



Morrison

child and family services

Morrison Child & Family Services

**PROMOTING THE WELL-BEING OF
CHILDREN FAMILIES & COMMUNITIES**

Pre-doctoral Internship Program

with a specialization in

Clinical Child Psychology

APA Approved Since 1963

Portland, Oregon

2010-2011

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

(202) 336-5500

MORRISON CHILD AND FAMILY SERVICES PREDOCTORAL INTERNSHIP IN CLINICAL CHILD PSYCHOLOGY

MORRISON CHILD AND FAMILY SERVICES

Morrison Child and Family Services is a private, nonprofit organization serving youth and their families in the Portland metropolitan area. Morrison assists families of children and adolescents ranging in age from infancy to eighteen. Founded in 1947 by Dr. Carl Morrison, Morrison was originally known as the Community Child Guidance Clinic. The name was changed in recognition of its founder and to reflect a shift in service emphasis and expanded scope, which now includes rapid response to crisis situations, outreach to the local community, and a focus on entire family units. Currently, Morrison operates six major treatment programs from eighteen locations in the greater Portland metropolitan area. In addition, we collaborate with a third community-based program as part of a broader Federation of child-serving organizations. Programs include a variety of outpatient, day treatment, and residential services. Morrison is nationally accredited through the Council on Accreditation for Children and Family Services (COA).

INTERNSHIP TRAINING PROGRAM

The Morrison Predoctoral Internship is an American Psychological Association (APA) approved, exempt internship site and has maintained that status since 1963. This is a full-year, full-time intensive training experience with a child/community focus. Four predoctoral intern positions are anticipated for the 2010-2011 training year.

OUR STRONG COMMITMENT TO THE INTERNSHIP PROGRAM

The internship training program has evolved and changed considerably since its inception in 1957. This evolution has been influenced by social trends, by the contributions of psychology staff and, most clearly, by the interns themselves. Each year training staff and interns review the primary features of the program and make revisions when necessary. However, certain areas of commitment have remained constant:

1. *A Commitment to Training.*

In addition to the substantive training activities of the internship, Morrison provides a number of Federation-wide training opportunities, including monthly educational seminars, psychiatric consulting services for staff, as well as some limited training support funds and leave time. The intern supervisory staff perceives training as a valued opportunity as opposed to an obligation.

2. *A Commitment to Scholarship.*

Morrison has been involved in a number of research grants pertaining to child and family mental health. A Program Evaluation System is central to Federation operations and our accountability standards. Interns have limited potential opportunities to be active in both grant writing and program evaluations.

3. *A commitment to Youth and Family.*

Services are limited to families with children who present mental or emotional problems. The focus is broad in that mental/emotional problems exist within the context of family and community, directly affecting parents/caretakers, siblings or other resident children. Interns are

exposed to a wide variety of clinical populations and community systems within the broad context. They also are exposed to a variety of theoretical orientations and disciplines.

4. *A commitment to Professional Identify.*

Each intern is encouraged to establish an identity as a psychologist which matches or capitalizes on his or her own capabilities, theoretical beliefs, and personality style. While the emphasis on supervision is on understanding the client, it also focuses on the intern as a developing professional, therapist, consultant, and scholar.

5. *A commitment to Cultural Competency.*

Morrison and the internship program are committed to providing culturally competent services. Approximately 10 – 30% of an intern's caseload is likely to be ethnic minorities (over the overall course of the internship year). A Multicultural Seminar focuses on issues of delivering psychological services to diverse populations.

MODEL OF TRAINING

The Morrison Child and Family Services Internship training approach is based on the local clinical scientist model (Sticker & Trierweiler, 1995). We emphasize learning through direct clinical practice under supervision, within the context of formalized seminars, reviewing professional literature, and consultation or conferences with knowledgeable professionals. The intent is the application of a scientific attitude, approach, and knowledge base at the local clinical level in ways that can best serve the needs of the particular client within the community.

INTERN DUTIES AND RESPONSIBILITIES

An intern's time is divided among three main roles. These include:

- 1) Core placement in a community outpatient or specialty treatment program (primary placement)
- 2) Conducting psychological evaluations
- 3) Receiving supervision and training

Over the course of the internship, interns function in an increasingly independent manner. By the end of the internship, interns will function as regular staff with an active caseload, evaluations, and regular consultation responsibilities. Of course, for interns the primary emphasis is on training.

