

Southlake Community Mental Health Center, Inc., DBA

The Regional Mental Health Center

Psychology Internship Training Program 2009-2010

Congratulations to the 2009-2010 Class!

Ella Blumer (Argosy-Chicago)

Bethany Cook (Argosy-Chicago)

Sara Cull (Adler School)

Tina Dhaliwal (The Chicago School of Professional Psychology)

Karla Gomez (Argosy- Chicago)

Brett Hurm (Purdue University)

Jameeka Moore (The Chicago School of Professional Psychology)

Our 2008-2009 Interns:

Bernardo Flores (Argosy University, Schaumburg Campus)

Sarah Krcmarik (Illinois School of Professional Psychology, Chicago Campus)

Joy Nadler (Illinois School of Professional Psychology, Chicago Campus)

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INTRODUCTION

The following is some information on how Regional Mental Health Care came about. Southlake Center for Mental Health acquired Tri-City Community Mental Health Center on July 1, 2009. The agency is still legally Southlake Center for Mental Health, but is doing business as Regional Mental Health Center. Both Tri-City and Southlake have had long-standing pre-doctoral internship programs. The pre-doctoral psychology internship program at Tri-City CHMC was established in 1989, and the internship program at Southlake was established in 1979. They have both been fully accredited by the American Psychological Association. The center will offer a continuum of mental health programs for individuals, community agencies, and businesses. The primary goal of the internship program is to train competent and ethical clinical psychologists. The emphasis is on training psychologists to work in community mental health centers. To accomplish this goal the program is designed to provide an intern with a variety of clinical experiences. The intern gains supervised experience from licensed clinical psychologists and other multidisciplinary staff in a variety of treatment modalities and interventions. These experiences include individual, family and group therapy, case consultation, crisis intervention, and psychological testing. The internship program can meet the needs of an intern interested in obtaining generalist training in clinical psychology while allowing some flexibility to provide a more intensive experience in a particular specialty area. The program attempts to design a training experience which takes into account the interest and experience of the intern, while insuring that basic training requirements are met. Graduates of the internship have gone on to work in community mental health centers, private practice groups, and other clinical settings.

The primary model we will adhere to at the Regional 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. The internship starts around or just after Labor

Day each year. 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. First, each intern is assigned to one of three outpatient offices and carries a therapy caseload in that program for 12 months. The intern also completes 12 psychological test batteries during the internship year. Second, 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).

Interns receive at least two hours of individual face-to-face, formal supervision per week and one and a half hours of group supervision in the family therapy seminar. Additionally, they receive one hour of supervision on their chosen rotation. They also participate in case conferences, clinical staffings, and in-service training. Interns attend weekly seminars in psychotherapy and psychological assessment, and participate in Journal Club. A process group is provided so that interns can share and discuss their internship experiences. Interns meet *at least* once every four weeks with the Director of Training as a group.

Graduates of the pre-doctoral psychology internship are expected to be proficient in psychological assessment and the use of a variety of assessment instruments including the Wechsler, Rorschach, Thematic Apperception Test, Projective Drawings, Minnesota Multiphasic Personality Inventory, academic achievement instruments, and screens for attention deficit hyperactivity disorder.

Interns are expected to achieve competencies in clinical interviewing, treatment, individual therapy, family therapy, and crisis intervention. Interns are also introduced to concepts of clinical supervision and the program aspires to offer them opportunities to "consult" to practicum students in the second half of the year. Depending on rotations selected, interns may learn to work with the chronically mentally ill, substance abusers, psychiatric inpatients, or troubled adolescents. By the end of the academic year, interns should be comfortable doing psychotherapy and psychological testing with a diverse ethnic population who may have multiple physical and emotional concerns.

Interns usually are involved in research during their internship year. This may include work on their dissertations or research

projects in conjunction with the Regional MHC. Additionally, the program recently introduced a "Consultation/Education project" (see below under Didactic Experiences)

The theoretical orientation of the training staff varies considerably. However, some of the training staff employ a psychodynamic conceptual model and a short-term, eclectic intervention model, while others rely more on a cognitive-behavioral as well as systems perspectives. All psychology staff are proficient as "generalists" in terms of population and, as such, tend to be largely flexible in their theoretical and treatment approaches.

