
NOT CURRENTLY EMPLOYED		
CHANGED TO ANOTHER FIELD		
OTHER:		
UNKNOWN		

APPLICATION PROCESS

Multicultural and bilingual applicants are encouraged to apply, as Los Angeles County and the greater Long Beach region are areas of great ethnic and cultural diversity, and the Center strives to maintain staff at all levels with diversity and multicultural competency.

The Center only accepts the standardized application form developed by the Association of Postdoctoral and Psychology Internship Centers (APPIC). The *APPIC Application for Psychology Internship* (AAPI) is designed to be completed on a computer. The Guidance Center Psychology Intern program 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.

To apply for the Center's doctoral psychology intern training program:

1. Utilizing the AAPI Portal (portal.appicas.org), submit a signed and completed application by November 1, 2018 at 5:00PM Pacific Standard Time.
2. If you are invited for an interview, you will be asked to send a de-identified comprehensive psychological testing/assessment report (including cognitive, socio-emotional, neuropsychological, adaptive behavioral, and/or personality domains) reflective of your current assessment expertise and experience. The report may be used during the interview.
3. Applicants are strongly encouraged to detail training in, use of, and certification in any Evidence-Based Practices such as TFCBT, MAP, PCIT, CPP, or IPT.
4. In the cover letter, please specify the unique reason(s) for applying to this particular internship program and how your previous experiences are a good fit for our program. Please tell us which aspects of the program or agency set us apart from other community mental health internship programs and what specifically prompted you to apply to our program.
5. Arrange for three letters of recommendation from knowledgeable sources other than your academic program's Director of Clinical Training (DCT). The DCT may, of course, send a letter of recommendation (especially if he/she has worked with you directly), but it should be in addition to the other three requested letters. It is recommended that at least two of the letters be from clinical supervisors who are licensed psychologists. Letters should also be submitted using the

AAPI Portal and the required standardized format.

Please note: Due to agency insurance policies and DMV requirements, and because interns are expected to deliver mental health services in the field (requiring driving), interns who match with The Guidance Center must obtain a valid California driver's license prior to the start of the intern training year. Further, to ensure that safe driving is a priority, interns must maintain the following: a valid drivers license that is neither suspended nor expired; have no more than 3 minor driving violations and/or accidents combined within the last 3 years; no major driving violations within the last 5 years. Interns must also have sufficient vehicle insurance coverage and pass a background/fingerprinting check. For the primary care clinics and hospital settings, interns must also pass the hospital required drug screening, physical exam and immunization titers.

Because of the number of applications received, questions that are not answered by the above material can best be communicated by e-mail to Dawn Vo-Jutabha, Ph.D., Director of Training at djutabha@tgclb.org. Please do not call.

The program's policies and procedures manual is available upon request.

The program is accredited by the Commission on Accreditation of the American Psychological Association. Any questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979/Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

INTERVIEWS & SELECTION

After a careful review of the application provided by each applicant, approximately the top quarter of qualified applicants will be invited to attend an informational open house and participate in a required individual, in-person interview with the Director of Training and supervising faculty. Skype interviews are allowable only under emergency situations (e.g., weather preventing travel). Applicants will attend a required open house on January 7 (8:00am-10:30am) or January 16 (8:00am-10:30am) to hear about the program and speak to current interns, followed by a one hour inter with the Director of Training and a supervising psychologist. The two open house dates are followed by two more days of interview slots, resulting in six interview dates from which to choose. Applicants who do not attend the open house are typically at a disadvantage during the interview. Out of state applicants will be given priority in scheduling their interviews the same day as the open house. Current psychology interns will be available to meet with or talk to each applicant interviewed to answer questions and/or further explain the program. On-site interviews are required. An effort will be made to notify each applicant by December 15, 2018 regarding his or her status during review.

Our program emphasizes a broad conceptualization of diversity and strongly encourages applicants with

a desire to work with diverse populations to apply. To the extent that applicants and interns are comfortable, questions regarding values and how they may help or hinder work with underserved minority populations will be addressed in the interview and during the internship.

In accordance with the membership requirements of APPIC, a rank-ordered list of applicants who were interviewed by telephone or in person will be submitted during February 2018, to National Matching Services, Inc., who will computer-match applicants with sites. Results of the match will be released on APPIC Match Day, also during February 2018. Applicants will need to be registered with and submit a rank-ordered list of sites to the matching service. Further information regarding the matching program can be obtained from your school or academic Director of Training, or from the matching service website, www.natmatch.com/psychint (lower case only). See also the latest version of APPIC Match Policies and other relevant information available from APPIC 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."