

Andrus Children's Center

PSYCHOLOGY INTERN TRAINING PROGRAM

PROGRAM DESCRIPTION

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THE ANDRUS CHILDREN'S CENTER
PSYCHOLOGY INTERN TRAINING PROGRAM
PROGRAM DESCRIPTION

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THE PSYCHOLOGY INTERN TRAINING PROGRAMS

I. Introduction

The Andrus Children's Center is a private, non-profit community agency offering prevention, assessment, educational, treatment and research programs that help children and families achieve healthy, stable lives (www.andruschildren.org). Our American Psychological Association Accredited pre-doctoral internship program is a vital part of Andrus' mission offering interns the opportunity to develop the necessary skills to independently practice child psychology. We are currently accepting applications for slots within the Mental Health and Campus Divisions.

The Mental Health Division of Andrus Children's Center

The Mental Health Division of Andrus is an outpatient, community based mental health setting with its primary goal being early identification of and intervention with children and their families at risk for mental illness or under intense situational stress. Founded in 1965, the former Center for Preventive Psychiatry's clinical services grew tenfold over the last 40 plus years. As the Center grew it expanded to include sites in White Plains, Yonkers, and Peekskill, New York.

Most of the Mental Health Division's resources are focused on the treatment of young children who have significant emotional, developmental and/or family problems. As such, it is among the largest facilities in the nation specializing in outpatient treatment of children under the age of 13 with a uniquely high proportion of preschoolers. The mental health division also treats a substantial number of children, adults and families who have experienced significant life crises and/or traumatic events in the recent past.

The Campus Division of Andrus Children's Center

The Campus Division of Andrus is located on a 110-acre campus in Yonkers, New York. Campus programs serve more than 175 seriously emotionally disturbed children, grades Pre-K-9, in three treatment programs: residential, day treatment and a live-in diagnostic unit. Children from the residential and day programs attend the Orchard School located on the Andrus campus.

The Internship Program

The Internship offers two separate tracks – an “**Outpatient**” clinic based track and a “**Campus**” track that involves the provision of therapeutic services (individual, family and group) to children in the Day Treatment Program on the Andrus campus. Interns from both tracks take seminars together.

The **Outpatient track** is a two-year training program. The first year of our American Psychological Association Accredited pre-doctoral Internship provides interns with supervised clinical experiences and a rich, extensive didactic seminar schedule. The second, a fellowship or post-doctoral year - depending on graduation status – which is not accredited - allows for more specialized clinical experiences.

The **Campus track** is a one year experience.

The Center does not accept applications for part-time experiences.

As will be described below, given the significant difference in the emphasis within the two tracks, (“**Campus**” with its combination of clinical and school consultation and “**Outpatient**” with early childhood training opportunities) applicants can apply to only one track.

To ensure that the interns’ practice of psychology with children is based on the science of psychology, interns participate in a number of seminars and workshops that provide a review of pertinent literature as well as case presentations and didactic experiences. Interns’ training and practice is done in a sequential, cumulative fashion with first year seminars divided between introductory and advanced topics. Interns have seven to eight hours a week of required seminars. These seminars and workshops stress the application of psychological concepts and current scientific knowledge, principles and theories related to the professional delivery of psychological services. The Internship begins with a series of orientation lectures (while other seminars are beginning as well) that introduces the intern to important information that is dealt with in more depth as the year continues.

The training activities of our Internship stress the application of psychological concepts and current scientific knowledge, principles and theories to the services the interns provide every day. This comes in the form of supervisors reviewing current literature on topics related to specific clients and most certainly in the attendance of the above mentioned full, rich seminars. Ethical issues are integrated into all the work with which an intern is involved. Work with culturally diverse populations is one of our major training goals and as such is covered in a seminar, during supervision and in case conferences.

Training Model

Our model of training is weighted on the Practitioner end of the spectrum of the Practitioner-Scholar model put forth in the Vail conference of 1973. However, while we understand that our major emphasis is on learning through the provision of services under close supervision by experienced psychologists, we also understand that this model includes training our interns to be “educated consumers of the scientific literature” (Wells, M. 1996). With this in mind, as described, we provide a full, rich didactic series - most incorporating journal articles, a specific literature review seminar, and the incorporation of pertinent literature into supervision. Thus, we do not see ourselves having, nor do we wish to have, a pure Practitioner model. We also encourage scholarship, defined as research and staff presentations, to be a component of the training program. Finally, as a practical matter, since we know that few of our graduates plan to enter into academic careers with a focus on research, it only makes sense to incorporate a training model which leads our interns to be well-trained practitioners with the capacity to be “educated consumers”.

Peterson, et al, (1997) articulated many of the facets that make up our training model as they described the educational model of the National Council of Schools and Programs of Professional Psychology. We too believe that our interns must become “local clinical scientists”. As they gather information from children and their families our interns must be systematic and organized in this pursuit. Right from the start of the Internship, interns are taught in seminars and in supervision how to formulate questions and structure their initial interviews to gather relevant clinical information. They can then more reliably draw on their own growing experiences, the experiences of their supervisors as well as all available scientific literature pertinent to the situation to formulate accurate diagnoses and effective treatment plans. Interns are taught to continually question their hypotheses and make course corrections as necessary. The interns’ training is designed to be graded in complexity allowing interns to build on their experiences. They are also exposed to an adequate variety of clients by age, presenting problem and cultural background. Interns are exposed to a variety of therapeutic interventions and theoretical underpinnings through individualized clinical supervision and/or didactic seminars.

