

APA~ACCREDITED
DOCTORAL INTERNSHIPS
IN PSYCHOLOGY 2018-2019

THE INTERNSHIP IN CLINICAL PSYCHOLOGY

The doctoral internship in clinical psychology at Franciscan Children's (FC) 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 set forth by the Association of Psychology Postdoctoral and Internship Centers and is accredited by the Commission on Accreditation of the American Psychological Association.

THE HOSPITAL

Franciscan Children's 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, 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

FC 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 four doctoral level psychologists, one neuropsychologist, three licensed social workers, one licensed mental health clinician, three expressive therapists, and one psychiatrist. Behavioral Health Service clinicians work in virtually every program and clinic at FC. Historically the department has provided direct services and consultation. The department has trained doctoral psychology interns, social work interns and expressive therapy 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 FC 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 FC 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 lifelong learning.

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.

Program Goals & Objectives

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. The program expects that Interns will engage patients in individual, family, and group therapy to develop treatment goals; utilize interventions that meet current, evidence-based clinical standards; and 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.
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. The program expects that they will conduct comprehensive clinical diagnostic interviews and psychological and neuropsychological evaluations from start to finish.
3. To promote Interns' abilities to offer sensitive and effective care and treatment to a diverse patient population through awareness of multicultural issues. The program expects that they will deliver treatments and assessments which are informed by the individual child's and family's capacities, beliefs, world-view, and culture.
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. The program expects each Intern to maintain the highest ethical standards.

5. To foster in Interns the attitudes and skills needed to pursue lifelong learning, clinical inquiry and knowledge, and the application of professional treatment standards. The program expects that 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.

Additional Goals for Expanding Knowledge

Additional activities are required so that Interns will achieve explicit knowledge in the following areas:

1. Curriculum: Participation in the role of a consultant to the multidisciplinary team on the Intern's primary placement, i.e. medical unit, residential unit, or outpatient (schools).
2. Program Evaluation: Participation in hospital and departmental Performance Improvement projects; participation in program evaluations of student/supervisor/program.
3. Theories and/or Methods of Supervision: Supervision of a practicum student and participation in group supervision/training sessions about this experience.

ORGANIZATION OF THE TRAINING

Each year the Department of Behavioral Health Services selects three interns. Each intern is placed in a specialized, primary training setting for the whole year and is selected for interest and suitability to that setting. These settings are the Medical Units, the Community Based Acute Treatment Unit, and Outpatient.

MAJOR TRAINING SETTINGS

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 Medical Intern spends half of his or her time on the Medical Units and the other half of his or her time in the Outpatient Department.

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 30 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 CBAT Intern spends half of his or her time on CBAT and the other half of his or her time in the Outpatient Department.

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, neurodevelopmental and learning disabilities, adjustment problems, trauma, 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. The **Outpatient** placement includes: individual, group, and family therapy, psychological and neuropsychological assessment, and consultation and intervention in pediatrics and related clinics.

TRAINING IN THERAPY

FC 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, cognitive-behavioral, DBT, 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

FC 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.

Regardless of placement, the outpatient training includes 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. Interns also gain exposure to the Autism Diagnostic Observation Schedule Second Edition (ADOS-2). Applicants interested in these areas will have the opportunity to meet with the seminar leader and discuss their interests, proficiency, and further training opportunities.

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 four 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. It 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, consultation/supervision, play therapy, working with culturally diverse patients, behavior management, and assessing suicide risk.

The **Research Seminar** (bimonthly) provides specific training on the creation and execution of a collaborative research project. Interns will select a topic, conduct literature reviews as necessary, complete an IRB application, and collect and analyze data.

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 clinical case presentation, 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 have the opportunity to supervise a Masters-level extern during the year. Supervision is provided to discuss and analyze these supervisory experiences.

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 2018-2019 internship year begins September 4, 2018 and ends August 30, 2019. It is a full-time internship, and each intern works forty hours or more per week. The current stipend is \$23,000. 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: **Outpatient (one position), Medical (one position) or CBAT (one position)**. If so desired, an applicant may be considered for one, two, or all three of the primary placements, which can also be indicated in your cover letter. It is the applicant's responsibility to make sure the completed application form and supplemental materials are submitted by November 15, 2017.

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:

Gregory Young, Ph.D.
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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

Fatima Watt, Psy.D. - is the interim Director of Behavioral Health Services. Dr. Watt is a licensed pediatric psychologist who provides a range of therapeutic services to children and families, including individual and family therapy, psychological and neuropsychological assessment, and consultation to families, schools, and other disciplines. She also provides supervision to the staff and interns. Her interests include neurodevelopmental disabilities, trauma, and assessment and treatment of young children and medically complex youth.

Gregory Young, Ph.D., LABA, BCBA – is the interim Director of Training for the Internship Program. Dr. Young is a licensed psychologist and behavior analyst in Behavior Health Services and the Kennedy Day School. He works as part of the medical units, supporting the rehabilitation team by improving patient’s motivation and helping to reduce the occurrence of problem behaviors. Additionally, Dr. Young provides behavioral consultation to the Kennedy Day School. He has specific interest in working with individuals with developmental disabilities and co-occurring complex medical conditions. He has experience with severe problem behavior reduction, medical desensitization, pediatric sleep disorders, and a specialization in Applied Behavior Analysis.

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.

Amanda Platner, PsyD- is a licensed clinical psychologist who specializes in working with children with neurodevelopmental disabilities and their families. She works primarily in outpatient Behavioral Health Services where she provides a range of therapeutic services and conducts psychological and neuropsychological assessments. She also conducts individual supervision for psychology interns and participates in evaluations on our Medical Units. Her interests include parent training, social skills groups, and autism diagnostic assessment.