

Southlake Community Mental Health Center, Inc., (dba)

Regional Mental Health Center

Psychology Internship Training Program

Welcome to the 2018-2019 Class!

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THE CENTER:

Regional Mental Health Center provides services in Lake County in Northwest Indiana; our two main centers include the Southlake campus in Merrillville, and the Tri-City campus in East Chicago. Most of its offices are located within 30-45 miles of downtown Chicago. The Northwest Indiana area we serve is comprised of urban, suburban, and rural areas. Formerly known separately as the Southlake Center for Mental Health and Tri-City Community Mental Health Center, Southlake acquired Tri-City on July 1, 2009 to make an agency that covers most of Lake County. Although the agency is still legally known as Southlake Community Mental Health Center, Inc., it is now doing business as Regional Mental Health Center.

The Regional Mental Health Center (RMHC) is fully accredited by the Joint Commission (JC). The Center provides a full continuum of mental health, addiction and primary health services, ranging from inpatient psychiatric hospitalization; residential addictions and intensive outpatient programming; outpatient psychotherapy for children, adolescents, adults, couples and families; day treatment, case management, and residential services for the chronically mentally ill; 24-hour emergency services; services for the deaf and hard of hearing; community consultation and education. The Center is committed to providing treatment in the least restrictive, most appropriate setting to keep clients within the community and involved in their own recovery. Short-term and evidenced based treatment methods are used whenever possible.

Regional Mental Health Center serves clients in every economic class and ethnic group, and treats a wide range of psychopathology. Clients include Eastern Europeans, Latinos, African Americans, among others. In an effort to meet the needs of the community, Regional has clinicians and support staff who speak Spanish, given the large population of Spanish speaking clients particularly in East Chicago. Priority populations include severely mentally ill adults needing community support to stay out of the hospital, severely emotionally disturbed children and adolescents, and substance abusers.

There are close to 450 administrative, support, and clinical staff who are employed at Regional Mental Health Center. The clinical staff consists of clinical psychologists, psychiatrists, psychiatric social workers, master's level clinicians, bachelor's level clinicians, licensed substance abuse counselors, mental health technicians, and peer recovery specialists.

The following are websites that provide additional information about the Northwest Indiana area.

For information regarding the area, www.oneregionnwi.org/indicators-report/ and local papers are a good resource; they include The Northwest Indiana Times <http://www.nwitimes.com/> and The Post Tribune www.post-trib.com. Local universities include branches of Purdue and Indiana University, www.pnw.edu and www.iun.edu. We are also home to a beautiful National Lakeshore, The Dunes. <https://www.nps.gov/indu/index.htm> provides information about hiking, geocaching and camping. Bike trails are also interconnected and available throughout the area. Other information on events and dining in the region are available at www.northwestindiana.com/counties/lakecounty.htm

THE PSYCHOLOGY INTERNSHIP PROGRAM:

Both Southlake and Tri-City have had long-standing pre-doctoral psychology Internship programs. The pre-doctoral psychology Internship program at Southlake was established in 1979; the Internship program at Tri-City was established in 1989. The Psychology Internship program at Southlake Center for Mental Health has been accredited by the American Psychological Association since April 21, 1987, and continues today as Regional Mental Health Center. Our last APA accreditation site visit occurred in November of 2013, which resulted in continued accreditation until the year 2020 when our next site visit will occur.

The primary goal of the Internship program is to train competent and ethical clinical psychologists with a particular focus on training psychologists to work in community mental health centers. To accomplish this goal the program is designed to provide an Intern with a variety of clinical experiences along with the structure and support of a longstanding institution and a large group of licensed practitioners. The Intern gains supervised experience from licensed clinical psychologists and other multidisciplinary staff in a variety of treatment modalities and interventions. These experiences include individual, family and group therapy, case consultation, crisis intervention, and psychological testing.

The Internship program can meet the needs of an Intern interested in obtaining generalist training in clinical psychology while allowing some flexibility to provide a more intensive experience in a particular specialty area. The program attempts to design a training experience which takes into account the interest and experience of the Intern, while insuring that basic training requirements are met. Graduates of the Internship have gone on to work in community mental health centers, private practice groups, the VA and other clinical settings.

The primary model we adhere to within the Psychology Internship Program is the practitioner model of training, which emphasizes the importance of using empirically validated methods of intervention and treatment appropriate to the etiology and symptomatology of the clinical disorders Interns encounter. In following this model, the Center has as its principal goal the training of competent and ethical psychologists who will be clinically prepared at the end of the year to work at a significantly elevated level of independence.

