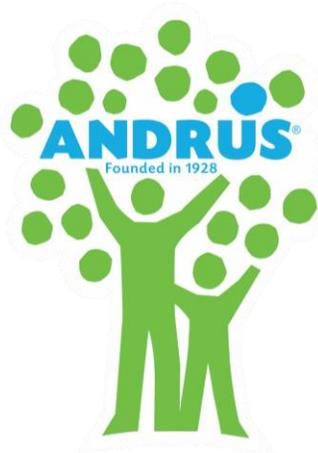


ANDRUS

PSYCHOLOGY INTERN TRAINING PROGRAM

PROGRAM DESCRIPTION



19 Greenridge Avenue
White Plains, New York 10605

35 Dock Street
Yonkers, New York 10701

1156 North Broadway
Yonkers, New York 10701

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THE PSYCHOLOGY INTERN TRAINING PROGRAM

I. Introduction

ANDRUS is a private, non-profit community agency offering prevention, assessment, educational, treatment and research programs that help children, adolescents, adults and families achieve healthy, stable lives (www.ANDRUScc.org). Our American Psychological Association Accredited doctoral internship program is a vital part of ANDRUS' mission offering interns the opportunity to develop the necessary skills to independently practice child psychology (see page 18) for contact information for APA's CoA). We are currently accepting applications for slots within the Mental Health and Campus Divisions.

The Mental Health Division of ANDRUS

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. In addition, our work includes, adolescents and adults. The MHD includes sites in White Plains, Yonkers, and Peekskill, New York with interns placed in either White Plains or Yonkers.

A significant portion 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. With our expansion of services interns will now also be gaining experience with adolescents and adults - adults whose treatment is not necessary tied to their children's enrollment in our clinics.

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 1-9, in two treatment programs: residential and day. Children from the residential and day programs attend the Orchard School located on the ANDRUS campus. The campus-based internship is focused primarily on the role of a school psychologist but does have a clinical component with interns treating day students.

The Internship Program

Our American Psychological Association Accredited doctoral Internship provides interns with supervised clinical experiences and a rich, extensive didactic seminar schedule.

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 Program on the ANDRUS campus. Interns from both tracks take seminars together.

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.

The doctoral internship training program at ANDRUS is committed to fostering and creating a welcoming, responsive, and supportive learning environment that is equitable, safe, non-violent, supportive, and open to practical approaches to address diversity and inclusion. From a practical standpoint, we make consistent, coherent, and progressive efforts to identify blocks, barriers, and inequities in our day to day interactions with diverse stakeholders and systems. We take active steps to expose interns to diversity and differences, maintain a value of cultural humility, enhance multicultural and cross cultural communication. Through self-reflection, active dialogue and discussion, we address and challenge each other about the sometimes difficult conversations about diversity, equality, and inclusiveness. Through these efforts we engage in meaningful dialogue to rectify actual, perceived, and potential harm in our interactions with others and in our institutional policies and practices. We remedy situations that implicitly or explicitly undermine our efforts to be just and fair.

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 seminars divided between introductory and advanced topics. Interns have three 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 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. 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.

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 offer limited services to children with Autism Spectrum Disorder, and those that we do treat are higher functioning individuals. The Mental Health Division’s unique opportunity to work with pre-schoolers offers the intern opportunities to treat children from infancy through adolescences. As mentioned above we have expanded our work in the clinics to include more adolescents and adult, thus interns’ caseloads will vary by age as well as gender and diagnosis.

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.

Interns also are part of the screening process a one session assessment with a new family which will lead to a disposition recommendation and an initial diagnosis. Generally this occurs weekly.

Within the “**Outpatient**” track cases are assigned after the one session assessment or as a transfer. In either case there is an initial assessment phase. Here the interns meet 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 their own DSM-5 diagnoses. Diagnoses include adjustment disorders, anxiety disorders, ADHD, oppositional defiant disorder and mood disorders to name the most common. The intern begins to understand the family’s functioning including their strengths and available family and community supports. Utilizing data which includes the presenting problems, family history, mental status, risk factors, etc. the interns, together with their supervisors, take that information and use it to formulate the diagnosis and from that a treatment plan. Here the supervisor helps the intern choose the appropriate modality, be it individual therapy, family therapy, group, or some combination of the above. Interns will learn how to incorporate the client and their family members in a collaborative effort when formulating the goals and objectives of the treatment plan. 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.

