



**Ascension
Alexian Brothers**

Ascension Illinois *(Formerly AMITA Health)*
Alexian Brothers Behavioral Health Hospital
Hoffman Estates, IL

APA-Accredited Pre-Doctoral Internship in
HEALTH SERVICE PSYCHOLOGY

Thank you for your interest in the Ascension Illinois Alexian Brothers Behavioral Health Hospital Hoffman Estate's Doctoral Internship in Health Service Psychology. In the following pages, you will find a full description of our doctoral clinical training program for Training Year 2022-2023. We use all attachments that accompany the AAPI.

FUTURE APPLICANTS PLEASE NOTE:

Effective July 1, 2023, Ascension Illinois Alexian Brothers Behavioral Health Hospital will no longer train psychology interns in Health Service Psychology. This web-page brochure will remain posted until the program closes on June 30, 2023.

DO NOT SUBMIT APPLICATIONS for this Psychology Internship Program for Training Year 2023-2024 and beyond.



Ascension Illinois Alexian Brothers Behavioral Health Hospital Hoffman Estates

DOCTORAL INTERNSHIP

IN

HEALTH SERVICE PSYCHOLOGY

INTRODUCTION TO ASCENSION ILLINOIS ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (Formerly AMITA Health)

Ascension Illinois Alexian Brothers Behavioral Health Hospital is one of 15 hospitals in the greater Ascension Illinois network. Our hospital is a not-for-profit facility that is Joint Commission accredited to provide mental health and addiction services. **Ascension Illinois Alexian Brothers Behavioral Health Hospital** is one of three hospitals situated on the **Ascension Illinois St. Alexius Medical Center** campus. The other two campus hospitals include the **Ascension Illinois Women & Children’s Hospital Hoffman Estates** and the **Ascension Illinois St. Alexius Medical Center Hoffman Estates**. This large medical campus is located 25 miles northwest of downtown Chicago and is adjacent to one of Chicagoland’s major expressways.

Ascension Illinois Alexian Brothers Behavioral Health Hospital consists of 8 inpatient psychiatric units and several intensive outpatient treatment programs (i.e., IOP and PHP). Our hospital represents one branch of the extensive behavioral health service network in the Ascension Illinois System and is the sponsor of the psychology internship training program. The Pediatric Neuropsychology Service and the Pediatric Specialty Care Services are housed in the ASCENSION ILLINOIS Women & Children’s Hospital which is located 100 meters west of the Ascension Illinois Alexian Brothers Behavioral Health Hospital. An outpatient Psychiatry and Behavioral Sciences practice (**the Ascension Illinois Alexian Brothers Outpatient Group Practice Hoffman Estates**) is also located on the hospital campus in a separate nearby building. A multidisciplinary team comprised of clinical psychologists, health psychologists, neuropsychologists, psychiatrists, nurses, social workers, clinical counselors, dieticians, pastoral counselors, and expressive therapists staff programs, service lines, and in-patient units. Depending on the intern’s assigned track, training may occur at any of these campus locations.

Please include all the following in your application:

- **The completed on-line AAPI form**
- **A Cover Letter that contains the name of only ONE chosen Track in the first sentence (see below)**
- **All graduate program official transcripts**
- **Three (3) letters of Recommendation**

TRACK 1	CHILD & ADOLESCENT Track (2 positions)
TRACK 2	ADULT PHP & ADULT HEALTH PSYCHOLOGY Track (2 positions)
TRACK 3	EATING DISORDERS & OCD/ANXIETY Track (2 positions)
TRACK 4	PEDIATRIC HEALTH PSYCHOLOGY Track (1 position)
TRACK 5	PEDIATRIC NEUROPSYCHOLOGY Track (1 position)



MISSION:

Ascension Illinois is rooted in faith-based health systems that have served Chicago's northwest, west and southwestern suburbs for more than 100 years. Inspired by these roots, our mission is to extend the healing ministry of Jesus, and our vision is to be a leader in faith-based healthcare in Chicago

Ascension Illinois Alexian Brothers Behavioral Health Hospital embodies the mission to treat the whole person--mind, body, and spirit-- and lives this out in the services that we provide to our patients. Ascension Illinois Alexian Brothers Behavioral Health Hospital successfully blends a long-respected tradition of caregiving with an emphasis on evidence-based treatments, which include cognitive, behavioral, ACT, ERP, Motivational and other research-based treatment models. We believe that with the right skills and methods to implement them, people can take charge of the problems that disrupt their lives. For more information about the Ascension Illinois mission statement, please go to the following link: <https://healthcare.ascension.org/ascension-illinois>

BEHAVIORAL HEALTH CARE TREATMENT PHILOSOPHY

The majority of our patients come to us through the referrals of community health care providers including psychiatrists, physicians, therapists, school health staff, and managed care companies. These referral sources expect us to treat the symptoms and presenting problems effectively and efficiently. Thus, our programs are primarily based on a group model that emphasizes cognitive and behavioral approaches with skill-based interventions. Additionally, many patients are medically managed with psychotropic medications and other therapies, such as expressive therapy, nutrition consults, spirituality, and, at times, ECT. Therefore, interns also receive exposure to the actions, benefits, and side effects of the most frequently used medications and adjunct treatments for mental disorders and addictions.

TRAINING PHILOSOPHY

Ascension Illinois Alexian Brothers Behavioral Health Hospital is committed to excellence in training clinical professionals from a variety of disciplines. We pride ourselves on the quality advanced professional training that we provide which is consistent with our mission and values. We believe that training future psychologists and other mental health professionals in the skills and methods of effective clinical intervention is our professional obligation and our way of contributing to the community of skilled clinical professionals to serve the community at large. It is also, indirectly, an expression of our commitment to high quality patient care by way of increasing the number of skilled providers trained in the empirically based methods of treatment used at Ascension Illinois Alexian Brothers Behavioral Health Hospital.

We offer training experiences for students in clinical psychology, social work, counseling, and expressive therapy. The Pre-Doctoral Health Service Psychology Internship Program is our most intensive training program, offering the breadth of experiences interns seek during their pre-doctoral internship year. Interns apply from across the United States for our hospital-based, group-focused, practical and evidence-based training within a managed care setting.

TRAINING MODEL



We formulate our internship training program along a Scholar - Practitioner model within the context of an experiential developmental paradigm. In the intensive outpatient programs, in which the majority of our interns spend at least half of their time, acute care of highly symptomatic patients directs our treatment and training approach. Evidence based clinical training and practice builds upon the theoretical, empirical, and clinical foundations that interns accumulated in their respective academic programs and through previous training experiences. The carefully selected evidence-based practices and treatment models employed and taught in our clinical program tracks are geared to the specific populations we serve and the diagnoses we treat.

Scholar - The thoughtful integration of current and relevant empirically supported theory and practice, intellectual curiosity, empathic inquiry, and innovation inform this intelligent approach to scholarly knowledge. We believe that clinical practice and clinical science are dialectical and, ultimately, inform each other. Therefore, we use theory and empirical data to identify the psychological, social, biological, and cultural influences that require consideration during assessment, treatment, supervision, and training.

Practitioner – Interns practice clinical approaches that are empirically-based and promote the patient’s well-being; thus, furthering the intern’s professional development. While training and supervision are paramount for an intern’s development, clinical practice in a milieu setting catapults a trainee to another, higher level of clinical acumen. When the intern practices clinical skills, he or she can integrate a broader and deeper understanding of the complexity of interventions. Add to this the diversity of the patients at Ascension Illinois Alexian Brothers Behavioral Health Hospital in terms of diagnostic complexity, age, gender, socioeconomic status, religion and other differences, and interns learn to become flexible and skilled in the face of numerous challenges and considerations.

Interns are encouraged to conceptualize cases from an integrated perspective using their knowledge of human development; cognitive, behavioral, solution-focused, self-regulatory, and motivational methods; and family-systems models. Setting specific goals, objectives, and interventions with patients helps the intern to develop a skill set that applies not only to the patient’s current problems but also to future difficulties that they and their families may repeatedly encounter. We focus, therefore, on reducing recidivism rates and encouraging generalized treatment success outside of the clinical setting. Consequently, prior experience in cognitive-behavioral approaches and group treatment models is advantageous for the intern.

Ascension Illinois Alexian Brothers Behavioral Health Hospital has continuous performance improvement and organization improvement (CPI/OI) programs that include peer review and studies of outcome indicators. Thus, we have a strong investment in program evaluation and the use of outcome data. The Ascension Illinois System supports and encourages specific types of quality assessment of outcomes and scholarly inquiry in general. Outcome analyses are led by our Department for Clinical Outcomes/Evidence-Based Practice. Each intern gains experience in understanding outcome studies specific to their clinical program of training, and in educating respective clinical program staff via semi-annual reports of Clinical Outcomes. Thus, each intern works closely with our Director of Evidence-Based Practices in learning the process of conducting, analyzing, and interpreting outcome data and then translating this into meaningful information for program staff to use in shaping more effective and efficient treatment protocols.



BEHAVIORAL HEALTH CARE AT ASCENSION ILLINOIS ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL:

Ascension Illinois Alexian Brothers Behavioral Health Hospital provides therapeutic services to patients spanning the developmental spectrum from middle childhood through senior years. Our intensive level of treatment includes partial hospitalization programs and intensive outpatient programs (PHP/IOP) typically serving individuals who exhibit significant psychiatric conditions (depression, addictions, bipolar disorder, disabling anxiety, behavior difficulties, eating disorders, and psychotic disorders). Many of these patients also exhibit concurrent personality disorders. Dual diagnoses such as major depression and chemical dependency, or major depression and an eating disorder or a history of severe trauma frequently present themselves in the individuals served at our hospital.

Presenting problems, however, are not limited to psychiatric conditions. They frequently present with co-occurring medical or chemical dependency problems, but with the psychiatric diagnosis as the primary focus of treatment. For example, the nutritionally compromised patient with an eating disorder or the patient undergoing detoxification for chemical dependency often requires nursing/medical care and nutritional education in addition to the recovery from the psychiatric diagnosis.

Outpatient psychotherapy patients present with disorders ranging from mood and anxiety disorders, addictions, bi-polar disorder, behavior, and adjustment disorders through moderate, but more stable, personality disorders.