Also of specific note is how Match selection currently occurs at Morrison. Morrison will participate in the APPIC Match, and applicants must obtain an applicant agreement and register for the Match in order to be eligible to obtain a match with our program. Applicants may obtain an APPIC application by downloading it at www.natmatch.com or contacting National Matching Services (NMS) to secure a copy. It is also requested that intern candidates NOT communicate their ranking of the tracks to internship staff/employees consistent with APPIC guidelines. For match purposes our program number is – 152412.

PRIMARY PLACEMENT (60% time)

OUTPATIENT

This program operates at the Irving, Gresham, and SE Division Branches, and serves a low-income population in transition from rural to urban in East Multnomah County. In addition, some outpatient

services are delivered on-site at specific, designated elementary schools which have been identified as serving high risk, low income families.

The C & F program admits more than 3000 families per year. Clients served in this program present with a variety of behavioral and emotional concerns. These concerns include but are not limited to the following: attachment difficulties, dysfunctional family communications, oppositional behaviors, school failure, depression, suicidal behavior, runaways, physical/sexual abuse or neglect, substance abuse, and placement in foster care. Interns typically provide family therapy, play therapy, parent-infant psychotherapy, group therapy, parent consultation, consultation to other professionals, and/or case management services. Clients are often seen in short-term formats including group treatment, but some may need to be seen individually for the duration of the internship year.

Interns' client loads and activities vary depending on the percentage of time they are assigned to this program. Full-time clinic staff average about 24 direct contact hours of service weekly which may include: individual, group and family therapy, case management, and 8 – 10 intakes. This may require working 1 – 2 evenings per week; interns, however, are not expected to be “on call”.

ONGOING ACTIVITIES FOR ALL INTERNS

PSYCHOLOGICAL EVALUATIONS (approximately 10% time)

Morrison Child and Family Services contracts with the State's Department of Human Services to conduct psychological assessments, and also provides evaluations of its own ongoing clients. The written products reflect our philosophical emphasis on an empirical approach to assessment, using procedures and instruments which meet acceptable standards of reliability and validity. Priority is given to the following assessment populations/issues:

- The diagnosis of present or incipient mental issues in child and adolescent populations
- The appropriateness of a child's placement with the natural or foster family or within a residential setting.
- Diagnostic assessment of parents to rule in/out mental illness.
- Dispositional recommendations for children who have been abused.
- Dispositional recommendations for delinquent adolescents convicted of crimes who are diagnosed as having serious mental disturbance.

Interns are expected to complete at least ten comprehensive batteries during the internship year. Intensive staff supervision and support are provided along with a year long training seminar on evaluations.

SUPERVISION AND TRAINING (10% and primary placement time)

Interns receive exposure to a variety of theoretical orientations (structural family therapy, social learning, psychodynamic, interpersonal, cognitive problem-solving, case management, and community-prevention). The emphasis of the training is on delivering quality, accountable service in the complex system of a community mental health organization. Interns can expect two and a half to three hours of direct, one-to-one supervision and two and a half to three hours of group supervision per week. Videotape and direct observation facilities are employed in supervision.

Supervision evaluation is a continuous and mutual process. Interns and supervisors review a monthly tracking guide to ensure that interns are performing at the agreed upon designated level. At the end of each quarter, interns use an intern evaluation form to rate themselves on program competencies.

Supervisors also evaluate interns on a similar evaluation form. The intern and the supervisor then share and discuss the intern's evaluation results. The intern and the supervisor also review the intern's individualized learning plan on a quarterly basis. The intern and the supervisor work together to help the intern to continue or to improve upon the intern's overall performance and to meet his/her individual goals. Informal feedback discussions take place on an ongoing and frequent basis in weekly supervision.

Between three and five hours per week are reserved for seminars. Interns meet monthly with the Training Director and all Psychology Staff to deal with program, pragmatic, personal adjustment and professional development issues. A monthly Journal Club involves each staff member and trainee in selecting and presenting a scientific article for critical discussion. In addition, weekly seminars are organized around specific topics:

- **Professional Issues**
- **Psychological Evaluation**
- **Multicultural competency**
- **Play Therapy**
- **Family Therapy**
- **Process-Oriented Interventions**
- **Supervision**

Applied seminars rely heavily on video presentation and discussion of on-going intern and staff cases. Other training opportunities include monthly all-staff training presentations and some limited support for participation in community workshops off-site.

