

Predoctoral Internship in Clinical Psychology 2017 - 2018 Training Year Brochure



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*The HPC Predoctoral Internship Program is accredited by the
American Psychological Association*

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**Richard H. Hutchings Psychiatric Center
Predoctoral Internship in Clinical Psychology**

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Hutchings Psychiatric Center

The Richard H. Hutchings Psychiatric Center (HPC) is a comprehensive, community-based mental health system serving the ten county region of Central New York. The Hutchings main campus (consisting of inpatient, outpatient and specialty units) is a series of townhouse-like buildings which were designed to blend into their surroundings and enhance a sense of integration within the community. Hutchings provides services to moderately and severely mentally ill individuals and their families in a community-based setting. Hutchings provides inpatient services for children, adolescents and adults. All services are under the auspices of the New York State Office of Mental Health.

Services for adults are organized around the recognized needs of this age group. Hutchings has three inpatient units for individuals who require this level of service. Hutchings also provides adult outpatient services at two clinic settings, which enable HPC to fulfill the mandate of providing services in the most accessible and least restrictive setting possible. A wide variety of specialized rehabilitative, social, and supportive housing programs, including day programs and vocational services, augments the therapeutic services. HPC fulfills its mandate to care for the chronically disabled in the community through this network of clinical and supportive programs. The broad range of adult outpatient and rehabilitation programs serves a population with a full range of psychiatric disorders. The key role of these centers in the HPC system is reflected by the fact that at any given time, fewer than ten percent of the 1300 patients served by HPC reside on inpatient units.

The Children and Youth Services (CYS) Unit provides inpatient services for children and adolescents from a six county region of Central New York. An education program is provided for all child/adolescent inpatients. In addition, the CYS Outpatient Clinic provides services for youth ages 5 through 18 years.

Psychology Department

The faculty of the internship consists of the members of the Hutchings Psychiatric Center Psychology Department (10 psychologists), 3 psychologists from the Onondaga County Department of Children and Family Services Day Treatment Program for Children and Adolescents, and 8 psychologists from Central New York Psychiatric Center Forensic Sex Offender Treatment programs. All faculty members possess doctoral degrees and provide direct psychological services at their worksites. The faculty members reflect a wide range of interests and orientations to clinical work, although there is an overarching, general commitment to evidence-based treatment.

Clinical Psychology Internship Program

Training Philosophy and Objectives

The Hutchings Psychiatric Center APA-accredited predoctoral internship in Clinical Psychology is designed to systematically further the development of the core skills of clinical psychology. We promote functional and foundational competencies in an ethically competent and culturally sensitive way, applied within a community-based system of public mental health services. Interns select their rotations from a variety of treatment settings and patient populations (one precommitted and one or two electives). On-site supervision is emphasized throughout the internship and in all rotation experiences. Interns also participate in a series of treatment, evaluation, and professional issues seminars, designed to provide knowledge, skills, and conceptual integration to augment and enhance the rotation experiences.

The internship is a function of the HPC Psychology Department and its Training Faculty. While all Licensed Psychologists within the Department (and affiliated agencies) are not simultaneously involved in direct teaching or supervision of interns, all are available for such purposes. Program policy is formulated by the Training Committee under the leadership of the Director of Training.

Our conception of the internship program is based on the internship's vital role in preparing individuals to become entry level clinical psychologists. The academic program provides an extensive foundation in knowledge, research, and clinical skills. The internship complements this emphasis as it provides advanced experience as a practitioner within the **Local Clinical Scientist Model of Training**, [See Stricker, G. & Trierweiler, S.J. (2006). The local clinical scientist: A bridge between science and practice. *Training and Education in Professional Psychology*, 5(1), 37-46. Doi:10.1037/1931-3918.S.1.37] with a particular focus on professional development that is individualized for each intern. As local clinical scientists, our interns will be trained to "...think like a field scientist" and apply an empirical, scientific method to a local clinical problem, i.e., a particular, real-life situation occurring in the daily context of applied clinical practice. Thus, Psychology interns trained in this model will experience psychotherapy "...as the laboratory for the clinician and [an endeavor which] must be approached with the same discipline, critical thinking, imagination, openness to falsification, and rigor that characterizes the scientist in the traditional laboratory. This is not to say that psychotherapy itself is a science, but that psychotherapists can act like scientists and, by doing so, further hone their craft to the benefit of the patients they serve" (Stricker & Trierweiler, 2006, p. 41). In doing psychotherapy as a "field scientist", the local clinical scientist collaborates with clients to study the problems that brought them to therapy and the unique factors influencing those problems. Together, therapist and clients engage in a systematic process of problem identification, data collection, elaboration of potential solutions, development and implementation of an action plan and evaluation of the effectiveness of the implemented action plan. This process is repeated throughout the course of therapy and is embedded in an evidenced-based and theoretically rigorous practice. The therapist adheres to a scientific attitude characterized by

- Openness and receptivity to a multiplicity of approaches to the problem.
- Empirical support; this is valued greatly, but is tempered by skepticism about any foreclosed certainty.
- Awareness of personal biases, as these serve to shape and distort local observations.
- Attunement to the ethical implications of interventions, which can take on unexpected meanings in local setting.
- Need for collegial interactions and feedback (Stricker & Trierweiler, 2006, p. 42).

Psychology interns trained within the Local Clinical Scientist Model recognize that scientific observation in clinical work is a complex, multi-dimensional process: Thus,

“All empirical scientific work rests on observational skills. Shakow described four specific observational skills that are essential for good psychologists, whether we describe them as scientist-professionals, as thinking clinicians, or as local clinical scientists. These types of observation are objective observation (observation from the outside), participant observation (including an understanding of the reciprocal effects of the observer and the observed), subjective observation (empathic observation or intuition), and self-observation (self-examination). It is the breadth and depth of these skills, addressed to immediate clinical problems but imbued with the scientific approach and attitude, that constitute the heart of the activity of the local clinical scientist” (Stricker & Trierweiler, 2006, p. 41).