THE CENTER The Regional MHC will provide services to a large area in Northwest Indiana. It is composed of two campuses, the Tri-City campus, and the Southlake campus. The Regional MHC spans a great deal of area in NW Indiana, with most of its offices located within 30 miles of downtown Chicago. It is a not-for-profit organization governed by a Board of Directors who reside in the catchment area. The Regional MHC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Center provides a wide range of services in about a dozen facilities located in Northwest Indiana. Services are provided to the following areas, to name a few: East Chicago, Whiting, Hammond, Munster, Merrillville, Hobart, Lake Station, and Highland. Most programs are open to any resident of Indiana. The Northwest Indiana area is comprised of urban, suburban, and rural areas.

The Regional MHC provides mental health and substance abuse services including: outpatient psychotherapy for children, adolescents, adults, couples and families; day treatment and residential services for the chronically mentally ill; day treatment for children; 24-hour emergency services; and consultation and education. The center is committed to providing treatment in the least restrictive, most appropriate setting to keep clients within the community. When hospitalization is needed, treatment is provided efficiently with the goal of rapid return to the community.

The Regional MHC serves clients in every economic class and ethnic group, and treats a wide range of psychopathology. Clients include Eastern Europeans, Hispanic Americans, and migrants from the southern states, African Americans, Asians and Pacific Islanders, among many others. In the Hammond, Indiana High

School alone, students have the capability of speaking many different languages, which is reflective of the region's rich cultural diversity. There are clinicians and support staff who speak Spanish which helps to meet the needs of the community. Priority populations include severely mentally ill adults needing community support to stay out of the hospital, severely emotionally disturbed children and adolescents, and substance abusers. The Center also provides outreach to deaf and hearing impaired clients.

The Regional MHC is committed to efficient problem-solving treatment. Short-term treatment methods are used whenever possible. However, services to severely mentally ill individuals are not time limited and the level of intensity of services is reassessed regularly. The Regional MHC will serve approximately 8,000 - 9,000 clients each year.

There are close to 500 administrative, support, and clinical staff who will be employed at the Regional MHC. The clinical staff consists of clinical psychologists, psychiatrists, psychiatric social workers, master's level clinicians, bachelors level clinicians, certified substance abuse counselors, mental health technicians, and paraprofessionals.

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

www.thetimesonline.com

www.post-trib.com

www.calumet.purdue.edu

www.iun.edu

www.nps.gov/indu/

www.northwestindiana.com/counties/lakecounty.htm

OUTPATIENT PLACEMENTS

The emphasis in the outpatient offices is on providing high quality, short-term mental health evaluation and treatment services. The outpatient offices serve clients in the local area, as well as several HMO, EAP, managed care, and integrated care contracts. There are three outpatient offices at which interns will be placed:

Regional Mental Health Care- East Chicago, Indiana, Regional Mental Health Care- Highland, Indiana, and the Strawhun Center- Merrillville, Indiana. There are additional outpatient offices located in Merrillville and Lake Station, Indiana.

The 12-month outpatient placement provides a variety of clinical experiences with children, adolescents, and adults. These experiences include individual, marital, family and group therapy, crisis intervention, case consultation, and psychological testing. The intern is involved in all aspects of the treatment process from intake assessment through termination. The expectation is that the intern will complete at least 350 clinical contact hours throughout the year. Some of these hours include consultation and education within the community, such as co-leading groups or workshops, and addressing community groups. A utilization review process is in place to assist interns in maintaining resource-efficient treatment. The intern also is expected to complete 12 full psychological testing batteries. Referrals for psychological testing are received from outside agencies (such as the public welfare system, local schools, and the court systems) as well as from the Regional MHC's many treatment facilities.

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 testing and one hour for psychotherapy. The intern presents outpatient cases in psychotherapy supervision, multi-disciplinary staffings, and twice per year in the Case Conference series. The intern also presents outpatient cases in weekly family therapy group supervision. Ancillary training experiences at the outpatient sites can include attendance at school staffings and court hearings.

