

Marin County Community Mental Health Services

2012-2013 APPIC Pre-Doctoral Psychology Internship Program

The purpose of the training program is the preparation of psychologists for professional practice in public mental health settings and diverse communities. We emphasize the acquisition of a broad range of generalist skills for public service, while also encouraging interns to explore their emerging identities and interests through alliance with a specific interdisciplinary community treatment team throughout the internship year.

Our educational model promotes the development of local clinical-scientists who actively apply a scientific approach to work in the field and who collect and analyze practice-based evidence to inform treatment and evaluate professional effectiveness. We emphasize the responsibility of each intern to 1) develop a working knowledge of best practices established through research and 2) to actively implement outcome and alliance measures in their own clinical work.

Our model specifically focuses on the training of public service psychologists who will practice in multiple roles in interdisciplinary community settings that serve poor and marginalized populations with multiple health and developmental needs. We approach the treatment of serious psychological disorders with collaborative methods that are culturally-responsive, strengths-based and recovery oriented. We train students to identify and address community mental health needs using strategies that are tied directly to local culture and in partnership with clients and their families. Consequently, we emphasize the responsibility of each intern to 1) gain a working knowledge of the practice community through participation and collaboration with other providers and clients, and 2) to learn fundamental principles of public health practice as a foundation for career public service.

Training Goals and Competencies

The primary training goal of the Internship Program is to provide students with a broad range of experience in public service practice and with a diverse client population. This experience is guided by supervision from psychologists of varying professional and personal backgrounds, styles, and areas of expertise, as well as opportunities to learn from other interdisciplinary providers in community practice. We provide educational and experiential opportunities that develop competence and confidence for the independent practice of professional psychology. Although the strength of the training program is in providing the knowledge and skills necessary for community mental health practice, the diversity of the program also prepares interns to function responsibly in a range of institutional and managed care settings.

Each intern is expected to develop and demonstrate specific core competencies during the internship year. These core competencies are reviewed, monitored, and evaluated across

the training year. Successful completion of the internship requires the demonstration of the attitudes, knowledge and skills to meet doctoral level competency in:

1. Relationship Skills and Professional Conduct
2. Psychological Assessment
3. Psychotherapeutic Interventions
4. Cultural Competence in Diverse Settings
5. Consultation and Education
6. Advocacy and Supervision
7. Research and Evaluation

These core competency areas are addressed in orientation and seminars, supervision, and case conferences. They are demonstrated through intern written records and reports, review of cases in supervision, and interactions with clients and interdisciplinary staff. Progress toward mastery is evaluated in supervision, in quarterly progress reports, and through the completion of a set of professional portfolio projects required throughout the year.

In establishing these competencies, we also have the goal of specifically developing interns skill set for practice in community mental health settings and therefore the training model emphasizes these specific interdisciplinary training goals:

Our intention is to develop in each intern:

- 1) Competency in bio-psycho-social, strengths-based, recovery-oriented, community-centered practice.
- 2) Skill in culturally responsive assessment and collaborative treatment planning
- 3) Applied knowledge of culturally-responsive evidence-based practices, informed by practice-based evidence and outcome measures.

Clinical supervisors use a variety of contemporary theoretical perspectives, including cognitive-behavioral, psychodynamic, narrative and systemic models, in developing interns' understanding of psychopathology and the therapeutic process. Ongoing case conferences, led by licensed psychologists and staff psychiatrists, encourage students to follow the psychotherapeutic process in detail throughout the year and to articulate theoretical understandings of treatment. The weekly Allied Clinical Services Seminar, required for all interns, reviews and explores a variety of topics, including psycho-diagnostic evaluation, crisis intervention, treatment strategies for specific diagnostic groups, and life-span developmental psychology.

Structure of the Training Program

The standard internship is 2000 hours of supervised experience completed within 12 months and beginning in September.

Applicants have an option of requesting a modified internship if this is done at the time of application: Interns with health needs or family obligations that preclude a full-time internship may complete a two-year half-time internship of 2000 hours completed within 24 months.