Andrus’ Internship program also operates on the premise that the science of psychology informs the practice of psychology just as the practice of psychology influences the science of psychology. Interns take part in a literature review seminar once a month and have journal articles assigned to them in their various seminars. Interns have not typically involved themselves in research at Andrus although some opportunities do exist. While limited, interns do have the chance to utilize staff as role models in the advancement of their professional development through research and professional presentations.

II. Clinical Populations and Therapeutic Programs

The Mental Health Division of Andrus: The “Outpatient” Track

A large percentage of the Mental Health Division’s clientele represents a culturally, linguistically, ethnically, economically, and diagnostically divergent population. Diagnoses most often include the full range of disruptive disorders (ADHD, ODD, etc.), anxiety and adjustment disorders. The clinics generally do not offer services to children with Autism spectrum diagnoses once they reach age five. However, as will be explained below, through our Building Blocks program, we do offer treatment to Autism spectrum diagnosed children under the age of five. The Mental Health Division’s unique focus of working with pre-schoolers offers the intern opportunities to treat children from infancy through latency. Generally, the Mental Health Division does not treat adolescents, however, for training purposes most interns, if interested, can have the chance to work with a few 13-15 year olds and possibly some adults.

First and foremost, interns learn skills by providing clinical services under close supervision by experienced psychologists. Supervisors involved with therapy cases are responsible for helping the interns to conduct treatment in an effective and efficient manner.

Within the “**Outpatient**” track this includes supervising the initial assessment phase. Here the intern meets with the various members of the identified client's family, as well as the client, gathering information in a systematic and organized fashion allowing them to make a DSM-IV multi-axis diagnosis. Diagnoses include adjustment disorders, anxiety disorders, ADHD, oppositional defiant disorder to name the most common. The intern begins to understand the family's functioning including their strengths and available family and community supports. The diagnosis, in addition to presenting problems, family history, mental status, risk factors, etc. is part of the initial Intake Form which helps guide the interns' information gathering efforts. The interns, together with their supervisors, then take that information and use it to formulate a treatment plan. Here the supervisor helps the intern choose the appropriate modality, be it individual therapy, family therapy, group, situational crisis, therapeutic nursery or some combination of the above. The orientation of the therapy is also discussed including cognitive-behavioral treatments, dynamic play therapy, tri-partite treatments (child-parent-therapist), etc. When indicated, clients are referred to staff psychiatrists at that time the treating intern can observe the psychiatric interview and later discuss the findings with the psychiatrist. As part of our training model supervisors gradually help the intern become more autonomous as they evaluate and treat new clients.

Regular contact with outside parties is a vital component of the training program. Keeping to the goal of training interns to practice community based clinical service, supervisors help the intern identify appropriate outside contacts. With Andrus' population this usually means school personnel (psychologists, teachers, special education instructors, counselor, etc.), court personnel (legal guardians, judges, lawyers) and community based organizations that provide ancillary services (intensive case managers, homemakers, home-based services, etc.). Interns regularly attend school meetings but only rarely make court appearances.

Certainly on the scene in New York State and the country at large is the increased penetration of Managed Care. This is particularly true in Westchester County where most families receiving Medicaid are mandated to be enrolled in a managed care health plan. Given that roughly 70% of Andrus's clients are Medicaid recipients this has had a significant impact on the entire organization and the training program. Thus, it is not hard to see why successfully working in a managed care environment is a one of the objectives of the Internship. To help the interns and staff adjust to this environment Andrus has developed internal systems which monitor and alert the clinicians when treatment plan updates are due, thus, ensuring further authorization of medically necessary sessions. Interns and staff are also supervised and taught how to formulate treatment plans that have specific and measurable goals and objectives. As stated above, this is done in supervision, during Utilization Review meetings with senior Clinic administrators and is also done by Andrus staff and interns through contact between Managed Care case managers and Andrus. Interns are encouraged to make the phone calls to present case material to the various Managed Care companies themselves, as they will no doubt need these skills as they move on professionally.

Fortunately, children receiving Medicaid benefits who are deemed "Seriously Emotional Disturbed" (SED), which means their Global Assessment of Functioning score (GAF) is below 51 are not in managed care for their mental health needs. This allows interns to treat children for extended periods of time giving them the rich

experience of longer-term treatment of seriously disturbed children and the children's families.

