

APA~ACCREDITED
PRE-DOCTORAL INTERNSHIPS
IN PSYCHOLOGY 2016-2017

THE INTERNSHIP IN CLINICAL PSYCHOLOGY

The pre-doctoral internship in clinical psychology at Franciscan Hospital for Children (FHC) is a full-time, 12-month program, beginning in early September, which is conducted under the auspices of the Department of Behavioral Health Services. It is designed for doctoral students from approved clinical, counseling, and school psychology programs. The internship subscribes to the training criteria for professional psychology set forth by the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers.

THE HOSPITAL

Franciscan Hospital for Children (FHC) is an acute care and rehabilitation facility that provides diagnostic and therapeutic services for children, adolescents, and families. Outpatient and inpatient treatment are offered in the context of an interdisciplinary model. The hospital is a teaching affiliate of the Boston University School of Medicine and is the site of several collaborative endeavors with such local providers as McLean Hospital and several Boston Public Schools.

Medical/Surgical services include: Anesthesiology, Dental and Orthodontics, Developmental Pediatrics, Endocrinology, Genetics, Infectious Disease, Neurology, Ophthalmology, Orthopedics, Rehabilitation Medicine, Otolaryngology, Pediatrics, Psychiatry, Pulmonology, Radiology, and Surgery.

The Kennedy Day School occupies a separate wing on campus and provides special education, therapy, and medical treatment for children with multiple disabilities.

PATIENT POPULATION

FHC serves culturally and racially diverse patients with a broad range of medical and behavioral health diagnoses, ranging from individuals exhibiting symptoms from all of the childhood DSM-5 categories, as well as those with a variety of congenital and acquired conditions.

THE DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

The Department of Behavioral Health Services employs three doctoral level psychologists, two neuropsychologists, three licensed social workers, two psychiatrists, and one nurse practitioner. Behavioral Health Service clinicians work in virtually every program and clinic at FHC. Historically the department has provided direct services and consultation. The department has trained doctoral psychology interns and social work students for a number of years. The internship program has been accredited by the American Psychological Association since 1981.

STRUCTURE OF THE INTERNSHIP

OVERVIEW AND GOALS

The mission of the FHC internship is to prepare doctoral students for competent practice of the profession of psychology in a variety of health care, behavioral health, and educational settings. Training focuses on service delivery, ethics, and sensitivity to individual and cultural differences. Current research findings and health care delivery trends are included in pertinent trainings, as interns are kept informed of any changes in the field.

The FHC internship emphasizes a developmental and systemic approach to the delivery of child and adolescent services. The goal of the internship is to provide competency in the following areas: assessment, intervention, consultation and supervision, conceptualization, multicultural awareness, professionalism, and documentation/management.

The internship provides training in the delivery of therapeutic, diagnostic, and consultative services within a multidisciplinary model. This provides the opportunity to interface with a variety of professionals including psychiatrists, pediatricians, neurologists, educational specialists, occupational therapists, physical therapists, and speech-language pathologists.

Our training goals and objectives can be found in the following table:

Goals and Objectives for Internship

Goal #1: To provide Interns with an intensive, practice-oriented year that promotes development of their competency in providing a wide range of psychotherapies in individual, family, and group formats to children with complex developmental, emotional, and medical needs and multi-systemic challenges.
Objective(s) for Goal #1: 1) Interns will engage patients in individual, family, and group therapy to develop treatment goals; 2) Interns will utilize interventions that meet current, evidence-based clinical standards; 3) Interns will report on and advocate for patients and collaborate with other health and mental health-care providers on multi-disciplinary treatment teams in the care of these children.
Competencies Expected: 1) Interns will demonstrate capacity to establish rapport through a minimum number of no-shows and cancellations; 2) Interns will write goal-oriented treatment plans that address the presenting problems and reasons for referral and that incorporate consideration of the child's developmental level, psychosocial history, demographic and cultural background, and diagnostic profile in choosing appropriate evidence-based treatment methods; 3) Interns will demonstrate a reduction in patients' symptoms during the three-month review of the treatment plan; 4) Interns will communicate regularly with parents and patients as appropriate on a

monthly basis to review progress in therapy and document this in their treatment notes;
5) Interns will complete multi-disciplinary treatment forms within the specified time-frame.