This conceptualization of the internship, as a final step in the development and integration of clinical skills, underlies the following overarching **training objectives**:

Objective One

Our first objective is for all interns demonstrate competence with a range of core treatment modalities (individual, family and group) as applied to the seriously mentally ill population. This objective is measured in our intern evaluation materials, completed by each rotation supervisor at the end of every three months, and reviewed with the intern.

Objective Two

Our second objective is to assure that all interns demonstrate proficiency in the administration and interpretation of a full range of core assessment techniques and strategies for individuals diagnosed with serious mental illness. This objective is measured in our intern evaluation materials, completed by each rotation supervisor at the end of every three months, and reviewed with the intern.

Objective Three

The third objective is to have interns demonstrate advanced skill proficiency in individually defined modalities, populations or professional functions that are consistent with the intern’s background, interests and career plans. Each intern defines (at the beginning of the internship) any additional core modalities that they wish to develop or enhance during the internship year. At that time, strategies to evaluate this objective are also defined.

Objective Four

Our fourth objective is to provide the intern with a variety of experiences in effectively and sensitively applying professional skills in a variety of treatment settings and to graduate interns who demonstrate respect for and understanding of cultural and individual diversity. We believe that the direct experience of providing services to varying clinical populations results in an increased awareness of the vital importance of both cultural factors and human differences to service delivery. This value is part of the rationale for the rotation system, which requires the intern to elect one precommitted full year rotation and one additional full-year (or two half-year elective rotations). This objective is measured in our intern evaluation materials, completed by each rotation supervisor at the end of every three months, and reviewed with the intern.

Objective Five

Our fifth objective is the development of a professional identity as an entry-level clinical psychologist including the ability to articulate a clinical position and demonstrate professional self-awareness in a variety of situations, the ability to bring to a team of practitioners the unique perspective of psychology, as a scientifically based practice and a clinically informed science, and the ability to apply evidence based practices in the context of local knowledge and the specific needs of those with severe mental illness. Such identity must be based on a capacity to practice in an effective and autonomous manner. It is based further on identification with psychology role models and an introjection of this profession's values, ethics, and standards for professional practice. This objective is measured in our intern evaluation materials, completed by each rotation supervisor at the end of every three months, and reviewed with the intern. In addition, interns are asked to fill out self-report evaluation materials at the beginning and end of the internship, which assist in evaluating this objective.

These objectives are also achieved through core seminars and complementary experiences on rotations. Required seminars include a Treatment Series, an Evaluation Series, and a Professional Issues Series that run concurrently. These are described below. In addition to the core seminars offered at HPC, interns may attend Grand Rounds offered by the Psychiatry Department at SUNY Upstate Medical University and Satellite Grand Rounds offered by the NYS Office of Mental Health.

In order to achieve this objective, the internship is structured to gradually allow each intern to function with increasing independence over the course of the year. In the beginning on each rotation, interns are closely supervised as they familiarize themselves with the rotation setting and expectations. This may involve observation of the supervisor (for example in groups or intakes) and assuming clinical responsibilities with close consultation with the supervisor. As the year progresses, the intern is gradually able to assume clinical tasks with less reliance on supervision. By the end of the year it is expected that the intern will be ready to assume the independent clinical functioning that would be expected of an entry-level professional in this setting (and the supervision may gradually become more consultative in nature).

Adjunctive Experiences – Following the orientation, each intern is able to identify additional activities that they would like to add to their experience. The options include research activities, program evaluation, staff training, consumer involvement, and additional clinical areas of focus (e.g., developing a new group, specific assessment strategies, outcome measures, etc.) These adjunctive experiences can be developed in conjunction with the training director. Each intern may fill out one or more Adjunctive Experience Proposal forms that include information about the project's connection to the intern's competency enhancement and internship goals. Typical adjunctive experiences are crafted to require approximately three hours per week.

To aid in the development of professional standards and awareness of professional issues, the Director of Training and other faculty meet with the interns in a series of seminars on professional issues, including ethics, codes of professional conduct, current legal developments affecting professional practice, standards for delivery of psychological services, and credentialing processes. Multi cultural issues are also a part of the core curriculum of this seminar series. Interns are exposed in the Department and on their rotations to a variety of role models, and are urged to discuss issues related to their professional development with supervisors at the work site. Interns assume a position of responsibility in relation to the training program. They are vitally involved in the process of evaluating the program and elect a member to the Training Committee. They participate in the interview process for the next class of interns. Finally, every attempt is made to establish the intern at the rotation site as a fully participating member of the interdisciplinary team rather than as a student or assistant to the staff psychologist.

Internship Structure

The APA-accredited predoctoral internship in Clinical Psychology is designed to provide advanced training in the core skills of clinical psychology as they are applied in a comprehensive system of mental health services including both community-based and forensic settings. HPC has originated a series of internship experiences based upon broad areas of interests. For the 2016-2017 training year, we anticipate funding for **six** internship positions within four distinct tracks as described below: After interviewing for the internship (in January 2016), each applicant will decide whether she/he would like to be considered for any or all of these tracks (each of the following will be represented by a distinct 5 digit program code within the APPIC Match system):

- **Hutchings Psychiatric Center (HPC Child) – one slot**
- **Hutchings Psychiatric Center (HPC Adult) – three slots**
- **HPC-CNYPC Forensic Civil Commitment SOTP – one slot**
- **HPC-CNYPC Forensic Prison Based SOTP – one slot**

The intern who matches to the HPC Child track is committed to completing a major (two days/week) rotation within one of the programs' three Child/Adolescent training sites (inpatient, outpatient, or day treatment as described below). She/he will select an additional rotation from among all of the other available (Child/adolescent, Adult, or Forensic) rotation sites described below.

