



HEADQUARTERS
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**Psychology Doctoral Intern Training Program:
2023-2024 Training Year**

Accredited by the American Psychological Association's Commission on Accreditation¹

ABOUT THE AGENCY AND SETTING

The Guidance Center has been providing quality mental health services since 1946. Formerly known as The Greater Long Beach Child Guidance Center, the agency was founded by a group of local public school teachers and counselors who were concerned about the mental health needs of children with behavior and learning problems in school. A relatively small clinic for many years, the agency became affiliated with the Long Beach Memorial Medical Center and Miller Children's Hospital and moved its offices to the grounds of the Medical Center.

During the past 20 years, the agency enjoyed considerable growth and increased the number of programs, clients served and community-based locations significantly. Between 1995 and 2001, The Guidance Center grew from a relatively small clinic in Long Beach with a satellite office in San Pedro, to a major community mental health service provider employing more than 150 mental health professionals, support staff, administrators, and interns. Today, The Guidance Center provides services to children and families at three sites within Long Beach and its surrounding communities. In addition to a large outpatient center in Downtown Long Beach, The Guidance Center has operated a satellite clinic in San Pedro since 1977, and a model interagency "System of Care" program in Compton since 1998. The Guidance Center also has provided outpatient services in Avalon, on Catalina Island, since 2001.

The Guidance Center is a major contract agency, providing specialty mental health services for the Los Angeles County Department of Mental Health, and also works closely with the Long Beach and Paramount Unified School District (providing on-campus mental health services at over 40 schools), and the County Departments of Children and Family Services and Probation. System-wide, clinicians and interns provide thousands of hours of clinical assessment and treatment services monthly, including diagnosis, crisis intervention, individual, collateral, group, and family psychotherapy, individual and group rehabilitation services, case management, in-home and school-based services, intensive service programs for children and adolescents, psychiatric evaluation and medication services, outpatient substance abuse treatment, and psychological testing. Clients

¹The program is accredited by the Commission on Accreditation of the American Psychological Association. Any questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979/Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

include children from 0 to 18 years and/or parents/caretakers, who are from a broad spectrum of lower and middle-income households, with cognitive, emotional, interpersonal, behavioral, school, and family problems. In terms of ethnicity, The Guidance Center clientele are approximately 62% Hispanic origin, 24% African-American, 10% Anglo-American, and 2% Pacific Islander. The Guidance Center has a 70 year history of providing full scope mental health services to the most disadvantaged families within the greater Long Beach area.

Approximately 42% of our budget is dedicated to prevention and early intervention services through the State of California Mental Health Services Act (MHSA) and requires utilizing of evidence based practice and proven outcomes within our clinic. We have several county funding sources that allow us to provide different levels of specialty mental health services (outpatient care, Field Capable Clinical Services, Full Service Partnership) to disadvantaged families. We also receive additional funding through the Educationally Related Mental Health Services (ERMHS) to provide contracted services with the school district to students whose mental health disorder prevents them from benefitting fully from academics. Additionally, we have funds allotted for intervention to parents with children whose mental illness prevents them from working (CalWorks program) and funds to prevent children and adolescents from being removed from their biological families (Family Preservation program). Together, we offer a wide range of services to disadvantaged families which allows interns to develop their competencies in diverse settings and with diverse youth.

Multidisciplined clinical staff (MDs, MFTs, MSWs, PhD/PsyDs) and interns work closely with parents, school personnel, allied agencies, and other resources to address each child's difficulties in a professional and coordinated manner. All staff clinicians are state licensed, or otherwise qualified mental health professionals, in one of California's major mental health disciplines. In addition to doctoral psychology internship training, The Guidance Center serves as a training site for MSW and MFT interns and doctoral psychology practicum students from local programs. The agency is licensed by the State Department of Health Services as a Psychology Clinic.

THE PHYSICAL SETTING AND RESOURCES

The interns' primary location and offices (two interns per office) are on the first floor of our two-story, free-standing building near downtown Long Beach. Interns have an office, printer, office phone, cell phone, laptop with video camera for recording sessions, a locked filing cabinet, and clinical resources (e.g., books, games, articles) in their office. There is also access to one-way mirror observation rooms, bug-in-the ear equipment for supervision or parent coaching, abundant testing materials, testing scoring computer, and sign-out rooms for therapy. Interns may travel to our satellite clinics for testing and there they have access to sign-up rooms.

Covid-19 Specific Updates:

We anticipate that by the start of the 2023 training year that all of our services will be in-person. However, we also hope that telehealth will remain a part of our service delivery menu for clients so interns may provide services via telehealth.