How Outcomes are Measured: Outcomes are measured by supervisor's weekly observations and, twice yearly, by a formal rating on the FHC Supervisor Evaluation Form.

Minimum Thresholds for Achievement for Expected Competencies: The minimum threshold for achievement on this form is that the Intern receive a mark of at least "Below Average" or better at mid-year for each Competency. Marks of Unsatisfactory or Below Average will be addressed with increased supervisory attention and training as necessary. By year's end, the Intern is expected to receive a mark of at least "Average" or better for all competencies measured. (The scale is five points, consisting of Unsatisfactory, Below Average, Average, Above Average, and Exceptional.)

Goal #2: To provide clinical experiences in psychological and neuropsychological assessment and the diagnostic skills necessary for understanding the whole child and advocating for the child's best interests and development. Through these supervised diagnostic assessments interns will deepen their appreciation of the variability and range of human capabilities.

Objective(s) for Goal #2:

- 1) Interns will conduct a comprehensive clinical diagnostic interview;
- 2) Interns will conduct psychological and neuropsychological evaluations from start to finish;
- 3) Interns will provide appropriate feedback about evaluations to the child's family.

Competencies Expected:

- 1) Interns will gather pertinent background data from the family and child, treatment team, and past and current reports and medical records in order to complete the background section of the assessment report;
- 2) Interns will select psychological or neuropsychological instruments appropriate to the child and the referral question(s) with increasing independence;
- 3) Interns will properly administer and score various instruments per their manuals based on supervisor review ;
- 4) Interns will write a comprehensive report that addresses the referral question and the child's strengths and vulnerabilities and provide recommendations in a timely fashion.

How Outcomes are Measured: Outcomes are measured by supervisor's weekly observations and, twice yearly, by a formal rating on the FHC Supervisor Evaluation Form.

Minimum Thresholds for Achievement for Expected Competencies: The minimum threshold for achievement on this form is that the Intern receive a mark of at least "Below Average" or better at mid-year for each Competency. Marks of Unsatisfactory or Below Average will be addressed with increased supervisory attention and training as necessary. By year's end, the Intern is expected to receive a mark of at least "Average" or better for all competencies measured. (The scale is five points, consisting of Unsatisfactory, Below Average, Average, Above Average, and Exceptional.)

Goal #3: To promote Interns' ability to offer sensitive and effective care and treatment to a diverse patient population through awareness of multicultural issues.
Objective(s) for Goal #3: It is expected that Interns will deliver treatments and assessments which are informed by the individual child's and family's capacities, beliefs, world-view, and culture.
Competencies Expected: 1) Interns will routinely inquire during intake about the individual child's and family's capacities, beliefs, world-view, and culture and document in the intake note; 2) Interns will initiate requests for interpreter services as appropriate and document in the treatment record; 3) Interns will seek consultation when encountering less familiar social norms and document in the treatment record; 4) Interns will document multi-cultural interventions in the treatment record.
How Outcomes are Measured: Outcomes are measured by supervisor's weekly observations and, twice yearly, by a formal rating on the FHC Supervisor Evaluation Form.
Minimum Thresholds for Achievement for Expected Competencies: The minimum threshold for achievement on this form is that the Intern receive a mark of at least "Below Average" or better at mid-year for each Competency. Marks of Unsatisfactory or Below Average will be addressed with increased supervisory attention and training as necessary. By year's end, the Intern is expected to receive a mark of at least "Average" or better for all competencies measured. (The scale is five points, consisting of Unsatisfactory, Below Average, Average, Above Average, and Exceptional.)

Goal #4: To provide instruction to the Intern in the social and professional responsibilities of a practitioner, including applicable legal requirements, ethical codes, and risk management approaches for contemporary practice.
Objective(s) for Goal #4: 1) Interns will comply with all ethical principles of psychologists; 2) Interns will also follow all of the required policies and procedures of psychology services and of the hospital.
Competencies Expected: 1) Interns will inform children, as appropriate to their developmental level, and their families of training level and internship completion date and document in the treatment record; 2) Interns will provide children, as appropriate to their developmental level, and their families with information regarding the limits of confidentiality as determined by ethical guidelines and document in the treatment record; 3) Interns will comply with all HIPAA standards in order to safeguard protected health information as monitored by the hospital compliance practice; 4) Interns will conduct themselves in an ethical and a professional manner at all times based on supervisor observation and feedback from multi-disciplinary treatment team members.