BEHAVIORAL HEALTH UNITS AND PARTIAL HOSPITALIZATION PROGRAMS AT ASCENSION ILLINOIS ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL

Ascension Illinois Alexian Brothers Behavioral Health Hospital is comprised of eight inpatient psychiatric units as well as numerous intensive outpatient programs (i.e., PHP and IOP) and a variety of other services. The inpatient facility of Ascension Illinois Alexian Brothers Behavioral Health Hospital is comprised of 141 psychiatric patient beds across eight distinct units. In addition to the inpatient services, Ascension Illinois Alexian Brothers Behavioral Health Hospital has seven partial hospitalization and intensive outpatient programs (PHP/IOP) and other service lines serving, on average, 200 patients daily. It is in these latter programs that interns gain a majority of their clinical training. This is also where interns receive their primary supervision for clinical program training. Supervision for traditional outpatient Training Clinic cases typically occurs in the supervisor's office which is located either at Ascension Illinois Alexian Brothers Behavioral Health Hospital, ASCENSION ILLINOIS Women & Children's Hospital, or at the Ascension Illinois Outpatient Group Practice Hoffman Estates – all of which are situated on the Ascension Illinois St. Alexius Medical Center campus.

Ascension Illinois Alexian Brothers Behavioral Health Hospital offers an array of behavioral health services conducted in the following units, programs, and services:

Behavioral Health Inpatient Units:

- Youth Unit – 3 South (10 – 17 years):** Behaviorally Based
- Older Adult Unit – 3 North (Lower functioning):** Medical and Nursing
- Older Adult Unit – 3 Northeast (Mixed functioning)** Skill-Based
- Older Adult Unit – 3 East (Higher functioning):** Cognitive-Behavioral Based

- Adult Unit – 2 South (Severe and Persistent Mental Illness):** Skill-Based
- Adult Unit – 2 North (Acute):** Cognitive-Behavioral Based
- Adult Unit – 2 Northeast (Addictions):** Detoxification and Stabilization
- Eating Disorders and Self-Injury – 2 East:** Re-feed and Self-Regulation Based

Behavioral Health Intensive Partial and Outpatient Programs:

- Child Partial Hospital Program – 7 to 12 years:** Structured Behavioral Based
- Adolescent Partial Hospital Program – 13 to 17 years:** CBT and Family Systems
- Adult Partial Hospital Program – 18 to Older Adult:** CBT, ACT, DBT
- Center for Addiction Medicine – 18 to Older Adult:** Motivational, CBT, ACT
- Eating Disorders Partial Hospital Program – 13 to Adult:** CBT-E, CBT, DBT, and ACT
- School Anxiety/School Refusal – 7 to 17:** ERP, CBT, DBT, and Family Systems
- OCD and Anxiety Disorders – Adolescent to Older Adult:** ERP, CBT

Neurosciences Institute:

The Neuroscience Institute, jointly housed at Alexian Brothers Medical Center's Eberle Building as well as the Women & Children's Hospital of SAMC, is composed of clinics that serve the needs of patients with Neurological Disorders. The Institute was created as part of Alexian Brothers Hospital Network's commitment to advanced medicine. It comprises facilities and services that are a portal to the latest neurological advances that are transforming our ability to help patients with these and other conditions.



The Department of Pediatric Neuropsychology is a member of the Neuroscience Institute and is housed in the Center for Pediatric Brain and Specialty Services (CPBSS) in the Women and Children's Hospital on the St. Alexius Medical Center Campus. Pediatric Neuropsychologists collaborate with many of the other service lines in CPBSS including Pediatric Neurology, General Pediatrics, Concussion Clinic, Developmental Pediatrics, and the Autism Resource Center. It is in these settings that are neuropsychology intern trains.

Ascension Illinois Alexian Brothers Behavioral Health Outpatient Group Practice, Hoffman Estates:

The Ascension Illinois Alexian Brothers Behavioral Health Outpatient Group Practice is located at the Alexian Brothers Medical Plaza situated next to the Ascension Illinois Alexian Brothers Behavioral Health Hospital. The group practice houses psychiatrists, psychotherapists, nurses and support services. All therapists at the group practice are licensed providers (i.e., Licensed Clinical Psychologists, Licensed Clinical Professional Counselors, Licensed Clinical Social Workers, and Advanced Practice Nurses). Psychology interns offer outpatient services through the Intern Training Clinic—an extension of the Outpatient Group Practice--which provides free outpatient therapy services to persons without mental health coverage.

Psychiatry

General Adult
Child and Adolescent
Neuropsychiatry
Women's Clinic

Psychotherapy

Individual, Couples, Family
Child, Adolescent, Adult, Older Adult

Diagnostics

Diagnostic Testing by Licensed Clinical Psychologists or Psychology Interns and Externs under intensive supervision

Autism Spectrum & Developmental Disability Resource Center (ASDDRC)

The **Ascension Illinois Autism Spectrum and Developmental Disability Resource Center Hoffman Estates** offers free assistance to community members, and is staffed by providers who are trained to screen for autism spectrum disorders and to navigate or provide supportive services for autism spectrum and related neurodevelopmental disorders. Services provided by ASDDRC include the following services:

- Non-diagnostic autism screenings
- Autism and developmental disorder diagnostic assessments
- Social learning and recreational groups
- Individual behavior and cognitive behavior therapy
- Parent-mediated intervention training
- Support groups for caregivers and diagnosed individuals



- Consultation/liaison with medical providers and patients in their care within the Ascension Illinois system within emergency departments, developmental and behavioral pediatrics, neurology, psychiatry, and other specialties

Additional training opportunities in professional development for interns may consist of:

- Scheduled and by-request public and professional education seminars
- Additional community outreach and networking with educational professionals, therapeutic providers, and others seeking adapted behavioral and programming supports
- Grant supports for services indicated for underserved populations
- Research and data analysis related to assessment and interventions for neurodevelopmental needs



TRAINING AT ASCENSION ILLINOIS DURING COVID

ADAPTATION OF TRAINING IN THE MIDST OF A PANDEMIC:

With the advent of the coronavirus in March 2020, Ascension Illinois quickly adapted to meet the challenges of training via a primarily virtual platform. This has been accomplished through 1) the use of corporate assigned Zoom accounts, 2) Citrix for remote access to secured EHR systems, and 3) Adobe E-sign accounts. These platforms and software programs have allowed us to continue without interruption the training of our interns. As a result, we have established an effective manner of continuing excellence in training without sacrificing the quality and number of clinical opportunities. We are confident in our ability to meet any further challenges that the pandemic may create regardless of where on the continuum of in-person versus virtual training the pandemic may bring to bear.

As a Joint Commission accredited site, Ascension Illinois strictly adheres to the guidelines of precaution and safe practices provided by the CDC and the Illinois Department of Public Health. When interns are on site, significant precautions are taken to assure for their safety including daily staff screenings upon arrival, an abundance of PPE's (including hand sanitizers, masks, eye shields), adherence to physical distancing, a robust approach to and ease of access to numerous Policies and Procedures regarding COVID and other infectious diseases, available associate nursing staff for consultation, notifications on COVID updates, and free influenza vaccines.

As of **June, 2022**, the vast majority of our interns are participating in clinical programs or services on site. The only exception, at this time, is for the intern training in the OCD/Anxiety Program which is fully virtual. On average, our interns are on site approximately 4 to 5 days weekly and are able to provide virtual services and attend virtual meetings intermittently throughout the week. Virtual modalities have been successfully incorporated into all areas of practice and training. This includes group work in the PHP programs, inpatient consultations on the Pediatric units, various components of psychological and neuropsychological testing, and outpatient psychotherapy. The use of virtual forms of communication and requirements for being on-site varies depending on the type of clinical activity under consideration. Also, whether or not an intern is on -site or operating on a virtual format is subject to the fluctuations that COVID may introduce regarding social distancing and safety precautions. Ultimately, it is difficult to predict the state of on-site versus virtual modes of training at any point due to the vagaries of COVID; however, Ascension Illinois has been very successful at adjusting to these variations in a way that does not compromise patient care or interfere with meeting the training goals of our interns.



PATIENT POPULATIONS SERVED

Ascension Illinois welcomes all community members of diverse cultural, ethnic, and religious backgrounds to utilize our services. Individuals receiving care at our hospital and outpatient programs primarily reflect the population of the surrounding northwest Chicago suburban area from which Ascension Illinois attracts patients. During fiscal year 2019, Ascension Illinois drew patients from 31 surrounding zip code-specific geographic areas that contain over 1 million residents, as well as a small number of individuals from out of state or outside of our regional catchment area. The surrounding communities in which Ascension Illinois patients reside has an average median income of \$87,306, and a vast majority of individuals in this geographic catchment area are employed individuals and families who have commercial, publicly-funded, or subsidized health insurance coverage.

While training at Ascension Illinois, interns develop skills treating individuals at various levels of care with a wide range of symptom severity across the life span. The patient population offers sufficient numbers and diversity to allow interns a rich and broad exposure to a diverse population for a well-rounded clinical experience. In calendar year 2019, Ascension Illinois treated 6,958 unique individuals in our acute care programs (combined inpatient and PHP/IOP programs), with an approximate even split between females (50.6%) and males (49.4%). Patients ranged in age from 7 to 102 years old, with 22.7 % under the age of 17, 34.5 % between ages 18-44, 27% between ages of 45-64 and 15.9% age 65 or older.

Although serving a largely employed and financially stable population, over time Ascension Illinois finds itself serving a growing number of lower income and uninsured families which is consistent with our value of caring for the poor and treating all individuals with quality care and dignity regardless of financial resources. The racial composition of patients treated in our hospital during 2019 includes 57% Caucasian (non-Latino), 24% Latino, 14% Asian, 4% African American, and 1% other. Our youth and adult inpatient units and partial hospitalization programs accept Medicaid benefits; and most of our senior adults utilize their Medicare benefits. Ascension Illinois also provides charitable care to those individuals who have little to no financial resources, yet are in dire need of behavioral treatment.



PRE-DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

The Training Department Offices are located on the lower level of the Ascension Illinois Alexian Brothers Behavioral Health Hospital and are comprised of three primary offices—the DOT's office, the Testing Coordinator's office, and the Interns' Home office. Interns are trained across all treatment settings at Ascension Illinois including the inpatient units, intensive outpatient programs, and traditional outpatient setting as well as the Pediatric Neuropsychology Center and the Pediatric Specialty Care Clinics at the Ascension Illinois Women & Children's Hospital.

The Psychology Testing Service is housed in the adjacent Ascension Illinois Alexian Brothers Medical Plaza, Hoffman Estates where most initial clinical interviews for diagnostic assessments are conducted, batteries are scored, supervision is conducted and reports are written; however, testing proper is often conducted on the inpatient units or the treatment rooms of the respective Intensive Outpatient Programs.

The Pediatric Neuropsychology Center and the Pediatric Specialty Care Clinics are both located on the first floor of the Ascension Illinois Women & Children's Hospital. The Pediatric Neuropsychology Center is comprised of a suite of 6 offices. One of the suite's offices is designated for the neuropsychology intern. The PNP service shares reception staff with other pediatric specialty care clinics.