ABOUT LONG BEACH, CA

Located on the coast about 25 miles southeast of downtown Los Angeles, Long Beach is the fourth largest city in California, with a population of 462,257 people (2010 census). The City of Long Beach is one of the most ethnically diverse communities in the United States, offering all the world-class amenities of a large metropolitan city while maintaining a strong sense of community and neighborhood pride. Long Beach is home to the Queen Mary, Aquarium of the Pacific, several museums and theaters, Long Beach Airport, an award-winning school district and recreation programs, its own Health Department, miles of beaches and bike

paths, five golf courses, five hospitals and two historic ranchos. In 2012, the City of Long Beach was designated a Silver-Level Walk Friendly Community for walkability initiatives and programs. Long Beach is pleasant year-round. The winter temps rarely dip below 50 degrees, and the summers are pleasant and warm, with the ocean breeze keeping locals cool. The sun is usually shining in Long Beach; this city experiences just 21 days per year on average of rainfall. More information can be found here:

<https://www.zumper.com/blog/moving-guide-to-long-beach/> or here: <http://www.longbeach.gov/>

ABOUT THE PSYCHOLOGY INTERN TRAINING PROGRAM

BACKGROUND. The Guidance Center has trained psychology interns for over 35 years, but until 1992, training was primarily for half-time interns from two local schools. At that time, The Guidance Center had two locations and a total staff size of about 15 clinicians. Since 1992-1993, the program has trained full-time interns. The program applied for APA accreditation during the 1994-1995 training year and was successful, earning accreditation initially for 1995 to 2000. During the last site visit in 2021, the site visitors noted that, “The learning environment is characterized by warmth and collegiality. Morale is excellent among interns and faculty. Current and former interns talked about being treated with respect and courtesy, with no reports to the contrary. All noted that their relationships with supervisors and leadership were characterized by mutual respect, and support as needed from supervisors” The APA Commission on Accreditation awarded the maximum ten-year accreditation through 2031.

INTERNSHIP POSITIONS. For the 2023-2024 training year we will accept a total of **four (4)** interns.

AIM AND COMPETENCIES. The Guidance Center’s mission is to provide comprehensive mental health treatment to our community’s most disadvantaged children and their families struggling with mental illness and abuse, leading them toward a positive and productive future. The Guidance Center envisions a community where all children have the help they need to be healthy and happy.

Consistent with the agency’s mission, the doctoral psychology internship **program’s aim** is “to provide a training experience that integrates for each intern the science and practice of psychology, facilitates the transition from theory to practice, and produces broadly competent practitioners who can effectively address the needs of children, adolescents, and their families across multiple professional settings.”

The program’s training program ensures entry-level, independent competence in the 9 Profession Wide Competencies delineated in the Standards of Accreditation: **Individual and Cultural Diversity, Ethical and Legal Standards, Professional Values and Attitudes, Communication and Interpersonal Skills, Consultation and Interprofessional/Interdisciplinary Skills, Supervision, Research, Assessment, and Intervention.**

Staff members at all levels of The Guidance Center are accustomed to treating psychology interns as capable professionals; they are given responsibilities and opportunities commensurate with their advanced level of education, training, and skill development. Because advanced clinical training in human services involves issues of quality assurance, supervision and training involves ongoing evaluation of the intern's performance while at the same time providing the freedom, support, and responsibility to grow professionally. Professional growth and development includes integrating the science and practice of psychology, acquiring and demonstrating a broad range of clinical competencies, and transitioning from a student to professional self-awareness.

Interns are included in all of The Guidance Center activities and their input, feedback, and suggestions are responded to and incorporated during program evolution, evaluation, changes, and refinement. Because interns grow and develop through the supervised experience of working with "real life" problems, situations, and

families, their services are appropriately billable and result in some revenue generation for The Guidance Center. The primary purpose of developing and maintaining an intern training program, however, is to fulfill The Guidance Center's mission to provide professional training.

The internship program provides broad and general training to develop well-rounded and competent professional psychologists while also fostering individual growth and learning objectives.

CORE TRAINING ELEMENTS. Training is cumulative, sequential, and graded in complexity to meet both profession-wide competencies and individual intern training objectives. It is further designed to be at a developmentally appropriate level for full-time doctoral psychology interns, given previous practicum and educational experiences. Intern training begins in orientation, and continues throughout the year in five Core Training Elements. **All interns participate in the following five core training elements:**

1. Supervised intervention experience in all aspects of specialty mental health and integrated care with children, adolescents, parents, and families. These services include: intakes and assessment; clinical case management; a range of psychotherapeutic interventions and modalities, including implementation of evidence-based interventions; clinical case consultation with other treatment staff, schools, and allied agencies; crisis intervention; and termination planning and discharge. Services are provided in the office, client's homes, and schools. Interns will spend four days per week in specialty mental health care and one day per week at the interdisciplinary consultation track of their choice (described in detail below). Training begins with shadowing intakes, direct observation of intern completing an intake, and then case assignments. Cases are assigned gradually within the first three months with full caseload achieved by the end of the third month.

As a community mental health center, providing therapy in the homes of our youth or meeting them in settings that are familiar and safe for them (i.e., parks, YMCA) is a necessary component of successful treatment for families who may otherwise not access services due to financial barriers. We also anticipate that insurance guidelines will allow us to offer telehealth services ongoing so interns will have the option to learn about and provide telehealth services if clients request. Training in the complexities of specialty mental health allow our interns a unique perspective and adaptability necessary for work in integrated care settings. Interns are expected to become well-versed in brief and long-term interventions that do not fit the traditional 50-minute session, rapid assessment utilizing screening tools (e.g., Patient Health Questionnaire-9, Pediatric Symptom Checklist) and semi-structured interviews (KSADS-PL).