How Outcomes are Measured: Outcomes are measured by supervisor’s weekly observations and, twice yearly, by a formal rating on the FHC Supervisor Evaluation Form.

Minimum Thresholds for Achievement for Expected Competencies: The minimum threshold for achievement on this form is that the Intern receive a mark of at least “Below Average” or better at mid-year for each Competency. Marks of Unsatisfactory or Below Average will be addressed with increased supervisory attention and training as necessary. By year’s end, the Intern is expected to receive a mark of at least “Average” or better for all competencies measured. (The scale is five points, consisting of Unsatisfactory, Below Average, Average, Above Average, and Exceptional.)

Goal #5: To foster in interns an attitude of pursuing life-long learning, clinical inquiry and knowledge, and the application of professional treatment standards.

Objective(s) for Goal #5:
Interns will demonstrate the knowledge and application of current theoretical and evidence-based assessments and treatment interventions for seriously emotionally, medically, and developmentally challenged children and their families and the ability to convey this information and practice to others.

Competencies Expected:
1) Interns will provide training sessions for multi-disciplinary team members;
2) Interns will present at least one clinical case at department rounds;
3) Interns will provide relevant clinical information during seminars, conferences, and patient rounds as observed by supervisors.

How Outcomes are Measured: Outcomes are measured by supervisor’s weekly observations and, twice yearly, by a formal rating on the FHC Supervisor Evaluation Form.

Minimum Thresholds for Achievement for Expected Competencies: The minimum threshold for achievement on this form is that the Intern receive a mark of at least “Below Average” or better at mid-year for each Competency. Marks of Unsatisfactory or Below Average will be addressed with increased supervisory attention and training as necessary. By year’s end, the Intern is expected to receive a mark of at least “Average” or better for all competencies measured. (The scale is five points, consisting of Unsatisfactory, Below Average, Average, Above Average, and Exceptional.)

ORGANIZATION OF THE TRAINING

Each year the Department of Behavioral Health Services selects three interns. During the internship year, each intern works half of his or her time providing outpatient assessment and psychotherapy services in the context of the Behavioral Health Services Department. The other half of the intern’s time is spent working in one of three additional, more specialized training settings. These settings are the Medical Units, the Community Based Acute Treatment Unit, and the Children’s Wellness Initiative. The intern works in the same specialized, primary training setting for the whole year and is selected for interest and suitability to that setting.

MAJOR TRAINING SETTINGS

The **Outpatient Department** serves patients who present with a broad spectrum of behavioral and emotional problems. Referrals for assessment and therapy come from hospital and community physicians, social service agencies, schools, and directly from those in need. The presenting problems include, among others: depression, anxiety, conduct disorders, learning disabilities, adjustment problems, and family discord. Patients range in age from 2 to 20, with majority in latency years. Assessment and treatment plans are developed to answer the referral questions. All treatment modalities are employed. Consultation to other caregivers frequently occurs. Included in the outpatient training is an exposure to neuropsychological assessment. A didactic seminar and supervision from one of the staff neuropsychologists offer interns an introduction to the role of neuropsychology in a multidisciplinary setting. Applicants interested in this area will have the opportunity to meet with the seminar leader and discuss their interests, proficiency, and further training opportunities.

The **Medical Units** serve children with a variety of acute and chronic medical conditions, many of whom also have developmental disabilities. The intern works with the medical and rehabilitation team to assist children with brain injury, seizure disorders, and other acute and chronic neurological illnesses during their stays on these units. Infants requiring ventilator-assistance and children in post-surgical rehabilitation also require a variety of pediatric psychological interventions. The **Medical** placement includes: counseling medical inpatient child/adolescent patients and families; pediatric behavioral interventions; consultation to multidisciplinary rehabilitation teams and rounds; assessment, including neuropsychological assessment for patients with central nervous system dysfunction; and group therapy with residential child/adolescent patients.