Interns completing an internship at the Regional MHC must have a vehicle to access all of the facilities. Interns will get mileage reimbursement for all weekly business travel.

ROTATIONS

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

ADULT PSYCHIATRIC INPATIENT

(Four months)

There are usually ten to fifteen psychiatric patients housed on the Strawhun Center's inpatient unit at any given time. These patients have a variety of different diagnoses on both Axis I and Axis II of DSM-IV. They share an inability to function outside of a structured inpatient setting or have specific medical or psychiatric problems that require 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 and to learn the modalities of treatment that are only present on an inpatient unit. Likewise, they will be exposed to types and extents of psychopathology that are less commonly encountered in an outpatient setting.

CHILD AND ADOLESCENT SERVICES

(Four Months or Eight Months)

Rose Child and Family Services:

This program, housed in Hammond, provides a therapeutic milieu for seriously emotionally handicapped children, who need services they are unable to receive in the public school system. Children often are on "homebound" status for their educational needs. They may have been suspended or expelled from school.

Children at Rose receive individual, group and family therapy in addition to activity therapy and other skill-building groups. Psychiatric evaluations and medication monitoring is provided. Specialized groups are available both during the school day and after school. Case management services are available to all children enrolled in the program.

There are currently 5 FTE outpatient therapists providing services to children and adolescents including 2 masters' level therapists

and 3 doctoral level therapists.

School Based Psychotherapy:

The School Outreach Program is designed to provide clinical services to emotionally disturbed children in grades K-12 in their community schools, in order to maximize follow through with services and minimize the potential for suspensions and expulsions.

An intern selecting this rotation will have the opportunity to work with a child and his/her family from the point of intake on. This rotation also affords the intern an opportunity to work collaboratively with classroom teachers and other school personnel, as well as the child case manager who provides in-home services.

In addition, the intern will participate in scheduled case conferences that are scheduled for purposes of special education placement and IEP (individualized education plan) development.

The intern participating in this rotation will be part of a group of School Outreach therapists who meet weekly to review cases and discuss issues unique to those working in a school setting.

Child and adolescent day treatment program:

The Child and Adolescent Day Treatment Program is for children and adolescents, ages 7-17. Clients are generally referred through their schools, the Department of Child Services, juvenile court, and other mental health practitioners. Clients attend the Child and Adolescent Program from 7:30 a.m. to 2:30 p.m. five days per week at the Strawhun Center. Their treatment day consists of one hour of school and six hours of psycho-educational, experiential, and therapeutic milieu groups.

Additionally, they participate in one individual therapy, family therapy, and three group therapy sessions each week with their assigned therapist. The Developmental Therapy - Teaching Model is used in the Child and Adolescent program.

An intern selecting a rotation at the Child and Adolescent Program will have the opportunity to work with a child or adolescent client

and his/her family from the intake process through completion of the program. In addition to providing individual and family therapy services, this may also involve case management and linkage services to schools, courts, or other agencies. Additionally, interns will participate in our weekly multi-disciplinary treatment staffing.

This rotation also affords opportunities for facilitating or co-facilitating therapy groups, developing program modules for the clients, observation and consultation with our classroom teachers, and providing staff training and development.

ASSERTIVE COMMUNITY TREATMENT TEAM (ACT)

(Four or eight months)

The ACT program is based on a wrap-around service model that allows therapeutic services to be provided within the home and community of persons diagnosed with serious and persistent mental illnesses. ACT recipients receive the multidisciplinary team attention, within the walls of their own home or within their community. ACT team members are trained in the areas of psychiatry, case-management, nursing, substance abuse, mental health treatment, and vocational rehabilitation.

The primary goals of ACT include lessening or eliminating symptoms of mental illness each client experiences and to minimize or prevent recurrent acute episodes of the illness. Evidence based research has demonstrated that inpatient hospital stays are decreased significantly and that housing is much more stable within the ACT client populations. In addition, improvement in functioning within social and employment roles, enhancement of basic quality of life, and greater independence within the community are also important goals of the treatment orientation.