Specialized programs, which had been available only as second year placements within the "**Outpatient**" track, but are now being integrated into the Internship year, are designed to help individuals and/or families with special needs and include:

1. *The Parents and Children Together Nurseries (PACT)*: Therapeutic nursery programs which work with mentally ill parents together with their birth-preschool children in a 3 or 4 morning a week program designed to address the impact of the parents' illness on their child/children with particular attention paid to attachment concerns. Many of the therapeutic services in the PACT's are based on the work of Stanley Greenspan, M.D. and his DIR model that includes "Floortime".
2. *The Cornerstone Therapeutic Nurseries*: Children, ages two through five, are given intensive individual psychotherapy within a 5 morning a week preschool nursery setting. Parents and family members also receive appropriate treatment by the Cornerstone staff. Patient assessment includes psychological testing and psychiatric evaluation. Therapists represent the disciplines of psychiatry, psychology, social work, and education. Particular attention is paid to factors of resiliency and the specialized curriculum focuses on the social-emotional growth of the child.
3. *Building Blocks*: A program which provides evaluations and treatment through the Department of Health's Early Intervention services for children from birth to age 3 and the Committee on Preschool Education (CPSE) for ages 3-5 utilizing the Greenspan model of assessment and intervention, including "Floortime". Therapy settings include home, school and clinic.

As mentioned above, we are currently attempting to integrate these experiences into the internship year allowing students not to have to wait a year for that opportunity. While this lowers the intensity of the experience - since interns have less time to be involved in those activities than in the second year - we think it may be a fair compromise to allow earlier access to these programs since many interns come into our "**Outpatient**" track for those very experiences.

The Campus Division of Andrus: The "Campus" Track

Andrus, in its three campus-based treatment programs and Orchard School also works with a culturally, linguistically, ethnically, economically and diagnostically divergent population ages 5-15. Unlike the outpatient programs, Andrus' population tends to be more psychiatrically fragile with more children diagnosed with psychotic disorders, anxiety and mood disorders, as well as disorders in the PDD/Autism spectrum. Children at Andrus overwhelmed by psychiatric illness, behavioral issues/aggression, or trauma feel protected and valued and are helped to develop more effective skills, attitudes and responses.

Within the "**Campus**" track interns carry a caseload from the Day Treatment program. The intern is the primary clinician for 6-8 children age five to fifteen. The intern provides these cases with weekly individual psychotherapy, weekly group

therapy, bi-monthly family sessions and meetings with the Instructional Team. Case management is required within the “**Campus**” track and is an important part of the overall service given to the intern’s clients. In addition, the intern serves as consultant to the members of the child’s treatment team, including teachers, milieu therapy staff, psychiatrist, and others as appropriate including acting as consultants to the Instructional Team at the Orchard School, which helps to determine and monitor specialized educational needs, including speech and language therapy, occupational therapy, and remediation for learning disabilities. For the intern in the “**Campus**” track teamwork is a major part of one’s experience.

As mentioned interns in the “**Campus**” track have the opportunity to work more closely with Orchard School professionals. Current interns have been assigned to a classroom where they consult with the teacher to design individual and class-wide behavioral plans incorporating data from psychological assessments and informed by the children’s psychiatric condition. The Orchard school is designed to meet the educational needs of children with learning and psychiatric issues. It is in this setting that interns meet the goal of consulting with school professionals. In addition, the goal of proficiency in group therapy is obtained with the Orchard School population including specially designed classrooms for children on the spectrum. Interns are supervised by the school psychologists for clinical, educational consultation and testing. This year (2009) is the second for the school psychologist at the Orchard school which has clearly strengthening the educational program enjoyed by the students at the Orchard School, and also greatly enhance the training for our “**Campus**” based interns. In particular, the development of individual and classroom-wide behavior plans – formulated from functional behavioral analyses done by interns – has begun to address the special needs of those children with spectrum disorders.

The Residential Treatment Program

Sixty 5-15 year-old children with emotional problems too serious to be managed at home live in Andrus' comfortable Tudor-style cottages under the full-time guidance of trained staff members. The main goal of the Residential Treatment Program is to help troubled youngsters return to their family and community. Nearly 90% of its graduates are able to rejoin their family; generations of alumni have gone on to lives of greater independence and stability. Interns do not provide individual treatment to this population but do have the opportunity to work in groups and assess these children.

The Day Treatment Program

Andrus' Day Treatment Program is a resource for families struggling to avoid out of home placements for their children. Seventy-eight youngsters - together with their families - take part in comprehensive educational, social and psychological services that help them to address the issues and behaviors that are disrupting their lives while continuing to live at home.

The Diagnostic Center

Each year Andrus provides full-time shelter, safety, and a new start for a group of youngsters whose lives have been profoundly traumatized or endangered. The

Diagnostic Center is an airy, sun-filled, safe haven in which a six 5-10 year-olds begin regaining trust in themselves, in adults, and in the world. Staff members offer these fragile children round-the-clock therapy, recreation, and education while developing appropriate permanent placement plans with their families and referring agencies. Interns are not placed on this unit but do have the opportunity to assess these children.

The Orchard School

Children enrolled in Andrus' Day Treatment and Residential Treatment Programs attend the nationally acclaimed Orchard School. The Orchard School has been three times designated a Blue Ribbon School by the U.S. Department of Education.

The staff-to-student ratio at the Orchard School is a maximum of 1:4 (eight children per classroom, with one special education teacher and one school milieu therapist) assuring each child a wealth of tailored attention to help dispel years of frustration and failure. It emphasizes hands-on projects that encourage children to see themselves as capable and creative; and individualized computer-managed reading, writing and math instruction, permitting students to forge ahead -- or catch up -- at their own pace, without feelings of stigma or difference. Interns in the “**Campus**” track have significant contact with school personnel both running groups and consulting with teachers in whose class the intern’s patients are enrolled and the teacher in the class to which the intern is assigned.