All of the applicants who successfully match with the HPC Adult track will complete a major (two days/week) rotation on one of HPC's Adult (inpatient or outpatient) services and will select an additional rotation from among all of the other available (Child/adolescent, Adult, or Forensic) rotation sites described below.

Both applicants who successfully match with one of the HPC-CNYPC Forensic Sex Offender Treatment tracks will complete a major (two days/week) rotation within the specific program to which they matched (Prison-Based Sex Offender Treatment Program or Civil Commitment Sex Offender Treatment Program) and will select an additional rotation from among all of the other available (Child/adolescent, Adult, or Forensic) rotation sites described below.

Given the variety of sites, interns are typically able to secure their choice of elective rotation(s). Staffing patterns, the need for adequate supervision, the need for licensed supervisors, and demand for a particular rotation may at times require negotiation. Based on Interns' training needs and desires, the operational needs of particular services, and the availability of on-site supervision, interns may opt for two successive 6-month elective rotations (2 days/week) at different sites or one year-long (2 days/week) elective rotation at a single site. The rotation structure provides interns with an extensive and intensive experience in their primary area of interest as well as the opportunity to receive more broad exposure to other clinical populations, clinical problems, or treatment modalities.

The selection of each intern's rotation sites is based on the intern's own formulated objectives as reviewed with the Training Director. Each intern further discusses with his/her supervisor the types of experiences he or she wishes to have, and the objectives to be met by the rotation. Since we feel that intensive supervision is essential to the quality of training, we have set the minimal standard of two hours per week of direct supervision (at least one hour of which is individual) for each rotation site. In the selection of rotation sites, our approach is to give interns a full range of choices within two general guidelines. First, the rotation sites must be consistent with a plan to achieve competencies and the overarching internship objectives, within a framework of articulated career objectives and

goals. In addition, their choices must represent a diversity of treatment settings and client populations. We generally recommend that interns who have not had experience in an inpatient setting obtain this experience during the internship year. To enable the intern to make an informed choice within the framework of longer-term goals, the first two weeks of the year are spent in a comprehensive tour of the Hutchings and affiliated agencies, including not only potential rotation sites but also other elements of the support network.

In requiring that interns work with a diversity of populations, our goal is to assist them in developing a productive understanding of the manner in which human differences influence the delivery of psychological services. A unique variety of experiences are available including comprehensive services to children, adolescents and adults. Clients of Hutchings and the affiliated agencies include: the elderly, the chronically impaired, persons in acute distress, persons with both major psychiatric disorders and substance abuse, persons of both rural and urban backgrounds, persons of both lower and middle socioeconomic class, persons of diverse ethnic and racial backgrounds, and sex offenders who have been evaluated as high risk to reoffend. To assist in understanding the diversity encountered on the rotations, the Psychology Department meets periodically as a group for presentation and discussion of current issues of human difference.

Supervision

Supervision is seen as the core of the internship experience. Therefore, interns are regarded as trainees and their direct service responsibilities are always assigned with particular attention to their individual training needs. Interns receive one to two hours of individual face to face supervision weekly on each rotation they select as well as additional supervision on each rotation (totaling a minimum of four hours of weekly supervision and two hours of weekly individual supervision). In addition, each intern receives in-depth supervision on psychological assessment batteries.

Interns are also responsible for presenting one case to the Case Conference Seminar in which other interns and seminar leaders provide group supervision. The therapeutic orientations and supervisory styles among the training staff are varied and an attempt is made to match supervisors with the particular needs and preferences of each intern. Supervision is typically based on intern report, direct observation, audiotapes, videotapes and/or progress notes of each session. The Psychology Department's model of supervisory training encourages the growth of each intern, provides quality professional role models, and emphasizes the development of the psychologist as an emerging professional.

All interns will have sufficient supervision with licensed psychologists to meet the requirements for licensure within New York State.

Intern Competencies

Initially, each intern and their rotation supervisor contract for a mutually agreeable set of rotation goals and objectives that reflect progress toward the five overarching internship goals. Intern and supervisor activities and expectations are then developed which facilitate the implementation of these goals. Interns and supervisors formalize this process by signing the Intern Rotation Contract.

Each intern's performance is evaluated at regular three-month intervals by their supervisors utilizing a standard form that asks for progress, difficulties, or revisions of any internship goals or objectives.

In addition, interns are rated on areas of competencies. These areas include:

1. **Foundational Competencies:**

1. Professional Interpersonal Behavior
2. Seeks Consultation/Supervision
3. Uses Positive Self- Care and Coping Strategies
4. Professional Responsibility and Documentation.
5. Efficiency and Time Management
- 6 Knowledge of Ethics and Law
7. Sensitivity to Patient Diversity
8. Reflexivity and Awareness of Own Cultural and Ethnic Background

2. **Functional competencies :**

9. Diagnostic and Formulation Skill
10. Psychological Test Selection and Administration
11. Psychological Test Interpretation
12. Assessment Writing Skills
13. Assessment Feedback Presentation Skills
14. Patient Rapport
15. Patient Risk Management and Confidentiality
16. Case Conceptualization and Treatment Goals
17. Therapeutic Interventions
18. Effective Use of Emotional Reactions in Therapy (Countertransference)
19. Group Therapy Skills and Preparation
20. Seeks Current Scientific Knowledge
- 20-A. Maintains an awareness of individual patients' needs, preferences, strengths, and weaknesses while using science- based principles of change and evidence based treatments.
21. Consultative Guidance

22. Supervisory Skills

23. Development of Clinical Position

Each of the Competencies is rated according to a key that provides anchors for each of the ratings. For intern evaluations done prior to the completion of the internship, it is expected that the intern will be rated at a level of competence of **I** (intermediate) or higher. By the end of the internship it is expected that at least 80% of the competency areas will be rated at level of competence of **HI** (high intermediate) or higher, as the intern is then expected to demonstrate the level of competence expected of an entry level professional. Interns also are asked to evaluate their own competencies using this format at the beginning and end of the year,

It is expected that the evaluation process will be collaborative and will involve meeting with the intern to review feedback and any recommended changes to the intern's contract and/or activities. The last section of this form includes room for a global evaluation in narrative form, an overall rating regarding achieved expectations, signatures, and dates for both intern and supervisor. Space is provided for the intern's optional comments.

