



Doctoral Internship Program
in Health Service Psychology

Program Manual
2022 – 2023

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TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
Agency Description	3
Agency Divisions	4-5
Treatment Approach	6-11
Internship Program	12
Internship Program Aim & Goals	12
Components of Internship	13
Core Activities	13-14
• Standard Outpatient Services	14
• Psychological Evaluation & Assessment	14-15
• Community-Based Services	15-16
Optional Activities	17
Supervision & Training	18-19
Internship Agreement	20
Applicant Qualifications	21
APPIC Matching Program	21
Interviews	21
Psychology Training Committee	22

AGENCY DESCRIPTION

L.U.K. (Let Us Know) Crisis Center, Inc. (LUK), is a 501(c)(3) non-profit youth and family counseling agency with an annual budget of \$22 million. LUK was incorporated in 1970, and has been providing services to adolescents and their families since that time. LUK maintains formal affiliations and strong working relationships with a wide variety of organizations, and provides an array of crisis intervention, outpatient, residential, foster care, transitional living, and training services under contracts with numerous state and federal agencies, including the Massachusetts Department of Children and Families and the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). LUK is accredited by the Council on Accreditation, is a United Way Agency, has 3rd Party billing capacity, and receives funding from corporate and private funding sources. Currently, LUK manages over 60 different contracts/grants ranging in size from \$2,500 to \$650,000 each year.

LUK was established in 1970 and has expanded services throughout central Massachusetts and beyond, including foster care and residential programs for youth; transition to independent living for older adolescents; vocational/educational services; young parent support; street outreach; young adult homelessness prevention; outpatient treatment for mental health, substance abuse, and trauma utilizing nationally recognized models; adventure-based programs for at risk youth; programming for youth with Autism Spectrum Disorders; respite services; support of at risk youth; home-based family counseling and other services to prevent children from being removed from their home; coordination of child welfare services; mentoring; prevention of youth access to alcohol and other drugs; youth leadership and positive youth development services utilizing evidence-based models to prevent youth violence, dating violence, and substance abuse. LUK has three residential programs, a main office in Fitchburg, four (4) satellite offices strategically located in Fitchburg, Worcester, Boylston and Webster as well as over 70 foster homes throughout central Massachusetts.

Each year, we reach thousands of young people through positive youth development activities such as the Youth Leadership Summit, Common Ground Basketball Tournament, and MLK Day of Celebration and Service. Our mission is ***“To challenge and support youth, families, and adults to recognize and fulfill their unique and productive potential through community-based prevention, intervention and education services.”*** The inclusion of youth and families in our mission and vision is intentional and reflects our work philosophically, literally, and practically. When we work with youth, we work with their families as well, which includes the full range of significant, lifelong relationships that may sustain the youth in her/his development. What is important is how the individual identifies “family” whether it is his/her nuclear family, extended family, family-of-origin, and/or family-of-creation.

AGENCY DIVISIONS

LUK is organized into seven (7) divisions.

1. Behavioral Health Services Division (*Described in detail below*)

LUK's Behavioral Health Services (BHS) Division includes a continuum of services ranging from standard outpatient level of care (SOP) to intensive, home-based services.

2. Community Engagement & Support (CES) Division

CES services included a variety of programs (e.g., mentoring, violence prevention, substance use prevention) intended to prevent the development of various public health problems (e.g., mental health, substance use, teen pregnancy, violence).

3. Community & Family Support Services (CFSS) Division

CFSS services include a diverse array of programs (e.g., DCF visitation service, hourly respite, adventure-based experiential learning, DDS community classroom) intended to support the holistic and healthy development of children, youth and families in their communities.

4. Residential Services Division

LUK operates four (4) congregate care programs funded by to the Department of Children and Families (DCF) and located in the community. 1) Emergency Residence/Intensive Emergency Residence (ER/IER) - Adolescent and 2) Emergency Residence/Intensive Emergency Residence (ER/IER) – Latency: The ER/IERs are designed as short-term placements emphasizing stabilization, assessment and recommendations to DCF and parent(s)/guardians(s). 3) Intensive Treatment Residence: a longer-term, co-ed, intensive group home (the Connections Program) and 4) Community Treatment Residence: a single-sex (male) group home (the Cornerstone Program) working with older youth and young adults most of whom are unaccompanied refugee minors.

5. Community Placement Division

LUK recruits, licenses, trains and supervises approximately 70 foster homes throughout Central Massachusetts (mostly in Worcester County). We then place, case manage and treat children and youth (approximately 100 children) referred by DCF, DMH, the Department of Youth Services (DYS) and the Department of Developmental Services (DDS) in our foster homes.