A community leader in Long Beach, California recently stated in a Department of Health and Human Services survey, "While we have very limited resources and so much more to do, we need to continue to serve the underserved by providing evidence-based interventions. We need more one stop shop services where we can integrate health, social, and employment services under one roof" (LBCHA, 2013, pg. 155). Another leader commented, "For mental health I would love to see a multifaceted approach like early screening and addressing depression and anxiety for kids. We need to address the stigma associated with mental health" (LBCHA, 2013, pg. 155). Their assessments of the issues impacting the city of Long Beach, California are key to supporting residents with the most commonly mentioned health issues: obesity (including physical activity, nutrition, access to food), access to care (including transportation, language, and cultural barriers, lack of youth friendly clinics and services), diabetes, asthma, mental health, and high blood pressure (LBCHA, 2013). Therefore, our collaboration with integrated care settings to train health service psychologists intends to address this need through a multifaceted, integrated approach and to develop future psychologists who can continue to meet this gap in care.

A. Intervention Experience Details

Over the course of the training year, interns deliver services with outpatient clients with whom there are opportunities to deliver individual, family, and group services in the office and field. Interns will typically be assigned their first clinical cases in the second week of orientation when diagnosis/interviewing, abuse reporting procedures, suicide assessment, documentation, and health record training are completed. As primary therapists responsible for all aspects of direct service delivery to approximately 8-10 ongoing therapy cases, interns are exposed to and manage cases with clients of all ages up to young adulthood, with a wide range of presenting concerns and degrees of dysfunction. Intern caseloads may vary, depending on client availability and referral, and severity, modality, and frequency of treatment of clients on caseload, but a general guideline is that interns will have a minimum of 8 individual cases at any given time. There is the expectation that interns will have a large enough caseload (including intervention and assessment) to have at least 12 direct service hours each week. This is NOT a productivity expectation that will result in remediation if not met, but allows training supervisors to ensure that interns are obtaining hands-on experiential training.

Clients typically treated by interns hail from different kinds of families (single parents, teen parents, foster care, blended/step families, extended families), cultural backgrounds, and socio-economic levels (although primarily low-income). Presenting concerns most frequently correspond to diagnoses from the following DSM-5 categories: attention-deficit and other disruptive behavior disorders, mood and anxiety disorders, adjustment disorders, psychotic and prodromal psychotic disorders, and problems related to abuse and neglect. Interns also may see clients who meet diagnostic criteria for autism spectrum disorders, elimination disorders, and combinations of the above. Interns will also see clients referred to The Whole Child program, a program at The Guidance Center that specializes in assessing and treating the unique emotional and behavioral needs of children and adolescents who are receiving medical treatment for one or more health conditions.

Interns are the primary service provider for the clients they treat. Intern responsibilities include intake, initial assessment and collaborative treatment plan development, on-going treatment in accordance with a variety of therapeutic approaches and evidence-based models, contingency and crisis management, case coordination with other members of the treatment team (i.e., psychiatrists and/or case managers), evaluation of progress and outcomes, and when appropriate, termination or transfer. Because interns are exposed to a full range of clients and families requesting services, they also work with a good mix of short-term, medium, and longer-term cases, families that fail to connect with services, some who will need to be transferred to continue when the intern leaves, and some relatively chronic, longer-term cases that will be transferred to them upon arrival.

B. Interdisciplinary Clinical Consultation Experience

In order to develop additional competencies in intervention, assessment, consultation and interprofessional/interdisciplinary collaboration, we place **two** interns in each of **two** supplemental tracks, one day per week. Interns will provide mental health services and consultation in one of two possible integrated care settings: Stramski Children's Developmental Center or Miller Children's and Women's Hospital General Pediatric Inpatient Unit. Descriptions of each site and intern role are described below. Interns are provided a tour and additional information during the first week of internship and rank their supplemental track preferences. The training director makes assignments based on individual learning goals and fit.

Stramski Children's Developmental Center: The Stramski Children's Developmental Center is a center that helps children and families deal with conditions such as autism, cleft lip and palate, birth defects, learning problems, attention deficits, and other developmental delays. Often, parents have difficulty advocating for their

children due to cultural, educational and language differences. The Stramski Center fills this gap by facilitating access to services and monitoring progress. Using a multidisciplinary approach, the center is able to provide individualized care to help children reach their optimum potential. This rotation provides training and exposure to specialized medical populations, in particular developmental delays. The interns participating in the Stramski Track 1) conduct brief assessments and provide short-term therapy, 2) participate in warm hand-offs with pediatricians, 3) shadow pediatricians during appointments to help identify possible mental health needs of patients and families, and 4) consult with members of the interprofessional treatment team (including licensed educational psychologists, nurses, pediatricians, nutritionists) and liaison to provide referrals to patients and family members. Interns utilize the same health record, input notes to the referring physician in the record, provide brief consultation and feedback to patient and physicians, and work as part of the team.