The Director of Training provides a midyear and final evaluation narrative report to the intern's graduate training program based upon feedback from each intern's immediate supervisors.

Rotation Options

Note: Rotations may not be available on each individual worksite based on staffing issues and other factors. However, a wide variety of settings (e.g. adult inpatient, adolescent outpatient, etc.) will always be available.

I. HPC Adult Inpatient Services

Adult Inpatient Services consist of three units located in Buildings Two, Five and Eight. Each of the units has a specific function and role in the overall facility, although there is significant overlap in client population. The HPC inpatient program emphasizes treatment and rehabilitation services, designed to assist residents in attaining psychiatric stability as well as skill and resource development necessary for successful community living. Populations served include the following:

Building Two (TU2) is a 47 bed unit serving adults age 18 and older. The unit is organized to accommodate older and often more medically compromised patients. Team members represent various disciplines including psychiatry, medicine, nursing, psychology, social work, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual/group therapy and therapeutic programming to assist each person in their recovery process. The unit also specializes in medically frail and elderly populations. The average length of stay of current patients on this unit is approximately two years.

Building Five (TU5) is a 25 bed inpatient unit serving adults age 18 and older. Team members represent the disciplines of psychiatry, medicine, nursing, psychology, social work, education, rehabilitation counseling, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual therapy, group

therapy, family involvement and therapeutic programming to assist each person in the recovery process. This unit also specializes in serving Forensic and Criminal Procedure law populations.

Building Eight (TU8) is a 47 bed inpatient unit serving adults age 18 and older. Team members represent various disciplines including psychiatry, medicine, nursing, psychology, social work, education, rehabilitation counseling, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual therapy, group therapy, family involvement and therapeutic programming to assist each person in the recovery process. The average length of stay of patients on this unit is approximately one year and six months.

II. HPC Adult Outpatient Services

The Madison and Washington Street Clinics consist of staff representing multiple disciplines that provide clinical and case management services.

The services available from each clinic include:

- Psychiatric assessment and diagnosis.
- Treatment and rehabilitation planning which emphasizes consumer-focused goal setting.
- Psychotropic medication therapy.
- Goal-oriented counseling, supportive counseling and psychotherapy.
- Education designed to assist the consumer to understand and effectively manage his/her illness.
- Integrated services designed to meet the needs of the mentally ill chemical abuser.
- Twenty-four hour crisis services.
- Case management.
- Wellness programs.

Specialty services available include:

- Spanish-speaking services at Washington Street Clinic
- Trauma Survivor services including Dialectical Behavior Therapy
- Geriatric Services provided to elderly outpatients.

III. HPC Children and Youth Services

Hutchings' Children and Youth Services (CYS) includes both inpatient and outpatient programs.

Children and Youth Inpatient Services - The **Children and Youth Services (CYS) Unit** consists of 23 beds serving children and adolescents who are exhibiting behaviors indicative of serious psychopathology (e.g., suicidal threats/gestures, assaultive behaviors, psychosis). Youth are admitted into this acute care unit for stabilization, evaluation, and short-term treatment. The average length of stay of current patients on these units is approximately three weeks. A multidisciplinary team assesses and develops an individualized treatment plan focused on stabilizing acute symptoms and fostering the development of adaptive coping skills with the goal of discharging the child or adolescent back to the family and community as soon as possible.

Children and Youth Services Outpatient Clinic – The multidisciplinary treatment team within the **CYS Outpatient clinic** consists of psychiatrists, clinical social workers and one licensed

psychologist. The clinic provides individual, group, family and play therapy as well as pharmacotherapy to moderately to seriously disturbed children and adolescents from 5 to 18 years old. The enrollment of the clinic is about 300 youths.

IV. Affiliated Agencies

Central New York Psychiatric Center Forensic Sex Offender Treatment Programs

The New York Office of Mental Health (OMH) serves a diverse population of individuals who have committed sexual offenses. Pursuant to 2007 legislation authorizing OMH to accept custody and confine sex offenders deemed dangerous by a Court (Article 10 of Mental Hygiene Law), secure treatment programs were created. Treatment services are individualized and strength-based, with the intended outcome of reducing the offenders' risk of sexually re-offending, while promoting growth in key areas such as treatment engagement, self-regulation, managing sexual deviancy, and developing pro-social attitudes and behavior.

Treatment targets include the following:

- Sexual deviance
- Sexual self-regulation difficulties
- Antisocial orientation
- General self-regulation difficulties
- Intimacy deficits
- Poor treatment/supervision compliance
- Poor pro-social supports/activities

Facilities available for major and elective rotations include the following:

Civilly Confined Sex Offender Treatment Program (CCSOTP) – The CCSOTP is a maximum security facility for sex offenders who have been deemed dangerous by a Court (i.e., have demonstrated a pattern of sexual offending and other risk factors such that they have been civilly confined after completion of a prison sentence). The facility participating in the internship is a 280 bed program in Marcy, NY (approximately 50 miles east of Syracuse) serving a population of men ages 23 to 82. Specialized treatment tracks have been designed to meet the needs of offenders with serious and persistent mental illness, cognitive impairment, or psychopathy. Annually, 4% of program participants have been able to demonstrate sufficient progress in treatment for the Court to find that they can be managed in the community.