INTERNSHIP PROGRAM GOALS AND OBJECTIVES

The internship goals and objectives are as follows:

- **Assessment:** to produce entry level psychologists with assessment competencies including reliable and comprehensive diagnostic interviewing skills, knowledge of and skill utilizing valid and appropriate test instruments, and an ability to communicate professionally useful information gathered from the assessment process including diagnosis, case conceptualization, and recommendations.
- **Intervention:** to produce entry level psychologists who have the necessary knowledge and skills to provide psychotherapeutic services to diverse clients presenting with a range of significant psychological problems. Interns will use this knowledge and skill with children and families in community based treatment settings and with consultations and groups in juvenile justice populations.
- **Treatment Skills:** to include diagnosis, case conceptualization, collaborative treatment planning, awareness of interpersonal process issues, attention to legal and ethical factors, and the ability to form a strong therapeutic alliance. The intern is to develop the skills to function within a treatment team and to prioritize research based practices.
- **Supervision/Consultation:** to prepare graduates with the necessary knowledge and skills for entry level professional roles of supervisors and consultants.
- **Local Clinician Scientists:** to produce graduates who understand how empirical findings impact clinical activity. [**Skills include:** acquiring, applying and disseminating knowledge and understanding of the clinically relevant research and literature as it applies to the intern's clinical practice.]
- **Diversity:** to prepare interns for practice within a diverse cultural community by acquiring knowledge of the histories, cultures, norms and values of diverse groups and adjusting their

clinical practice to provide respectful, effective, empathic services to diverse groups, and ultimately to all clients.

- **Ethical and Legal Practice:** to produce graduates who demonstrate ethical and legal practice by teaching ethical and legal principles and encouraging attention to ethical issues in presentations and the clinical situations that arise.
- **Self Awareness:** to prepare interns for the integration of active self-awareness into their psychology practice.
[Skills include: acquiring more knowledge of their personal and interpersonal functioning with clients, supervisors, and peers and modifying their professional functioning to become better able to function effectively, genuinely and responsibly.]

In addition to working toward the goals and objectives, interns also will demonstrate the following competencies prior to the completion of the internship year.

INTERNSHIP COMPETENCIES

✓ Competencies in Assessment:

Evaluation for Psychotherapy: Interns will be able to clarify referral questions, conduct thorough diagnostic interviews, be attuned to legal and ethical issues and risk, and demonstrate knowledge of test administration and interpretation that leads to concise and accurate evaluations of the biopsychosocial strengths and weaknesses of children and adolescents within family context and community. Interns conduct approximately 2 – 4 full diagnostic intake interviews every month.

Testing/Evaluation/Report-Writing: Interns will learn to select, administer and interpret test batteries to address a multitude of child and adolescent clinical issues. Interns will then refine their report writing skills to produce conceptually informative and insightful reports that are clear, concise, and clinically useful to clients and other professionals. Legal and ethical issues will be addressed if applicable. Interns will also demonstrate the ability to verbally convey information and interpretations of evaluation results to clients and customers in language that is understandable. Each intern completes 8 – 10 multi-test batteries, including personality, cognitive, learning disability, and comprehensive evaluations.

✓ Competencies in Intervention:

Differential Diagnosis/Case Conceptualization: Interns will demonstrate proficiency in applying DSM-IV-TR categories to clients, engaged in differential diagnosis during intakes and treatment, conduct thorough diagnostic interviews to establish areas of strengths, weakness, and diagnosis. Interns will have the knowledge and use appropriately established and empirically validated assessment measures to assist in diagnosis and treatment planning. Interns will formulate comprehensive case conceptualizations that draw upon theoretical and research knowledge.

Treatment Planning/Intervention: Interns will collaboratively formulate with clients and caregivers treatment goals with measurable objectives and then be proficient at presenting and delivering interventions that address treatment goals, increase client motivation for change, and facilitate client improvement.

Therapeutic Alliance: Interns will understand and effectively use interpersonal process issues that may arise in therapy. Interns will be able to form strong therapeutic alliances with their clients to increase client motivation to change and progress in treatment.