Miller Hospital Inpatient Unit: Miller Children's & Women's Hospital Long Beach provides specialized pediatric care for children and young adults, with medical conditions ranging from common to complex — as well as maternity care for expectant mothers — all under one roof. Miller Children's is recognized as one of the eight free-standing children's hospitals in California and still incorporates patient and family centered care, spiritual healing, and mind-body connection into its medical and surgical interventions. Interns participating in the inpatient track will have the opportunity to 1) participate in interdisciplinary rounds, 2) provide consultation to interdisciplinary treatment teams serving inpatients, 3) assess harm to self or others and provide behavioral de-escalation of patients, family members, and/or staff as necessary, 4) provide appropriate disposition and case management for psychiatrically impaired children after they have been medically stabilized in collaboration with other staff, and 5) evaluate and provide brief, problem-focused treatment of childhood psychological disorders (i.e., adjustment disorder, depression, anxiety) and medical treatment adherence as identified while the patient is hospitalized under the supervision of a licensed psychologist.

2. Certification in Managing and Adapting Practice (MAP), an evidenced based program developed by Bruce Chorpita, Ph.D. Certification involves 40 hours of face-to-face training, 12 consultation/supervision meetings, and review and passing of two client portfolios. Interns are provided training in the Managing and Adapting Program (MAP), Seeking Safety, Interpersonal Psychotherapy for Depression, Child Parent Psychotherapy, and Trauma Focused Cognitive Behavioral Therapy. Any of these practices may be used in treatment under the direction of a certified supervisor, but only Los Angeles County Department of Mental Health approved certification will be provided for MAP.

3. Diagnostic Assessment and Comprehensive Psychological Testing of clinic referred children. Interns complete at least 12 diagnostic interviews and at least 4 batteries each year to assist clinicians in answering diagnostic questions about their clients. Diagnostic assessments are semi-structured interviews to determine initial diagnoses for clients and require the completion of the initial assessment form. Testing includes consultation, brief assessment, comprehensive assessment, and therapeutic assessment. Interns learn a hypothesis-driven approach to psychological assessment and how to provide individualized, specific feedback and recommendations.

A. Assessment and Testing Details

In order to diversify training, testing experiences will be differentiated as much as practical. Interns will have the opportunity to conduct various types (i.e., comprehensive vs. focused) and models (i.e., traditional information-gathering vs. collaborative/therapeutic) of assessment. Testing cases generally span the age ranges from 3 to 18, and interns have the opportunity to assess at all agency sites and programs. Focal areas of

assessment training include measures specific to the child/adolescent population, collaborative/therapeutic assessment, productive and constructive feedback, and special issues in testing culturally diverse, economically disadvantaged and chronically mentally ill individuals. In particular, adequacy of norms, literacy, validity, and response bias issues will be incorporated into the selection and interpretation of test instruments. Interns will further develop skills in both oral and written presentation of feedback to clients, caregivers, referring professionals, and treatment teams.

Psychological assessment and testing may focus on multiple domains, including cognitive, achievement, neuropsychological, adaptive behavioral, emotional, interpersonal, personality, and developmental functioning. All clients who receive psychological testing services are referred from within the agency and are currently in treatment with an agency clinician.

At this level of training, supervised testing experience focuses on providing a consultative response to referral questions, the tailored acquisition of data, obtaining results, and efficient interpretation and communication of findings and recommendations. Interns are not expected to need much practice or education regarding the administration of standard test instruments, but studying and learning about new tests with which the intern is not familiar is supported. Training in this area emphasizes efficiency, relevancy, and practical application.

Interns are expected to complete a minimum of 4 psychological testing cases (including comprehensive reports) over the course of the training year. Interns may choose to conduct more if time permits. Cases are assigned during the assessment bootcamp and to the extent possible based on the waitlist are given more straightforward referral questions (e.g., ADHD vs anxiety diagnostic clarification). Once the supervisor has observed one process in its entirety, the intern may be assigned more complex cases (e.g., psychosis diagnostic clarification, therapeutic assessment).

Approximately 8 hours per week are spent in assessment activities, which typically include one to two hours of supervision and, as relevant for the case at hand, consultation and preparation for the assessment, face-to-face contact with the assessment client or collaterals, scoring and interpretation of test results, preparation of a written report, and feedback activities.

4. Supervision of practicum students to develop supervisory skills. As part of the training to become professional psychologists, interns have the opportunity to supervise psychology practicum students in therapy and psychological testing, participate in supervision didactics, and receive supervision of supervision. **Depending on prior testing and supervision experience, interns will have the opportunity to provide individual supervision to doctoral practicum students in testing or therapy. The direct supervisory experience starts in October and typically runs through June.**

5. Exploration of individual and cultural diversity through didactics and professional issues supervision and through case conceptualization. Supervisors present their morality genograms at the beginning of the year in order to foster conversations regarding diversity and how they impact relationships. By the second or third month of the program, interns also present to fellow interns and supervisors their morality genograms depicting their core values and how those do or do not impact clinical work and supervision. The program also sponsors a Diversity Fishbowl discussion that interns are expected to attend. The discussion focuses on one aspect of diversity every other month and allows all staff to develop a better understanding of one another. In addition, the agency has a voluntary psychology mentorship program so that interns can be matched with another psychologist in the agency on any diversity dimensions for support and guidance. The nature of the mentorship

is up to the dyad to decide, but some mentorship has been around race, religion, and having family with mental illness.