Prison Based Sex Offender Treatment Program (PBSOTP) – The PBSOTP provides treatment services to high-risk sexual offenders during the last 24 months of their prison terms. The inmates in this program have been evaluated by OMH as likely to meet criteria for civil management upon discharge from prison. This intensive treatment program has been designed to offer inmates the opportunity to address their risk factors during incarceration that would otherwise likely propel them into civil confinement after completion of their prison term. The facility participating in this rotation is a program for 150 inmates within Marcy Correctional Facility, a medium security facility in Marcy, NY (approximately 50 miles east of Syracuse.)

Onondaga County Department of Children and Family Services Day Treatment Program for Children and Adolescents:

The Onondaga County Day Treatment Program (located at 4641 Kasson Rd., Syracuse; 9 miles from the Hutchings campus) provides intensive mental health treatment for children and adolescents between the 5 and 18 years of age who reside in Onondaga County. The program provides comprehensive services to address the emotional, behavioral, psychological, social, medical and academic needs of children and adolescents who are experiencing significant difficulty functioning at school, home and community. Children and adolescents participate in program daily in lieu of attending a typical school program. The program operates year round. Family participation and collaboration are an integral part of the Day Treatment Program. Children and adolescents are referred to Day Treatment by their home school district's Committee on Special Education. Once a referral is made, an evaluation is scheduled to determine if day treatment services will meet the child/adolescent's needs.

V. HPC Specialty Units and Services- Involvement with these units and services may be available in conjunction with other Internship rotations. Some of these entail work with specialty populations; others provide training in evaluation, research, teaching, and program development.

Education & Training - Learning and training at HPC is designed to improve the quality of job performance and to provide all facility staff and consumers (and their families) with skills to work effectively as partners in a managed care delivery system. The Education & Training Department is responsible for providing orientation, mandated and continuing education opportunities through a team training approach. Interns are invited to attend all offerings and to participate as trainers in areas of interest and expertise.

Program Evaluation - This department provides information and data-based evaluation studies to facility, Regional Office and Central Office personnel in support of administrative and clinical decision-making and planning processes. This mandate necessarily assumes many forms and ranges from the provision of aggregate patient data to sophisticated research such as studies of treatment outcomes and of the population "at risk". In addition, some of the department's staff provide support in developing continuous quality improvement programs.

Member Support Services (MSS): This program provides a wide variety of social, recreational, respite and educational services at a single location. Unlike a traditional day treatment program, consumers are not expected to attend for a prescribed number of hours each day, but rather to attend activities selected for their individualized schedules. In this way, it is a program which is intended to support consumers in making choices about what is considered helpful. This program's mission is to offer a continually evolving set of services which is responsive to consumer's needs and desires.

Seminar Series

The basic seminar series is required for all interns. Most seminar meets for two hours per week for a specified number of sessions. These seminars are typically held on Wednesdays, which gives all interns the opportunity to spend one day a week together, furthering intern interaction and socialization. This combination of seminars and rotation experiences provides the vehicle by which interns acquire and practice the application of psychological concepts and scientific knowledge to the professional delivery of psychological services.

Treatment Series

Seminar on the Process of Becoming a Therapist – In this seminar participants will be encouraged to examine the various influences which shaped their decision to become a therapist, how their work as a therapist has developed over time, the evolution of their current beliefs about how therapy works and how people change, and in what theoretical/philosophical direction they now see themselves moving.

Case Consultation Seminar - This seminar affords interns the opportunity to follow one of their own cases for an extended period of time, and also to have the opportunity to be involved in peer supervision. Seminar leaders, guest psychologists, and other interns as participants will discuss and provide feedback on all cases presented.

Dialectical Behavior Therapy Seminar – This seminar reviews the philosophy and assumptions underlying Dialectical Behavior Therapy, the Skills Modules and DBT Adherent and DBT informed treatment.

Cognitive Processing Therapy Seminar – This seminar entails a review of the processes underlying the development of Post-Traumatic Stress Disorder, and an overview of the rationale and steps involved in providing CPT to treat PTSD.

Evidence Based Treatment for Schizophrenia – This seminar reviews a number of evidence-based strategies for working with the seriously mentally ill population.

Seminar in Group Therapy - Using a discussion group format and experiential exercises, this seminar aims to familiarize participants with the following issues: reasons to treat people in groups rather than individually, whether some people are better treated in groups, different types of groups, considerations in forming a therapy group, stages of group development, the role of the group therapist, analysis of the group process, interpretation and other techniques used by the group therapist, and special problems encountered in group process.

Psychoanalytic Seminar - This seminar will provide an overview of contemporary psychoanalytic diagnosis and treatment using readings, videotapes and case discussions. Some review of historical issues will be delineated to provide a context for contemporary perspectives.

Sex Offender Treatment Seminar – This seminar will provide background into the history of sex offender treatment and the evolution of the field to the current use of empirically supported treatment methods. This will include discussion of community management strategies for high-risk sexual offenders.

Therapeutic Boundaries Seminar – This seminar is designed to provide interns with strategies to establish and maintain therapeutic boundaries with individuals whose pathology involves challenging therapists' boundaries. It will include discussion of therapists' emotional responses to clients' attempts to challenge their boundaries, managing those responses while maintaining a therapeutic alliance, and strategies to address clients' behaviors.

Evaluation Series

Seminar in Psychological Assessment - This advanced seminar in psychological assessment assumes a basic knowledge of administering and scoring the most popular clinical testing instruments. The seminar will involve a brief overview of the administration and scoring of tests and then will emphasize the application of deriving and integrating hypotheses from major testing tools: e.g. MMPI, MCMI, Rorschach (R-PAS with some Exner review for those interested), and others, as well as the integration of personality and cognitive testing. The focus will be on both child/adolescent, and adult assessment. Final sessions will involve special topics relevant to testing and the analysis of several testing batteries, each to be presented by interns.