The **Community Based Acute Treatment (CBAT)** Unit is a structured residential setting for children who require emotional and behavioral stabilization and evaluation. The program is licensed for 34 beds and serves children between the ages of 4 and 14 with a variety of diagnoses and symptoms, usually with an average length of stay of three to four weeks. The **Community Based Acute Treatment (CBAT)** placement includes: individual therapy with residential children and adolescents, milieu consultation and rounds, group therapy with the residential children, and organizing and running a support group for parents and guardians.

The **Children's Wellness Initiative** is a school-based program housed in five local Boston Public schools. Its purpose is to provide treatment to children and parents whose access to psychotherapy is limited. The intern works in one of the schools, which is nearby FHC. The **Children's Wellness Initiative** school placement includes: psychotherapy with children and adolescents, prevention groups and/or group therapy, and consultation to teachers and administrative staff.

TRAINING IN THERAPY

FHC offers specialized training in treatment and intervention approaches. Both didactic seminars and supervised clinical experience are integral parts of the intern's program. Training is available in the following modalities: family therapy (constructivist, structural,

general system), cognitive-behavioral, psychodynamic, behavioral, client centered, and short term crisis intervention.

Exposure to brief treatment models and maintenance therapy is provided, consistent with current managed care mandates. Emphasis is on writing treatment plans with measurable goals. Interns are taught to negotiate with managed care reviewers representing a wide range of insurance providers.

Opportunity for group therapy experience is available depending on program needs and the individual intern's training objectives.

TRAINING IN ASSESSMENT

FHC provides both didactic training in child assessment techniques and diverse clinical experience with a wide range of presenting problems and developmental levels. Training is provided in the assessment of intelligence, cognition, behavior, family functioning, and personality, as well as in observational and interviewing skills. The goal of this training is to provide each intern with competence in psychodiagnostic assessments, particularly of children and adolescents with complex and multifaceted presenting problems.

The goal of every assessment is to integrate historical information, observations, and test data with available information from other disciplines in order to develop a comprehensive understanding of the child and family to plan for effective intervention.

The previous training and experience of the intern and individual goals for the internship year are considered in planning training in assessment. Each intern conducts two to three diagnostic evaluations per month during the course of the internship. Interns also have the opportunity to perform evaluations in the areas of neuropsychology, school functioning, and general outpatient psychology as their interest and availability of referrals dictate.

SEMINARS

The seminar schedule is designed to build on the intern's graduate education and provide advanced professional training in assessment, intervention, consultation, research, supervision, multicultural issues, and ethical and legal matters. Seminars address the implications and impact of cultural and/or individual differences. Interns attend three to four hours of seminars weekly. The current seminars include:

The **Assessment Seminar** (weekly) covers psychodiagnostic assessment and neuropsychological assessment. In the context of the seminar and individual supervision, interns have the opportunity to learn how to determine and understand the questions being asked of an evaluation, what information to gather and how to do it, what tools to use and how to use them, how to interpret the data gathered, how to design useful, helpful recommendations, and how to put it all together in a cogent, readable assessment report. In addition, seminars will include discussion both of common psychological and neuropsychological problems and referral questions and of less common but notable genetic,

neurological, and neurodevelopmental disorders and syndromes. Interns will also have an opportunity to present their own cases during the seminar.

The **Professional Issues Seminar** (weekly) provides didactic training on a range of topics. Professionals from a variety of disciplines present on subjects within psychology and related fields. Previous trainings have focused on themes, such as post-doctoral preparation, play therapy, working with culturally diverse patients, behavior management, and assessing suicide risk.

The **Consultation and Supervision Seminar** (bimonthly) addresses theories of clinical supervision and consultation and various supervision models. Interns have the opportunity to supervise a Masters-level extern during the year. The seminar discusses and analyzes these supervisory experiences.

The **Evidence-Based Practices Seminar** (bimonthly) addresses relevant research and intervention protocols of selected empirically supported treatments that are particularly applicable to our client population. Treatments, such as Dialectical Behavior Therapy (DBT), Parent-Child Interaction Therapy, and Habit Reversal may be discussed.

PRESENTATIONS

Interns develop professional presentation skills through exposure to other presenters during monthly grand rounds, as well as the multiple presentations they are required to make during the internship. The intern may present within a departmental forum, such as a seminar, or during a team meeting on their primary rotation.