The Internship consists of a minimum of 2,000 hours completed within one year. and will begin on August 13, 2018. Approximately 20 hours of the Intern's time each week will be spent in

direct service to the Center's clients. Direct clinical contact will occur each week in two settings: Interns are assigned to one of four outpatient offices and carry a therapy caseload in that program for 12 months. Each Intern also completes 10 psychological test batteries during the Internship year. Each Intern rotates through one four-month and one eight-month rotation *or* three four-month rotations. Elective rotations are available in a wide variety of settings (See Rotations).

Supervision

- Interns receive at least two hours of individual face-to-face, formal supervision per week
- One and a half hours of group supervision in the family therapy seminar.
- At this time, one week of this individual supervision is provided by the Training Director.
- Additionally, they receive one hour of supervision on their chosen rotation.
- They also participate in case conferences, clinical staffings, and in-service training.
- Interns attend weekly seminars in psychotherapy and psychological assessment as well as participate in Journal Club and Diversity Journal Club.
- A weekly process group is provided so that Interns can share and discuss their Internship experiences; the facilitator for this process group is not a member of the Internship Committee to aid this group to be evaluation free.

Graduates of the Internship are expected to be proficient in psychological assessment and the use of a variety of assessment instruments including various Wechsler instruments, Rorschach, Thematic Apperception Test, Projective Drawings, various MMPI and Millon personality inventories, various academic achievement instruments, and other survey questionnaires for behavioral and emotional evaluation.

Interns are expected to achieve competencies in clinical interviewing, treatment, individual therapy, family therapy, and crisis intervention. Depending on rotations selected, Interns learn to work with severe and persistent mentally ill clients, substance abuse clients, person currently on a psychiatric inpatient unit, or troubled children and adolescents. By the end of the academic year, Interns should be comfortable doing psychotherapy and psychological testing with a diverse population, diagnostically and demographically, who may have multiple physical and emotional concerns.

Interns usually are involved in some form of outreach during their Internship year. This is evident in the "Consultation/Education project" (see below under Didactic Experiences).

The theoretical orientation of the training staff varies considerably. However, some of the training staff employs a psychodynamic conceptual model and a short-term, eclectic intervention model, while others rely more on a cognitive-behavioral as well as systems perspectives. All psychology staff members are proficient as "generalists" in terms of population and, as such, tend to be largely flexible in their theoretical and treatment approaches. Supervisors will inform the interns of their scope of practice and complete a more structured supervision contract following orientation at the agency.

INTERNSHIP GOALS:

Goal 1: To prepare interns to function as competent and ethical entry-level generalist practitioners with the requisite knowledge and skills for practice of professional psychology.

Objectives for Goal 1:

- | |
|---|
| <ul style="list-style-type: none">A. To perform competent assessmentsB. To provide appropriate psychotherapeutic interventionsC. To function in an ethical manner |
|---|

D. To apply research to their clinical practice

Competencies for Objective A (Assessment):

1. Planning of assessment instruments
2. Assessment Interview
3. Administration of Test Instruments
4. Interpretation of Test Data
5. Rapport/Sensitivity to Diversity
6. Coherent Conceptualization
7. Integration from Data, Interview, Collateral
8. Appropriate Diagnosis
9. Organized Completed Report
10. Recommendations: Realistic & for Referral
11. Feedback Sessions Effectively
12. Risk Mgmt Assessment & Intervention

Competencies for Objective B (Psychotherapy):

1. Conceptualization
2. Integration of information from applicable sources
3. Appropriate diagnosis from data
4. Positive relationship with client/collaterals
5. Manages conflict with client/collaterals
6. Therapeutic boundaries maintained
7. Appropriate interventions
8. Organized treatment plan
9. Flexible approach to meet client's needs
10. Treatment focus on client growth/change
11. Use of supervision/consultation for complex cases
12. Manages personal reactions effectively
13. Uses counter-transference for case formulation/intervention
- 14.

Competencies for Objective C (Ethical):

1. Identifies ethical and legal issues
2. Consults regarding issues appropriately
3. Incorporates supervisory input effectively
4. Reports abuse or danger to appropriate personnel
5. Maintains confidentiality
6. Obtains appropriate authorizations for release of information
7. Risk documentation by the end of day
8. Follow agency protocol for risk situations
9. Develop effective short-term crisis plan
10. Contacts client post crisis (if not hospitalized)

Competencies for Objective D (Research):

1. Displays efforts to expand knowledge and skills independently
2. Recognizes limits of competence in areas of practice
3. Utilizes supervision/consultation for sources of research/literature
4. Develops treatment plan consistent with scientific research
5. Presents in progress notes interventions consistent with scientific research
6. Incorporates scientific research into case conceptualization presentations

7. Demonstrates congruence of interventions with scientific research in case presentations and Final Case Conceptualization

Goal 2: To prepare interns to function as generalist practitioners in a community mental health center and/or other public mental health setting, including the exploration of the varied aspects of a multidisciplinary treatment agency.