Neuropsychology Seminar - This seminar reviews neuropsychological assessment as it is used to respond to referral questions in this setting

Sex Offender Assessment Tools Seminar – This ongoing seminar provides training about empirically supported instruments for the assessment of sexual deviance, how to identify the symptoms of paraphilic disorders and provide reliable diagnoses of these sexual conditions, assessing psychopathy, and evaluating risk of sexual and violent recidivism.

Professional Issues Series

Self-Care Seminar – This seminar will provide tools to identify personal and professional stress and vicarious trauma that might result from treating people who have experienced highly stressful events or committed violent acts towards others. The ways in which vicarious trauma might be expressed given a therapist's work, personal history, coping strategies, and support network will be explored. The goal is to develop an understanding of personal responses to the work and to develop individual ways of coping with and transforming the experience.

Ethics Seminar – This seminar is offered in conjunction with the internship at SUNY Upstate Medical University and involves discussion of Ethical Issues and dilemmas faced by psychologists

Diversity Seminar – This seminar takes place throughout the year. The emphasis is on bringing didactic knowledge of diversity into the clinical settings and being aware of many aspects of diversity as it impacts personal and professional functioning

Program Evaluation Seminar – This seminar provides an overview of Program Evaluation as it is applied in a Public Mental Health Settings and familiarizes interns with resources to be employed in evaluating programs and outcomes.

Professional Issues Seminar – This ongoing seminar addresses issues related to the role of psychology, both within our affiliate agencies and in a more general sense. We discuss professional organizations and opportunities, and the changes that impact our profession. This seminar is led by the Training Director, with other faculty members participating throughout the year.

Additional seminars may be offered. Please note that these seminars may change depending on staffing and interns' interests. They include:

Group Supervision in Family Therapy – Facilitated by Dr. David Keith, Professor of Psychiatry and Behavioral Sciences at Upstate Medical University, this seminar (which utilizes a discussion/case consultation format) is designed to provide participants with a family systems perspective and exposure to family process interventions, most particularly within the symbolic-experiential tradition. Interns are invited to discuss their cases. Dr. Keith and other participants teach and role model a way to talk about clinical work based on each clinician's personal experience.

Motivational Interviewing Seminar: This seminar reviews the application of motivational interviewing (MI) to our population and provides interns the opportunity to learn and apply MI strategies with patients.

Seminar in Psychopharmacology - This seminar conducted by a Hutchings psychiatrist presents interns with a basic understanding of psychopharmacological principles and discussion of medications commonly used in an acute psychiatric setting and within a recovery framework.

Seminar in Substance Abuse - This seminar will address the following: basic concepts associated with drug use (e.g., tolerance, withdrawal, addiction); major substances of abuse, focusing on behavioral and emotional effects; current biopsychosocial understanding of drug abuse; and a presentation of issues relevant to the treatment of Mentally Ill Chemical Abusers.

Additional Educational Opportunities Numerous other educational opportunities are also available in the form of half-day, daylong, and luncheon presentations, sponsored by HPC, Central New York Psychological Association, SUNY Upstate Medical University, Syracuse University, St. Joseph's Hospital, as well as other local community agencies.

Additional Resources

In addition to being responsible for meeting the training needs of HPC staff, the *Education & Training Department* also provides educational services to the community in relation to topics involving mental health. Its resources include classroom space and a library. These resources are available to interns who may wish to undertake a project involving staff or community education.

The HPC *Department of Program Evaluation* and Applied Research also offers the opportunity for interns to become involved in ongoing evaluation and research activities or to receive technical assistance in the intern's own project.

HPC is adjacent to a medical-educational complex, which includes *Syracuse University, SUNY Upstate Medical University, Syracuse Veteran's Administration Hospital, and Crouse-Irving Memorial Hospital*. Both SUNY Upstate Medical University and The Veterans Administration Hospital also have APA Accredited Psychology Internships. Interns also have the option of attending seminars, conferences and Grand Rounds conducted at SUNY Upstate Medical University. Interns will have ready access to a variety of library, computer, and educational resources provided by these institutions and are able to attend workshops, colloquia, etc., conducted within the Syracuse professional community.

HPC is centrally located adjacent to downtown Syracuse and is in walking distance to restaurants,

theaters, and community activities.

The Community and Surrounding Area

Metropolitan Syracuse has a population of approximately 700,000 and is located in the central part of New York State. Syracuse serves as the cultural, educational, and recreational center for the region. Syracuse has an abundance of cultural resources, including art and science museums professional theater (e.g., Syracuse Stage, located adjacent to the HPC campus), a film festival, numerous concerts, ethnic festivals, etc. In recent years, there has been a great deal of development in downtown Syracuse, particularly in an area (Armory Square) with many shops and restaurants and festivals. Marcy, NY is within the Utica, NY metropolitan area which has a population of 300,000. Marcy is approximately 50 miles from Syracuse.

Syracuse and Utica are surrounded by hills and are a short drive to the Finger Lakes region, which is the wine region of New York and where there are several state parks with Waterfalls, hiking trails, and other recreational activities. Numerous ski resorts, the 1000 Islands and St. Lawrence River region and the Adirondack Mountains (the largest state or national park area outside of Alaska) are also nearby. Syracuse and Utica are quite centrally located with direct connections to most major cities by air. In addition, long distance and regional bus companies service the area, as does Amtrak. Syracuse and Utica are easily within a one day automobile drive of the major metropolitan centers of the Northeast including New York City, Boston, Montreal, and Toronto.

The area is served by three local television stations, and numerous AM and FM radio stations. A major Syracuse newspaper, plus a weekly alternative paper also serve the area.

The Syracuse and Utica areas offer a wide variety of houses, apartments, and townhouses in an affordable price range.

Training Period and Salary

The internship year begins on Friday, September 1, 2017 and ends on Friday, August 31, 2018. The current average salary for interns at HPC is approximately \$32,000 per year.