An intern who chooses the ACT team through the Community Assistance program will have the opportunity to work with several clients through individual and group work. The intern will have the opportunity to be part of a team that is multidisciplinary in approach. The emphasis of this model is on the importance of facilitating ongoing teamwork to be effective in creating change for clients, who are considered to be part of the team in planning their own treatment goals. This internship rotation will provide an intern the opportunity to learn how this community based service can effectively provide the supportive services that allow someone

diagnosed with severe mental illness to function within the least restrictive environment of their home and community.

DAY TREATMENT

(Four or eight months)

The Day Treatment Program provides partial hospitalization services, residential, and aftercare services to adults who are chronically mentally ill. The rotation in this program provides the intern with training in the provision of individual and group therapy to this client population. During the rotation, the intern serves as co-therapist in several groups, which include therapy groups, as well as specialized problem-focused groups. The intern will have the opportunity to develop and implement a short-term group curriculum and will be expected to serve as co-facilitator in an ongoing process group. The intern also attends regular program staffing.

FORENSIC DIVERSION

(Four or eight months)

The Forensic Diversion Program is an intensive residential treatment program serving up to fifteen male offenders who have chronic histories of chemical dependency, criminal behavior, and in some cases co-occurring mental illness. The program operates at the Lake County Community Corrections facility located in Crown Point, Indiana. The program utilizes a nationally recognized curriculum designed to meet the needs of chemically dependent offenders within the framework of a Cognitive Behavioral Treatment model.

Offenders who require psychiatric services will be evaluated and treated by a consulting psychiatrist when appropriate. While in treatment, offenders will participate in individual and group psychotherapy as well as educational groups that address criminal behaviors and attitudes, addictions, and mental health issues. Following the treatment phase, offenders will receive intensive aftercare services and community corrections supervision. Offenders who successfully complete the treatment phase will be monitored to assess program effectiveness and monitor relapse and

recidivism rates.

NORTH SHORE PRIMARY HEALTHCARE

(Four months)

The North Shore Health Center provides comprehensive health and wellness services to people of all ages. The center is dedicated to providing accessible and continuous health care for every individual/family regardless of ability to pay. The emphasis is on illness prevention and education to help patients achieve their potential and improve their lives. Southlake Center is collaborating with North Shore Health Center to provide immediate behavioral health education and intervention to patients in a primary healthcare setting. The rotation consists of didactic and interactive training. In addition there is an experiential component in the primary care site designed to introduce those participants who have not worked in primary care to the routines of care, both as practiced by primary care physicians and by primary care behavioral health clinicians.

SUBSTANCE ABUSE

(Four or eight Months)

This department is located at the Stark Building in East Chicago, Indiana and 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 psychologists, psychiatric social workers, certified addictions counselors, and psychiatrists. Among its various offerings, this department houses a women's intensive outpatient group and another for adolescents called "The STAR" program, available at Stark Center.

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 is housed in the Stark Building in East Chicago and the Strawhun Center in Merrillville. It provides 24-hour immediate evaluations, linkage, and referral for individuals and families in crisis. This office processes requests for service that come into the Regional MHC's outpatient programs. Emergency Services is staffed by bachelors and masters level clinicians.

Interns provide front-line evaluations and crisis interventions. Evaluations may take place at local hospital emergency rooms, local jails, and at the center. Interns also participate in staff meetings.

SUPERVISION Supervision is a core element of the internship. Supervisors provide support, mentoring, feedback, affirmation, guidance, and role modeling to the interns. The supervisory relationships help the intern toward developing a professional identity and increased competence. Each intern receives at least four hours of formal supervision every week. At the outpatient site, the intern receives a minimum of two hours of supervision by a licensed psychologist: one hour for psychotherapy and one hour for psychological testing. Every effort is made to provide a different supervisor for each of these two hours. Sometimes this entails commuting from one site to another, so interns are expected to own a vehicle. At each rotation site, the intern receives one hour of individual supervision from a designated supervisor. This supervisor will be a senior staff clinician affiliated with the rotation. Finally, each intern participates in weekly family therapy group supervision, attended by the psychology interns and led by a licensed psychologist.