Objectives for Goal 2:

- A. To provide consultation and collaborate with other professionals from different disciplines on cases as needed
- B. To complete successfully two to three rotations for exposure to different disciplines and treatment modalities
- C. To display competent incorporation of diversity issues as applicable to clientele of agency
- D. To employ positive coping skills and time management skills for efficient completion of necessary paperwork, compliance with agency employment policies, and management of personal/professional stressors

Competencies for Objective A: (Consultation)

1. Recognize need for referral to different discipline/level of care
2. Organize and present material effectively to different discipline personnel
3. Effectively communicate information to client for justification of referral
4. Coordinate treatment plan with different discipline
5. Display effective coordination of services with other disciplines and agencies
6. Community project: Develop project with appropriate language for effective communication to colleagues, other disciplines, and community at large depending upon target audience(s)
7. Maintains ethical boundaries and confidentiality when communicating for consultation and presenting for community audience

Competencies for Objective B: (Rotation)

1. Presents case formulations within orientation/perspective of rotation
2. Integrates effectively into treatment team of specialty
3. Functions collaboratively with clinicians from this specialty
4. Manages differences of perspective to maintain appropriate interaction
5. Maintains appropriate structure for group and group purpose
6. Facilitates group process for inclusion of all members
7. Structures and implements interventions for group process
8. Addresses group dynamic problems independently
9. Facilitate groups with co-therapist effectively
10. Facilitate groups in absence of co-therapist when ready
11. Fields request for services in a timely fashion
12. Addresses crisis situations to facilitate appropriate level of care
13. Contacts and coordinates with psychiatrist/colleague effectively
14. Follows protocols of assessment and evaluation for appropriate psychiatrist consultation
15. Incorporates supervisory input to practice on rotation activities
16. Completes documentation for all services in a required time.

Competencies for Objective C: (Diversity)

1. Identify issues of diversity for working with clients
2. Acknowledge differences that exist between client and clinician
3. Address differences with client in language appropriate to convey issue

4. Obtains additional information around diversity element independently
5. Incorporates supervisory/consultation information to clinical relationship
6. Maintains a case load of divergent DSM diagnoses (expectations of at least 1 in the six categories: Mood, Anxiety, Trauma, Psychosis, Substance/Addiction, Personality Disorder/Features)
7. Presents scientific material effectively from relevant journal article
8. Incorporates relevant diversity issues to case and testing presentations
9. Identifies personal reactions to differences
10. Conceptualizes cultural identify for self and impact of this on client
11. Obtains supervisory/consultation related to self identify as impacts treatment

Competencies for Objective D: (Coping Skills/Time Management)

1. Maintains amicable relationship with peers, colleagues, supervisors, administrative staff
2. Manages differences openly and tactfully for resolution
3. Participates in meetings with professional behavior
4. Completes all necessary documentation for client chart
5. Critical information (i.e. risk, mental status change, medical change, etc.) is incorporated into documentation
6. Produce clear and concise treatment plans within regulated time
7. Produce clear and concise progress notes within regulated time
8. Organizes tasks according to priority needs
9. Deconstruct larger task into smaller projects to complete
10. Develops schedule to meet demands of appointments, documentation, etc.
11. Completes tasks within regulated time period without reminders
12. Complies with Agency policy with regard to scheduling vacations, conferences, etc.
13. Identifies professional or personal problems affecting functioning
14. Develops coping strategy to manage problems and stressors
15. Seeks supervision/consultation to resolve stressors/management
16. Seeks personal therapy (if needed) for resolution
17. Responds to feedback from supervisors and other professionals in a non-defensive manner.

OUTPATIENT PLACEMENTS:

The emphasis in the Outpatient offices is to provide high quality, short-term mental health evaluation and treatment services. The Outpatient offices serve clients in the local area, as well as from several HMO, EAP, and managed care contracts. There are four Outpatient offices where Interns will be located: Northlake Counseling Center located within the Stark Center in East Chicago, Indiana; Ridgewood Satellite Office in Hobart, Indiana; Lakeside Satellite Office in Highland, Indiana; and the Merrillville Outpatient Satellite Office in Merrillville, Indiana.

