



Southlake Community Mental Health Center, Inc., dba Regional Mental Health Center

Pre-Doctoral Internship Program – APPIC Site 1296

COVID 19 Information Note:

Please note as of this writing, outpatient therapy, where the majority of the Interns' time is spent is being held in person after over a year of telehealth services. We are following guidelines and making use of personal protective equipment such as temperature checks, screening questions, masks, face shields and Plexiglas barriers and social distancing to maintain staff and client safety.

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., dba Regional Mental Health Center. An additional combination of Regional Mental Health, Regional Health Clinics and the Geminus Corporation has taken place in 2021. We have been combined into the Regional Health Systems, part of the Regional Care Group in order to treat the whole person, from prevention and child services to adult addictions, mental health and physical health care in our health clinics, we are coordinated to be a one stop shop to manage a client's physical and mental health throughout the life span regardless of their ability to pay.

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.

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. 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 the East Chicago location. Successful applicants must be committed to working with diverse and underserved community populations.

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 was scheduled to occur. Our site visit was delayed due to the COVID 19 outbreak and is still in the planning stages.

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 was 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 that takes into account the interest and experience of the Intern, while insuring that basic training requirements take place. 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. Despite the onset of more telehealth services due to COVID 19 Interns were able to complete the minimum required hours, but this may be adapted due to unforeseen circumstances. 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 three outpatient offices and carry a therapy caseload in that program for 12 months. Each Intern also completes several psychological test batteries during the Internship year; this has varied greatly in the last several years and was negatively impacted by the COVID 19 crisis. Test batteries returned to in person at the beginning of 2021 with additional restrictions and modifications for

health and safety needs. 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). Rotations were restricted during the COVID 19 epidemic but have restarted in most areas. We hope to be able to offer rotations without restrictions in the future, but it may be limited due to health and safety needs related to COVID 19.

Supervision

- Interns receive at least two hours of individual face-to-face or video conferencing, formal supervision per week for clinical work and assessment batteries.
- One hour of group supervision in the family therapy seminar, this has been through video conferencing due to COVID 19 restrictions this year but may return to in person.
- Additionally, they receive one hour of supervision on their chosen rotation.
- They also participate in case conferences, clinical staffings, and in-service trainings.
- Interns attend weekly seminars in psychotherapy and psychological assessment as well as participate in Journal Club and Diversity Journal Club.
- A weekly wellness hour is available so that Interns can share their experiences; try out new self-care/relaxation/mindfulness activities and connect with other staff members.
- Added in the 2021-2022 year will be supervision of supervision, with the interns taking the role of supervisor and meeting regularly with practicum students. Interns will have an additional hour of group supervision to review theory, practice and review their provision of supervision.

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 (R-PAS), Projective Drawings, various MMPI and Millon personality inventories, various academic achievement instruments, and other survey questionnaires for behavioral and emotional evaluation. We also have the ability to do Autism assessments and some Neurological assessments (Wisconsin Card Sort, BRIEF) and students may have some exposure to those instruments.

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, as well as 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. Some are trained in CPT and Motivational Interviewing. 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:

- A. To perform competent assessments
- B. To provide appropriate psychotherapeutic interventions
- C. 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

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, begin to learn supervision skills.
- 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
8. Begin supervision of practicum students and develop skills.

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: (Professionalism)

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 three 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. Interns provided some services by telehealth during 2020-2021. All services have returned to in person at this time.

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 500 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 a number of psychological testing batteries during the year which will also be included in total contact hours, the number of testing cases will vary. 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:

A note about rotations:

Additional rotations may be added or eliminated due to unforeseen changes. Every effort is made to add or create additional rotations if needed to suit the learning goals of the Interns. They may also be limited due to health and safety needs due related to COVID 19.

As previously mentioned, Interns complete *either* three, three to four-month long rotations OR one eight-month rotation and one three to 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 individual supervision provided by the rotation supervisor. At the start of the Internship year, Interns choose from the following rotation options. The following programs should be available, but as previously stated may be limited or unavailable due to COVID 19 outbreak or due to changes in staff within the rotation.

**PRIMARY BEHAVIORAL HEALTHCARE/Regional Health Clinic
(Four months)**

Regional has its own Federally Qualified Health Services 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 called a Behavioral Health Consultant 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 routine, both as practiced by primary care behavioral health clinicians.

**SUBSTANCE ABUSE
(Four or Eight Months)**

There are three departments that can provide rotations: Outpatient Substance Abuse (OPSA) and Recovery Matters Residential in the Stark Building in East Chicago, Indiana; and Residential Rehab and IOT 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. 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 and processes requests for service that come into Regional Mental Health Center. Emergency Services is staffed by bachelors and masters level clinicians. Interns provide front-line evaluations and crisis interventions. Interns also participate in staff meetings.