DIDACTIC EXPERIENCES **SEMINARS AND OTHER MEETINGS**

Interns attend weekly seminars with various topics throughout the year.

Seminars are led by a multidisciplinary team of psychologists, social workers, psychiatrists, and other professionals. Approximately 10 to 15 different staff members and invited speakers take part in this training series throughout the year. The emphasis in the seminar series is on teaching competent and ethical practice within a community mental health setting.

Previous topics have included: lethality assessment, structural and strategic family therapy, play therapy, treatment of depression, working with GLBTQ clients, substance abuse treatment, and accessing community resources. Seminars are currently held weekly on Thursdays from 9 a.m. to 12 p.m.

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

The **Diversity Journal Club** begins at the training year's mid-point with each intern facilitating a discussion about an article with their peers and any other interested parties from the outpatient clinics, all in a casual, "brownbag" format. Recent topics have included: Cognitive distancing from the poor; Privilege and pressure in the affluent youth; Working with the Blind Population; Social Psychology influences; Men in therapy; and Issues of diversity in play therapy.

A weekly **group supervision in family therapy** meets for ninety minutes every Tuesday. This meeting is usually on the same day as the **Interns' Process Group**, which is facilitated by a therapist who is *not* a member of the Training Committee and is usually someone with little or no intern contact throughout the year. The experience is non-evaluative and tends to be guided by the needs of the intern class.

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

Interns will each present on two occasions throughout the year at **Case Conferences**. This is a one-hour 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. In the second half of their training year, interns will complete a

Consultation/Education project (proposed and outlined before January). These projects are meant to be reasonably-sized

undertakings, with an eye toward addressing a particular unmet need in the agency and/or the community. They may also take the form of an inquiry into quality improvement needs which could be potentially met by the psychology program at the Regional MHC. Interns choose a "sponsoring" member of the agency in order to mentor their experience.

At the end of the year, each intern conducts a 90-minute **final case presentation** for the psychology staff and intern group, as a capstone to the training and professional experience.

STAFF DEVELOPMENT

The Regional MHC has an active staff development program for its employees, similar to the one at Southlake Center previously. As employees of the agency, interns have the opportunity to attend these in-house training events. Previous in-house training events have covered the following topics: the assessment and treatment of ADHD, health psychology, working with HIV positive clients, PTSD treatment, and family therapy for sexually abused clients. Interns also may be given release time and financial support to attend conferences outside of the agency.

FEEDBACK 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: at three months, at six months, at nine months, and at year's end. These sessions are coordinated by the outpatient therapy supervisor. They include feedback from all supervisors: the therapy supervisor, the testing supervisor, and the family therapy group supervisor. Interns also receive formal feedback from each rotation supervisor upon the completion of the rotation. Interns are shown the feedback form as part of the orientation process at the beginning of the year.

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 four intervals before the internship is completed; at three months, at six months, at nine months, and at year's end. 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, at a minimum. It is chaired by the Director of Training. The committee strives to secure a high level of quality in every component of the internship. The Director of Training has overall responsibility for the integrity and the quality of the internship.

TIME COMMITMENT

The time that previous interns have reported spending on the internship has varied considerably. The reported range lies from 40 hours to 50 hours a week. The time commitment appears to depend on variables such as the intern's time management skills, the intern's level of experience, and the intern's interests in gaining additional experiences and doing outside reading.

Although we have flexible work weeks, schedules are organized around regularly scheduled meetings and some required evening hours, scheduled so as to accommodate clients who are employed. Interns are expected to work at least 2 evenings a week until 8 or 9 p.m.

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

Clinical Contact Hours	at least 350 hours per year, 10-12 outpatient clients per week
Testing, Outpatient	12 batteries per year
Supervision, Outpatient	4.0 + hours per week
Seminars	3+ hours per week
Clinical staffing	1 hour per week
Interns' Process Group	1 hour per week until Mid-Year, then interns evaluate further need
Rotation (including supervision)	8-10 hours per week
Paperwork & Travel Between Offices	Varies

Travel times between sites tend to average 20 minutes.