CLINICAL SUPERVISION

Each intern will have between 4-5 hours of supervision each week during the course of the training year. Per state licensure and APA requirements, interns are provided with a minimum of one hour of supervision for every ten hours worked, which will be at least four hours per week. In addition, two of those hours must be individual, face-to-face supervision hours with a licensed psychologist.

INDIVIDUAL SUPERVISION. All primary and testing supervisors are licensed psychologists who have participated in required California Board of Psychology supervision continuing education classes. Primary supervisors provide at least one hour of individual supervision per week. Testing supervisors provide at least one hour of individual supervision per week.

GROUP CLINICAL SUPERVISION. As a cohort, the interns participate together in clinical supervision led by licensed psychologists. Group supervision allows the interns to learn intervention and assessment skills from one another, provide peer supervision/consultation, practice case conceptualization from multiple lenses, and incorporate research into their clinical work. Formal case presentations are expected, generally about four times per year. Additionally, at the mid-year and end of year, each intern gives an evaluated case presentation (one therapy or one testing at each time point) to the psychology training faculty and intern cohort. A formal evaluation is completed for each intern by the supervisors and written and verbal feedback are provided to the interns.

GROUP PROFESSIONAL DEVELOPMENT SUPERVISION. Other than individual and group clinical supervision, interns also participate in a bi-monthly track group supervision led by a licensed psychologist. The focus of this group supervision is development of a professional identity and to discuss issues that arise in the interdisciplinary consultation tracks.

OTHER SUPERVISION. Twice per month for the first six months, the interns have the opportunity to meet with a postdoctoral fellow or staff psychologist for a **peer process group**. This individual is not involved in evaluating interns. This process group is meant to serve as a supportive, non-evaluative function to help interns cope with the demands of internship. In addition, interns who are bilingual or who would like to develop bilingual Spanish skills can participate in **Spanish group supervision** led by an agency supervisor every other month.

The exact nature of the supervision is dependent on several factors: the needs of the intern, variation in style, and the theoretical orientation of the supervisor. It is understood that material discussed in supervision remains confidential, with the exception that there may be need to discuss supervision content with the remainder of the supervisory team to facilitate training and professional development. The intern's right to privacy is acknowledged and recognized, with this right honored in supervision whenever possible. All supervisors utilize the integrated developmental model as the frame of their supervision.

Interns are to discuss problems and challenges with their supervisor in supervision. If the problem cannot be resolved, interns should consult with the Director of Training. Other due processes in cases of conflict or disagreement, grievances, or differing views regarding evaluations are detailed in the Intern Grievance and Due Process Procedures below.

Interns formally evaluate all clinical supervisors at midyear and conclusion of the training year. These

evaluations are returned to the Clinical Support Data Analyst who will then compile the responses so that individual ratings remain anonymous. However, interns are encouraged to have an open dialogue with their supervisors regarding the supervisory relationship. Additionally, the evaluations are used in reviewing and modifying the training program, including supervisory structure and personnel, as indicated.

SEMINARS & IN-SERVICE TRAINING. Several forms of didactic training are presented to psychology interns each month: (1) The Center provides a series of monthly in-service trainings for the clinical staff and all interns on topics and issues pertinent to child, family, community, and clinical service delivery, and for program presentations by allied community agencies with whom we would collaborate; (2) there is a weekly didactic seminar specifically for interns that focuses on assessment and therapy topics; and (3) there are scheduled training opportunities available through the pediatric ambulatory rotation experiences presented at Long Beach Memorial Hospital sites. Psychology interns attend monthly staff meetings for The Whole Child program, as well as a monthly psychological testing consultation meeting. Psychology interns also attend administrative staff meetings and periodic staff retreats, for the purpose of increasing staff cohesion, mutual appreciation, and stress reduction. During the last two months, interns are given time to prepare for the EPPP.

Staff and interns also are encouraged to attend local continuing education conferences and workshops, and the Center provides paid time off and tuition reimbursement for pre-approved outside training. The Center is an APA approved sponsor of continuing education.

TYPICAL WORK WEEK AND EXPECTATIONS.

A typical workweek for a psychology intern includes:

| Activity | Hours per week |
|--|--|
| Specialty Mental Health: Therapy, Intake Assessments | 8 hours |
| Psychological Testing | 8 hours (report writing & testing) |
| Integrated Care, Consultation, Interprofessional Development | 8 hours |
| Total Clinical Activities | Approximately 24 hours per week |
| Individual clinical supervision | 1 hour |
| Group clinical supervision | 2 hours |
| Assessment supervision | 1 hour |
| Group interprofessional supervision | 1 hour |
| Total Supervision | Approximately 5 hours per week |
| Didactic Seminars (Assessment, EBPs, etc....) | 2 hours |
| Team Meetings | 1 hour |
| Documentation, Travel, Other | 5 hours |
| Provision of supervision to practicum students | 2 hours |
| Peer supervision | 1 hour |
| Total Other | Approximately 11 hours per week |
| Total time per week | 40 hours |

Although the program is preplanned and organized, a degree of flexibility is maintained within the structure in order to meet individual intern objectives and needs for more or less training with, for example, certain diagnostic groups, age ranges, kinds of families, clinical areas of interest, specific treatment modalities or

approaches, etc. At the beginning of the year interns review profession-wide competencies expected to be developed and demonstrated during the year, and the program learns from each intern the individual goals and objectives they have for the training year. Progress during the year is measured against both program and intern learning objectives.