The 12-month Outpatient placement provides a variety of clinical experiences with children, adolescents, and adults. These experiences include psychotherapy (individual, marital, family and group), crisis intervention, case consultation, and psychological testing. Interns are involved in all aspects of the treatment process from intake assessment through termination. The expectation is that each Intern will complete at least 400 clinical contact hours of outpatient experience throughout the year. Some of these hours may include consultation and education within the community, such as co-leading groups or workshops, and addressing community groups. Each Intern also is expected to complete 10 psychological testing batteries during the

year. Referrals for psychological testing are received from outside agencies and from the various treatment programs of Regional Mental Health Center.

Interns participate in staff and clinical case conference meetings. A minimum of two hours of individual supervision with a licensed psychologist takes place at the outpatient sites: one hour for psychotherapy and one hour focusing on testing. The Intern presents outpatient cases in psychotherapy supervision, multi-disciplinary staffings, and twice per year in the Case Conference series; the Intern provides a final Case Presentation at the end of the training year. The Intern also presents outpatient cases in weekly family therapy/systems group supervision. Ancillary training experiences at the outpatient sites can include attendance at school staffings or court hearings.

ROTATIONS:

As previously mentioned, Interns complete *either* three, four-month long rotations OR one eight-month rotation and one four-month rotation during the Internship year. Eight-month rotations are designed to benefit both the clients and the Interns by allowing them to establish a longer-term therapeutic alliance. Interns spend roughly six to ten hours on the rotation each week, which includes one hour weekly of formal, individual supervision provided by the rotation supervisor. At the start of the Internship year, Interns choose from the following rotation options.

AIRS (Adult Intensive Resiliency Services) (Four or eight months)

The AIRS Program provides day treatment programming services to adults who have a severe and persistent mental illness. The rotation in this program provides the Intern with training in the provision of group therapy for symptom management and problem solving skills. During the rotation, the Intern serves as co-therapist in several groups, which include therapy groups, as well as specialized problem-focused groups. The Intern will have the opportunity to develop and implement a short-term group curriculum and will be expected to serve as co-facilitator in an ongoing group. The Intern also attends regular program staffing.

PRIMARY BEHAVIORAL HEALTHCARE (Four months)

Regional has its own medical clinic that provides comprehensive health and wellness services to people of all ages; this is located in northern Hammond, Indiana. The Center is dedicated to providing accessible and continuous health care for every individual or family regardless of ability to pay. Their emphasis on illness prevention and education aids patients achieve their potential in functioning and improve their lives overall. A licensed mental health clinician is staffed at the medical clinic to provide immediate behavioral health education and intervention to patients in a primary healthcare setting. The rotation consists of didactic and interactive training. In addition there is an experiential component in the primary care site designed to introduce those participants who have not worked in primary care to the routines of care, both as practiced by primary care physicians and by primary care behavioral health clinicians.

SUBSTANCE ABUSE (Four or Eight Months)

There are two departments: OPSA in the Stark Building in East Chicago, Indiana; and Residential Rehab and IOP Rehab at the Strawhun Center in Merrillville, Indiana. The rotation focuses on the evaluation and treatment of individuals with substance abuse problems. Clients who are served by this program have a substance abuse problem or a substance abuse problem in combination with a mental health diagnosis. Substance Abuse is staffed by psychiatric social workers, certified addictions counselors, and psychiatrists. Among its various offerings, OPSA out of the Stark Center houses a women's intensive outpatient group. The Intern provides individual, group, and family therapy services to outpatient substance abuse clients. Interns perform assessments and attend multidisciplinary staff meetings.

EMERGENCY SERVICES (Four Months)

This department provides 24-hour immediate evaluations, linkage, and referral for individuals and families in crisis. This office processes requests for service that come into Regional Mental Health Center's outpatient programs. Emergency Services is staffed by bachelors and masters level clinicians. Interns provide front-line evaluations and crisis interventions. Interns also participate in staff meetings.

CAMPAGNA ACADEMY (Eight Months)

Located in Schererville, IN., **Campagna Academy** is a milieu treatment facility for youth between the ages of 11 and 21. In collaboration with Regional Mental Health Center, Campagna Academy hosts mental health staff through RMHC in order to provide services to the youth and adolescents within the residential program. RMHC staff coordinates and provides necessary services for the mental health needs of the youth as well as engages in consultation with the residential staff concerning the mental well-being of the youth and their families.