**PSYCHOLOGY
TRAINING
COMMITTEE**

James Bovan, Psy.D. (Illinois School of Professional Psychology) *Areas of Interest:* Trauma and recovery; Attachment issues; Substance abuse and dual diagnosis treatment; Gender/sexuality issues; Depression and anxiety disorders.

Denise Domazet, Psy.D. (Illinois School of Professional Psychology). Rotation Supervisor for Day Treatment at Strawn Center, Merrillville, Indiana, and Diagnostic Supervisor. *Areas of Interest:* child and adolescent treatment, clinical supervision, and psychological assessment.

Sarah Dross, Psy.D. (Chicago School of Professional Psychology) Director of Training
Areas of Interest: Child & adolescent treatment, group therapy, trauma, psychological assessment, and psychotherapy supervision..

Andrew Farra, Psy.D. (Chicago School of Professional Psychology) *Areas of Interest:* Psychodynamic psychotherapy; Mood and anxiety disorders; Couples therapy.

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

Betsy Hafner-Nettleton, Psy.D. (Chicago School of Professional Psychology) Supervising Psychologist. *Areas of Interest:* Psychodynamic and relational therapy, longer term treatment, personality disorders, anxiety disorders, and supervision.

Kristen Hick, Psy.D. (Argosy-California) Outpatient Clinician, Supervisor. *Areas of Interest:* Domestic violence, child and adolescent therapy, clinical supervision, and trauma and abuse

Jason Herr, LMHC, ABD (Illinois School of Professional Psychology) Post Doctoral Clinician, Case conference facilitator. *Areas of Interest:* Grief, loss and bereavement, health psychology, neuropsychological assessment, geriatric psychology, existential psychotherapy, and substance abuse and dependency.

Nick Johnson, Psy.D., HSPP (Illinois School of Professional Psychology) *Areas of Interest:* Child and Adolescent treatment; Psychopathology; Borderline Personality Disorder.

Maureen McNulty, Psy.D. (Nova Southeastern University)- Post Doctoral Clinician, Intake Specialist. *Areas of Interest:* Intern process group facilitation, chronic mental illness, CBT techniques with humanistic and person-centered principles, and psychological assessment.

Mary M. Kennedy, Psy.D. (Chicago School of Professional Psychology) *Areas of Interest:* Adult psychotherapy, group psychotherapy, adult assessment. Client centered focus with integrated conceptualization and treatment orientation.

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

Susan Merrick, Psy.D.- Post Doctoral Clinician. *Areas of Interest:* Psychodynamic and Relational therapy, trauma and sexual abuse, cognitive-behavioral therapy with children and adolescents, and parenting skills training.

Anissa Rivers, Psy.D. (Adler School of Professional Psychology)
Supervising Psychologist, Outpatient Services

Areas of Interest: Forensic psychology, Adlerian psychotherapy, adult individual and group psychotherapy, working with clients with a dual diagnosis of mental illness and substance abuse/dependence, personality disorders.

**ROTATION
SUPERVISORS**

James Berman, MA, LMHC (University of Southern Florida) Rotation Supervisor, Forensic Diversion Rotation, Lake County Community Corrections Facility, Crown Point, Indiana.

James Blackwood, BA, LSW (Saint Joseph's College at Rensselaer) Rotation Supervisor of Emergency Services Rotation, Stark Building, East Chicago.

John Breslin, M.Div. (Catholic Theological Union), **ICAC-II, NCAC II, LSW** Supervisor, Substance Abuse Services Rotation at the Stark Building and Strawhun Center.

Denise Domazet, Psy.D. (Illinois School of Professional Psychology). Rotation Supervisor for Day Treatment Rotation at Strawhun Center, Merrillville, Indiana..

Jennifer Gescheidler, MA LMHC (Valparaiso University). Rotation Supervisor, Child and Adolescent Services, School Program

Zagorka James, MS, LMHC (Purdue University Calumet). Rotation Supervisor at Rose Child & Family Services- Children's Outpatient Treatment Rotation and Supervises the Child and Adolescent Day Treatment rotation.

Jake Messing, MS, LCSW (George Williams College) Director of Acute Intensive Services. Supervisor for Strawhun Center Emergency Services Rotation.