WORKLOAD EXPECTATIONS. This weekly schedule is approximate and may change based on the needs of the clients and agency. Interns are expected to spend a majority of their time in direct experiential activities. Interns are expected to provide at least 12 hours of billable services per week; though, they will not fail internship if this expectation is not met. This productivity expectation provides a concrete measure of intern time spent in direct clinical activities and provides interns the opportunity to develop professionalism.

This is an example of the possible week’s schedule:

Weekly Schedule

Name: Psychology Interns

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------|--------|-----------------------|---|-----------------------|--------|
| 9:00 | | Intern 1 & 2 at Track | 1st Wed: CE; 2nd Wed: LBOP Staff Mtg; 3rd & 4th Wed Didactic | Intern 3 & 4 at Track | |
| 10:00 | | | | | |
| 11:00 | | | 1st & 3rd Wed: Track Supervision; 2nd & 4th Wed: Peer Supervision | | |
| 12:00 | | | | | |
| 1:00 | | | Group Supervision | | |
| 2:00 | | | | | |
| 3:00 | | | 1st Wed: TWC Consult | | |
| 4:00 | | | | | |
| 5:00 | | | | | |
| 6:00 | | | | | |

REQUIREMENTS FOR INTERNSHIP COMPLETION

Interns who meet all of the internship requirements (i.e., completion of testing reports, maintenance of therapy caseload, completion of documentation, accrued hours, etc.) and meet internship level competency in all of the nine profession-wide competencies (PWC) will be considered to have successfully completed the internship program requirements. Any intern who has ratings of less than 3 in any learning element under the PWC will not successfully complete internship. Interns must complete a minimum of 4 comprehensive psychological testing reports and 12 intake assessments. Unless extended leave time is required, interns are able to accrue a

maximum of 2000 hours (50 weeks x 40 hrs/week) even if they take two weeks of vacation. However, if extended time is taken during the year, the program provides a minimum of 1500 hours at the completion of internship in order to meet California licensure requirements. If 2000 hours are needed for licensure in other jurisdictions, please discuss at the beginning of the training year with the Director of Training in order to make a plan to gather the needed hours. Successful attainment of entry level practice in the nine profession-wide competencies is the primary requirement at the end of internship.

PSYCHOLOGY TRAINING COMMITTEE AND CORE TRAINING STAFF

Kendra Bailey, Ph.D. Director of Training, Assessment Supervisor

Areas of Interest: psychodynamic and attachment theories, family therapy, and psychological assessment

Lauren Ford, Psy.D. Assistant Director of Training, Pediatric Clinical Psychologist, Hospital Track/Integrated Care Supervisor

Areas of Interest: child and adolescent chronic illness, multidisciplinary collaboration, adapting cognitive behavioral therapy for healthcare settings

Leah Gutierrez, Psy.D. Quality Assurance Manager, Intern Primary Supervisor

Areas of Interest: early childhood mental health, trauma informed care, attachment theory, Child Parent Psychotherapy, play therapy, training/development

Dawn Vo-Jutabha, Ph.D. Chief Clinical Officer, Clinical Group Supervisor

Areas of interest: developmentally focused-clinical psychology, supervision training, development of psychology professionals/training, adapting evidence-based treatments for specific populations, and psychological assessment

Christina Zavalza, Psy.D. Intern Primary Supervisor, Spanish Supervisor

Areas of interest: psychological testing with monolingual or bilingual Spanish youth, immigration trauma, international mental health; Bilingual in Spanish

ADJUNCT TRAINING STAFF

Tiffany Dawson, LMFT, Psy.D. Program Manager of Compton Clinic, Clinical Supervisor

Program involvement: applicant reviewer and interviewer, MAP trainer

Ioana Pal, Psy.D. Clinical Psychologist, Miller Children's Hospital, Track Supervisor

Program involvement: supervisor for Stramski Children's Development Center, mentor

Lisa Fasnacht-Hill, Ph.D. Pediatric Neuropsychologist, Miller Children's Hospital

Program involvement: mentor, applicant interviewer

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

***DATE PROGRAM TABLES ARE UPDATED: 8/24/22**

Internship Program Admissions

The 2023-2024 training year will begin Monday, August 21, 2023 and end Friday, August 16, 2024. The training year consists of 52 weeks and provides approximately 2,000 supervised pre-doctoral hours towards licensure. Note: hours will be less if all holiday, sick and vacation time are taken during the year. See requirements for internship completion on pg. 10.