The facility is located on a large campus area with company offices, a day treatment school, gymnasium (that is also used for church service on Sundays), and residential facilities (known as the Cottages and Oasis). The Oasis program has four residential units that are split by gender and age groups. Those that are in the Oasis program are involved in intensive treatment that is geared towards helping the youth and/or their family become stabilized so the youth can return home or within a foster placement. Most youth that enter the program have co-morbid disorders that have not been managed well and cause the family, DCS, or Probation to place the youth at this facility to receive treatment. The Oasis program consists of a day treatment school in which the youth receive transferrable education credits; substance abuse groups; DBT-focused groups within their unit settings, and individual and family therapy. The youth also have a team that consists of their unit staff, unit therapist, case managers, and in some cases a DCS worker and/or Probation Officer.

Due to the intensive nature of this program, the intern is required to use two rotation cycles within Campagna Academy. This rotation offers the intern an opportunity to work within a milieu residential setting with youth that have a wide range of disorders and other multi-layered systemic problems. With regard to clinical work, based on the needs of the program and the level of need of the cases, the intern may conduct individual, family, and/or group with a few youth in the program. The intern will become part of the milieu team. The intern will be responsible for documenting various reports (e.g., monthly progress reports, quarterly court reports, and bi-

annually DCS reports). The intern may also attend court with their youth and maintain contact with collaterals. This rotation begins in December and continues until the end of the internship program.

IV-B TREATMENT TEAM (Four to Eight Months)

The IV-B program allows case management and therapeutic services to be provided within the home and community of children, adolescents and adults who are referred for services by the Department of Child Services (DCS). Clients are referred for IV-B services due to DCS involvement. This can include child abuse/ neglect, environmental neglect, DV, sexual abuse/trauma, etc. The children who are referred for services may be removed from their parents (in foster care or other placement) or they may be allowed to remain in the home (depending on the nature of the parental or family issues). The IV-B therapists and case management staff work with the children and the families to provide stabilization of any mental health issues, assess readiness for child and/or parents for reunification, make recommendations as to appropriateness of home environment or placement, etc.

The intern will have the opportunity to be part of a team that works with the Child Welfare System (DCS and CASA). This internship rotation will provide the opportunity to learn how this system interacts with the mental health system in providing services for children and families with a myriad of issues.

An intern who chooses this rotation would be required to go into the homes and communities of the clients with IV-B staff. As such, interns should be aware that we service clients in both North Lake County and South Lake County. We also attend court, provide court testimony, and attend Child and Family Team Meetings with DCS and CASA. Interns would be provided with the opportunity to attend those as well.

SUPERVISION:

Supervision is a core element of the Internship program. Supervisors provide support, mentoring, and guidance throughout the internship year. This is accomplished through feedback, problem solving, affirmation, and functioning as a role modeling for the Interns. The supervisory relationships help the Intern develop a professional identity and increased competence for independent functioning. Each Intern receives at least four hours of formal supervision every week. At the outpatient site, the Intern receives a minimum of two hours of supervision by a licensed psychologist: one hour for psychotherapy and one hour focusing on psychological testing. Every effort is made to provide a different supervisor for each of these two hours. Sometimes this entails commuting from one site to another, so Interns are expected to own a vehicle. At each rotation site, the Intern receives one hour of individual supervision from a designated supervisor. This supervisor will be a senior staff clinician affiliated with the rotation. Finally, each Intern participates in weekly family therapy/systems focused group supervision, attended by the psychology Interns and led by a licensed psychologist.

DIDACTIC EXPERIENCES, SEMINARS AND OTHER MEETINGS:

Interns attend weekly seminars with various topics throughout the year.

Seminars are led by a multidisciplinary team of psychologists, social workers, psychiatrists, and other professionals. Approximately 10 to 15 different staff members and invited speakers take part in this training series throughout the year. The emphasis in the seminar series is on teaching competent and ethical practice within a community mental health setting. Previous topics have included: assessment with WAIS, WISC, WMS, Diversity issues, Court testimony, substance

abuse treatment, and accessing community resources. Seminars are currently held weekly on Thursdays from 9 a.m. to 12 p.m.

Interns also participate in a **Journal Club** which is incorporated into the seminar schedule with a member of the psychology staff. Each Intern is responsible for selecting articles and facilitating informal discussion for one Journal Club meeting.

The **Diversity Journal Club** occurs during the year with each Intern facilitating a discussion about an article with their peers. Recent topics have included: Indigenous Psychology, Psychology of eating disorders, Cognitive processing with Bilingual Clients, Attachment and Aging, and Psychotherapy, Classism and the Poor. This is an opportunity to explore the range of diversity issues that present in a community mental health setting.