All clinicians – students and staff – are trained and supervised on the use of concurrent and collaborative documentation to support and promote quality service delivery. By adopting a person-centered approach to clinical interventions, clients are engaged in an active accountability to their goal setting and their ongoing participation in therapy. All clients – children, adolescents, and adults – are empowered to drive their own treatment by developing their plans with clinical staff/students and by keeping their reason for pursuing treatment forefront in the process. Concurrent and collaborative documentation has been found to generate improved client engagement and functional therapeutic outcomes and is supported by OMH, NCBH, and SAMHSA.

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 if ever 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 85% of ANDRUS' 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, 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.

We are pleased to offer the opportunity for interns to be trained in Parent Child Interaction Therapy (PCIT) through the provision of services and close supervision by a certified trainer on staff. While there is **no guarantee** that interns will be certified by the end of the internship year they will have formal training and practice in this modality including utilizing a one-way mirror and “Bug-in-the-ear”.

We have also recently introduced the opportunity to be trained and participate in our DBT program. After a 3 part introductory series in the summer those interns interested in advanced training can join the DBT team in their respective clinics. For those interns extra readings are assigned and participation in a weekly supervision/consultation team meeting is required.

The Campus Division of ANDRUS: The “Campus” Track

ANDRUS, in its two, 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’ campus populations 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 on Campus, who are overwhelmed by psychiatric illness, behavioral issues/aggression, and/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 of 3-4 children ages five to fifteen from the Day program. The intern provides these cases with weekly individual psychotherapy and family sessions when possible and meets with the Instructional Team. The Campus programs at ANDRUS treat a good number of children on the spectrum so interns will have multiple opportunities to work with these children, be it as an individual psychotherapist, group leader, or in the role of consultant to a classroom. Interns also co-lead weekly group therapies with both Day and Residential children.

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 which makes it an ideal training program for school psychologists. Current interns have been assigned to a cluster of classrooms (likely 2) where they consult with the teachers 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. The development of individual and classroom-wide behavior plans by interns – formulated from functional behavioral analyses - addresses the special needs of those children, especially those with spectrum disorders.

Another aspect of the Campus experience is the interns' involvement in the school's Response to Intervention (RTI). RTI is a three-tiered framework that helps all students by providing targeted interventions at increasing levels of intensity. Part of this program is the school-wide Positive Behavioral Interventions and Supports (PBIS) system. This is an approach which creates and maintains positive school climates. This evidence-based framework emphasizes preventing school discipline problems. PBIS provides ideas to support teaching, modeling and recognizing positive, appropriate behavior in schools. It also identifies systems for logically responding to classroom and individual student problems. Data is used to evaluate progress and guide school teams. By promoting and sustaining safe learning environments PBIS increases the capacity of staff to reduce behavioral problems. PBIS stresses identifying outcomes, data use, systems and practices to create and sustain a positive school climate. The Orchard school utilizes the CHAMP's program (Conversation, Help, Activity, Movement, Participation, Success) when defining their behavioral expectations with PBIS. The PBIS/CHAMPS initiative was brought forth by the school psychologist and psychology interns at the Orchard school and interns continue to play a vital role in refining and running the interventions.

Another very important component of the training in the Campus track is Sensory Integration. Sensory work is a vital piece of the therapeutic work on Campus and excellent training is available to interns in this area. Interns will gain the knowledge of rationale, theories, and methods for various body regulation techniques as well as demonstrating the ability to incorporate body-based psychotherapies with emotional coping and social awareness training. Interns will be able to incorporate body regulation strategies in developing interventions for identified problem behaviors and to adapt body regulation activities to fit the unique needs of each group/individual.

As mentioned, the unique combination of clinical work as an individual/group therapist together with the involvement with the Orchard school in the consulting/behavioral specialist role as well as testing makes the Campus track an ideal place to gain experience for those pursuing a school psychology degree.

The Residential Treatment Program

Seventy to seventy-five 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. Children stay in residential treatment for an average of two to three years.

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 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 clients 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 receive training in this model.