All intern didactics and seminars occur at either Ascension Illinois Alexian Brothers Behavioral Health Hospital or the Women and Children's Hospital.

TRAINING GOALS AND OBJECTIVES

Ascension Illinois Alexian Brothers Behavioral Health Hospital strives to develop well-rounded clinical psychologists who are prepared to provide therapeutic and diagnostic services to patients at all levels of care from outpatient through inpatient hospital care. For patients enrolled in intensive outpatient services, our interns are responsible for a patient's treatment and case management services for a set number of patients. In today's health care environment, psychologists need to develop the skills necessary to interface effectively with patients, families, community agencies and managed care/insurance companies to provide effective and efficient treatment. Proficiency in documenting care according to Joint Commission standards along with case management skills and therapy skills are developed by each intern.

Our program seeks to provide a learning environment that:

- Refines the intern's clinical skills through opportunities to apply evidence based therapeutic techniques and interventions under close supervision.
- Integrates each intern's clinical skills with their individual talents and personality to develop an empirically based clinical style that is effective and comfortable.
- Encourages teamwork and respect among behavioral health providers from various disciplines.
- Fosters critical investigation and understanding of each patient's cultural issues that impacts treatment results, as well as the influence of the intern's own cultural conceptions.
- Supports the intern's formation of a professional identity as a responsible, compassionate, skillful provider of psychological services.



- Instills an understanding of the professional, legal, and ethical issues that challenge behavioral health professionals.
- Encourages and supports the self-observation and self-examination which form the foundation of responsible and compassionate practice.

At the time of graduation from our training program, we expect our psychology interns to be competent across a variety of skills that permeate clinical practice and professional conduct.

GOAL 1: SCIENTIFIC FOUNDATION OF CLINICAL PRACTICE

Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

By year-end, the intern will demonstrate competence involving scholarly inquiry. This includes the ability to adequately identify the merits and weaknesses of research and the ability to engage in an informed discussion on scholarly material in general. The intern is expected to independently incorporate scholarly data into clinical practice and professional presentations and projects.

The intern will also develop skill in utilizing outcome data to inform clinical care.

GOAL 2: ETHICS and LEGAL STANDARDS

Competence in Professional Ethics and the Law as They Relate to Clinical Practice and Professionalism

By year-end, the intern will have a firm understanding of both professional ethics and the law, and consistently and reliably use this understanding to guide clinical practice and professional conduct

GOAL 3: INDIVIDUAL and CULTURAL DIVERSITY

Competence in the Integration of Individual and Cultural Diversity into Clinical Work and Professional Practice

By year-end, the intern will display a sensitivity to and an awareness of diversity issues and their potential impact on clinical work. The intern will be able to develop quality rapport with almost all patients and treat all patients with respect and empathy. The intern will be able to effectively integrate issues of diversity into treatment planning in a thoughtful and effective manner.

GOAL 4: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competence across Multiple Areas of Professionalism (Values, Attitudes, Behaviors) That Impact Clinical Care, Work Efficiency and the Work Environment

The intern assumes responsibility for non-direct patient care tasks and completes administrative responsibilities in a consistent and timely fashion.



GOAL 5: COMMUNICATION and INTERPERSONAL SKILLS

Competence in the Practice of Effective and Professional Communication when Interacting with Staff and Colleagues

By year-end, the intern will consistently present him/herself in a professional manner that emphasizes respect, collaboration and maturity when interacting with colleagues, peers and supervisors. This is accompanied by clear and effective communications that is geared towards cooperation and problem –solving.

GOAL 6: ASSESSMENT

Competence in Theories and Methods of Psychological Diagnosis and Assessment

By year-end, the intern will demonstrate the ability to properly choose assessment measures, accurately administer measures and score data, and integrate assessment material in a thoughtful and logical fashion that reflects solid case-conceptualization and diagnostic skills. Written assessments are clear, well-informed, and comprehensive. Feedback sessions are planned out and meet the needs and abilities of the patient (guardian).

GOAL 7: INTERVENTION

Competence in Theories and Methods of Effective Psychotherapeutic Intervention

By year-end, the intern will demonstrate broad skills in the area of therapeutic competence. This includes the ability to adequately conduct informed consent, consistently respect a patient's confidentiality, formulate sound case conceptualizations, and develop and implement interventions that are reflective of all the above. Additionally, the intern will be effective in managing high-risk patients or circumstances.

GOAL 8: SUPERVISION

Competence in Receiving Supervision:

Throughout the year, the intern will display an appreciation for supervision, and will be open to the feedback and growth potential inherent to the supervisory relationship.

Competence in Providing Supervision:

By year-end, the intern will develop skills, knowledge and experience in providing supervision.

GOAL 9: CONSULTATION and INTERPROFESSIONAL SKILLS

Competence in Professional Consultation and Evaluation

By year-end, the intern will comfortably and effectively serve in the role as consultant to other staff and clinicians. This includes the skillful communication with and a respect for other team members as it relates to the provision of care and other professional activities. The intern will provide feedback to the clinical staff in a way that is



professional, courteous, constructive and sensitive to the abilities and knowledge-base of the consultee.

TRAINING OPPORTUNITIES AND CLINICAL ASSIGNMENTS

The internship is composed of activities that foster an intern's personal and professional development, broadens and refines their clinical skills and abilities, and prepares them for licensure following the postdoctoral/fellowship year.

At the start of the training year, each intern is assigned to a specific clinical track (i.e., Adult & Adult Health Psych, Adolescent & Child, OCD/Anxiety & ED, Pediatric Health Psychology or Pediatric Neuropsychology) that provides intensive training in specialized areas within the broader context of a generalized training experience. During the application process, the intern specified the specific track that fit with their learning goals and objectives. Clinical assignments are based on this previously expressed area of interest be it by preferred age group (i.e., child, adolescent, or adult) and/or by a specialized branch of learning and treatment (i.e., health psychology, neuropsychology, anxiety disorders).

The intern's daily and weekly activities will afford them the opportunity to treat patients at various levels of care within their area of clinical assignment. Weekly staffing of the patients' functioning in all treatment programs facilitates the coordination of care and treatment. Interns participate in these staffings and/or other staff meetings along with hospital-wide training events.

Year-Long Training Activities:

Intake Assessment:

In conjunction with their duties in assigned Partial Hospital Programs, interns perform assessments of patients treated in intensive clinical services. Learning to collect and integrate data, make appropriate treatment decisions, and convey necessary clinical information to staff, managed care utilization reviewers, schools, and other providers are the goals of this experience. While this training experience is emphasized for the interns during the first months of training, the number of program-based assessments declines as training proceeds and interns display a satisfactory level of competency in this clinical area.

Psychological or Neuropsychological Testing:

Interns complete a minimum of 6 comprehensive psychological batteries during their internship year. **The completion of a minimum of 4 full batteries is a requirement for graduation from the internship training program.** (Neuropsychology interns meet the requirements of the Neuropsychology Program—more information is found under 'Neuropsychology Track'). The intern's schedule provides the time and resources for developing skills in diagnostic evaluations. The referral for testing is ordered by the treating psychiatrist to clarify a specific question or concern related to the current psychiatric problem and treatment needs. Interns have the opportunity to test/assess patients across the life span. They also learn assessment skills across the continuum of care and the spectrum of psychiatric disorders.

The assessment process includes collecting background data, developing a testing battery, administering tests, scoring the data, and interpreting the results, as well as providing feedback to referring psychiatrists and treatment teams. Intern's present cases in a diagnostic case conference and consult with supervisors and other team members to further the learning process. Consultation and feedback with clinicians, patients, families, and schools is expected.



Outpatient Psychotherapy: Throughout the year, interns carry a minimum of five individual, couple, or family cases through the Training Clinic. The Training Clinic operates in collaboration with the hospital’s Outpatient Group Practice and trains interns to conduct outpatient therapy with underserved populations. Patients are assigned to the intern based on the intern’s training, experiences, as well as interest in furthering their knowledge base. Referrals to the Training Clinic emanate from the hospital’s Access Department, partial hospital programs, inpatient units, group practice intake office, and the community. The patients are typically uninsured and experiencing financial hardship. Interns are responsible for assessment, treatment, and management of their Training Clinic cases. This includes a semi-structured clinical interview, assessment summary, treatment planning and provision of services, discharge planning, and collateral contacts with psychiatrists, family members, schools, and other mental health practitioners.

Duration of Clinical Rotations:

Assigned Program: We accept eight interns for training during the year. All interns begin their training in early July with a three week-long orientation. Immediately following the orientation, each intern begins in their primary clinical rotation.

The rotation schedules for 2022--2023 are as follows:

ADULT & ADULT HEALTH PSYCHOLOGY Track

INTERN 1	ADULT PHP	ADULT HEALTH
	7/18/22—12/30/22	1/2/2023-6/30/2023
INTERN 2	ADULT HEALTH	ADULT PHP
	7/18/22—12/30/22	1/2/2023-6/30/2023

ADOLESCENT & CHILD Track

INTERN 1	CHILD PHP	ADOLESCENT PHP
	7/18/22—12/30/22	1/2/2023-6/30/2023
INTERN 2	ADOLESCENT PHP	CHILD PHP
	7/18/22—12/30/22	1/2/2023-6/30/2023

OCD & ED Track

INTERN 1	OCD PHP	ED PHP
	7/18/22—12/30/22	1/2/2023-6/30/2023
INTERN 2	ED PHP	OCD PHP
	7/18/22—12/30/22	1/2/2023-6/30/2023

PEDIATRIC NEUROPSYCHOLOGY Track:

The Pediatric Neuropsychology Track is a year-long rotation that simultaneously involves multiple foci including Concussions, Seizures, ADHD, Pediatrics, and Autism. The intern in pediatric Neuropsychology rotates to a new supervisor every trimester.



PEDIATRIC HEALTH PSYCHOLOGY Track:

The Pediatric Health Psychology Track is a year-long rotation with simultaneous focused training experiences in the Pediatric Endocrine Clinic, Pediatric Neurology Clinic, and Peds Inpatient Consultations.



DESCRIPTIONS OF PRIMARY CLINICAL ROTATIONS

ADULT PHP & ADULT HEALTH PSYCH TRACK

This training track, which includes rotations through the Adult PHP and Adult Health Psychology Programs, offers an excellent opportunity for an intern to gain breadth and depth of experience when treating an adult population. The intern in this track rotates at the 6-month mark from one rotation to the other.