Response to Trauma

Andrus has a long-standing commitment to working with children who have experienced either acute or chronic trauma, using established and innovative interventions to promote recovery and resilience. The Sanctuary Model (www.sanctuaryweb.com) is a major part of the milieu that helps child cope with the effects of trauma and interns in the “**Campus**” track are given extensive training in this model.

III. Intern Training

Objectives

The mission of the Andrus Children’s Center APA accredited one-year pre-doctoral Internship is to provide the intern with the therapeutic skills and understanding that leads to the independent practice of psychology. Our model of training is heavily weighted on the Practitioner end of the Scientist-Practitioner spectrum, however, scholarship is a component of the training. While “manualized treatments” are not generally employed, interventions are based on sound, well-developed theoretical principles. First and foremost, interns in both tracks learn skills by providing services utilizing an array of therapeutic modalities, under close supervision by experienced, licensed psychologists, to a diverse (by age, culture and diagnosis) population. Interns do not typically involve themselves in research but do take part in a literature review seminar once a month and have readings in various seminars.

Our focus is on childhood developmental and emotional issues, individual psychopathology, and reactions to external stress. The interns learn to treat children and families who experience trauma, family disorganization, and environmental crisis. This training takes place within an environment which values individual differences, cultural, and ethnic diversity, and an appreciation of the child and his or her family's role in the therapeutic process.

Upon completing the pre-doctoral Internship in their first year students are prepared for the independent practice of psychology - specifically with children and their families. This philosophy, as mentioned above, is carried out primarily through the provision of well-supervised services to these populations and in didactic seminars.

The goal is to graduate interns with the following track specific child-focused skills and competencies:

1. *Proficiency and knowledge in delivering psychotherapeutic services to children and their families. This includes utilizing multiple psychotherapeutic modalities, making differential diagnosis and work with trauma.*
2. *Proficiency in the psychological assessment of children.*
3. *Proficiency in working with culturally diverse populations.*
4. *Proficiency with Crisis Intervention*
5. *Experience in a managed care environment. – Outpatient Track*
6. *Understanding the value of early intervention including Greenspan's model – Outpatient Track*
7. *Understanding community-based treatment. – Outpatient Track*
8. *Understanding of interventions designed for children in residential/and or day treatment settings including the Sanctuary Model. – Campus Track*
9. *Experience with Consultations with School Professionals. – Campus Track*
10. *Experience with Consultations with Residential Community. – Campus Track*
11. *Proficiency in Group Therapy*

During the Internship year, interns treat patients with a wide range of presenting problems, of different ages and with varying cultural backgrounds. Therefore, at the end of the Internship, interns are expected to understand and effectively assess and treat children at varying developmental levels with different diagnoses. Interns graduate from our training program well versed in the pragmatics of therapeutic work. For example, working with insurance companies and managed care entities, social service departments, school districts, and with other mental health professionals.

The program also aims to provide interns with supervised clinical experiences and didactic seminars dealing with bereavement, divorce, sexual and physical abuse, and other traumatic situations their patients may encounter. Seminars covering cultural diversity and attachment theory also prepare interns for independent professional practice.

IV. Orientation of Internship

Treatment modalities:

The psychology intern is encouraged to employ a variety of treatment approaches including:

1. Dynamically oriented short- and long-term psychotherapy
2. Play therapy
3. Cognitive behavioral therapy for children
4. Family therapy
5. Parent guidance: Behavioral and cognitive techniques
6. Short-term – Solution-focused & Strength based
7. Dyadic treatment of young children and parents. i.e., therapist works with child and parent in joint sessions
8. Therapeutic Nurseries
9. Group therapy
10. Situational Crisis
11. Community/school-based outreach
12. Sanctuary Model
13. Classroom consultation within the residential and day treatment programs

Children are understood in terms of internal, dynamic states and the interpersonal world in which they operate. Thus, the family environment and how family members respond to external stressors and interact with the patient are all relevant when formulating treatment strategies. Academic and social adjustments are also considered in this formulation. Our model of treatment is a strength-based one. We incorporate all aspects of the person, not just the problem areas.

The intern learns to assess the patient through psychological evaluation as well as family, school and individual interviews. Establishing priorities for treatment, case management, (i.e. coordinating community resources) and treating the patient over time constitute major functions for the intern. In seminars and meetings, led by experienced clinicians, interaction between psychopathology and stress is examined. Pragmatic as well as theoretical and clinical issues are thus, continuously addressed.

In order to ensure that the interns' experiences at Andrus are focused on training, they are given fewer clinical responsibilities than staff, are provided intensive supervision and are given time for seminars. For the "**Outpatient**" track assignment of cases are graduated in terms of the number of cases, the complexity as well as the demographics, including age, psychopathology, etc. Often, a new case will not be assigned to a psychology intern until an appropriate one is found. This ensures that our interns have a rich, diverse experience.