ADULT INPATIENT (Four to Eight Months)

The inpatient unit is housed at the Strawhun Center located in Merrillville, Indiana. The unit houses routinely ten to sixteen psychiatric patients. They share an inability to function outside of a structured inpatient setting that requires more intensive monitoring. Multiple therapeutic modalities are used to treat the patient. Individual, group and family therapy, activity therapy and medications are provided as necessary for the specific needs of the patient.

The goal of the rotation is to help the Interns understand the purpose of psychiatric hospitalization, to manage and interact with client's suffering from more intensive and

debilitating course of symptoms, and to learn the modalities of treatment that are present on an inpatient unit that help improve coping and management. Thus, an Intern on this rotation will be exposed to different types of psychopathology that are less commonly encountered in a traditional outpatient setting as well as symptom presentation that are at a more intense level.

Quality Improvement (Four to Eight Months)

The goal for the Quality Improvement rotation is to work with the Director of Accreditation and Quality Improvement to become familiar with the various methods of program evaluation and quality improvement projects taking place. The goals include assisting with QI and procedural improvement projects, analyzing data, increasing familiarity with accreditation and regulatory bodies for CMHCs and the origins of clinical practice requirements and program evaluation requirements. This rotation does not include clinical contact hours, it is also recommended interns would like to continue administrative work at a CMHC in the future and that they dedicate eight months to this rotation if they demonstrate a strong interest. This may not be available at all times due to time restraints of the Supervisor.

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 individual 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. Again, these may be held online due to the need for social distancing and minimizing health risks. At each rotation site or online, 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. A second hour of group supervision sessions also include training on becoming a supervisor, video tapes of sessions are reviewed and the Interns gain experience in providing feedback in a supportive environment. Training on theories of supervision and diversity concerns in supervision are reviewed in seminars.

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 topics, Diversity issues, Court testimony, substance abuse treatment, preventing burn-out 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' Wellness Group** is a self-care, wellness and process group that allows the Interns to socialize, try to use new self-care or mindfulness exercises, or provide peer support if needed. This typically occurs on Tuesday morning after **Family Group Supervision and Supervision group**.

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

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/Community 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. This 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. We have been providing training to a police academy to better understand mental health and substance abuse issues to those in training for the last several years as part of these efforts.

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, Tiered Military Training providing by Star Beh. Health, 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. The evaluation sessions are coordinated by the outpatient therapy and testing supervisors. Rotation supervisors provide evaluations specific to the competencies for each rotation. Group supervision supervisors (one for family/systems and one for supervising practicum students) also have input into the evaluations. 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 is approximately 40 hours per 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 standard 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: Testing, Outpatient	500 per year, both therapy and testing hrs Uncertain, COVID 19 situation impacted testing hours and batteries. Approximately five batteries expected.
Supervision, Outpatient	4 hours per week minimum/2 indiv. 2 group. Additional from rotation supervisors and larger dept. staffing meetings as well as case conferences on Thursdays.
Seminars	3 hours per week with some longer trainings available
Interns' Wellness Group	1 hour per week
Rotation (including supervision)	6-8 hours per week
Paperwork:	Varies per Intern and task
Travel times between sites:	20—30 minute average

PSYCHOLOGY TRAINING COMMITTEE:

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

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.

Angela Erb, MSW, LCSW, LCAC, MAC (Aurora University) Clinical Director of Adult Services, North and South. Supervisor of Department Directors, including DOT. *Areas of interest:* Trauma, Specialties of working with veterans, addictions, program evaluation and QI.

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

Svetlana Medvedeva, Psy.D. (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.

Felicia Sanford, Psy.D. (Argosy University). Supervising Psychologist. Rotation Supervisor for Primary Behavioral Health. *Areas of Interest:* Integrative Care and Administrator for Integrative Care grant.

ROTATION SUPERVISORS:

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

Vanessa Carroll, MS, LMHC, LCAC (Purdue University) Rotation Supervisor, Program Supervisor in Residential Substance Abuse program.

Victoria Charleston-Hanley, MS, QBHP, MAC, LCAC (Capella University) Rotation Supervisor, Program Supervisor for Recovery Matters, Residential Substance Abuse program.

Kathy Hartman-McCarthy, MSW, LCSW (University of South Carolina) Supervisor and Service Director, Adult Acute Intensive Services

Justin Sikes, MFA (Arizona State University) Rotation Supervisor for Quality Improvement. Director of Accreditation and Quality Improvement, Data Analysis.

Remaining rotation supervisors are in the Training Committee, see above for information.

COMPENSATION & BENEFITS:

The stipend is \$23,716.37 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, fingerprint and background check** 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). Those not meeting minimum hours due to COVID 19 crisis will be considered on the basis of their overall qualifications and goodness of fit with Regional's goals,

services and population. Regional Mental Health Center is funded for four Intern positions for the 2022-2023 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 and culturally aware applicants are strongly encouraged to apply, along with individuals interested in working with underserved individuals. 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 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. 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, and program evaluation skills are taught and opportunities are available as part of a rotation. The creation of a training didactic or presentation to the larger agency is possible as part of the consultation project, particularly if an Intern is interested in sharing their dissertation or research project information with Regional staff or clients.