SUPERVISION

Staff is committed to training and represents a spectrum of theoretical orientations. These include: general and family systems, cognitive/behavioral, client-centered, psychodynamic, neuropsychological, and behavioral medicine. Therefore, during the internship, the trainee is exposed to a breadth of supervisory styles and theoretical models and is led to explore new avenues of thought and practice while developing his/her own professional style.

All training staff is expected to keep abreast of developments in the field, to attend conferences, and to integrate current literature and research trends in supervision. All staff psychologists participate in the training and supervision of interns. Interns also routinely interact with mental health professionals from other hospital departments and programs.

Each intern receives supervision individually and in groups from department supervisors and adjunct supervisory staff. Supervision goals include developing conceptualization skills, integrating theory with clinical practice, expanding clinical skills (i.e., assessment, intervention, and consultation), developing sound documentation/case management skills, improving the communication of information to other professionals, and increasing the intern's sensitivity to a patient population marked by diversity. Relevant literature is integrated into supervision.

Interns and supervisors conduct feedback sessions orally throughout the training year and in written format during the middle of the year and at year's end. Interns are evaluated in the areas mentioned above and are expected to demonstrate intermediate to advanced levels of functioning by the end of the internship. Trainees are encouraged to seek information and share concerns and impressions at any time.

STIPEND AND BENEFITS

The 2016-2017 internship year begins September 6, 2016 and ends August 31, 2017. It is a full-time internship, and each intern works forty hours or more per week. The current stipend is \$20,000. Interns receive the following benefits: 2 weeks vacation, 10 holidays, 8 paid days off in support of professional activities and dissertation work, partial health benefits paid by the hospital, sick time, and free daytime parking.

APPLICATION PROCESS

Applicants should complete the APPIC Application for Psychology Internship (AAPI) Online at <http://www.appic.org>. The internship application is in compliance with APPIC's policy regarding supplemental materials. However, the internship does require a psychological or neuropsychological evaluation report in addition to the universal AAPI. The report must have identifying information redacted according to HIPAA guidelines. Please indicate in your cover letter to us your preferences for a primary placement: **Medical, CBAT, or Children's Wellness Initiative**. If so desired, an applicant may be considered for one or more of the primary placements. It is the applicant's responsibility to make sure the completed application form and supplemental materials are submitted by December 1, 2015.

Applications will be screened for quality, breadth of education and experience, as well as perceived "fit" between the individual's goals and the opportunities available in our internship program. Strong candidates will be contacted for a personal interview. A personal interview is required.

We offer a full-year, funded internship for doctoral students in clinical, counseling, and school psychology. We particularly encourage applications from students with diverse minority, cultural, and linguistic backgrounds and from students with disabilities. We seek to offer training especially relevant to individual needs.

DIRECT ALL INTERNSHIP QUESTIONS TO:

Mary Ann Mullin, Ph.D.
Director of Training
Franciscan Hospital for Children
30 Warren Street
Brighton, MA 02135-3680
(617) 254-3800 ext. 3030
mmullin@fhfc.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.

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 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

TRAINING STAFF

Mary Ann Mullin, Ph.D. - is the Director of Behavioral Health and the Director of Training for the Internship Program. Dr. Mullin is a licensed psychologist who provides therapy services to children, adolescents, adults, and families, along with supervision to the staff and interns.

Elizabeth Baker, Ph.D. - is a licensed neuropsychologist who supervises the interns and runs the weekly assessment seminar. She has experience working with brain injured and medically impaired children, as well as children with learning and memory disabilities.

Fatima Watt, Psy.D. - is a licensed pediatric psychologist on our Medical Units and Behavioral Health Services. On the Medical Units, she provides a range of therapeutic services to children and families, consultation with other disciplines, and individual supervision to the medical intern. She also conducts individual, family, and group therapy in the outpatient department, as well as psychological and neuropsychological assessments.

Mark Keeler, Ph.D. - is a licensed psychologist specializing in neuropsychological assessment. He has 25 years experience evaluating children, adolescents, adults, and the elderly with a range of developmental or medical issues, acquired brain injury, or other mental health issues.