Measuring Treatment Progress: Interns will become proficient at measuring the efficacy of their interventions throughout the treatment process, giving and getting feedback from clients.

Ethical and Legal Issues: Interns will be attuned to ethical and legal issues that may arise in therapy and seek appropriate consultation as needed.

- ✓ Competency in supervision/Consultation Knowledge: Interns will become proficient in entry-level skills as supervisors and consultants by learning about the legal and ethical distinction between these two areas, participating in case consultation, being available to consult with practicum students, and learning about risk management issues as a supervisor and consultant. Interns may have opportunities to provide supervision later in the year either in assessment or therapy.
- ✓ Competency in Local Clinical/Scientist Model: Interns will acquire knowledge and understanding of the clinically relevant research and literature as it applies to the areas of practice. Interns will become proficient in identifying and applying clinically relevant literature to assessment and to treatment planning and implementation.
- ✓ Competency in Practice in Diverse Culture Communities: Interns will become sufficiently knowledgeable and culturally competent to adjust their assessment and psychotherapy skills to practice with a range of diverse clients. Interns' therapy practice and written work will be monitored for their ability to be sensitive to diversity issues and the special needs of diverse clients. Interns' work with ethnic minorities, low-income, gay/lesbian clients and will be monitored to show evidence of sensitivity, adequate self-awareness and respect for the vital significance of diverse values and social status. Interns will demonstrate awareness and understanding of individual differences with all of their clients, including but not limited to differences in ethnic background, age, sexual orientation, gender and social cases.
- ✓ Competency in Integration of Self Awareness: Interns will be able to analyze the interactive dynamics of the therapy relationship and use transference and counter transference (or other theoretically equivalent constructs) as productive aspects of their psychotherapy work. Interns will be able to examine and explore their ability to relate effectively with clients, supervisors, and peers, and be able to identify and correct relationship difficulties. In addition, interns will be able to assess and address both weaknesses and impairment as well as personal and professional strengths in their practice.
- ✓ Child and Family Outpatient Therapy Clients: Under the auspices of a year long supervisor, interns will see a range of child, adolescent and family clients for individual, family, and group therapy. Many of these cases involve consultation and coordination with multiple community systems.
- ✓ Correctional Setting: Interns will participate in a year long (8 hours a week) rotation at the Oregon Youth Authority (OYA) in which they will conduct psychological consultations and co-lead psychotherapy groups in a juvenile justice maximum security facility.

INTERNSHIP ADMINISTRATIVE POLICIES

BENEFITS

The clinical internship is a 40 hour/week, full-time, non-exempt, full-year employment. Interns' stipend is yet to be determined for the 2010-2011 year. In addition to their stipends, interns receive three weeks per year of paid vacation, usually and customary holidays and 12 sick/personal leave days.

INTERN RIGHTS, CONDUCT AND GRIEVANCE POLICIES

Interns are welcomed as highly valued members of the Morrison Child and Family Services staff. They have the right to pursue training free from discrimination based on gender, race, ethnicity, religion, marital status, age, sexual orientation, or physical handicap. The internship staff as well as the agency as a whole, makes every effort to insure that interns receive the same trainings services, benefits and fair treatment as on-going staff members. In the event that an intern has a concern, there is an easily accessible procedure to resolve grievances in an expedient and effective manner.

PREREQUISITIES

Applicants must be from a clinical, counseling or school psychology program, hold a Masters degree, and complete a full application for psychology internship (see attached for application requirements). Preference is given to applicants who:

- Are from an APA-approved programs
- Have a solid clinical foundation in their graduate training
- Have demonstrated experience and interest in child and family intervention and community based-practice
- Have completed their graduate course work
- Have collected their dissertation data

Overriding all these factors is our desire to attract bright, diverse and energetic applicants who are eager to learn. All interested applicants are encouraged to apply. Applicants should be aware that this internship represents a focused training experience (child, family and community) rather than a generalist exposure. **Applications are due on Tuesday, December 1, 2009 and an **Open House will be held on Thursday, January 14, 2010 from 1pm – 3pm. The next training year begins Monday, August 16, 2010.****

REQUIREMENTS FOR COMPLETION OF THE INTERNSHIP

In order for interns to graduate from our full-year internship program, they must complete designated internship hours and meet the program's competency goals.