The program has three training tracks within the allied system of care. Candidates may apply for more than one track and be ranked for more than one track but will be matched for service on a single track. Some opportunities for cross-track rotations may be available in the summer quarter.

Part-time interns select one of two options for their second 12 month rotation: (1) remaining in the same system of care, with the addition of a significantly new range of clinical duties and activities, or (2) rotating to a different clinical track to work with a new population and set of services.

Clinical Training Options

Applicants must apply to specific internship "tracks," which each include clinical experiences in Psychiatric Emergency Services, outpatient and community-based service delivery to a broad-range population and placement with a full-service partnership team.

Candidates may apply for more than one of the tracks and be ranked for more than one if qualified. Tracks effect how the majority of an intern's time in assessment and psychotherapy training is distributed, but are balanced with opportunities to learn about a wide range of elements of community mental health practice. All interns have opportunities to provide crisis intervention, outreach, advocacy, and group services to the general population of County clients

Clinical Tracks for 2012-2013

Latino Family Health Track: (Bilingual fluency in Spanish and English required)

Interns receive supervised training in providing outpatient services to family, youth, adult and older adult clients in outpatient mental health, primary care, and community settings. Training will emphasize strengths-based, family-oriented interventions that address effects of immigration, acculturation and health/economic disparities. Clinical practice opportunities include in-home services to seniors, school-based interventions, juvenile or adult justice programs and radio-based parent-education outreach serving families across California and beyond.

This track is based within the Youth and Family Services program which serves the mental health needs of children, adolescents and families with serious emotional, behavioral, and/or situational problems. Psychology interns receive training and supervised practice in intake evaluations, psychotherapy with individuals, families, and

groups, and multi-disciplinary case management. Outpatient clinical services are provided in central San Rafael. Treatment rooms are furnished with materials for play, art, and sand tray therapy, and a one-way mirror and audio system that can be used for observation, live supervision, and recording. Clinical services are also provided at schools, at the juvenile detention facility, and at other community settings, including clients' homes. Opportunities are available for experience with wrap-around teams, the family partnership program, bilingual parent education, Juvenile Probation, and Children and Family Services.

Forensic Mental Health Track

Interns on this track work with the interdisciplinary Supported Treatment After Release (STAR) team, serving adult mental health clients who are in the criminal justice system and Mental Health Court. Interns work with law enforcement, medical and mental health providers in the clinic, at the jail, and in the community and gain supervised experience in assessment, intervention, assertive case management, and outpatient psychotherapy, both individual and group.

This track is based within the Adult System of Care which serves adults and older adults, particularly those with major mental illnesses and persistent or acute conditions. All interns receive training and practice in initial intake and diagnostic assessment, individual psychotherapy, crisis intervention, and intensive case management. Interns are based at the Marin General Hospital campus in Greenbrae where they do a weekly rotation on Psychiatric Emergency Services. Interns also do intake rotations and provide outpatient services at the Health and Wellness Campus in central San Rafael.

PGSP-affiliated Diversity and Community Mental Health SMI Track:

This clinical track is supported by and affiliated with the Diversity and Community Mental Health track, Pacific Graduate School of Professional Psychology at Palo Alto University (PAU) and open only to students currently enrolled in the Ph.D/DCMH program at PAU.)

Interns receive supervised training in providing integrated psychology services to adults and older adults with acute or serious/persistent mental illness. Interns provide individual and group psychotherapy and learn skills for crisis intervention, stabilization and assertive case management. Students will work with a general population of county medication clinic clients and be affiliated with one or more clinical practice teams providing outreach to the homeless mentally ill, forensic mental health, geropsychology and/or integrated dual disorders treatment.