MISCELLANEOUS INFORMATION

OFFICE SPACE:

Interns will have office space available to them both at their main outpatient location and on rotations. Due to COVID 19 and the need for social distancing some offices now have limitations. This has particularly impacted several of our outpatient office sites. All Interns will have their own office, but they may share their office with another staff member when they are not utilizing the office. Plexiglas barriers, face shields, masks and regular cleaning and frequent hand washing will be utilized to assist in reducing the spread of illness on our return to the office. We may continue to provide some of our services online due to COVID 19 through telehealth methods, but plans are in place to return to the office in July 2021. Interns may have to use their own laptops to access teleconferencing and possibly medical records as well as other programs. If working at home continues the connection to the computer system and electronic health record will be provided by Regional.

SUPPORT SERVICES:

Each outpatient and rotation site has designated office staff. These administrative assistants are available to Interns for general office services, including sending letters to clients, sending faxes maintaining reports. All billing for clients is handled by financial offices in each location and the Geminus Corporation, which manages our Human Resources, Billing and some agency wide training concerns.

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 if they are working in the office. Interns will have access to testing equipment. The Executive Assistant for the Internship,

Michelle Thompson, is capable of helping access equipment and aid scoring test batteries. Each outpatient and rotation site has a kitchen area complete with cooking appliances and storage.

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. Supervisors regularly review medical records and form completion, chart audits are completed several times a year to ensure accurate use of the electronic record.

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 midnight Central Time on **November 1, 2021**. 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 by email anissa.rivers@rhs.care. Interviews will be conducted in person and by video conferencing, this year with in person interviews preferred if health and safety needs are managed, virtual interviews will be available if needed. Interviews will continue to include an information section and interview with supervisors as well as review of a case study.

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.

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

See the APPIC website for more information regarding the match:
http://www.appic.org/match/5_3_match_application.html

Southlake Community Mental Health Center, Inc, doing business as Regional Mental Health Center under the Regional Health System 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: 6/25/2021

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 Health Systems, a part of the Regional Care Group, provides affordable, quality mental health care, primary health care, addictions treatment and case management services to adults and children. We support our client's emotional, physical and intellectual well-being through whole person care. We are located within 45 minutes southeast of downtown Chicago in Northwest Indiana. The longstanding internship program (previously known as Southlake CMHC dba Regional CMHC) was created to be a generalist program whose goal is to provide clinical training in outpatient therapy and assessment with a diverse client population. In addition to the outpatient therapy and assessment, rotation experiences are available in a variety of departments and levels of care, with both mental health and substance abuse populations, adults and children, and in behavioral health at one of our Federally Qualified Health Clinics. Applicants from diverse backgrounds and those who can speak Spanish and who specialize in culturally sensitive treatment with a variety of individuals from Latinx populations are especially encouraged to apply. Successful applicants must be committed to working with diverse and underserved community populations. We have opportunities for a wide variety of psychological testing batteries, all interns are provided with testing cases and additional training on specialized instruments. We have returned to in person services as of Summer 2021 following the provision of teletherapy during the COVID 19 epidemic. All efforts will be made to ensure the health and safety needs of the interns, staff and clients, including the use of masks, face shields, frequent cleaning, and temperature checks to enter the building. Regional is an Equal Opportunity, Affirmative Action Employer of all protected classes. Women, racial and ethnic minorities, individuals with disabilities, and veterans are encouraged to apply.

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	No	Amount:500*
Total Direct Contact Assessment Hours	Yes	No	Amount:100*

Describe any other required minimum criteria used to screen applicants:

*The internship program at Regional will consider applicants who do not meet required direct contact hours and will review the application as a whole, considering goodness of fit with the internship and taking into consideration difficulties that may have resulted due to COVID 19 epidemic. Applicants are required to submit an example of a completed integrated test battery report in addition to the APPI. Applicants are recommended to have their Master's Degree in a psychology related field and must have their clinical research/dissertation proposal completed prior to beginning their internship.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$23,716	
Annual Stipend/Salary for Half-time Interns		
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	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	No
Other Benefits (please describe): The agency reimburses for work-related travel expenses. The agency pays for malpractice insurance and life insurance. Interns may have access to free short term psychotherapy through the EAP for up to six sessions. Coverage is available for family member or married partner if that family member does not have access to insurance through their employer.		

*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)

	2017-2020	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	1	3
Federally qualified health center	1	
Independent primary care facility/clinic	1	
University counseling center	1	
Veterans Affairs medical center	1	
Military health center		
Academic health center		
Other medical center or hospital	2	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility	1	
School district/system		
Independent practice setting	2	2

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.