The **Interns' Process Group** is facilitated by a clinician who is *not* a member of the Training Committee and does not provide direct supervision of an intern. This typically occurs on Wednesday morning after **Family/Systems Supervision Seminar**. The experience is non-evaluative and tends to be guided by the needs of the Intern class to address the process, development, barriers, difficulties, etc. of functioning on internship and management of personal and professional identities.

Interns may also have the opportunity to participate in **clinical staffings**, and at least once a month in general business meetings with the outpatient staff.

Interns will each present on two occasions throughout the year at **Case Conferences** that occur during the Thursday morning seminar times. This is a ninety minute forum in which trainees take turns preparing and providing case presentations utilizing their active client caseload. The focus of the training includes case conceptualization, diagnosis, case management, and clinical intervention. Participants will receive assistance with clinical and theoretical skills, as well as general supervision from the case conference leader and other group members. Coordination of an article associated with some aspect of the case is incorporated in this discussion. Each Intern will present two cases during the year. At the end of the Internship, each Intern will complete a full case conceptualization of a client for presentation to committee members with related articles, for a **Final Case Presentation**.

Consultation/Education Project (proposed and outlined by February) is meant to be a reasonably-sized undertaking, with an eye toward addressing a particular unmet need in the agency and/or the community at large. They may also take the form of an inquiry into quality improvement needs that could be met potentially by the Internship program at Regional Mental Health Center. Interns choose a "sponsoring" member of the agency in order to mentor their experience. If the project is appropriate, the intern can schedule an opportunity to present the topic as training for the agency and/or community at large. Alternatively, a project could be formatted into a pamphlet to aid community members to recognize mental health issues and aid their access to supportive services.

STAFF DEVELOPMENT:

Regional Mental Health Center has an active staff development program for its employees. As employees of the agency, Interns have the opportunity to attend these in-house training events. Previous in-house training events have covered the following topics: the assessment and treatment of ADHD, health psychology, Sleep Hygiene, Motivational Interviewing, PTSD treatment, and family therapy for sexually abused clients. Interns will also have access to *Conference Days* and financial support to attend trainings that occur outside of the agency.

INTERN FEEDBACK:

In order to facilitate ongoing professional and personal growth, Interns are given formal feedback throughout the course of the Internship year. The formal feedback occurs quarterly. These sessions are coordinated by the outpatient therapy and testing supervisors. Rotation supervisors provide evaluations specific to the competencies for each rotation. Interns are shown the feedback form as part of the orientation process at the beginning of the year. The evaluation procedure includes a verbal processing of the evaluation with opportunity for the intern to address strengths seen, areas in need of further development, and comments by the intern.

SUPERVISOR FEEDBACK:

In order to facilitate ongoing improvement in the quality of supervision on the Internship, supervisors receive formal feedback from the Interns. Efforts are made by supervisors to provide an opportunity for informal feedback to and from the Interns on an ongoing basis. The outpatient therapy supervisor, the outpatient testing supervisor, and the family therapy supervisor each receive this feedback at quarterly intervals before the Internship is completed. Rotation supervisors receive feedback at the end of each rotation, only after the supervisor's feedback to the Intern has been submitted. Interns are shown the supervisor feedback form as a part of the orientation process at the beginning of the year.

INTERNSHIP FEEDBACK

In order to facilitate improvement in the overall quality of the Internship, Interns are asked to provide feedback on all Internship components at six months and at the end of the Internship year. These feedback forms are filled out anonymously. They are examined closely by the Training Committee and have often served as a springboard for positive modifications to the Internship.

TRAINING COMMITTEE:

The Psychology Training committee is composed of all psychologists involved in the training of Interns. The Committee's purpose is to solicit feedback from supervisors and further enhance the training of Interns. All members will be involved in self-study development, Intern supervision, and program development. The Training Committee meets once per month. It is chaired by the Director of Training. The committee strives to secure a high level of quality in every component of the Internship. The Director of Training has overall responsibility for the integrity and the quality of the Internship.

TIME COMMITMENT:

The time that previous Interns have reported spending on the Internship has varied considerably. The reported range lies from 40 hours to 50 hours a week. The time commitment appears to depend on variables such as the Intern's interests in gaining additional experiences, the Intern's level of experience, developing skills from outside research and reading (i.e. increasing competency with Rorschach administration, scoring, and interpretation), and the development of time management skills to maintain the responsibilities of the Internship.

Although we have flexible work weeks, schedules are organized around regularly scheduled meetings and some required evening hours (at least 6 hours of availability after 5pm per week); this is to accommodate school and work schedules. It is not uncommon for Interns to work at least 2 evenings a week until 8 p.m.