A central part of that experience is the formulation of a treatment plan and its implementation. Interns are asked to assess a patient's strengths not just to focus on problem areas when deciding on treatment strategies. Also, for interns in the "**Outpatient**" track, as a community based facility, the Center requires interns to assume such responsibilities as coordinating social and medical resources and school placements while maintaining a therapeutic alliance with the patient and his or her family. The skills of psychological assessment, psychotherapy and family work are required in the context of practical issues impinging on the treatment situation.

Many of our patients have unfortunately experienced the potentially pathogenic circumstances of parental loss in early childhood, sexual or physical abuse and other family crises. Andrus is dedicated to state-of-the-art interventions related to family and societal trauma. These negative effects can be mitigated by the effective application of professional skills soon after these events occur. Thus, an understanding of the impact of childhood trauma and the modes of addressing its numerous consequences is a significant area addressed in the Internship.

Given of the intensity of the work close supervision, readily available Andrus staff members, and relevant seminars are provided. The intern is helped to develop from an engaged student to a knowledgeable practitioner who can respond to a patient with empathy and pragmatic judgment as well as theoretical understanding.

V. Structure of Internship Program

The internship, initiated in 1986, accredited by APA in 1997 and reaccredited in 2002 and 2007 (five years), has been built upon established child therapy and situational crisis intervention training programs at the former Center for Preventive Psychiatry. The Internship

starts on the first Tuesday of September. Completion of the first year satisfies the requirements of a pre-doctoral Internship while for “**Outpatient**” track interns the second, fellowship/post-doc year, provides experience in the provision of intensive, long-term treatment of children and families and a more intimate understanding of developmental processes. For students with their doctorates at the start of the second year, the additional year of supervised training fulfills the requirement for licensing in New York State. **No part-time training opportunities are available.**

VI. Curriculum and Clinical Experience

Clinical Service in the Outpatient Track

A weekly total of 17-19 treatment hours is required for interns - built up over time - at least half of which involves individual therapy provided on a once or twice a week basis. Half of the hours may include treatment of families and/or guidance for the primary patient's family members. The majority of clinical work is with children and their families drawn from the respective communities. Interns have primary clinical placements in White Plains or Yonkers. Site selection is determined after the Internship match. Every attempt is made to accommodate intern preference, however, the final placement decision remains with the training director.

Interns interested in specializing in work with preschool children, particularly utilizing Greenspan's DIR model, which includes “Floortime”, will find that experience available to them in the “**Outpatient**” track.

We anticipate five (4) openings in the “**Outpatient**” track for the 2009-2011 years.

Clinical Service in the Campus Track

Interns on the campus will carry a caseload within the Day Treatment program. The intern will be the primary clinician for 6-8 children ages 5-15. The intern will provide these cases with weekly individual psychotherapy, weekly group therapy, bi-monthly family sessions and meetings with the Instructional Team. Case management is required in both programs within the “**Campus**” track and is an important part of the overall service given to the intern's patients. In addition, the intern will serve as consultant to the members of the child's treatment team, including teachers, milieu therapy staff, psychiatrist, and others as appropriate including acting as consultants to the Instructional Team at the Orchard School, which helps to determine and monitor specialized educational needs, including speech and language therapy, occupational therapy, and remediation for learning disabilities. For the intern in the “**Campus**” track teamwork is a major part of one's experience, much more so than in the “**Outpatient**” track.

Interns interested in working more closely with a school designed to meet the educational needs of children with learning and psychiatric issues will find that experience available to them in the “**Campus**” track. This means many more opportunities to act as a consultant to other members of the treatment team and the development of behavioral plans based on functional behavioral analyses. In addition, more group therapy opportunities are available to interns in the “**Campus**” track than in the “**Outpatient**” track.

We anticipate two (2) openings in the “**Campus**” track for the 2009-2010 year.

Psychological Assessment in both Tracks

Psychology interns are expected to complete one full battery every six weeks. Neuropsychological testing is included when indicated. The broad age range of our populations provides an opportunity for the psychology intern to learn a wide variety of psychological tests and acquire flexibility in their use.

For students in the “**Outpatient**” track who are interested the opportunity exists to assessment of infants and toddlers through the Early Intervention (EI). Latency age children are assessed as well with referral sources including schools and physicians.

As mentioned earlier, the “**Campus**” track offers interns unique training with a population of children having a variety of learning and developmental disorders. Interns in this track will have didactic training in the assessment of children ages 0-5 but will have fewer opportunities to perform these assessments, However, for the intern in the “**Campus**” track, where testing is done on the Diagnostic Unit, opportunities to assess a more traumatized population are available. Additionally, that intern is part of an assessment team, which makes differential diagnoses often involving PTSD and deciding the future placement for children.

Interns in both tracks will have the unique opportunity to learn how to assess children at risk for fire setting.

Supervision

Interns are provided with a minimum of three hours of individual supervision by licensed, experienced psychologists. All of our interns have additional supervision with senior staff clinicians. In general, interns have an individual supervisor for every four cases with additional supervision tailored to specific modalities such as bereavement, situational crises and group therapy.

- Individual therapy: Two to three hours per week.
- Psychological evaluations: One hour per week.
- Group therapy or participation in a preschool program: One hour per week.
- Staff psychiatrists are available for consultation regarding medication, hospitalization and treatment planning.
- Evaluation and feedback of interns’ work: Two times per year.