Time off is accrued throughout the internship year for vacation and sick leave at one day for each four week work period. In addition, there are 12 paid holidays and five personal leave days awarded. Please note that vacation time, although accrued, cannot be utilized until the seventh month of employment. Due to a lag payroll system, interns' first paychecks are issued about three to four weeks after the beginning of the internship.

Application Requirements

Applicants should be members in good standing in an APA-accredited doctoral program in Clinical or Counseling Psychology.

Hutchings Psychiatric Center (and the New York State Office of Mental Health) is an affirmative action, equal opportunity employer and abides by all laws pertaining to fair employment practices. Established policies regarding race, color, religion, creed, age, gender, national origin, ancestry, marital status, physical or mental disability, veteran status or sexual orientation are in place to ensure equitable treatment of all employees and applicants. Policies also have been established which ban sexual

harassment and/or intimidation, including verbal harassment or abuse, demands or subtle pressure for sexual activities or favors. The Psychology Department and Internship Training Program are committed to respecting and understanding cultural and individual diversity in its admission and training policies and the program is committed to the recruitment of culturally and ethnically diverse interns. Inquiries and applications are encouraged from all qualified individuals.

Application Process

The following application materials are to be provided consistent with the APPIC AAPI online process:

- AAPI application form (**download from APPIC web site: www.appic.org**)- **Please include in your cover letter information about which position(s) you are considering (HPC Adult, HPC Child, Forensic Civil SOTP and/or Forensic Prison SOTP)**
- **Official** university graduate transcript
- Curriculum vitae
- Three letters of recommendation

HPC will abide by APPIC guidelines for internship selection. The deadline for all applications is **November 15, 2016**

Hutchings Psychiatric Center agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. HPC will be participating in the APPIC Internship Matching Program.

*All applicants must obtain an Applicant Agreement Package from National Matching Services, Inc. (NMS) and register for the matching program in order to be eligible to match to HPC. You can request an Applicant Agreement package from NMS through the Matching Program web site at **www.natmatch.com/psychin** or by contacting NMS at either of the addresses, phone or fax numbers shown below:*

*National Matching Services, Inc.
595 Bay Street
Suite 301, Box 29
Toronto, Ontario, Canada
M5G 2C2
Telephone: (416) 977-3431
Fax: (416) 977-5020
E-mail: psychint@natmatch.com*

*National Matching Services, Inc.
P.O. Box 1208
Lewiston, NY 14092-8208
Telephone: (716) 282-4013
Fax: (716) 282-0611*

Please Note: Candidates that match to the Internship Program at Hutchings are subject to background checks as a condition of employment with the New York State Office of Mental Health. Specific checks include:

- 1) Screening through the Staff Exclusion List (SEL), which is maintained by the Justice Center for the Protection of People with Special Needs. Persons whose names appear on the SEL as having been found responsible for serious or repeated acts of abuse or neglect will be barred from appointment.
- 2) Investigation through a Criminal Background Check (CBC), which includes New York State and FBI criminal History record checks. Each case will be determined on its own merits, consistent with the applicable provisions of state and federal laws, rules, and regulations. (As part of this process, you will be required to pay a \$102.00 fingerprinting fee, which will be deducted from your first one or two paychecks.)
- 3) Screening through the Statewide Central Register of Child Abuse and Maltreatment (SCR). Among the HPC Employment papers you will receive after matching to the internship is the Statewide Central Register Database Check Form which you will need to complete and return along with a money order for \$25 made out to the NYS Office of Children and Family Services. If you are indicated, you must authorize the indicated report to be released to Hutchings Psychiatric Center. Once a copy of the indicated report is received from OCFS, it will be evaluated on its own merits, consistent with Social Services Law and OCFS recommended guidelines to determine risk to vulnerable persons. Your responsibilities may be modified or your employment/internship terminated due to the indicated report.

Interview Process

Those applicants under serious consideration will be contacted by e-mail no later than **December 15, 2016** to schedule either a telephone or personal interview. A personal interview is much preferred as it provides more data for both parties to make their decision.

Personal interviews will consist of individual meetings with the Director of Training and one psychologist each from Child/Adolescent, Adult, and Forensic SOTP Services. Interviewees will also have the opportunity to meet with the current Intern Class.

Interviews are tentatively scheduled for the following dates:

Wednesday	January 4, 2017
Friday	January 6, 2017
Monday	January 9, 2017
Wednesday	January 11, 2017
Friday	January 13, 2017
Wednesday	January 18, 2017
Friday	January 20, 2017

Up to four intern applicants may be scheduled at each interview time.

Hutchings Psychiatric Center Internship Program Psychology Staff List

Administrative Staff:

Brian K. Thomson, Ph.D. (Southern Illinois University, 1987), Chief Psychologist, Director of Training. Special Interests: child assessment and psychotherapy, adolescent psychotherapy, family therapy, brief systemic/strategic interventions, Rational-Emotive Behavior Therapy and Dialectical Behavior Therapy.

Stacey Stopyro. Psychology Department Administrative Assistant

Adult Services Staff:

Julie Aspenleiter, Psy. D. (University of Hartford, 2000) Licensed Psychologist, Early Intervention Program for First Episode Psychosis. Special Interest: Treatment of Trauma, Projective Assessment, Psychodynamic Psychotherapy and Family Systems.

Catherine Baggett, Psy.D. (Wright State University School of Professional Psychology, 2011) Licensed Psychologist, Adult Inpatient Service. Special Interests: Psychotherapy for Severe and Persistent Mental Illness, Diversity and Multiculturalism in Psychology, Feminist Therapy, and Assessment.

Gregg Engel, Psy.D. (Adler School of Professional Psychology, 2009) Licensed Psychologist, Madison Street Clinic. Special interests: seriously, persistently mentally ill, REBT, criminal personality, group psycho-education, individual therapy.