In order for your application to be considered, you **must** have:

| | |
|--|---|
| 1. No Minimum Total Direct Contact Intervention Hours | ***A minimum of 400 combined direct contact intervention and assessment hours. Applicants with no psychological testing experience at the doctoral level by the start of internship will not be considered. We do consider telehealth as direct contact. |
| 2. No Minimum Total Direct Contact Assessment Hours | |
| 3. Completed all coursework for a doctorate in psychology from an APA-accredited clinical or counseling psychology program | |
| 4. A majority of clinical practicum (therapy and testing) and other relevant experiences with children, adolescents, and/or families | |
| 5. Completed a dissertation proposal by internship start date | |
| 6. Passed all comprehensive or qualifying exams in the doctoral program | |
| 7. Interns must be a citizen of the U.S., a non-citizen national of the U.S, a foreign national who possesses a visa permitting permanent residence in the U.S., or a student with an eligible visa that allows employment. The Guidance Center does not sponsor individuals for work visas. | |

*The program is primarily a **clinical** psychology training program, and is limited to doctoral candidates who have a one-year full-time internship as a part of their degree requirements. Applicants who have a doctorate in a related field and are seeking an internship to re-specialize will need to be enrolled in a qualifying clinical retraining program.

The ideal applicant will also have:

- 1) a strong commitment to serving the underserved,
- 2) an apparent passion for and previous experience working in community mental health,
- 3) made significant progress toward completing their dissertation requirement (at least data collected),
- 4) flexibility and openness to working with clients in any setting,
- 5) the ability to work under pressure and multi-task,
- 6) the capability to work with and learn from multidisciplinary professional staff,
- 7) a willingness to experience different treatment modalities,
- 8) the ability to be reflective about individual and cultural diversity factors, and
- 9) an interest in trauma treatment.

***ALTHOUGH WE HAVE TRAINING OPPORTUNITIES IN MEDICAL SETTINGS, THE FOCUS OF THE INTERNSHIP IS ON SPECIALTY MENTAL HEALTH SO APPLICANTS WHO ARE ONLY INTERESTED IN PEDIATRIC PSYCHOLOGY MAY NOT BE THE BEST FIT.**

FINANCIAL AND OTHER BENEFIT FOR UPCOMING TRAINING YEAR (2023-2024)

Interns are considered non-exempt employees and are provided all the benefits of that status. Applicants may ask for the employee handbook or the internship handbook if further details are required.

| | | |
|--|---|--|
| Annual stipend/salary for full-time interns | <p>(\$17/hr) Annualized hourly rate is \$35,360 Interns who are fluently bilingual in Spanish and English (and pass a verbal test) will receive an additional \$5,000 annual stipend. Overtime paid for time worked above 40 hours. *Salaries are not finalized until adoption of that year's budget</p> | Paid on the 7th and 22nd of every month |
| Annual stipend/salary for half-time interns | Not Applicable | |
| Program provides access to medical insurance for intern | Yes, interns are fully covered for medical, dental, and vision if the HMO plan is chosen. | Coverage begins the first day after one-month of employment. |
| Trainee contribution to cost required? | No, not for HMO plan. Interns have the option to purchase a PPO plan for additional out of pocket cost. | |
| Coverage of family member(s) available? | Yes, at cost to intern. | |
| Coverage of legally married partner available? | Yes, at cost to intern. | |
| Coverage of domestic partner available? | Yes, at cost to intern. | |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | <p>80 hours per year *Vacation cannot be taken the last week of internship; the agency is typically closed between Christmas and New Years and requires vacation days to be taken</p> | Accrued at a rate of 3.334 hours per pay period |
| Hours of Annual Paid Sick Leave | 64 hours per year | Accrued at a rate of 2.792 hours per pay period |
| In the event of medical conditions and/or family needs that required extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave? | Yes, the program will work with the intern and doctoral program to ensure that at least 1500 hours are still accrued and all competencies are met. If interns plan to become licensed in a state that requires more than 1500 predoctoral hours, the program will work with the intern to extend the year in the event of extended leave. | |
| Other Benefits | 1. 40 hours per year for pre-approved | |

| | | |
|--|--|--|
| | continuing education or dissertation related meetings 2. \$150 towards continuing education workshop reimbursement 3. Work related mileage reimbursement (\$0.62.5/mile) 4. Intern voluntary contribution to 403b retirement plan 5. Employee Assistance Program 6. Employee Discounts through Fun Express 7. Shared Offices 8. Personal laptops with video recording capability 9. Assigned agency cell phone 10. One-way mirror therapy rooms 11. \$75 towards therapy supplies 12. Secretarial and record-keeping support 13. Internet access | |
|--|--|--|

INITIAL POST-INTERNSHIP POSITIONS

| | 2018-2021 | |
|---|------------------|-----------|
| Total # of interns who were in the 3 cohorts | 16 | |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 | |
| | PD | EP |
| Academic teaching | 1 | 0 |
| Community mental health center | 5 | 2 |
| Consortium | 0 | 0 |
| University Counseling Center | 1 | 0 |
| Hospital/Medical Center | 3 | 0 |
| Veterans Affairs Health Care System | 0 | 0 |
| Psychiatric facility | 0 | 0 |
| Correctional facility | 0 | 0 |
| Health maintenance organization | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 3 | 1 |
| Other | 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.