Adult PHP

Program Director:	SARAH BRILEY, Ed.D., LCPC
Program Supervisor:	ABBEY ASLANIAN , PSY.D., Licensed Clinical Psychologist
Treatment Model:	CBT, ACT, and DBT in a Group Treatment Model

The Adult PHP serves patients with severe psychiatric disorders who may have concomitant personality disorders or dual-diagnoses. This rotation emphasizes the treatment of patients who suffer from mood and personality disorders, as well as PTSD. Therapy groups in Adult PHP are co-led by staff members who model the cognitive behavioral group treatment method of intervention. The intern co-leads two to four groups per week, which includes psycho educational groups and process groups. Patients in this program receive significant amounts of group and family therapy, as well as individual case management/therapy. The intern simultaneously provides this latter service for a maximum of 4 patients per week. By the end of the rotation, the intern will have a strong grounding in adult treatment and have the tools to successfully assess and treat severe adult psychopathology in an intensive outpatient setting.

Adult Health Psychology

Program Director:	ANTHONY GORRIE, PSY.D. Licensed Clinical Psychologist
Program Supervisor:	KELLEY PHAN, PSY.D., Licensed Clinical Psychologist
Treatment Model:	Motivational Interviewing, Clinical Interviews, Brief Behavioral and Cognitive Interventions, ACT

In this track, interns are trained in the assessment and treatment of individuals with acute or chronic medical conditions, with attention to how biological, psychological, and social factors influence the condition(s). Specifically, interns participate in the (a) the healthy sleep initiative service, (b) bariatric psychology services, and (c) medical weight management therapy. In the healthy sleep initiative, the intern conducts psychoeducational and skills-based group therapy to patients in PHP/ IOPs. The intern also functions as a consultant to make/ implement recommendations to improve sleep for individual patients who may be suffering from insomnia or other sleep disorders (e.g., sleep apnea, circadian rhythm disorders). In the bariatric psychology service, the intern is trained in conducting psychological pre-surgical evaluations and follow up therapy for bariatric surgery candidates. The intern also provides therapy for caseload of medical weight management (non-surgical) patients to assist with health behavior change and/or when mood or anxiety symptoms impact health management. By the end of the rotation, the intern develops an understanding of treating medical health conditions through psychological and behavioral processes.

YOUTH TRACK



This training track, which includes rotations through the Child PHP and Adolescent PHP programs, offers an excellent opportunity for an intern to gain breadth and depth of experience when treating youth. The intern in this track rotates at the 6-month mark from one rotation to the other.

Child PHP

Program Director: TINA MALTESE GIO, LCSW, Licensed Clinical Social Worker
Program Supervisor: TRICIA MCKINNEY, PSY.D., Licensed Clinical Psychologist
Treatment Model: Structured Behavioral Interventions

While training in Child PHP, the intern gains knowledge of child development and behavioral theory to assess and treat children ages 7 through 12 years. These children are treated for mood, anxiety, attention, developmental, oppositional and psychotic disorders and are often diagnosed for the first time while in our partial hospital. Within our highly structured treatment milieu, the children and parents gain skills and confidence in their ability to manage behaviors more effectively. The treatment team has the added benefit of special education teachers, and art and dance movement therapists. The intern will learn the techniques of behavioral treatment, exposure and response prevention, play therapy, and family therapy.

In addition, the intern will meet with, educate, and assist in the referral of children and families who are suspecting a diagnosis of an Autism Spectrum Disorder in their child. While this aspect of the rotation occurs outside of the Child PHP, in the Outpatient Group Practice, it is an important aspect of the thoroughly and comprehensively trained child and adolescent intern to effectively interact with individuals and families while the assessment process progresses. The ASD clinic is a referral, screening, treatment, and psycho-educational service offered by The Alexian Brothers Foundation.

Adolescent PHP

Program Director: TINA MALTESE GIO, LCSW, Licensed Clinical Social Worker
Program Supervisor: TRICIA MCKINNEY, PSY.D., Licensed Clinical Psychologist
Treatment Model: CBT and Family Systems

The Adolescent PHP program treats adolescents with severe behavioral and emotional difficulties. Many of the adolescents present with significant substance abuse, misuse, or dependency as well. Group therapy sessions, case management, and family therapy are provided for every patient enrolled in the Adolescent program. A structured classroom setting, with licensed educators, assists the patients in their studies, and helps them to remain current in their school assignments. Art and Dance Movement therapy and Spirituality groups reflect the Alexian Brothers' mission to treat the whole person: mind, body and spirit. Diagnostic testing and inpatient child and adolescent cases bring the intern into contact with the full continuum of care.

EATING DISORDER AND OCD TRACK

This training track, which includes rotations through the Eating Disorder PHP and Anxiety/OCD PHP programs, offers an excellent opportunity for an intern to gain breadth and depth of experience when treating individuals diagnosed with an eating disorder and/or OCD. The intern in this track rotates at the 6-month mark from one rotation to the other.

Eating Disorders PHP

Program Director: LACEY LEMKE, PSY.D., Licensed Clinical Psychologist
Program Supervisor: LACEY LEMKE, PSY.D., Licensed Clinical Psychologist
Treatment Model: CBT-E, CBT, DBT, and ACT

The ED PHP is well known in the Chicagoland area and receives many specialty referrals. Although previous experience is not a prerequisite, the intern who selects this rotation should have a strong interest in understanding and treating eating disorders. The intern acquires the necessary skills to treat anorexia, bulimia, and binge eating disorders in a highly structured therapeutic group setting. At the same time these patients are frequently diagnosed with another clinical disorder such as OCD, a mood disorder, or PTSD, which complicates their presentation and treatment. Along with psycho-education and process group treatment, the intern gains experience in family therapy and milieu treatment of Eating Disorders. Since some of our patients begin their treatment on the inpatient unit, the intern may observe patients throughout the continuum of care and may interact with a few child patients, if the intern's background permits.

Center for Anxiety and Obsessive-Compulsive Disorders (Anxiety/OCD) PHP

Program Director: KATIE TORRES, LCSW., Licensed Clinical Social Worker
Program Supervisor: PATRICK MCGRATH, PH.D., Licensed Clinical Psychologist
Treatment Model: CBT AND ERP

The Center for OCD and Anxiety Treatment is one of only a very few Partial Hospitalization and Intensive Outpatient Treatment Programs for anxiety disorders in the Chicagoland area. Therefore, the range and intensity of anxiety disorder patients' presentations is very large. Some patients come in for the treatment of panic attacks, while others have severe OCD or PTSD. The treatment philosophy of the program is Cognitive Behavioral Therapy and Exposure and Response Prevention (ERP). All treatment is empirically based and is driven by updates in the research literature. Interns can expect to be fully involved in all aspects of the program, from assessing potential clients to doing ERP with patients on a daily basis. Our motto is, "If you are afraid of it, we need to do it!" Interns will also be involved in running anxiety education groups, and are involved in our cross-track groups, where we treat patients from other programs that also have anxiety concerns.

PEDIATRIC HEALTH PSYCHOLOGY TRACK

Service Line Director: ANTHONY GORRIE, PSY.D Licensed Clinical Psychologist
Program Supervisors: BRENDA PAPIERNIAK, PSY.D., Licensed Clinical Psychologist
KELLEY PHAN, PSY.D., Licensed Clinical Psychologist
Treatment Model: Brief and Solution Focused Interventions, CBT, Behavioral Interventions, Family Systems, Motivational Interviewing, Self-Management



The intern in the Pediatric Health Psychology rotation trains in this track throughout the year. The Pediatric Health Psychology rotation offers training through our Pediatric Specialty Care Clinics which includes Pediatric Endocrinology and Pediatric Neurology.

The intern is assigned to medical clinics at the Women and Children's Hospital to work alongside medical teams in providing integrated care to youth and their families. Within this rotation, the intern will conduct screenings and assessments of children and adolescents with acute and chronic medical conditions. In addition, the intern will provide brief evidence-based interventions in the medical setting to target common problems in youth with medical conditions.

PEDIATRIC NEUROPSYCHOLOGY TRACK

Neuropsychology Program Director:

**AMY DAVIS, PH.D., ABPP, Licensed Clinical Psychologist, Board Certified
Neuropsychologist**

Supervisors:

**NICOLE CRUZ, PH.D., ABPP, Licensed Clinical Psychologist, Board Certified
Neuropsychologist**
ESTHER CHIN, PH.D., Licensed Clinical Psychologist

The Pediatric Neuropsychology Track of the Ascension Illinois Alexian Brothers Behavioral Health internship program is designed to meet American Psychological Association Division 40 and Houston Conference guidelines for training in clinical neuropsychology. As such, the goal is to complete training in the general practice of professional psychology and extend specialty preparation in the science and professional practice of clinical neuropsychology. Interns spend at least 60% of their time in clinical activities and didactic training related to the practice of clinical neuropsychology. It is anticipated that individuals who complete this training will be prepared to move on to an advanced postdoctoral residency training in clinical neuropsychology.

Individual supervision is provided on a weekly basis with additional supervision throughout each stage of the evaluation process. Didactic training in neuropsychology includes weekly seminars in the areas of applied clinical neuropsychology, behavioral neurosciences, and professional issues/ethics. Interns will also be expected to present cases and topics at these seminars over the course of the year. In addition, interns participate in guided self study courses in neuroanatomy and clinical neuropsychology over the course of the year. Opportunities may also be provided for observation of neurological examinations and neurosurgical procedures as available. Interns will also participate in ongoing research projects conducted in the neuropsychology service, and will have the opportunity to present this research at conferences and/or through preparation of manuscripts for publication.

In their clinical experiences interns will be involved in clinical interviews, review of medical records, test selection, test administration, scoring, and interpretation of results, report writing, and patient feedback under the supervision of the neuropsychologist. Interns will also be involved in school observations and attending school meetings for determining eligibility for services. The pediatric neuropsychology program serves children and adolescents from age 18 months to 18 years, with various conditions including autistic spectrum disorders, learning disabilities, attention-deficit/hyperactivity disorder, genetic conditions, and other neurological disorders (e.g., seizure disorders, traumatic brain injury, etc).



SUPPLEMENTAL ROTATIONS:

Supplemental rotations offer interns the opportunity to further enhance their clinical, scholarly, supervisory, and professional development beyond or in addition to the skills gained in the year-long general training (e.g., Training Clinic and Assessment) and 6-month specialized training experiences (i.e., PHP's).