The following time breakdown may be helpful in achieving a sense of time commitment:

Clinical Contact Hours:	500 per year, both therapy and testing hrs
Testing, Outpatient	At least 10 batteries per year

Supervision, Outpatient	4.0 + hours per week
Seminars	3+ hours per week
Clinical staffing	1 hour per week/month
Interns' Process Group	1 hour per week
Rotation (including supervision)	6-10 hours per week
Paperwork:	Varies per Intern and task
Travel times between sites:	20—30 minute average

PSYCHOLOGY TRAINING COMMITTEE:

Jared Eaton, Psy.D. (Chicago School of Professional Psychology). Supervising Psychologist, Rapid Resolution Therapy Practitioner; Areas of Interest: Adult and Adolescent therapy, PTSD, Anxiety, Depression, and Panic Attacks.

Edward J. Gurauskas, Psy.D. (Illinois School of Professional Psychology). Clinical Director Adult Services. *Areas of Interest:* Psychodiagnostics; Addictions and dual diagnosis treatment; Ethics and professional conduct.

Sharon Kraus, Ph.D. (SUNY at Buffalo). President, Community Mental Health Services & Chief Psychologist
Areas of Interest: Family therapy, marital therapy, mental health administration and program evaluation research.

Svetlana Medvedeva, Psy.D., HSPP (ISPP at Argosy Chicago). Central Intake and Supervising Psychologist, Group Supervision. Areas of interest: Systems family therapy, Child and Adolescent Therapy, Psychological testing for children and adolescents.

Valerie Perez, Psy. D. (Chicago School of Professional Psychology). Supervising Psychologist; Diversity Journal Club *Areas of Interest:* Adult and Adolescent therapy, Depression, Anxiety, Domestic Violence and Abuser Intervention

Anissa Rivers, Psy.D. (Adler University). Director of Training and Supervising Psychologist, *Areas of Interest:* Motivational Interviewing, Forensic psychology, adult individual and group psychotherapy, dual diagnosis of mental illness and substance abuse/dependence, personality disorders, use of game theory and role playing as a method of rehearsal, learning and change.

ROTATION SUPERVISORS:

Brian Dieckmann, Psy. D. (Chicago School of Professional Psychology). Supervising Psychologist, Emergency Services Rotation; *Areas of Interest:* Health Psychology, Stress Management, Trauma, Addictions

John Breslin, M.Div., ICAC-II, NCAC II, LSW, LCAC (Catholic Theological Union); Supervisor, Substance Abuse Services Rotation.

Diane Lessner, MA, LMHC. Supervisor, Assertive Community Treatment (ACT) Rotation.

Peggy Payonk MSW, LCSW, LCAC (Indiana University). Supervisor, Intensive Addiction Services Rotation.

Anthony Pellegrini, MSW, LCSW, LCAC (George Williams School of Social Work at Aurora University). Rotation Supervisor of AIRS Rotation.

Ashley Shiparski, MSW, LCSW Service Director of Contracted Services, Campagna

Felicia Sanford, Psy.D. (Argosy University). Rotation Supervisor for Primary Behavioral Health.

COMPENSATION & BENEFITS:

The stipend is \$22,353.34 for the year. Interns are provided 160 paid time off hours, however 2000 hours of work is required to complete the internship program. The agency reimburses, at the average rate of 54.5 cents/mile (changes with the national average), for work-related travel expenses. Regional Mental Health Center also pays for malpractice insurance and life insurance. Interns may participate in the agency's health and dental insurance plans. Interns have access to free short-term psychotherapy through the agency's EAP for up to six sessions.

The agency maintains a drug-free workplace. Employment is contingent upon a **pre-employment drug test** on or before the start date.

PREREQUISITE REQUIREMENTS:

The Intern will be expected to have completed all academic work in clinical/counseling psychology at the doctoral level, as well as all practice or externships and qualifying examinations, as required in his or her particular doctoral program. A minimum of 500 total intervention hours is necessary to start the Internship program (i.e. needing 500 accrued by the start of internship). Regional Mental Health Center is funded for five Intern positions for the 2018 year. Regional Mental Health Center is an equal opportunity employer and service provider. Academic training in an APA-accredited doctoral program is required. Minority applicants and Spanish speaking applicants are encouraged to apply. Applicants are expected to have previous experience treating children and adolescents in family therapy or be willing and interested in learning this modality of treatment. Prior experience working with minority clients in a community mental health center setting is a priority for the internship program.