David Friedman, Ph.D. (University of Arizona, 1987) Licensed Psychologist, Washington Street Clinic. Special Interests: borderline personality disorder/DBT, group psychotherapy, psychodynamic psychotherapy.

Bernice Gottschalk, Ph.D. (Syracuse University, 1995) Licensed Psychologist, Adult Inpatient Service. Clinical Assistant Professor in Psychiatry (Psychology), SUNY Upstate Medical University. Special Interests: Treatment of Trauma, Borderline Personality Disorder/ DBT, Risk assessment, Projective testing, Neuropsychology, Forensic patients in civil setting

Lisa Harrell-Delamater, Ph.D. (Northern Illinois University, 1987) Licensed Psychologist, Adult Inpatient Service. Special interests: Complex PTSD, Autism Spectrum Disorders, Cognitive Behavioral Treatment of Schizophrenia, Psychoanalytic Diagnosis and Psychotherapy, Public Service and Management, Program Design, Implementation and Evaluation.

Patricia E. Wagner, Ph.D. Patricia E. Wagner, Ph.D. (George Mason University, 1992) Principle Psychologist, Madison Street Clinic. Until September 2012, worked with children and youth at HPC. Special interests: Play Therapy (Ginottian), Psychotherapy with Adolescents, Parent Counseling, Assessment, working with Trauma Survivors, Cognitive Remediation.

Children & Youth Services Staff:

Carl VondenSteinen, Psy.D. (Florida Institute of Technology, 1989) Licensed Psychologist, Children and Youth Services Inpatient Unit. Special Interests: psychotherapy with children and adolescents, family therapy, personality disorders/assessment.

Kristyn Saveliev, Ph.D. (Bowling Green State University, 2010) Licensed Psychologist, CYS Outpatient. Special Interests: child and adolescent psychotherapy, treatment of emerging personality disorders and mood dysregulation, DBT, CBT, evidenced-based treatment of psychotic symptoms.

Steven Moore, Psy.D. (Alliant University/CSPP, 2015) Associate Psychologist, CYS Outpatient. Special Interests: adolescents, personality assessment, psychodynamic theory, psychotherapy outcomes, severe mental illness, personality disorder, integrative psychotherapies, liberation psychology and spirituality.

***Onondaga County Department of Children and Family Services
Children's Day Treatment Program***

Jennifer Duncan-Olson, Ph.D. (University of Buffalo, 2007) Licensed Psychologist, Onondaga County Children and Family Services, Day Treatment Program. Special Interests: Underserved Populations, Children and Adolescent Therapy, Evidence Based Trauma Treatments, and DBT.

Althea Henry, Ph.D. (Pacific Graduate School of Psychology, 1997) Licensed Psychologist, Onondaga County Children and Family Services, Day Treatment Program. Special interests: Cognitive Behavioral Therapy for individuals, groups, and families, Psychological assessment and consultation.

***Central New York Psychiatric Center
Forensic Sex Offender Treatment Programs***

Civily Confined Sex Offender Treatment Program:

Thomas Umina, Ph.D. (Temple University, 2006) Deputy Director/Director of Inpatient Operations for Central New York Psychiatric Center (CNYPC). Special Interests: Rorschach.

Shannon Forshee, Psy.D. (Pepperdine University, 2008) Chief Psychologist & Director of Treatment Services, Sex Offender Treatment Program at Central New York Psychiatric Center. Special Interests: Trauma, arousal reconditioning, staff wellness, group skills/dynamics.

Edwin deBroize, Ph.D. (University of Oregon, 1987) Associate Psychologist, Sex Offender Treatment Program at Central New York Psychiatric Center. Special Interests: Trauma, sex offender treatment.

Nancy Ives, Psy.D. (Fielding University, 2015) Associate Psychologist, Sex Offender Treatment Program at Central New York Psychiatric Center. Special Interests: Trauma Psychology, Human-Animal Interaction, Sensory-Motor / Affect Modulation, Police and Public Service.

David Tzall, Psy.D. (Nova Southeastern University, 2015) Associate Psychologist, Sex Offender Treatment Program at Central New York Psychiatric Center. Special interests: attachment and interpersonal theory, family systems, trauma, personality disorders.

Prison-Based Sex Offender Treatment Program (PBSOTP) – Marcy Correctional Facility:

Bud C. Ballinger III, Ph.D. (Texas Tech University, 2000) Unit Chief, PBSOTP. Special Interests: forensic assessment, sexual deviance assessment and treatment, sex offense risk assessment, working alliance in mandated treatment, assessing therapeutic change, community risk management for sex offenders, evolutionary psychology, partner violence.

Christine A. Pallas, Ph.D. (Walden University, 2013). Associate Psychologist, PBSOTP - Marcy Correctional Facility. Special interests: Forensic/sex Offender Assessment and Treatment, Religious Coping Methods in Sex Offender Populations.

Aaron Shupp, Psy.D. (Pacific University, 2004) Licensed Psychologist, PBSOTP-Marcy Correctional Facility. Special interests: Assessment and Treatment in Forensic Settings, Program Development, Ethical Issues, Interpersonal and Gestalt Psychotherapy.

Gavin J. Elder, Ph.D. (Syracuse University, 2014) Associate Psychologist, PBSOTP-Marcy Correctional Facility. Special Interests: forensic assessment; substance use treatment; improving treatment efficacy for individuals high in psychopathy; development and maintenance of therapeutic alliance; group dynamic and process; interpersonal, existential, and psychodynamic psychotherapy.

Adjunct Faculty

Maxine Block, Ph.D. (Arizona State University, 1979), Clinical Assistant Professor in Psychiatry (Psychology), SUNY Upstate Medical University Health Science Center; Adjunct Assistant Professor of Psychology, Syracuse University. Special Interests: Dialectical Behavioral Therapy, wellness issues.