The client population served by all clinical teams is multicultural and there are opportunities to provide services (and receive supervision) in both Spanish and Vietnamese

Elements of the Training Program

Clinical Experience and Individual Supervision

Clinical assignments are selected by primary supervisors and matched to individual student's training needs and interests through ongoing discussion of developing competencies and internship requirements. All interns will have supervised experience with a range of case and activity assignments across the training year. Interns will have the opportunity to do both brief and longer-term psychotherapy with individual or family cases throughout their internship.

While each week of training will be different, as skills develop and opportunities emerge, a typical distribution of time for a full-time intern is detailed below:

Direct Service:

- 6-10 hours of face-to-face psychotherapy (individual or family)

- 4-8 hours of intake/assessment/crisis intervention/group services

- 2-4 hours of case management/clinical consultation/assessment or observation in the field

Training and Supervision:

- 3 hours of individual supervision

- 2 hours of didactic training

- 2 hours of DBT case consultation group

- 2 hours of clinical team specific case conference

- 1 hour of additional didactic or supervised counter-transference/transference group

Clinical Support/Professional Development:

- 2 hours for documentation/administration of services/consultation

- 1 hour of peer consultation group

- 4 hours for dissertation/research

Additional time (up to but never exceeding a total of 44 hours/week) may include: community outreach/education, teaching/supervision opportunities, participation in partner organizations with clinical supervisors (eg: Nuestros Ninos parent education radio show, West Coast Trauma Retreat for first responders with PTSD, Community Action Marin peer provider organization, Community Health and Wellness Fair)

All psychology interns have two hours per week of regularly scheduled individual supervision by one or more doctoral level licensed psychologists. Additional hours of individual supervision are provided by licensed psychologists, board-certified psychiatrists, licensed clinical social workers, or licensed marriage and family therapists. Clinical cases are assigned in consultation with the appropriate clinical teams and followed both in individual supervision and case conference/group supervision.

Clinical Assessment Training

Interns participate in providing acute care evaluations on the Psychiatric Emergency Service and medication clinic intake and they are introduced to procedures related to inpatient hospitalization and risk assessment. Clients served by our systems present with

a wide range of complex diagnostic presentations, including a full array of psychotic conditions and personality or behavior disorders, often compounded by health conditions, trauma histories, and substance use. **Training emphasizes the clinical diagnostic interview and the integrated collection of data from collateral sources, report/checklist measures, outcome and alliance measures, consultation and observation.** When clinically indicated, traditional psychological testing is implemented, including projective and neuropsychological measures. Interns can also receive training and practice with specialized psychopathy and risk measures (PCLR-20 and the HCR-20). Additional supervision with a licensed psychologist is provided for test batteries and reports. Intern applicants should be aware, however, that **formal test batteries are not emphasized** and opportunities for these vary across clinical services, usually not exceeding 3-5 batteries per year. **The training focus is on differential diagnostic interview skills and integrative clinical data. The clinical population provides an excellent range of opportunities for diagnostic training and consultation.**

Allied Clinical Services Seminar

The Allied Clinical Services Seminar provides weekly two-hour sessions on a range of clinical topics. The seminar brings together interns from system-wide clinical teams and emphasizes common issues and content areas shared by allied professions in community mental health work. The seminar typically usually includes one or more post-graduate interns interns and some advanced practicum students in clinical psychology or social work.

In the fall term, the seminar emphasizes the biopsychosocial model that informs clinic practices and the skills required in effective psychodiagnostic assessment and treatment planning. The sessions are intended to support and enhance students' experience as they are immersed in initial casework, supervision, and the challenge of learning the language and dynamics of the service delivery system. In the winter and spring terms, the seminar series continues to explore developmental dynamics and theory and treatment strategies for working with the effects of trauma and neglect. The curriculum also addresses the dynamics of limited-term treatment and professional development. In the summer quarter there is a series on clinical supervision.

Seminars are taught by licensed clinical staff and invited professionals from the community. Interns and post-docs are expected to teach one seminar in the course of the year. Interns are required to attend the seminar weekly. Readings are assigned. A sample of a recent seminar schedule is available on request.