Each intern is granted a maximum of 4 hours per week throughout the year towards their supplemental rotation. At the outset of the training year, each intern meets individually with the Director of Training to review options and interests related to these rotations. Beginning in October interns will begin to participate in their chosen supplemental rotation. Depending on the intern's interest(s) and choice(s) of training activity, the supplemental rotation may be of various duration (e.g., 4 to 9 months) and are contingent upon the availability of administrative oversight by qualified supervisors skilled in a given area. Supplemental rotations are fluid and are only restricted by scheduling, the availability of diverse experiences, and the presence of willing and qualified supervisors for that particular activity.

Our goal is to allow the intern to seek out additional training opportunities that assist them in exploring areas of clinical or professional interest that are not a component of their primary clinical rotation. Thus, it is a means for the intern to tailor their training experience in a unique manner that allows for exploration and growth alongside the more focused training inherent to the primary rotations and the generalist training found in clinical interviewing, psychological testing, and psychotherapy.

Below are examples of possible supplemental rotations:

A list of Possible Supplemental Rotations Includes:

- Outcome Studies Analyses for a program outside of your track
- Community Outreach and Public Education
- ERP in OCD
- Participating in other Programs that are not part of the main 8 Programs (e.g., SASR, Millennials, ARC)
- Group (Education or Process) in Other Programs
- Group Treatment in ED Inpatient Unit
- Triage Assessments in Access Dept
- Individual and Group work in Sleep Disorders Program
- Weight Loss Program
- Cognitive Rehabilitation
- Additional Training Clinic and/or Testing Cases to Supplement areas of interest



SUPERVISION

Clinical Supervision

Licensed clinical psychologists and board-certified neuropsychologists provide formal clinical supervision to our interns. In addition, opportunities for informal supervision by other licensed psychologists, unlicensed doctors of clinical psychology (e.g., post-docs), and licensed staff from other disciplines (e.g., social work, medicine, nursing) are readily available and occurs often in the milieu setting. Interns are also encouraged to make use of peer consultation.

Formal Supervision:

In addition to the continuous experiential learning, the foundation of a solid training experience is based upon the availability of quality supervision, professional role-modeling, and balanced mentoring provided by psychologists who have achieved a level of professional licensure and mastery in the clinical area for which they provide supervision.

Interns receive four or more hours of formal individual and group supervision each week from a licensed clinical psychologist.

- ◆ Two hours of regularly scheduled weekly individual clinical supervision with a Licensed Clinical Psychologist or Neuropsychologist staff member.
- ◆ Individual supervision on diagnostic assessments from assigned Clinical Supervisor in Psychological Testing, either the Coordinator of the Testing Service or another Licensed Clinical Psychologist with a specialty in diagnostic assessment.
- ◆ A Senior Psychologist leads one hour of weekly group supervision utilizing the one-way mirror technique.
- ◆ The Coordinator of the Psych Testing Service leads one hour of weekly diagnostic group supervision.

Individual Supervision:

Each intern is assigned a Primary Rotation Supervisor and Training Clinic Supervisor. When working on a testing case, the intern is also assigned a primary testing supervisor. This group of supervisors, along with the Director of One-way Mirror and the Coordinator of Testing Services, comprises the core supervisory team for each intern.

Program Supervisor of Primary Rotation: The Primary Supervisor is responsible for all the intern's clinical program related cases, and facilitates the formal quarterly evaluations of the intern. The basis for the assignment of a primary supervisor is both the intern's Program assignment and the clinical specialty of the supervisor. Interns meet for one hour weekly with their Primary Supervisor. Each supervision session is documented.

Training Clinic Supervisor: Each intern is also assigned a Training Clinic supervisor who is responsible for supervising the intern on their outpatient Training Clinic Cases and general professional development. The Training Clinic supervisor is responsible for the clinical care that the intern provides to Training Clinic patients. The Intern meets weekly



for an hour with his/her Training Clinic Supervisor. Each supervision session is documented.

Diagnostic Supervisors: The Coordinator of the Psychology Testing Service along with other licensed clinical psychologists at the outpatient group practice provide supervision on diagnostic assessments for each intern (with the exception of the PNP intern). The Coordinator of the Psychology Testing Service is responsible for the assessments conducted by interns in the Psychology Testing Service. Supervision occurs when an intern is actively working on a testing case.

Neuropsychology Supervisors: The three neuropsychologists in the Pediatric Neuropsychology Service are involved in supervising the neuropsychology intern. The neuropsychology intern meets regularly with each of them on a weekly basis for an hour each.

Group Supervision:

In addition to the individual supervision received, interns also receive a minimum of 2 hours of additional weekly group supervision with their peers and a licensed psychologist.

One-Way Mirror

One –way mirror group supervision occurs each week for one hour. The group is led by a Senior Psychologist with over 35 years of clinical experience.

During the weekly One-way Mirror training experience, interns take turns conducting a live therapy session with one of their patients from the partial hospital program or Training Clinic in front of a one-way mirror. The observers include the Senior Psychologist, peer interns, and the primary rotation supervisor (if available). This component of training is consistently rated as one of the most highly valued by our interns. A session of the One-way Mirror begins with the intern meeting with audience members and presenting background information on the patient who is to be interviewed. During this phase of the presentation, the intern also poses to the group questions that he/she would like addressed by the group following the observed therapy session. The group then observes a 20-minute therapy session as conducted by the intern. Thereafter, the patient is given the opportunity to greet members of the group who just observed the session. After returning the patient to his/her respective partial program, the intern returns and a discussion ensues among all the interns and present supervisors about the session which includes areas for growth and strengths for the intern.

Diagnostic Group Supervision

The psychology interns also participate in diagnostic group supervision for one hour per week with the Coordinator of the Testing Service.

This weekly meeting provides each intern the opportunity to present on at least two occasions throughout the year to the testing staff, peer interns and diagnostic students on assessment related topics and assessment cases. During this group event, interns begin their presentation by posing a question to the group on what input they would like to receive from the group. This is typically in the area of case conceptualization or how



to manage a particularly challenging element of a testing case. Throughout the conference, participants attempt to address the question(s) posed by the presenting intern.

Informal Supervision:

Milieu Supervision: In addition to the aforementioned opportunities for formal supervision with a licensed clinical psychologist, an intern has numerous opportunities for informal supervision and consultation throughout the day in the milieu and professional setting through program staff. It is difficult to estimate the amount of time in which interns receive informal supervision due to the unique nature of training in the milieu environment. In such a setting, supervision is typically brief, impromptu, multifaceted and frequent. One of the benefits of working in a multidisciplinary setting is interaction with professionals and other students from fields different than psychology. In this manner, interns have the opportunity to view a given clinical situation or patient from the perspective of other team members (e.g., physicians, dieticians, social workers, nurse practitioners, pastoral counselors, expressive therapists . . .) in order to achieve a more holistic and integrative representation of the individuals we treat.

Members of the Primary Supervisory Team:

All primary supervisors of the interns are **licensed clinical psychologists** and have been selected to be supervisors due to their clinical experience in their areas of specialization in one or more of the clinical programs through which interns rotate while at ABBHH. There is a total of 16 full-time or part-time licensed clinical psychologists, neuropsychologists, and behavioral-medicine psychologists that are involved in the training and supervision of the psychology interns.



LICENSED CLINICAL PSYCHOLOGISTS and NEUROPSYCHOLOGISTS ON STAFF

Training Staff and Committee Members:

PSYCHOLOGY STEERING COMMITTEE:

The Psychology Intern Steering Committee (PISC) consists of 10 members and is comprised of 5 full-time Clinical Psychologists, 1 full-time Neuropsychologist, 1 full-time Health Psychologist, 2 part-time Clinical Psychologists and 1 full-time Licensed Clinical Social Worker. The Intern Steering Committee meets once every quarter to review all matters relevant to the structure, planning and policies of the intern training program.

<u>PSYCHOLOGY STEERING COMMITTEE</u>	JOB TITLE / ROLE IN PROGRAM	AREA OF SPECIALIZATION
Abbey Aslanian, Psy.D.	Coordinator, Psych Testing Service Clinical Supervisor, Adult PHP/IOP & Testing	Adult Mental Health/SMI Group Therapy Psychological Testing
Amy Davis, Ph.D., ABPP	Pediatric Neuropsychologist Primary Supervisor of Interns	Pediatric Neuropsychology
Marie Duetsch, LCSW.	Director of Student Training	Adult and Couples Outpt Therapy Training in Supervision
Tony Gorrie, Psy.D.	Director of Psychology Internship Program Clinical Dirctr of Outpt Practice Primary Supervisor of Interns	Children, Adolescent, Adult, Mood, Anxiety, Diagnostic Testing
Cecelia Horan, Psy.D.	Director of Child PHP and Adolescent PHP programs Psychology Consultant	Children and Adolescents
Lacey Lemke, Psy.D.	Director Eating Disorders Program Primary Supervisor of Interns	ED, Pediatric Psychology
Patrick McGrath, Ph.D.	Psychology Consultant Primary Supervisor of Interns	Adolescent and Adult Anxiety Disorders
Tricia McKinney, Psy.D.	Clinical Supervisor, Child & Adolescent PHP/IOP	Child and Adolescent



Kelley, Phan, Psy.D.	Coordinator of Healthy Sleep Service Line and Bariatric Evaluations	Health Psychology
Clifton Saper, Ph.D.	Lead Psychologist Primary Supervisor of Interns	Children, Adolescents, Adults, Solution Focused Therapy

SUPERVISORY and PROGRAM OPERATIONS COMMITTEE (SPOC)

The Supervisory and Program Operations Committee (SPOC) is a much larger group of clinicians, supervisors, and administrators who have interactions with, supervise, or manage the programs in which interns train. This group has members from a variety of professions including psychologists, social workers, professional counselors, and clinical administrators. This committee consists of 20 members and is comprised of 10 Clinical Psychologists, 4 Neuropsychologists, 3 Health Psychologists, 2 Clinical Social Workers, and 1 Clinical Professional Counselor. It is this committee's responsibility to share monthly updates on intern progress within their program/service line.