RESEARCH:

While the training mission of the Internship is clinical in nature, every possible opportunity is taken to utilize and to underscore the importance of research. The seminar series incorporates up-to-date research. Individual and group supervisors employ research findings in teaching assessment and intervention methods. A few previous Interns have been allowed to include clients as subjects in their dissertations, only in cases where the individual has given express approval. However, available resources and the clinical mission of the agency do not allow the implementation of an ongoing research agenda. (As noted above, Consultation/Education project is one opportunity for research potential).

MISCELLANEOUS INFORMATION

OFFICE SPACE:

Interns are guaranteed to have office space available to them at all times. Each Intern has a designated office of their own at one of the two sites Interns are placed for the year, with availability at other locations if needed. Rotation sites also provide office space to Interns.

SUPPORT SERVICES:

Each outpatient and rotation site has designated secretarial staff. These secretaries and administrative assistants are available to Interns for general secretarial services. All billing for clients is handled by an independent office.

Interns have full and equal access to agency equipment (e.g., photocopiers and audio-visual equipment). A personal computer workstation with intra- and Internet connectivity is assigned to each Intern in order for them to utilize our electronic clinical record. At the Strawhun Center building in Merrillville, there is one computer that is equipped with scoring programs to facilitate psychological evaluations and another at the Stark location. Currently, there are programs for scoring the various Wechsler instruments, MMPI and Millon protocols, CBCL, BASC forms, RIAP and R-PAS, and the Wisconsin Card Sort. The Executive Assistant for the Internship, located out of the Strawhun Center, is capable of helping access this computer and aid scoring of survey forms. Each outpatient and rotation site has a kitchen area complete with cooking appliances and storage.

Interns also have access to St. Catherine Hospital's library in East Chicago and to the library at Purdue University Calumet in Hammond. Interns also have access to the Lake County Library in Merrillville for additional resources.

ELECTRONIC RECORDS:

Regional Mental Health Center has electronic medical records for all clients and all services provided. Interns are trained in use of these records during the orientation process as well as ongoing during the internship year.

PARKING:

There is ample, accessible, free parking available at all of Regional Mental Health Center facilities.

APPLICATION PROCEDURE:

Students wishing to apply for the Internship Program should provide an APPIC application form, three letters of reference, a sample test report, transcripts of all graduate course work, and a curriculum vita. All information must be received by **November 10, 2018**. New APPIC requirements state that all applications must be submitted through the AAPI Online. This can be accessed at www.appic.org, then clicking on the "AAPI Online." Please note that Regional Mental Health Center also requires a **Sample Test Report** as part of the application materials. The report can be uploaded and attached to your electronic application. Please do not send any data via US Mail. If you have any questions regarding the application process, please contact Dr. Anissa Rivers at (219) 392-3803 or email anissa.rivers@regionalmentalhealth.org

The selection process will proceed in accordance to APPIC's published guidelines. 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.

http://www.appic.org/match/5_3_match_application.html

Regional Mental Health Center's Matching Program code number is 1296.
Register for the NMS match at <http://www.natmatch.com/psychint/>

Southlake Community Mental Health Center, Inc, doing business as Regional Mental Health Center is currently an APA accredited Internship program. If you have any questions regarding accreditation, the Commission on Accreditation can be reached at (202) 336-5979. The address is as follows: 750 First Street NE, Washington, DC 20002-4242

Telephone: 800-374-2721; 202-336-5500. TDD/TTY: 202-336-6123

(IR) C-27 I "Trainee Admissions, Support, and Outcome Data" Tables

Internship Program Admissions

Date Program Tables are updated: 08/31/2018

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Regional Mental Health Center is a comprehensive community mental health center. The internship is a generalist program, whose goal is to provide clinical training in outpatient therapy and assessment with a diverse client population, including children, adolescents, and adults. Various rotation experiences are available in a variety of levels of care and with both mental health and substance abuse populations, adults and children, and in behavioral health.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes		Amount: 500
Total Direct Contact Assessment Hours	Yes		Amount: 100

Describe any other required minimum criteria used to screen applicants:

Applicants are required to submit an example of a completed integrated test battery report.

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Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	22,353.34	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	N/A	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): The agency also reimburses at the average rate 54.5 cents/mile (changes with the national average), for work-related travel expenses. The agency pays for malpractice insurance and life insurance. Interns may participate in the agency's health and dental insurance plans and have access to free short term psychotherapy through the agency's EAP for up to six sessions.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2014-2017	
Total # of interns who were in the 3 cohorts	17	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	EP
Community mental health center		3
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital	3	1
Psychiatric hospital	2	
Academic university/department		

Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		6
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.