III. Intern Training

Objectives

The mission of the ANDRUS Children’s Center APA accredited 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 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 doctoral Internship 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 comprehensive assessment of current and past psychiatric history, current social circumstances, current symptoms and risk factors leading to formulation of accurate DSM-5 diagnoses and the development and communication of realistic treatment plans.*
- 3. Proficiency in the psychological assessment of children.*
- 4. Proficiency in working with culturally diverse populations.*
- 5. Obtains knowledge of scientific theory, research and results relevant to the delivery of evidenced-based interventions from peer reviewed journals, and to use this knowledge to critically review efficacy of psychological interventions and the internship program itself.*
- 6. Professional Competency in supervision (Didactic only no supervisory experience are available).*
- 7. Proficiency in Group Therapy*
- 8. Understanding client-centered approaches with collaborative and concurrent documentation.*
- 9. Experience in a managed care environment. – Outpatient Track*
- 10. Understanding the value of early intervention - Outpatient Track*

11. *Understanding community-based treatment. – Outpatient Track*
12. *Parent Child Interaction Therapy – Outpatient Track (optional)*
13. *DBT - Outpatient Track (optional)*
14. *Understanding of interventions designed for children in residential/and or day treatment settings including the Sanctuary Model. – Campus Track*
15. *Experience with Consultations with School Professionals. – Campus Track*
16. *Experience with Sensory-based interventions - Demonstrating the knowledge of rationale, theories, and methods for various body regulation techniques as well as demonstrating the ability to incorporate body-based psychotherapies with emotional coping and social awareness training. Able to incorporate body regulation strategies in developing interventions for identified problem behaviors and to adapt body regulation activities to fit the unique needs of each group/individual. - Campus Track*
17. *Experience with Consultations with Residential Community. – Campus Track*

During the Internship year, interns treat clients 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 as well as adolescents and adults. Interns graduate from our training program well versed in the pragmatics of therapeutic work. For example, they work 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 traumatic situations their clients may encounter. A seminar covering cultural diversity/power differentials also prepares 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. PCIT – Outpatient only

5. DBT – Outpatient Only
6. Family therapy
7. Parent guidance: Behavioral and cognitive techniques
8. Short-term – Solution-focused & Strength based
9. Dyadic treatment of young children and parents. i.e., therapist works with child and parent in joint sessions
10. Group therapy
11. Sensory Integration
12. Community/school-based outreach

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 client 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 client 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 client 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. 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 client's strengths not just to focus on problem areas when deciding on treatment strategies. Also, as a community based facility, interns are required to assume such responsibilities as coordinating social and medical resources and school placements while maintaining a therapeutic alliance with the client 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 clients 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 client 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, 2007 and 2013 (seven years), has been built upon established child therapy and situational crisis intervention training programs at the former Center for Preventive Psychiatry. The Internship starts the beginning of July.

VI. Curriculum and Clinical Experience

Clinical Service in the Outpatient Track

A weekly total of 15 treatment hours is required for interns - built up over time. Some of the hours may include treatment of families and/or guidance for the primary client'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, will find that experience available to them as well as work with adolescents and adults.

We anticipate five (5) openings in the “**Outpatient**” track for the 2021-2022 year.

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 3-4 children ages 5-15. The intern will provide these cases with weekly individual psychotherapy, weekly group therapy, family sessions when possible 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 clients. 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

We anticipate two (2) openings in the “**Campus**” track for the 2021-2022 year.

Psychological Assessment

Psychology interns are expected to complete a sufficient number of assessments to allow for the evaluation of their work. 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.

Students are likely to have the opportunity to assessment of infants and toddlers through the Early Intervention program. Latency age children and adolescents are assessed as well with referral sources including schools and physicians. Currently the interns on campus and in our Yonkers clinic have their testing supervision via telesupervision (some form of secure audio/visual communication) with their supervisor after meeting him in person for two, 1 1/2 – hour introductory seminars on testing during the summer before testing begins.

Supervision

Interns are provided with a minimum of two hours of individual supervision by licensed, experienced psychologists and a fourth hour of group supervision. All of our interns have additional supervision with senior staff clinicians:

- Individual/group therapy: Two hours per week.
- Psychological evaluations: Twice a month – may be in pairs.
- 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, 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 2 or better on Mid-

year evaluation items and 3 or better on the final evaluation on our 5-point scales in order to successfully complete the Internship as well as maintain the expected standards of all ANDRUS employees as described in the Policy and Practices Manual. Home universities are provided feedback in the manner which they require. Original versions of all evaluations are kept in individual interns' files (interns receive copies of all evaluations) which are kept in a lock file cabinet in the White Plains office. Intern files typically contain applications, welcome letters and a copy of their graduation certificate as well as any other forms that have been filled out (i.e., licensing hour verification).