Evaluation of Interns

The interns are provided with written evaluations twice during the year. The first evaluation, done during the sixth month of the Internship, enables the intern to be informed

of areas of strength as well as difficulty - the latter of which can then be a focus of supervisory sessions. Interns discuss, can put in written comments and sign those evaluations. Weekly supervision also offers ongoing feedback of the interns' work in an informal manner. If necessary interns experiencing significant difficulties will have a written corrective action plan put in place. They will also receive written feedback related to their process toward meeting the goals of that plan. Regular meetings with the training director, in addition to weekly supervision, will be put in place to ensure interns receive the help and guidance necessary for successful completion of the Internship program if they are experience difficulties. In addition, monthly supervisory meetings provide supervisors with a forum to discuss intern issues and general Internship operations on an ongoing basis. All interns must receive rates of 3 or better on our 5-point scales in order to successfully complete the Internship.

Didactic Conferences and Seminars

- Professional issues and current literature: Ethical and professional issues are addressed as well as readings including child psychopathology, fundamentals of child psychotherapy, psychodynamic theory, object relations theory, family systems theory, and treatment of high risk children (monthly).
- Psychology intern meetings, which address administrative concerns as well as ethical issues and research or clinical interests of the interns (monthly).
- Childhood bereavement and psychological trauma seminar. During one year, relevant literature is reviewed. The fellowship year is designed to examine clinical work, exploring common themes presented by children at different ages, treatment strategies and counter-transference reactions.
- Case conferences which focus on the integration of data so as to formulate a working hypothesis regarding diagnosis, psychodynamics, and treatment plan.
- Stanley Greenspan's DIR model.
- Attachment Theory - review of literature and clinical presentations dealing with problems of early attachment between parent and child.
- Multicultural considerations are addressed in a seminar, several specific workshops and are included in clinical presentations.
- Group Therapy
- Supervision
- Topics in Infant Research

Throughout each year, Andrus also sponsors several meetings, geared to professionals in the community, at which a staff member or an outside speaker (usually the former) presents a paper relevant to the Center's concerns. Interns are encouraged to attend. Required and optional seminars are scheduled with topics determined by the interests of the

Center's staff and trainees. Seminar attendance is geared to the needs of first year interns and second year fellows. On the fourth Tuesday of the month interns attend Child Grand Rounds at the Westchester Division of the New York-Presbyterian Hospital, which feature well-know speakers from around the country.

Research

Currently there are very limited opportunities for students to be involved in research.

Library

Through special arrangement, interns may utilize the library facilities of New York Presbyterian Hospital - Cornell Medical Center, Westchester Division and have access to electronic journals through the Internship Director from any internet connection.

Community Involvement

Interns are required, when relevant, to consult with schools, day care centers and social service agencies, such as Child Protective Services. They may also be involved with Court hearings. Supervision for this liaison work is provided.

VII. Stipends (full time rate) and Benefits

Interns:	\$21,000
Fellows:	\$31,000
Post-doc	\$34,000

Fringe benefits include single medical insurance (HMO plan) - which starts 90 days after the internship begins – as well as malpractice insurance, four weeks of vacation per year, three personal days, ten paid holidays and 12 sick days.

VIII. Selection Process

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Julia Dyckman Andrus Memorial, Inc (Andrus) is an equal opportunity employer. To the extent required by all applicable federal, state, and local laws, Andrus is committed to providing equal opportunity to all its employees (which includes psychology interns and applicants for employment. It is, therefore, Andrus' policy to the extent required by law, to recruit, hire, train, and promote all its employees and to administer all other personnel policies without regard to race, color, creed, gender, age, national origin, non-job related handicap or disability, military or veteran's status, marital status, religious or spiritual affiliation, sexual orientation and citizenship status, or any other basis prohibited by

applicable law.

FAIR EMPLOYMENT CONSIDERATION POLICY

In reviewing qualifications of prospective interns, Andrus will not arbitrarily deny employment to a person with a history of alcohol and substance abuse, mental illness or criminal offenses. Such history is only considered in terms of the applicant's present fitness, as it relates to our duty to protect the best interests of our children. However, for numerous reasons, including the vulnerable client population we serve and the agency-wide implementation of the Sanctuary Model and its commitments to non-violence, emotional management and safety, Andrus conducts very careful screening of applicants and will not hire any matched intern who has a conviction for any violent criminal offense. A background check is done during the first week of the Internship as is a drug test. Any intern with the aforementioned criminal background or one that limits access to children will be dismissed at that time, likewise if the drug test is failed. **Please understand that matching with Andrus does not guarantee a place in the Internship if the intern can not be hired by Andrus due to the circumstances described above.**

PERSONAL BELIEFS.

Andrus recognizes that its interns may hold a wide range of personal beliefs, values and commitments. These beliefs, values and commitments are a conflict of interest only when they prevent interns from fulfilling their job responsibilities, or if interns use the agency's time and facilities for furthering these beliefs. If an intern attempts to impose these beliefs on others they will be asked to stop. If the behavior continues, the interns will be subject to disciplinary action.