SUPERVISORY and PROGRAM OPERATIONS COMMITTEE	PROFESSIONAL TITLE / JOB ROLE	AREA OF SPECIALIZATION
Abbey Aslanian, Psy.D.	Coordinator, Psych Testing Service Clinical Supervisor, Adult PHP/IOP & Testing	Adult Mental Health/SMI Group Therapy Psychological Testing
Esther Chin, Ph.D.	Licensed Clinical Psychologist Pediatric Neuropsychologist	Autism Evaluations ADHD Evaluations
Nicole Cruz, Ph.D. ABPP	Licensed Clinical Psychologist Pediatric Neuropsychologist	Autism Evaluations ADHD Evaluations
Joanna Czupryna Huk, Psy.D.	Licensed Clinical Psychologist Outpatient Therapist	Individual therapy with teens and families. Health Psychology
Sara Rose Danesi, Psy.D.	Licensed Clinical Psychologist Outpatient Therapist	Individual therapy with adults
Amy Davis, Ph.D., ABPP	Licensed Clinical Psychologist Pediatric Neuropsychologist	Autism Evaluations ADHD Evaluations
Marie Duetsch, LCSW.	Director of Student Training	Individual and Couples Therapy



		Training in Supervision
Kaitlyn Eichinger, Psy.D.	Licensed Clinical Psychologist Outpatient Therapist	Autism Spectrum Disorders
Tony Gorrie, Psy.D.	Licensed Clinical Psychologist Clinical Director of Group Practice	Mood & Anxiety Disorders. Diagnostic Testing
Lacey Lemke, Psy.D.	Licensed Clinical Psychologist Director Eating Disorders Program	Eating Disorders Pediatric Health Psychology
Patrick McGrath, Ph.D.	Licensed Clinical Psychologist PHP Consulting Therapist	Adolescent and Adult Anxiety Disorders
Tricia McKinney, Psy.D.	Licensed Clinical Psychologist PHP Therapist Clinical Supervisor	Therapy with Children and Adolescents.
Brenda Papierniak, Psy.D.	Licensed Clinical Psychologist Health Psychologist	Perinatal and Pediatric Consult Services
Kelley Phan, Psy.D.	Licensed Clinical Psychologist Health Psychologist	Bariatric Evaluations Health Sleep Services
William Roberts, Psy.D.	Licensed Clinical Psychologist Outpatient Therapist	Therapy with Children, Adolescents, and Adults
Clifton Saper, Ph.D.	Licensed Clinical Psychologist Lead Psychologist	Therapy with Children, Adolescents, and Adults Solution Focused Therapy
Alice Schrubba, Psy.D.	Licensed Clinical Psychologist PHP Therapist Clinical Supervisor	Adults, Addictions, Mood Disorders, Psychological Testing
Kathleen Torres, LCSW	Licensed Clinical Social Worker Director of OCD PHP	Adolescents and Adults with OCD



FORMAL CLINICAL PSYCHOLOGY SUPERVISORY TEAM:

Members of the Psychology Supervisory Training Staff specialize in the various clinical intern rotations provided throughout the hospital. There is a total of 13 full-time and 3 part-time Licensed Clinical Psychologists that are involved in the training and formal supervision of the psychology interns.

LICENSED CLINICAL PSYCHOLOGIST SUPERVISORS	SUPERVISOR ROLE	AREA OF SPECIALIZATION
Abbey Aslanian, Psy.D. FT	Coordinator, Psych Testing Service Clinical Supervisor, Adult PHP/IOP & Testing	Adult Mental Health/SMI Group Therapy Psychological Testing
Esther Chin, Ph.D. FT	Neuropsychology Supervisor	Autism Evaluations ADHD Evaluations
Nicole Cruz, Ph.D. ABPP FT	Neuropsychology Supervisor	Autism Evaluations ADHD Evaluations
Joanna Czupryna Huk, Psy.D. FT	Training Clinic Outpatient Supervisor Diagnostic Testing Supervisor	Individual therapy with teens and families. Health Psychology
Sara Rose Danesi, Psy.D. FT	Training Clinic Outpatient Supervisor	Individual therapy with adults
Amy Davis, Ph.D., ABPP FT	Neuropsychology Supervisor	Autism Evaluations ADHD Evaluations
Kaitlyn Eichinger, Psy.D. FT	Secondary Rotation Neuropsych Supervisor	Autism Spectrum Disorders
Tony Gorrie, Psy.D. FT	Director of Internship Training Program	Mood & Anxiety Disorders. Diagnostic Testing
Lacey Lemke, Psy.D. FT	PHP Clinical Supervisor Diagnostic Testing Supervisor Health Psych Supervisor	Eating Disorders Peds Health Psychology
Patrick McGrath, Ph.D. PT	PHP Clinical Supervisor	Adolescent and Adult Anxiety Disorders
Tricia McKinney, Psy.D. PT	PHP Clinical Supervisor	Therapy with Children and Adolescents.
Brenda Papierniak, Psy.D. FT	Health Psychologist	Perinatal and Pediatric Consult Services
Kelley Phan, Psy.D. FT	Health Psychologist	Bariatrics Healthy Sleep



William Roberts, Psy.D. FT	Training Clinic Outpatient Supervisor	Therapy with Children, Adolescents, and Adults
Clifton Saper, Ph.D. FT	Training Clinic Outpatient Supervisor	Therapy with Children, Adolescents, and Adults Solution Focused Therapy
Alice Schrubba, Psy.D. PT	PHP Clinical Supervisor Diagnostic Testing Supervisor	Adults, Addictions, Mood Disorders, Psychological Testing

INTERN SELECTION COMMITTEE

The Intern Selection Committee Members are Licensed Clinical Psychologists and one Licensed Clinical Social Worker who participate in the selection, interviewing and evaluation of psychology intern candidates. The intern selection committee is composed of all members of the [Steering Committee](#)



COMPETENCY EVALUATION

The training program has a detailed policy on intern evaluation, advisement and retention. Within this policy is information that specifies the processes for providing interns with verbal and written feedback. The goal is to provide interns with on-going examples of concrete information that identifies areas of strength and areas for growth. Because the program considers feedback essential to skill development and, ultimately, the successful completion of the training program, there are many means for providing interns with verbal feedback throughout the year.

Forms of Competency Evaluation

The following is a list of evaluation forms that are used to gauge intern performance throughout the year. Information gained from these ratings is shared with the intern to provide them with meaningful and timely data on the progress of their training.

Weekly Supervision Summary Note: Interns receive weekly individual supervision with their primary Clinical Rotation supervisor and their primary Training Clinic supervisor. Weekly supervision summary notes serve multiple purposes, one of which is to assist in maintaining an ongoing dialogue between supervisor and intern about the intern's performance. During supervision, the supervisor and the intern jointly complete a supervision summary note that summarizes not only the contents of supervision, but also the strengths and areas for growth identified by the supervisor and intern. The intern then turns in the completed, signed and dated supervision summary note to the DOT and maintains a copy for his/her own records.

Monthly Live Supervision Evaluation: Each month, beginning at the second month of training, supervisors conduct live observation and evaluation of the intern's clinical work. Observations and evaluations may be done during any variety of clinical activities in which the intern participates (e.g., Process Group, Milieu Interventions, Family Session, Education Group, Assessment Interviews, Assessment Feedback). The supervisor completes the Live Supervision Evaluation form and thereafter provides feedback to the intern directly after the live observation or during the next scheduled supervision hour. A copy of the completed Live Supervision Evaluation is given to the intern and the DOT.

One Way Mirror Evaluation: Every other week a designated intern is selected to conduct a one-way mirror clinical intervention with an existing patient. This learning activity is led by our Senior Psychologist, and each intern presents during One-Way Mirror approximately 3 times a year. During these training events, the leader of the OWM Seminar Series completes a written evaluation of the intern's performance during the one-way mirror activity and reviews this feedback with the intern. A copy of this evaluation is provided to the intern and the DOT.

Pro-Seminar Presentation Evaluation: Each intern presents during Pro-Seminar approximately two times during the training year. After each presentation, members of the audience (including Training Department staff members, supervisors, and other master's and doctoral level trainees) evaluate the intern on their presentation across multiple parameters. The Pro-Seminar Presentation Evaluation form contains both numeric ratings and areas for written comments. Following the presentation, this information is shared with the intern presenter and a copy is forwarded to the DOT.

Quarterly Competency Evaluations:



The Internship Competency Evaluation Form is the comprehensive tool used for evaluating interns' competencies on a quarterly basis (i.e., every 3 months). The Quarterly Competency Evaluation form contains an expanded explanation of the internship competency objectives along with the rating scale used to assess for various degrees of achievement. Interns are expected to familiarize themselves with these core objectives and the rating scale used to evaluate them to become aware of and motivated to gain developmentally appropriate levels of achievement.

Each quarter, interns undergo an in-depth formal written evaluation and are provided oral and written feedback of the results. Upon completion of each formal quarterly review, the primary supervisor provides formal verbal feedback to his/her Psychology Intern along with a copy of the written report. In instances where significant concerns have been identified by supervisors, the DOT will join the primary supervisor in presenting feedback and advisement to the intern. At mid-year and year-end, copies of the written evaluations are provided to the intern's DCT from their academic program.

Rating Scale Used Across Measures of Competency

Below is a Rating Scale used by supervisors when evaluating an intern's skills/performance. Specific measures of competence (e.g., diagnostic skills, presentation skills, therapy skills) used by the training department adopt this chart to the area of focus in order to derive an accurate assessment of skills and to provide useful information for the intern in the way of objective feedback.

- 1 NOT PROGRESSING** as expected and requires **REMEDIATION**

- 2 NOTED AREA FOR GROWTH.** Likely **MANAGEABLE** with increased supervisory attention and additional resources

- 3 PROGRESSING** as expected **BUT NOT YET ACHIEVED** basic level of competency for independent practice

- 4 ACHIEVED COMPETENCY** for bases of independent practice



Processes for Comprehensive Competency Evaluations:

Monthly Training Committee Reviews: At the monthly Training Committee meetings, supervisors and clinical program managers discuss the progress of their respective interns and ascertain their present strengths and areas for growth. If an intern is falling behind in a specific clinical area, the primary supervisor meets with the intern and DOT to explore solutions that address the identified concern. They may provide additional training to challenge the intern to move to the next level of competency or to develop a new skill set.

Formal Quarterly Evaluations: At the completion of each quarter of training, an intern is carefully evaluated by all supervisors, Training Department staff, and clinical program staff that are familiar with the intern's performance and ability. These comprehensive formal evaluations critique the intern's performance across the nine primary training goals established by the Training Department. At the completion of each quarterly evaluation, the Director of Training reviews the ratings to determine whether the intern has met the minimum standards for success. If an intern has met or exceeded the minimum standards of success, they are then deemed as having successfully attained a required level of competency during that given quarter of training and they move on unimpeded to the next level of training (or graduate if it is the year-end evaluation). Although, one expects the overall level of competence to advance towards a state of independent practice as the year proceeds, there are some areas in which an intern may experience a drop or plateau in competency at a later point in the year. This may be the result of an intern finding the work more challenging in a new clinical rotation occurring later in the training year. When such a decrease or leveling off occurs, the primary supervisor will address it in the comment section under that goal and indicate reasons behind the perceived drop in performance and indicate whether it is deemed concerning.