Didactic Conferences and Seminars

- Play therapy
- Trauma
- 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).
- Multicultural considerations are addressed in a seminar, several specific workshops and are included in clinical presentations.
- CBT therapy
- PCIT therapy
- DBT
- Family Therapy
- Supervision

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-known speakers from around the country.

Research

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

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: \$24,000

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 with vacation, personal and sick time also starting after 90 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.

ANDRUS respects and strives to foster diversity in all of its forms in Agency policy, procedure and practice wherever and whenever that effort is consistent with the Agency's mission. Diversity includes, but is not limited to, race, age, ethnicity, gender, religion, disabilities, socio- economic status and/or sexual orientation.

ANDRUS's diversity policy does not allow for employees to impose their personal non-work related beliefs on the consumers or other staff, or to allow those beliefs to interfere with the performance of their job duties, or to jeopardize the health, safety or well-being of the consumers, other staff of the Agency, or to interfere with any aspect of the Agency's mission.

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 prior to the start 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. 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. 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. 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. POLICY ON SOCIAL MEDIA AND VOICE MAIL

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to

“private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns may identify themselves as employees of ANDRUS only for approved business purposes; in financial or legal transactions where the name of the employer is required; or in transactions connected to employee benefits. Interns may not identify ANDRUS as their employer in any public forum (i.e. social networking sites, etc.) without the express written consent of the CEO or designee.

Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Internship has some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Internship to determine some form of response which may include probation, suspension or dismissal. As a preventive measure, the Internship leadership advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University)

X. 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 contract as established by the APPIC match as will any violent criminal and/or child abuse history.

XI. Grievance Procedure and Due Process

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 the Training Committee both of which offers a structured forum for discovery and resolution of potential problems.

Should problems arise between an intern and a supervisor/seminar leader or staff member, (i.e. poor supervision, unavailability of the supervisor, evaluations perceived as unfair, workload issues, personality clashes etc.) during his/her training experience, 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 Internship Director will confer with both the intern and the staff or supervisor/seminar leader involved to attempt to achieve a resolution informally.

If the Internship Director cannot resolve the issue, the intern has the option to file a formal complaint, in writing with all supporting documents, with the Internship Director. If the intern is challenging a formal evaluation, the intern must do so within five business days of receipt of the evaluation.

Within three business days of a formal complaint, the Internship Director must set-up a Review Panel consisting of the Director of the Mental Health Division (MHD)/Director of Campus programs, the respective Clinic Manager if MHD, and with the director of Human Resources to review the intern's grievance and set-up a hearing, within three days, to meet with the intern and the person with whom the intern has the grievance. The Training Committee will also be notified of grievance when it is filed. This review panel will then provide all parties with written recommendations to resolve the grievance. If the intern does not believe these recommendations satisfactorily address his or her concerns the intern, within three days, can submit a written appeal to the ANDRUS Executive Committee. The Executive Committee will review the appeal and within five working days provide a written decision which is final.

If the issue has not been resolved to the intern's satisfaction, the intern is able to consult with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Informal Problem Consultation or Formal Complaint process and/or the American Psychological Association (APA).

XII. 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 doctoral Internship is fully accredited by the American Psychological Association (APA) and is in compliance with all policies and procedures. 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 Commission 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.

XIII. 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 300 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.

The application deadline is **November 15th** of the year preceding that of the Internship. ANDRUS participates in the Online APPIC Application process and does **not require any supplemental material**.

All applicants will be interviewed via tele-conferencing this year due to COVID-19. Applicants are notified of their acceptance through the computerized matching system.

All inquiries should be sent via email to:

Jonathan Cohen, Ph.D.
Director, ANDRUS Psychology Training Program
Email: jcohen@jdam.org

XIV. Psychology Staff

Jonathan Cohen. Ph.D. Internship Director

Janice Autera, Psy.D.

Jennifer Ho, Psy.D.

Ruth Nirenberg, Ph.D. - Director of Clinical Training & Supervision MHD

James Rebeta, Ph.D.

David Rowe, Ph.D.

Steven Scherer, Ph.D.

Erika Stapert, Psy.D.