When a staff member finds that his or her personal values, ethics, or religious beliefs may be in conflict with an expectation of the job, such as facilitation of a medical procedure, participation in holiday observation with children or families, or a requirement to work during the staff member's religious observation time, the staff member is required to raise the issue with the immediate supervisor who will coordinate an effort to reach a reasonable accommodation which respects the staff member's values, ethics or beliefs. If the supervisor and staff member cannot reach a reasonable accommodation, the staff member may pursue the matter with the Department Head. If still dissatisfied, the staff member may make a written appeal to the Human Resources department, and may ultimately petition the Executive Vice President, then the President and CEO in a formal grievance.

The selection process for the Internship adheres to APPIC guidelines and we participate in the Computer Match system. Application, transcripts and three letters of recommendation are due by November 15th. Once received Dr. Cohen reviews all applications and scores them on several dimensions including clinical experiences with children, matching interests, recommendations, grades, research interests/progress on dissertation. Our matching process has two goals. One is to rank applicants who best match with what our program offers, done through the applicant's written application and interview. The second but equally important goal is to provide the information which will allow applicants to make the best ranking decision possible based on their training needs. To that end it is vitally important for us to provide an honest and thorough description of the Internship program to

applicants. The on-site interviews are set-up in the following way: Interviews are scheduled on different days with each day having a morning session and an afternoon session. Applicants spend the first hour of each session in a group format, led by Dr. Cohen, to provide information. There is **no** evaluative component to this session. It is strictly to give details regarding the Internship and to answer questions. Following this portion of the interviewing session current interns meet with the applicant group in an informal, confidential question and answer session. This allows the applicants to gain an “insiders” view of the Internship without worrying about being evaluated in the process. After this session, each applicant is individually interviewed at least twice for 30 minutes each. The interviewers rate the applicant on several dimensions, most of which correspond to the ratings on the applications, but add a dimension related to personal presentation. For those applicants who cannot make the scheduled days of interviews, separate interviews are set up. Interviewing starts at the end of December and continues into the first three weeks of January. Once all the interviewing is complete, all interviewers meet as a group and the applicants are ranked, based on their various ratings and a thorough discussion of strengths and weaknesses, and either placed or not placed into the match.

IX. Conditional Acceptance

All matched applicants must pass a mandatory drug and alcohol test upon starting the Internship as well as submitting to fingerprinting and a criminal/child abuse background check. Failure of the drug/alcohol test will lead to immediate termination of the Internship contact as established by the APPIC match as will any violent criminal and/or child abuse history.

X. Grievance Procedure

At all times the Psychology Internship Program follows the Ethical Principles of Psychologists and Code of Conduct as described in the *American Psychologist*, December 2002 issue. Our grievance procedure starts by attempting to avoid grievances in the first place. Toward that end we strive to develop a culture of access and collegiality within the program. The internship director actively monitors the internship program and continually checks in informally and formally with interns and supervisors regarding interns’ progress and potential problems. This takes the form of monthly meetings held with the intern director and the interns and the intern director and core training staff both of which offers a structured forum for discovery and resolution of potential problems. An intern process group has also been created - led by an outside consultant. This too helps address potential issues before they have the chance to grow into full grievances.

Should problems arise between a faculty member or staff and an intern, the intern is encouraged to speak directly to that person. Should the problem remain unresolved the intern is advised to speak to the Internship Director. In that event the Director will confer with both the intern and the staff or faculty member involved to attempt to achieve a resolution informally.

In the event that a solution is not yet achieved the problem is then brought by the internship director to the clinic manager, and also the director of the mental health division or the director of campus programs for consultation together with the director of Human Resources. If questions still remain or if disciplinary action is indicated, the Ethics Committee

of the Westchester County Psychological association would be consulted for advice. The New York State Psychological Association and then APA would be consulted if necessary.

If a situation were to arise with an intern performing below what is an expected level the following measures would be utilized:

If the intern's significant deficiencies did not improve through ongoing supervision, that supervisor will meet with the internship director to assess the seriousness of the intern's deficient performance with the goal of developing a written corrective action plan with specific objectives together with time tables for achievement. This written plan would be part of the intern's file with copies going to the intern's clinic manager, division head and the head of Human Resources as well as the director of training at the intern's school.

Successful achievement of the written objectives within the corrective action plan will also be documented becoming part of the intern's file with copies going the intern's clinic manager, division head and the head of Human Resources as well as the director of training at the intern's school.

If the intern is unable to meet the objectives put forth in the corrective action plan the internship director would meet with the full training committee and then contact the Director of Training at the intern's school to discuss what course of action ought to be taken, from development of a new remedial plan to termination from the internship program.

XI. Membership

The Andrus Center for Preventive Psychiatry is a member of the Association of Psychology and Postdoctoral Internship Centers. 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 prior to Uniform Notification Day. The Center's Program Code Numbers for the Computer Match are:

"Outpatient track" – **149811**

"Campus track" - **149812**

The Pre-doctoral Internship year - but not the second year - is fully accredited by the American Psychological Association (APA) and is in compliance with all policies and procedures. The APA can be contacted at 750 First Street, NE, Washington, DC 20002-4242. APA's telephone number is (202) 336-5500. The Internship program's accreditation is based on its compliance with all Guidelines and Principals for Accreditation of Programs in Professional Psychology. Within the APA the Education Directorate's Office of Program Consultation and Accreditation's Committee on Accreditation (CoA) is responsible for insuring that programs remain in compliance. The CoA's address is 750 First Street, NE, Washington, DC 20002-4242 and its telephone number is (202) 336-5979.