Case Conferences: Youth and Family, Adult and Older Adult Teams

Clinical team case conferences are one-hour weekly group supervision meetings co-led by a psychologist and a team psychiatrist, in which interns present outpatient cases and ongoing treatment concerns. Assessment, diagnosis, theoretical formulation and treatment planning are addressed. In addition, the psychiatrist and other MDs from the clinical staff provide education and consultation regarding psychopharmacology and related medical issues.

The conferences also provide a place to discuss administrative and systems issues and to learn about the role of the clinical psychologist in the public mental health system

Weekly casework-focused didactic seminars are also required. For the Child Team track, the focus is on clinical interventions with children and families. For Adult track interns, the focus in the first term is on crisis assessment and intervention, concurrent with their Psychiatric Emergency Services rotation. In the second term, the focus is on therapeutic communication, counter-transference, and professional development.

DBT/EBP Consultation Group Interns attend a weekly supervised consultation group throughout the year. After an initial review of Dialectical Behavior Therapy principles and Motivational Interviewing skills, interns begin co-leading EBP-informed skills groups with adults and/or adolescents. Interns develop and lead or co-facilitate EBP groups (eg: CBT, ACT, Seeking Safety, Positive Parenting Practices, Coping Cat) across the year. The consult group provides a place to learn and practice competencies in program development, program evaluation and consultation, as well as to learn skills in teaching, group leadership, and managing burnout, boundaries, and group process.

Peer Consultation Group

Interns convene an informal one-hour peer-led group, the purpose of which is to provide peer consultation, discussion and support without staff present. The group is confidential and is given the charge of identifying and exploring issues that emerge in the context of this training setting or in the context of their current professional development. Interns are encouraged to view themselves as a work group and to form a support network that spans team assignments.

All interns are expected to attend peer consultation group on a regular basis. The intern group selects a peer to serve as liaison to the Director of Training, so that any problematic issues identified by the intern group can be defined and resolved.

Additional Training Opportunities

Several optional training groups meet regularly. In the current training year, these include Narrative Training and Case Consultation, Group Therapy Training, and Senior Peer Counseling Training.

In addition, interns are invited to participate in the weekly staff meetings of their clinical team, and staff continuing education opportunities are open to all trainees. In recent years these have included programs on law and ethics, domestic violence, aging and long-term care, treatment planning, integrated family therapy, and working with LGBT clients.

Quality Assurance for Training and Learning

During the first two weeks of the training year, interns attend six days of orientation to the community mental health care system and County of Marin - Health & Human Services protocols and procedures. This includes a review of interns' rights and responsibilities; expectations of interns and supervisors; legal and ethical standards, policies on safety, privacy, harassment, mandates, due process and grievance procedures. Interns complete a self-assessment of competencies at the beginning of the year and set specific goals with their supervisors based on their professional development needs. Psychology interns receive regular verbal and written feedback on performance and are actively involved in setting and reviewing goals for their professional development during the training year. The program conducts regular training for supervisors and detailed program satisfaction reviews with interns at mid-year and year-end. The program

meets the standards of the California Board of Psychology, APPIC, and the academic programs of intern candidates. We have initiated the self-study process for APA-accreditation but given the typical time frame and financial requirements entailed we cannot know whether a site visit will be possible within the 2012-2013 training year. Applicants are encouraged to contact current or recent interns for comments on the quality of this program.

Commitment to Training

Marin County Community Mental Health has actively supported an organized clinical training program since 1972. We are committed to providing psychology interns an in-depth, practical experience of clinical work in public mental health. We offer interns comprehensive supervision and multiple opportunities to reflect on what they are learning in a way that will allow an integration of their school-based learning of theory with the realities of service provision to clients in the field. The program includes attention to issues of professional identity, organizational dynamics, and socio-cultural issues that affect professional life.