Laura Moseng, Psy.D. (Georgia School of Professional Psychology) Rotation Supervisor for Assertive Community Treatment (ACT) rotation.

Jennifer Noonan, Rotation supervisor for North Shore Primary Healthcare rotation.

Anthony Pellegrini, MSW (George Williams School of Social Work at Aurora University) Rotation Supervisor of Day Treatment Rotation, Stark Building- East Chicago, Indiana.

Scott Siegall, M.D. (University of Illinois Medical School). Rotation Supervisor for Adult Psychiatric Inpatient unit at Strawhun Center, Merrillville, Indiana.

Daniel Smith, Child and Adolescent Services. Supplemental Supervisor for the C&A Day Treatment rotation, Strawhun Center.

**COMPENSATION
& BENEFITS**

The stipend is \$19,069 for the year. Interns are provided 20 paid time off days. The agency reimburses, at the average rate of 50 cents/mile (changes with the national average), for work-related travel expenses. The Regional MHC also pays for malpractice insurance and life insurance. Interns may participate in the agency's health insurance plans. Interns have access to free short-term psychotherapy through the agency's EAP for up to six sessions.

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

**PREREQUISITE
REQUIREMENTS**

The intern will be expected to have completed all academic work in clinical/counseling psychology at the doctoral level, as well as all practice or externships and qualifying examinations, as required in his or her particular doctoral program. A minimum of 500 total intervention hours is necessary to be considered for an internship placement. The Regional MHC will be funded for seven intern positions. The Regional MHC is an equal opportunity employer and service provider. Academic training in an APA-accredited program is preferred, but not required. Minority applicants and Spanish speaking applicants are encouraged to apply. Applicants are expected to have previous experience treating children and adolescents in family therapy as well as prior experience working with minority clients in a community mental health center setting.

RESEARCH

While the training mission of the internship is clinical in nature,

every possible opportunity is taken to utilize and to underscore the importance of research. The seminar series incorporates up-to-date research. Individual and group supervisors employ research findings in teaching assessment and intervention methods. A few previous interns have been allowed to include clients as subjects in their dissertations, only in cases where the individual has given express approval. Also, members of the psychology staff have served on dissertation committees. However, available resources and the clinical mission of the agency do not allow the implementation of an ongoing research agenda. (See also: Consultation/Education project, above).

MISCELLANEOUS INFORMATION

OFFICE SPACE

Interns are guaranteed to have office space available to them at all times. At Regional Mental Health Care- Highland and East Chicago, one office is designated for each intern. At the Strawhun Center in Merrillville, three interns share a large office, with each having their own computer and phone. Rotation sites also provide office space to interns.

SUPPORT SERVICES

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

Interns have full and equal access to agency equipment (e.g., photocopiers and audio-visual equipment). A personal computer workstation with intra- and internet connectivity is assigned to each intern in order for them to utilize our exclusively paperless agency and related software. At each site, there is one intern PC that is equipped with WISC/WAIS/WIAT/WMS/MMPI/MCMI scoring software and interns are also given access to on site Rorschach scoring programs. Each outpatient and rotation site has a kitchen area complete with cooking appliances and storage.

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

ELECTRONIC RECORDS

The Regional MHC has electronic medical records for all

clients and all services provided. Interns will be trained in use of these records during the orientation process.

PARKING

There is ample, accessible, free parking available at all of the Regional MHC facilities.

APPLICATION PROCEDURE

Students wishing to apply for the Internship Program should provide an APPIC application form, three letters of reference, a sample test report, transcripts of all graduate course work, and a curriculum vita. All information must be received by November 15. New APPIC requirements state that all applications must be submitted through the AAPI Online. This can be accessed at www.appic.org, by clicking on the "AAPI Online." Please note that the 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. Sarah Dross at (219) 972-0131, extension 311.

The selection process will proceed in accord with APPIC's published guidelines. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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

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

Southlake Community Mental Health Center, Inc, doing business as Regional Mental Health Center is currently an APA accredited internship program. If you have any questions regarding accreditation, the Office of Accreditation can be reached at (202) 336-5979.

2/16/10