Minimal Standards of Success

The minimal levels of achievement have been established by the Psychology Intern Steering Committee which is responsible for the development and oversight of these criteria. Below is an abbreviated version of the guidelines used at the end of each quarter in finalizing a determination on an intern's overall competency and success at having met the minimal standards. For those interns unable to succeed at meeting the minimal standards of success during the first three quarters, a remediation plan is implemented to assist the intern in achieving the desired level of mastery. Those individuals who do not successfully meet the minimal standards by the year-end are at risk of not graduating from the internship training program.

1st Quarter Competency Determination:

- a. The intern must not receive any competency item rated at a value of "1".
- b. The intern must not receive more than **30%** competency items rated at a value of "2".

2nd Quarter Competency Determination:

- a. The intern must not receive any competency item rated at a value of “1”.
- b. The intern must not receive more than **20%** competency items rated at a value of “2”.
- c. Among all the competency items rated, the intern must receive a minimum of **20%** rated at a value of “4”.

3rd Quarter Competency Determination:

- a. The intern must not receive any competency item rated at a value of “1”.
- b. The intern must not receive more than **10%** competency items rated at a value of “2”.
- c. Among all the competency items rated, the intern must receive a minimum of **50%** rated at a value of “4”.

4th Quarter Competency Determination:

- d. The intern must not receive any competency item rated at a value of “1”.
- e. The intern must not receive any competency item rated at a value of “2”.
- f. Among all the competency items rated, the intern must receive a minimum of **80%** rated at a value of “4”.

TABLE OF CRITERIA FOR SUCCESS

RATINGS	QUARTERLY EXPECTATIONS			
	1 ST	2 ND	3 RD	4 TH
1	NONE	NONE	NONE	NONE
2	< 30%	< 20%	< 10%	NONE
3	= or >30%	(NON-DETERMINING)	(NON-DETERMINING)	(NON-DETERMINING)
4	NONE REQUIRED	= or > 20%	= or > 50%	= or > 80%



SEMINAR EXPERIENCES

The training program at Ascension Illinois provides a series of planned seminars, didactics, and group supervision experiences specifically geared to our psychology interns. These seminars are diverse and intended to complement and broaden the clinical training experience.

On-Site Didactics, Conferences, and Seminars

- ◆ **Autism Conference Series:** The Autism Conference Series is a monthly professional conference that is sponsored by the Autism Spectrum and Developmental Disabilities Resource Center of Ascension Illinois. All interns are invited to attend. Speakers include in-house staff members and outside professionals who have expertise in autism spectrum disorders and other developmental disabilities. Topics include medication treatment, behavioral treatment and assessment.
--One hour per month on the Third Thursday of every month 12:00—1:00 at the ASCENSION ILLINOIS Women & Children's Hospital
--Required Attendance by Peds Neuropsych and Child PHP Interns. Optional Attendance for all others.
- ◆ **Diagnostic Group Supervision:** The weekly Diagnostic Group Supervision is co-led by the Director of Training and the Coordinator of the Testing Service. The meeting includes all 8 interns as well as 2 diagnostic externs. Each intern presents on at least three occasions throughout the year to the testing staff, peer interns and diagnostic students on assessment related cases.
--One hour every week, Wednesdays 11:00 to 12:00
--Required Attendance by all.
- ◆ **Neuropsychology Case Conference Series:** The Neuropsychology Case Conference Series is led by the Pediatric Neuropsychology post-doctoral fellows. The intern is expected to present on various occasions regarding his/her assessment cases. This series is attended by the pediatric neuropsychologists, neuropsychology post-doctoral fellows, neuropsychology intern, and externs. This is mandatory for the neuropsychology intern but available to all other interns to attend.
--One hour per week, Tuesdays 8:00 to 9:00
--Required Attendance for PNP intern; Optional Attendance for all other interns.
- ◆ **Neuropsychology Seminar Series:** The Pediatric Neuropsychology Seminar Series is led by our team of Pediatric Neuropsychologists. The topics of this seminar series cover pediatric-specific issues in neuropsychology and neurology. In addition to the pediatric neuropsychologists, the neuropsychology intern and the pediatric health psychology intern, the pediatric neuropsychology fellow and neuropsychology externs also attend these meetings. The neuropsychology intern presents during this seminar on at least two occasions. All other interns are invited to attend.
--One hour per week, Tuesdays 12:00—1:00
--Required Attendance for PNP intern; Optional Attendance for all other interns.
- ◆ **Pediatric Neuropsychology Self-Directed Studies in Neuroanatomy:** The neuropsychology intern engages in a self-guided study in Neuroanatomy that is



overseen by one of the directors in the Pediatric Neuropsychology Service. The following are the texts from which studies are drawn:

Semester 1: Neuroanatomy through Clinical Cases, 2nd Edition,
May 1, 2011
Hal Blumenfeld
Sinauer Associates, Inc.

Semester 2: Textbook of Clinical Neuropsychology, 1st Edition
January 18, 2008
Joel E. Morgan (Editor) and Joseph H. Ricker (Editor)
Taylor & Francis

The intern reads approximately one chapter per week and then takes a quiz following the completion of each chapter. Quizzes are scored and the Director of Pediatric Neuropsychology reviews with the intern the material of the chapter with emphasis on any areas responded to incorrectly on the quiz.

- ◆ **PHP/Service Line Case Staffings** – Each intern in the PHP programs (with the exception of the Adolescent intern) attends a weekly clinical staffing that is held by the primary clinical program. At these meetings, psychiatrists, program clinicians and trainees review current patients and discuss clinical presentation, response to treatment, treatment planning, and prognosis. The intern is expected to participate in reviews and present on his/her own in-program cases throughout the year
 - One to two hours per week. Time/day/duration varies by program.
 - Required attendance by all PHP assigned interns.

- ◆ **Professional Development Talks:** This monthly discussion series is led by a variety of psychologists throughout the Ascension system and is intended only for the psychology interns. It is intended to be a format of informal discussion on topics of relevance to emerging psychologists. At this monthly meeting, interns and the facilitator review topics relevant to professionalism and career. Topics of discussion include 1). Self-care for the busy professional, 2). Setting oneself up for success in private practice, 3). Professional networking and advocacy work. . .
 - One hour per month, every 4th Wednesday 12:00 to 1:00
 - Attendance Required by all.

- ◆ **Supervision Seminar Series:** The Supervision Seminar occurs on a bi-monthly basis beginning in October. The Supervision Seminar is led by the Director of Student Training who is a licensed clinical social worker with expertise in supervision. Every other week, a topic related to supervision is discussed and is meant to complement the supervisory training experiences that interns are afforded with master's level and doctoral students. The purpose of the seminar is to increase knowledge of the theories and practices of supervision as well as provide a venue to process supervisory experiences.
 - One hour every other week from November to June, Wednesdays 9:00—10:00
 - Attendance Required by all

Additional Professional Conferences



- ◆ **Off-Site Professional Conferences Sponsored by Ascension Illinois:** In addition to the weekly scheduled on-site didactic events, the interns are also provided the opportunity to attend Ascension Illinois sponsored continuing education events. These conferences are geared towards health care professionals in the community and offer CEU's for many mental health professionals including psychologists. These are provided to the interns at no cost and are available throughout the year.

- ◆ **Other Professional Conference Time:** In addition to the above educational opportunities built-in to the training schedule, interns are provided with up to 5 days of paid time off for professional activities. This includes attending conferences of their choosing. Being granted additional professional time off allows interns to pursue educational events specific to their own interests and reinforces their role as students in training in the face of the rigor of their clinical responsibilities.



ADMINISTRATIVE, CONSULTATIVE, AND SUPERVISORY TRAINING OPPORTUNITIES

Pro-Seminar Presenter:

The Professional Seminar Series (Pro-Seminar) is a weekly didactic series that includes all psychology externs, social work interns, counseling interns, and expressive therapy interns on site (typical N ~ 30). Topics presented at Pro-Seminar typically are clinically focused and related to the patient population served by Ascension Illinois. Psychology interns are expected to present at Pro-Seminar on two occasions throughout the year. Topics of clinical relevance are encouraged.

Consultation/Case Staffings

Interns participate in regularly scheduled weekly case reviews in their assigned primary clinical rotations to discuss their patients with other members of the interdisciplinary team. During these meetings, the intern serves in the role of case manager/therapist, and takes the lead during the discussion of their patients. These weekly reviews exemplify the interdisciplinary approach to patient care which involves exchanging information among professionals of many disciplines. It also allows interns to function in a consultative role.

Outcome Studies

Ascension Illinois has continuous performance improvement and organization improvement (PI/OI) projects that include peer review and studies of outcome indicators. Thus, we have a strong investment in program evaluation and outcome analysis. Each intern gains experience in understanding outcome studies specific to their program of training, and in educating clinical program staff via quarterly reports on PHP-specific Clinical Outcomes. Thus, each intern works closely with our Director of Evidence-Based Practices in learning the process of conducting, analyzing, and interpreting outcome data and then translating this into meaningful information for clinical program staff to use in shaping more effective and efficient treatment protocols.

Supervision of Doctoral Students

Clinical Program Supervision: Similarly, interns deemed appropriately competent in providing clinical care in designated primary clinical rotations will have the opportunity to supervise master's students on their clinical program work in that same clinical program. This supervision will be in addition to the supervision provided by a licensed clinician already supervising the trainee and, thus, will involve the intern coordinating with the supervisor to assure that the intern's supervision is consistent with the treatment model/strategies being recommended by the official supervisor.



TRAINING SCHEDULES

Program Length and Schedules:

Interns at Ascension Illinois complete training over a 12-month period that begins on July 1 through June 30 of the following year. Interns are required to complete a minimum of 2,100 hours of full time training. Interns are scheduled to be on site forty-five (45) hours per week. Therefore, interns are formally scheduled for a total of 2,340 hours of training over the course of the year; however, in deducting hours for PTO (128 hours), Holidays (64 hours), and Professional Development (48 hours), the resulting total for actual hours in training is 2,100 hours (*See hours formula below*).

Total Hours per Week = **45**; Total Weeks per Year = **52**

45 Hours X 52 Weeks = 2,340 Gross Hours of Training per Year

2,100 Hours of Training Required to Graduate from Internship Program:

Total Training Hours per year at 45 hrs/wk:	2,340 Hours
Subtract Built in Time-Off:	
2,340 Hours - PTO (16 dys X 8 hrs = 128 Hours)	= 2,212 Hours
2,212 Hours - Holidays (8 dys X 8 hrs = 64 Hours)	= 2,148 Hours
2,148 Hours - Prof Dev (6 dys X 8 hrs = 48 hours)	= 2,100 Hours

Interns are encouraged to use their PTO in full and are not required to be on-site on weekends or holidays. Any remaining PTO at the end of the year **will not** be paid out to the intern.