Management Staff - Yonkers/Peekskill

Danni Lapin, LCSW - Clinical Manager – Yonkers

Jill Winner, LCSW - Clinical Manager – White Plains

Executive Staff

Tito Del Pilar – Acting CEO, Julia Dyckman ANDRUS Memorial

Rosa Bautista, LCSW - Associate Vice President ANDRUS Mental Health Division

Leani Spinner, LCSW-R, Assistant Director of Mental Health Division

XV. Current and Past Interns' Graduate Programs

2020-2021

1. Long Island University - C.W. Post Brookville
2. Teachers College School Program (2)
3. Tulane School Psychology Program
4. George Washington Univ.
5. Carlos Albizu University-Miami Campus
6. DePaul University

2019-2020

1. Nova Southeastern University
2. Ferkauf School of Psychology – Yeshiva Clinical
3. Adler University
4. Long Island University - C.W. Post Brookville
5. Suffolk University

2017-2018

1. St. John's Clinical Psych (2)
2. Duquesne University – School (2)
3. Alliant – LA
4. The New School
5. Ferkauf School of Psychology – Yeshiva Clinical

2018-2019

1. Nova Southeastern University
2. Pace University (2)
3. Teachers College School Program (2)
4. Farleigh Dickinson
5. Alliant – LA

2016-2017

1. William James College (Mass SPP)
2. Loyola University
3. St. John's Clinical Psych
4. George Washington Univ.
5. Long Island University - C.W. Post Brookville

2015-2016

1. Ferkauf School of Psychology – Yeshiva – School/Child
2. Teacher's College Columbia University
3. Kean University
4. University of Rhode Island
5. Fordham University Counseling Program
6. William James College (Mass SPP)
7. Pace University

2013-2014

1. Long Island University - C.W. Post
2. Ferkauf School of Psychology - Yeshiva – School/Child
3. Ferkauf School of Psychology - Yeshiva – School/Child
4. Ferkauf School of Psychology - Yeshiva – School/Child
5. Kean University - School Psychology
6. Kean University - School Psychology
7. University of Hartford

2011-2012

1. Chicago School of Professional Psychology (2)
2. Teachers College Columbia University – School Psychology
3. Pace University
4. Argosy University - Phoenix
5. George Washington Univ.

2009-2010

1. Chicago School of Professional Psychology
2. Spalding University
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.

2014-2015

1. Long Island University - C.W. Post Brookville
2. Ferkauf School of Psychology - Yeshiva
3. Ferkauf School of Psychology - Yeshiva
4. University at Albany - SUNY
5. Kean University
6. St. John's School Psych
7. Farleigh Dickinson

2012-2013

1. Ferkauf School of Psychology - Yeshiva
2. Teachers College– School Psychology
3. Loyola University
4. University of North Carolina - School Psychology
5. Long Island University - C.W. Post
6. CSPP/Alliant-San Diego

2010-2011

1. Long Island University
2. University of Hartford
3. Hofstra University
4. St. Johns – School Psychology
5. Ferkauf School of Psychology - Yeshiva
6. Alliant University – CSPP – San Francisco

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 SPP – Alameda
4. Argosy University - formerly Arizona Univ.

XVI. Internship Admissions, Support and Initial Placement

Internship Program Admissions

Date Program Tables are updated: 9/10/2020

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

Ours is a child-focused internship located in Westchester County, NY with two tracks: The first is a traditional outpatient clinic focused on an underserved urban population providing individual, group and family therapy and psychological testing. We also offer the opportunity to be trained in Parent Child Interaction Therapy (PCIT). The second track, designed for students with a school background in our day/residential program and offers the opportunity for individual and family therapy (Day students only), groups (both Residential and Day students), school consultation and psychological testing. Unique opportunity to work with students on the Spectrum.

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

Total Direct Contact Intervention Hours	No	Yes	Amount: 200
Total Direct Contact Assessment Hours	No	Yes	Amount: 100

Describe any other required minimum criteria used to screen applicants:

Applicants must have child-focused clinical experience in psychotherapy and assessment.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$24,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	YES	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	YES	No
Coverage of family member(s) available?	YES	No
Coverage of legally married partner available?	YES	No
Coverage of domestic partner available?	YES	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	184 (4 weeks)	
Hours of Annual Paid Sick Leave	96 (12 Days)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	YES	No
Other Benefits (please describe): Dental		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2019	
Total # of interns who were in the 3 cohorts	19	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	EP
Community mental health center	10	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	1	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	2
Independent practice setting	5	0
Not currently employed	1	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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