The psychology training program uses the Competency Benchmarks in Professional Psychology (APA/CCTC,2009) to guide the organization of training activities and the ongoing process of evaluating intern's growth and development. We expect psychology interns to arrive with academic professional training in the following foundational areas:

Foundational

- Professionalism
- Reflective Practice/Self Assessment/Self Care
- Scientific Knowledge and Methods
- Relationships
- Individual and Cultural Diversity
- Ethical Legal Standards
- Interdisciplinary Systems

Our commitment is to develop in each intern, through supervised direct practice, education, reflection and feedback, greater competence in each of these functional areas:

Functional

- Assessment
- Intervention
- Consultation
- Research/Evaluation
- Supervision
- Teaching
- Management and Administration
- Advocacy

SPECIFIC TRAINING OBJECTIVES/ACTIVITIES BY TERM

FALL TERM

- Familiarity with range of clinical services in CMHS, socio-demographics of the client population, sources for information and referral
- Familiarity with language, procedures, and general organization of the clinic
- Engagement with an ongoing caseload of appropriate clinical cases
- Effective supervisory relationships with ongoing attention to both casework and theoretical formulations
- Supervised experience in clinical intakes; completion of rotation on Psychiatric Emergency Services or intake process for Youth and Family services.
- Accurate completion of initial assessment and paperwork on all currently open cases
- Understanding of diagnostic nomenclature and DSM-IV-TR™
- Knowledge of strengths and recovery model and system of care principles.
- Familiarity with crisis assessment and intervention practices
- Familiarity with neurobiological effects of trauma and neglect and the related developmental and diagnostic correlates
- Community Psychology/Advocacy activity*

Winter Term

- Continued casework experience; added cases as appropriate with new challenges and increasing level of difficulty or diversity
- Appropriate level of supervision to match caseload; review of developing competencies and areas for focus and further training.
- Opportunities to define and explain case dynamics from a developmental perspective
- Familiarity with attachment theory and implications for work in a limited term treatment model.
- Experience in making and discussing case presentations with clinic staff and peers; assessments or case summaries for collateral agencies if appropriate.
- Teaching experience in didactic seminar.
- Increasing efficiency in paperwork completion
- Added experience with appropriate collateral agencies
- Identification of ongoing training needs for this year and planning subsequent professional development
- Community Psychology/Advocacy activity*

Spring Term/ Summer Term

- Continuing casework with appropriate attention to dynamics of treatment, termination and case disposition
- Related supervision with attention to understanding progress (and limitations) in treatment in one or more explicit theoretical frameworks and links to evidence based practice models.
- Opportunities for teaching or community outreach project development
- Opportunities for supervision of practicum or fieldwork students when appropriate.
- Review of personal strengths and professional development as a psychologist with attention to competency benchmarks for advancement toward independent practice.
- Practice in defining a developed conceptual framework for understanding problems presented in clinical work and the integration of theory with practice and evidence.
- Experience in writing case summaries, closing charts, and transferring cases
- Community Psychology/Advocacy activity*

Psychology interns design and complete a summer term when they have selected a 12-month full-time internship or as part of a continuing part-time internship of 20-24 months. The summer term offers the opportunity to continue seeing outpatient cases and to add an 8-week rotation on a specific clinical service (e.g., Juvenile Hall, Child and Family Services, Psychiatric Emergency Services, and Women's Health Services). Assignment of added supervision appropriate to these clinical activities is made on an individual basis when the training goals are defined. Specific objectives for the term are set in consultation with the primary supervisor and in the context of the psychology intern's professional development goals.

***Examples of Community Psychology/Advocacy activities:**

- Attending Marin Mental Health Board meetings
- Attending County Board of Supervisors public hearings
- Participating in local community-based organization (e.g., Marin NAMI, SALUD)
- Attending health/education community event/fair (e.g., Mental Health Day screenings, Bi-National Health Week events, Health and Safety Day)
- Attending 12-step group meetings
- Attending court hearing (juvenile court, drug court)
- Writing letter /op-ed for Marin Independent Journal
- Participating in psycho-educational radio and/or TV program