PSYCHOLOGY STAFF

Jeni Felker-Thayer, PhD. (Pacific University, 1998) is the Director of Training at the SE Division outpatient office. Her theoretical orientation is a combination of family systems and cognitive behavioral. Jeni's special interests include: (1) step families (2) foster children (3) children and adults with anxiety and (4) low income families. Jeni leads the professional development seminar, conducts primary and secondary supervision, and coordinates training opportunities (i.e., in-services and brown bags) for the agency/internship.

Charles Harrison, Ph.D. (Texas A&M, 1995) is a staff psychologist at the Alberta outpatient office. His theoretical orientation is an amalgam of family systems, object relations, and developmental thinking. His interests lie in: (1) child and adolescent psychotherapy (2) family therapy (3) trauma recovery (4) attachment disorders and (5) psychological assessment. Charlie leads the family therapy seminar.

Karen Hernandez, Ph.D. (Texas A&M, 2002) is a contract psychologist who acts as consultant to the program and teaches the Multicultural Diversity Seminar. Her theoretical orientation is integrative.

Joyce Ochsner, Ph.D. (Kent State University, 1986) is a staff psychologist at the West Gresham office and manager of assessment and consultation services. Her theoretical orientation is eclectic, having been trained in both cognitive-behavioral and dynamic approaches. Her present emphasis combines developmental and interpersonal theories within the family/cultural context. Her areas of interest include: (1) assessment, trauma recovery and (2) adolescents. She leads the Psychological Evaluation Seminars.

RECENT INTERNS

Intern

2008-2009

Miriam Anderson
Mitch Dornfeld
Jennifer Magnuson
Bobbi Jo Yarborough

Graduate Program

University of Missouri/St. Louis
Loyola University
Pacific University
Pacific University

2007-2008

Abbie Burt
Christina De La Rosa
Keegan Tangeman
Heidi Warner

Alliant International University-San Diego
Oklahoma State University
Pepperdine University
Bowling Green State University

2006 – 2007

Neil Kirkpatrick
Darcy Norling

University of Vermont
Pacific University

Colleen Scott
Elizabeth Feldman

Pacific University
University of Wisconsin

2005 – 2006

Myco Van
Steve Walker
Michelle Clecker
Rebecca Herreman

Pacific University
Argosy/Hawaii
Pacific University
University of Denver

2004 – 2005

Andy Anderson
Kate Avinger
Kathy Gillis
Jennifer Lindner
Trina Tobey

GSPP – Georgia
GSPP – Georgia
Pacific University – Oregon
Colorado State University
University of Indianapolis

2003 – 2004

Alyson Mease
Lisa Pfaffinger
Holly Crossen-Gibney
Laura Orgel
Laura Bennett

Indiana University – Indiana
University of Virginia
Pacific University – Oregon
Fielding Graduate University
University of Texas – Texas

2002 – 2003

David Callies, MA
Kristin Keller, MS
Megan Nicoloff, MA
Amy Stoeber, MS
Kirk Thoreson, MA

Argosy University – Hawaii
University of Oregon
George Fox University – Newberg, Oregon
Indiana University School of Education
Graduate School of Professional Psychology – Denver

2001 – 2002

Brandy Bates, MS
Renee Burke, MA
Tanya Prather, M.Ed.
Freda Mann, MA
Anne Marie Smith, MA

University of Delaware
University of Utah
University of Washington
Pacific Univ. School of Prof. Psychology – Forest Grove, OR
Texas A&M University

2000 – 2001

George Czar
Sarah Jones
Justine Kyckelhahn
Stephanie Raney
Dana Smith
Jennifer Wisdom

California School of Professional Psychology – Fresno
Arizona State University
George Fox University
Pacific Graduate School of Psychology – Palo Alto, California
University of Oregon
George Washington University

1999 – 2000

Margaret Anderson
Douglas Briskman
Helen Coble
Karen Hernandez
Christine Krause

Pacific Univ. School of Prof. Psychology – Forest Grove, OR
California School of Professional Psychology – Berkeley/Alameda
University of Oregon
Texas A&M University
University of Denver

1998 – 1999

Dane Borg

Tracy Hardister

Jana Ortiz

Derick Scovel

Leihua Sylvester

Pacific Univ. School of Prof. Psychology – Forest Grove, OR

University of Denver

University of Kansas

California School of Professional Psychology – Fresno

University of Washington