APPLICATION PROCESS

Multicultural and bilingual applicants are encouraged to apply, as Los Angeles County and the greater Long Beach region are areas of great ethnic and cultural diversity, and the Center strives to maintain staff at all levels with diversity and multicultural competency.

The Center only accepts the standardized application form developed by the Association of Postdoctoral and Psychology Internship Centers (APPIC). The *APPIC Application for Psychology Internship (AAPI)* is designed to be completed on a computer. The Guidance Center Psychology Intern program 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.

To apply for the Center's doctoral psychology intern training program:

1. Utilizing the AAPI Portal (portal.appicas.org), submit a signed and completed application by **November 1, 2022 at 11:59PM Eastern Standard Time**.
2. **If you are invited for an interview**, you will be asked to send a **de-identified** comprehensive psychological testing/assessment report (including cognitive, socio-emotional, neuropsychological, adaptive behavioral, and/or personality domains) reflective of your current assessment expertise and experience. The report may be used during the interview.
3. Applicants are strongly encouraged to detail training in, use of, and certification in any Evidence-Based Practices such as TFCBT, MAP, PCIT, CPP, or IPT.
4. **In the cover letter, please specify the unique reason(s) for applying to this particular internship program and how your previous experiences are a good fit for our program. Please tell us which aspects of the program or agency set us apart from other community mental health internship programs and what specifically prompted you to apply to our program.**
5. Arrange for three letters of recommendation from knowledgeable sources other than your academic program's Director of Clinical Training (DCT). The DCT may, of course, send a letter of recommendation (especially if he/she has worked with you directly), but it should be in addition to the other three requested letters. It is recommended that at least two of the letters be from clinical supervisors who are licensed psychologists. Letters should also be submitted using the AAPI Portal and the required standardized format.

Please note: *Due to agency insurance policies and DMV requirements, and because interns are expected to deliver mental health services in the field (requiring driving), interns who match with The Guidance Center must obtain a valid California driver's license prior to the start of the intern training year. Further, to ensure that safe driving is a priority, interns must maintain the following: a valid driver's license that is neither suspended nor expired; have no more than 3 minor driving violations and/or accidents combined within the last 3 years; no major driving violations within the last 5 years. Interns must also have sufficient vehicle insurance coverage and pass a background/fingerprinting check. All employees (including interns) must be vaccinated against Covid-19 in accordance with applicable law. TGC will evaluate requests for exemption in accordance with applicable law. For the hospital settings, interns must also pass the hospital required drug screening, physical exam and immunization titers.*

Because of the number of applications received, questions that are not answered by the above material can best be communicated by e-mail to Kendra Bailey, Ph.D., Director of Training at kbailey@tgclb.org. Please do not call.

The program's policies and procedures handbook is available upon request.

The program is accredited by the Commission on Accreditation of the American Psychological Association. Any questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979/Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

INTERVIEWS & SELECTION

After a careful review of the application provided by each applicant, approximately the top quarter of qualified applicants will be invited to attend an informational open house and participate in a required individual interview with the Director of Training and a supervising faculty. The open house and interviews will be conducted via Zoom at Pacific Standard Times. Applicants will attend a required open house on Tuesday, January 10, 2023 (8am-10:30am PST) or Wednesday, January 18, 2023 (8am-10:30am PST) to hear about the program and speak to current interns, followed by a one-hour interview with two training faculty. The two open house dates are followed by two more days of interview slots, resulting in six interview dates from which to choose (01/10/2023, 01/11/2023, 01/12/2023, 01/18/2023, 01/19/2023, 01/20/2023). Applicants who are not able to attend the live open house via Zoom will be offered a recording to view, but live participation is highly encouraged. Current psychology interns will be available to talk to each applicant interviewed to answer questions and/or further explain the program. On-site interviews are not being offered. However, applicants will have the opportunity to attend an *optional* 30-minute site tour with a current intern in January on a date TBD. The training faculty will not know which applicants choose to participate in the *optional* site tour. Attendance or non-attendance to the site tour will not be factored into the ranking process. An effort will be made to notify each applicant by December 15, 2022 regarding their status during review.

Our program emphasizes a broad conceptualization of diversity and strongly encourages applicants with a desire to work with diverse populations to apply. To the extent that applicants and interns are comfortable, questions regarding values and how they may help or hinder work with underserved minority populations will be addressed in the interview and during the internship.

In accordance with the membership requirements of APPIC, a rank-ordered list of applicants who were interviewed by telephone or in person will be submitted during February 2023, to National Matching Services, Inc., who will computer-match applicants with sites. Results of the match will be released on APPIC Match Day, also during February 2023. Applicants will need to be registered with and submit a rank-ordered list of sites to the matching service. Further information regarding the matching program can be obtained from your school or academic Director of Training, or from the matching service website, www.natmatch.com/psychint (lower case only). See also the latest version of APPIC Match Policies and other relevant information available from APPIC at www.appic.org.

"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."