Interns do not carry pagers, work weekends, or perform on-call.

We do not offer half-time internships at this time.



Schedule of training hours

The following is a breakdown of training hours as a function of training track assignment. These are only estimated distributions based on previous interns' experiences.

For Interns Training in Peds Health, Adult Health and the PHP programs (Adolescent, Adult, Child, ED, and OCD PHP's)

<u>TRAINING ACTIVITY</u>	<u>TRAINING HOURS</u>
PRIMARY ROTATION	22
PSYCH TESTING SERVICE	6
TRAINING CLINIC	6
SUPPLEMENTAL ROTATION	4
TRAINING	4
ADMINISTRATION TIME	3
TOTAL	45 HOURS

For Interns Training in Peds Neuropsychology

<u>TRAINING ACTIVITY</u>	<u>TRAINING HOURS</u>
PRIMARY ROTATION	22
AUTISM RESOURCE CENTER	12
TRAINING	4
SUPPLEMENTAL ROTATION	4
ADMINISTRATION TIME	3
TOTAL	45 HOURS



TRAINEE FEEDBACK AND PROGRAM IMPROVEMENT:

At two points during the training year, interns are asked to complete an extensive survey evaluating the training program, supervisors, and staff intended to gain insight into interns' perceptions of how the program is meeting their training goals. These feedback forms contain the same items and are able to be compared within and between cohort years. At the end of each semester, the DOT distributes a web-link to a Survey Monkey Questionnaire and provides interns with three week's time to complete the survey in a thoughtful and frank manner. The surveys are somewhat anonymous, but some answers are able to identify the respondent by virtue of their supervisor's name or a clinical program's name. Because of this, the DOT only provides Training Committee members with aggregated numerical data for the mid-year evaluation in order to increase anonymity of data. At year-end, after the interns have graduated and left the program, the DOT will once again share aggregated numerical data with the Training Committee; however, the DOT will also share individual program specific data from both evaluations to each program's supervisors and administrators. Data are analyzed and graphically depicted via Survey Monkey data analysis software.

Mid-Year and Year-End Surveys of Current Interns

At mid-year and at year-end, current interns are asked to complete a lengthy survey regarding the training program and their supervisors. The Survey Monkey questionnaire is 125 items long, and interns are given three weeks to complete it.

Distal Data Collection of Graduated Interns

During distal data collection, the DOT requests further feedback from alumni of the program. The distal data survey is a modified version of the mid-year and year-end surveys used with current interns, and specifically focuses on our graduates' perceptions of how well our training program prepared them for their careers.



POLICIES ON DUE PROCESS AND GRIEVANCE

The program recognizes the rights of interns, supervisors and staff to be treated with courtesy and respect. In order to maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and staff should be collegial and conducted in a manner that reflects the highest standards of the profession (see APA "*Ethical Principles of Psychologists and Code of Conduct*" **American Psychologist**, 2002).

The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise. As such, interns are informed in detail about due process and grievance policies early on during our informational presentations at the time of interviews. Thereafter, during the first week of hospital orientation, interns are provided with copies of the program's policies and the DOT reviews them in depth with the interns. Interns are encouraged to share with the Director of Training any concerns that may arise regarding staff/intern relations and are encouraged to speak with the Executive Director of Intensive Outpatient Services or the Hospital COO should their concern be in regards to the Director of Training.

Our Due Process Policy is intended to provide Trainees and Training Staff with a systematized method for defining and addressing Problematic Behavior in a Trainee. This policy includes a definition of Problematic Behavior and provides a detailed listing of Due Process Procedures when the Problematic Behavior of a Trainee has been identified. It also includes a listing of administrative options and possible sanctions available to address such concerns.

Our Grievance Policy is intended to provide all Trainees with an internal process by which they may receive a full and fair hearing on any complaint or unresolved problem pertaining to their training experience. This formal procedure, which may be executed at the request of a Trainee, shall be used only when differences of opinion are not resolved after going through an informal grievance process.

The Training Department at Ascension Illinois and its affiliates encourages persons to work out concerns or complaints on an informal basis whenever possible. Procedures for formal grievance should be used only if informal discussions and mediation between the Trainee and Staff Members and/or Training Department Administration do not resolve differences, or when a Trainee wishes to formally register a complaint. When a Trainee disagrees with a Training Staff Member's evaluation of the Trainee or with any Staff Member's conduct and the Trainee is unable to achieve resolution through informal discussion or mediation, the Trainee may initiate a formal internal grievance procedure to address this disagreement or complaint.



. . . . PLEASE NOTE: THE FOLLOWING APPLICATION RELATED INFORMATION IS POSTED SOLELY FOR THE PURPOSE OF CONSUMER AWARENESS

Effective July 1, 2023, Ascension Illinois Alexian Brothers Behavioral Health Hospital will no longer train psychology interns in Health Service Psychology. This web-page brochure will remain posted until the program closes on June 30, 2023.

DO NOT SUBMIT APPLICATIONS for this Psychology Internship Program for Training Year 2023-2024 and beyond.

APPLICATION INFORMATION AND PROCEDURES

Information:

- ❖ There are EIGHT pre-doctoral psychology intern positions. The internship extends for one full year with a minimum of 2,100 hours. No part-time internships are offered.
- ❖ Ascension Illinois is an equal opportunity employer and complies with all government requirements pertaining to EEOC and ADA regulations. We encourage individuals of diverse backgrounds to apply to our site.
- ❖ The intern stipend for living expenses is \$27,400 per year. Interns receive an additional stipend of \$3,600 to purchase health insurance coverage. During the course of the year interns receive twenty-six bi-weekly checks totaling \$31,000 to contribute to their annual living expenses and health insurance coverage. Health insurance must be purchased independently.
- ❖ Interns are on-boarded as contingent workers, and thus no taxes are withheld from the biweekly stipend payments. Payment of income taxes and other federal and state withholdings is the responsibility of the intern.
- ❖ Paid time off includes 16 days of PTO, 8 holidays, and 6 conference days.
- ❖ If an intern wishes to be granted accommodations for any health-related issues, please contact the Director of Training for the accommodation request.
- ❖ Ascension Illinois abides by the Association of Psychology Postdoctoral and Internship Centers guidelines regarding application and notification day procedures.

- ❖ Interns are expected to abide by the American Psychological Association Code of Ethics.
- ❖ The Internship year begins with a mandatory five-day orientation to the hospital system and Ascension Illinois. It is then followed by a 3-day orientation to the training program and 2-day orientation to the primary clinical program.
- ❖ Ascension Illinois requires and pays for all doctoral interns to receive specific immunizations, complete a pre-employment drug screen, a two-part TB test, a CANTS screen, employment paperwork, and attend an Ascension Illinois orientation before or at the outset of the internship. Each intern will be required to receive an influenza vaccine in the autumn at the expense of Ascension Illinois.
- ❖ Conditions of employment as a contingent worker (and therefore, the internship placement itself) are dependent upon the results of the drug screen, background checks of felony convictions, and/or the DCFS background check all of which are not requested nor received until after the APPIC match. Certain findings may interfere with an intern's ability to be hired and participate in the internship program. Further details on circumstances that would impede employment at our site can be learned by directly contacting our HR department.
- ❖ Like all other Catholic based health care organizations, it's standard procedure that staff and trainees agree to follow the Ethical and Religious Directives established by the Catholic Health Care Doctrine https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_3.pdf. This specifically relates to the work we do in Behavioral health by informing the manner in which we provide care—treating each individual (regardless of ability to pay) with respect, compassion, and dignity.
- ❖ Ascension Illinois provides formal evaluations with interns at 3, 6, 9, and 12 months. The Internship Training Committee meets monthly to review each intern's progress. Interns are informed immediately if they are falling behind in any area of competence. If necessary, a plan of action is implemented between the intern and primary supervisor with the input of the DOT and Training Committee members.
- ❖ If problems arise during the training year, either for the student or supervisor/s, Ascension Illinois provides policies and procedures for remediation and intern grievance. These documents are defined and



presented during the orientation program and are available for review before the training year begins and throughout.

- ❖ At the time of interview, all candidates will be asked to participate in a brief writing sample exercise involving the interpretation of psychological or neuropsychological testing data. This exercise is one of the ways by which we evaluate our candidates on case conceptualization, ability to analyze data, and communication skills.

Application Requirements and Procedures:

In order to qualify for the internship, all applicants must demonstrate that they will complete the following before the first day of the internship:

- ❖ The applicant must be matriculated in an APA-accredited academic doctoral program in Clinical, Counseling or Educational Psychology.
- ❖ The applicant must provide evidence of at least 400 hours of supervised practica experience (MA internship experience counts toward these hours as well as experience not yet completed).
- ❖ The applicant must provide evidence of at least 100 hours of supervised assessment.
- ❖ Candidates applying to the Pediatric Neuropsychology Track must also meet the requirement of 100 hours of supervised practica experience and must have accrued at least 400 hours of supervised assessment experience.
- ❖ The applicant must provide evidence of the successful completion of all doctoral coursework.
- ❖ The applicant must provide evidence of the successful completion of comprehensive exams in clinical or counseling psychology. If Comps aren't offered in your training program, please note that on AAPI.

Complete applications will consist of the AAPI online, and include all graduate program official transcript/s, three (3) letters of recommendation, and a cover letter that clearly specifies the Training Track to which you are applying.

The materials are to be submitted online no later than **November 1** in order to begin internship the following year. Candidates will be notified by **December 31** if an interview is being offered.

Interviews are conducted in both an individual and group format. An hour long informational meeting precedes the interviews and offers the applicant time to discuss the internship with present and previous interns. The interviews are scheduled on various dates between mid-December through January.

INTERVIEW PROCEDURES



For the 2022-2023 training year, all interviewing will be conducted via a virtual format using Zoom. No candidate will be permitted to interview in person so as to maintain a standard of fairness for candidate consideration. All elements of the interview process that we have used throughout the years will be maintained to the best of our abilities. Therefore, candidates that are selected to interview with Ascension Illinois should expect to “be” with us anywhere from 6 to 7 hours to complete the process. The interview process will include the following components:

- Initial Introductions
- Training Dept Presentation
- Group Interviews
- Writing Exercise
- Individual Interviews
- Informal meeting with Current Interns
- Q & A Time with DoT

Please direct any communications to the Psychology Internship Program Director via e-mail:

Anthony Gorrie, Psy.D.
Director of Psychology Internship Training
anthony.gorrie@amitahealth.org