XII. Application Procedures

Applicants are required to be matriculated in a clinical, counseling or school psychology doctoral program with at least three years of graduate study. APA accreditation for the program is preferred. Applicants, by the time they enter the internship, must have completed at least 1200 hours of adequate and appropriate supervised practicum training in psychological testing and in psychotherapy. The interns are chosen based on their interest, aptitude and prior academic and practicum experiences that relate to children and their work with families. They all have an understanding of the program's philosophy, goals and training model through the interview process and this program description.

Again, given the significant difference in the emphasis within the two tracks - "**Campus**" with its combination of clinical and school consultation and "**Outpatient**" with early childhood training opportunities - applicants can apply to only one track.

The application deadline is **November 15th** of the year preceding that of the Internship. Materials required include:

1. APPIC Application
2. Three (3) letters of reference
3. A transcript of graduate work
4. Resume

For applicants outside of the New York Metro area, please indicate dates on which you plan to be in New York at the end of December or beginning of January. Applicants are notified of their acceptance through the computerized matching system.

All inquiries and information should be addressed to:

Jonathan Cohen, Ph.D.
Director, Psychology Training Program
The Andrus Children's Center.
19 Greenridge Avenue
White Plains, N.Y. 10605

Phone: (914) 949-7680 x2210

Email: jcohen@jdam.org

XIII. Psychology Staff

Betty C. Buchsbaum, Ph.D., Director Emeritus, Psychology Internship Program
Jonathan Cohen, Ph.D. Internship Director

Josette Banks, Ph.D.
Lillian Fernandez, Psy.D.
Aviva Glass, Ph.D.
Janet Brown Lobel, Ph.D.
Aviva Levy, Psy.D.,
Suzanne Main, Psy.D.
Suzanne McIntyre, Ph.D.
Beverly Richard, Ph.D.
Stefanie Reiss, Psy.D.
Pamela Rosenbaum, Ph.D.

Management Staff - Yonkers/Peekskill

Laura Katz, LCSW- Clinical Manager – Yonkers
Judy Kelleher-Merend, LCSW – Clinical Manager – White Plains
Siobhan Masterson, LCSW - Clinical Manager Campus Programs

Executive Staff

Nancy Ment, LCSW – CEO, Julia Dyckman Andrus Memorial
Brian Farragher, LMSW – COO, Julia Dyckman Andrus Memorial
Dan Del Bene, LCSW – Director, Mental Health Division

XIV. Current and Past Interns' Graduate Programs

2009-2010

1. Chicago School of Professional Psychology
- 2.
3. Hofstra University
4. Florida State University – School Psychology
5. Teachers College Columbia University – School Psychology
6. Nova Southeastern University

2007-2008

1. Ferkauf School of Psychology - Yeshiva
2. Alliant University – CSPP – San Francisco
3. Alliant University – CSPP – Fresno
4. Suffolk University
5. Chicago School of Professional Psychology

2005-2006

1. Ferkauf School of Psychology - Yeshiva
2. Ferkauf School of Psychology - Yeshiva
3. Ferkauf School of Psychology - Yeshiva
4. Ferkauf School of Psychology - Yeshiva
5. Argosy Univ. – Georgia School Professional Psych.
6. Argosy Univ. – American University
7. Pace University
8. California School of Professional Psych. – Fresno

2003-2004

1. Ferkauf School of Psychology - Yeshiva
2. Ferkauf School of Psychology - Yeshiva
3. Long Island University
4. George Washington Univ.

2001-2002

1. Clark University
2. George Washington Univ.
3. Univ. of Hartford
4. Carlos Albizu University - P.R.

1998-1999

1. Ferkauf School of Psychology - Yeshiva
2. Georgia State University
3. Miami Institute of Psychology Studies

2008-2009

1. University of Denver
2. Fordham University – School Psychology
3. Fordham University – School Psychology
4. Philadelphia School of Osteopathic Medicine
5. Pacific Graduate School – Palo Alto
6. Nova Southeastern University

2006-2007

1. Ferkauf School of Psychology - Yeshiva
2. Alliant University – CSPP – San Francisco
3. University of Rhode Island
4. Alliant University – Hawaii
5. Marywood University
6. Miami of Ohio
7. St. Johns University

2004-2005

1. Ferkauf School of Psychology - Yeshiva
2. Ferkauf School of Psychology - Yeshiva
3. Chicago School of Professional Psychology
4. Univ. of Hartford
5. Argosy Univ. – San Francisco Bay Area Campus

2002-2003

1. Ferkauf School of Psychology - Yeshiva
2. City University of New York
3. Alliant – California School of Professional Psychology – Alameda
4. Argosy University - formerly Arizona Univ.

1999-2000

1. Seton Hall University
2. Pace University
3. Chicago School Profess. Psych.

1997-1998

1. City University of New York
2. Pace university
3. Ferkauf School of Psychology - Yeshiva