6. Network Division

LUK's Network Division includes two distinct components.

- 1) The North Central Department of Children & Family (NC DCF) Lead Agency: The Lead Agency involves LUK staff who are contracted by DCF to provided case coordination of open DCF cases. The case coordination includes managing referrals to contracted services; convening service and treatment teams; and coordinating DCF and other community-based services.
- 2) The Integrated Care Program (ICP) includes two programs.

The Community Service Agency (CSA) known as Family & Communities Together (FCT): FCT is a collaborative effort between Community Healthlink (CHL) and LUK to provide two essential Children's Behavioral Health Initiative (CBHI) Services (see detailed description below); Intensive Care Coordination (ICC) and Family Support Partners (FSP).

The Central Health Community Partnership (CCHP): CCHP is a collaboration of five premier human service organizations in Central Massachusetts (including LUK, Inc.) that has been selected to provide Behavioral Health Community Partner services and Long-term Services and Supports (LTSS) Community Partner services through the MassHealth program. CCHP helps MassHealth enrollees with Behavioral Health challenges or complex Long-term Service and Support (LTSS) needs overcome barriers that interfere with quality of life and good health. Working closely with ACO's (Accountable Care Organizations), healthcare providers and social service agencies, LUK's Care Coordinators work to integrate services for eligible MassHealth members to ensure seamless access to the care they need.

7. Transition to Independent Living (TIL) Division

The TIL Division includes an array of programs and services to older adolescents, transitional aged youth and emerging adults from 16 – 26 years old. Services include community-based apartment programs, street outreach, rapid re-housing, youth homeless prevention, vocational programming, parenting skills education, and case management.

TREATMENT APPROACH

LUK views mental health as part of a person's overall well-being and we are committed to promoting people's recovery through various means. We believe that individuals who are diagnosed with a mental health and/or a substance use disorder have the capacity to live full and productive lives as contributing members of the community. We have committed staff time and organizational resources to work to achieve this goal. We view families as experts who can make decisions about their lives and services they receive. LUK believes in and practices a person's involvement in the planning and implementation of services; youth and family voice are an asset to services. One of LUK's defining characteristics is our adherence to Positive Youth Development principles: *"helping young people to achieve their full potential is the best way to prevent them from engaging in risky behaviors, build their self-confidence and practical knowledge, and help them grow into healthy, happy, self-sufficient adults"* (HHS). Our flexibility allows us to provide individualized services while respecting unique cultures and values. We believe services and supports are most effective when identified proactively, rather than reacting to a crisis situation. (However, we are well-versed in managing the wide variety of crisis situations that may arise.) We also utilize services provided by others, preventing duplication of efforts. LUK's innovation impacts communities and service systems, influencing system change and perceptions of consumers.

Guiding principles embedded in theoretical frameworks are helpful in LUK's clinical, care coordination, placement, educational, and preventive work. While the organization embraces an eclectic treatment approach, there are several theoretical frameworks, models, or approaches that are particularly congruent with LUK's mission, vision, and guiding values. These theoretical frameworks include:

- Trauma-Informed Care
- Wraparound Principles
- Rehabilitation & Recovery
- Solution-Focused
- Ecosystemic
- Positive Youth Development
- Biopsychosocial
- Developmental Assets
- Cognitive-Behavioral Therapy (CBT) Approaches
- Evidence-Based Practice

The above frameworks are complex and may contain unique treatment approaches within each framework. For example, trauma-informed care is a broad, "umbrella" treatment approach that includes aspects of cognitive-behavioral therapy, family systems theory, and developmental theory, just to name a few. The following is a brief description of each theoretical framework or treatment approach with the understanding that these descriptions are over-simplified summaries. In addition, while each approach stands on its own, there is intentional, recognizable and evident overlap amongst the models.

Trauma-Informed Care

LUK uses SAMHSA's four "R's" Key Assumptions in a Trauma-Informed Approach. A

program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

Wraparound Principles

The wraparound process is a widely-implemented approach to community-based treatment for children with emotional and behavioral disorders and their families. Wraparound is a team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child- and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education), who are at risk for placement, and who experience emotional, behavioral, or mental health challenges. The wraparound process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues to work until members reach a consensus that a formal wraparound process is no longer needed (Bruns, E.J., et al, 2007; Walker, J.S. & Schutte, M., 2004). Ten principles of the wraparound process are:

1. Family voice and choice
2. Team-based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths-based
9. Persistence
10. Outcome-based

Rehabilitation and Recovery

The principles of recovery and rehabilitation are essential in providing outpatient counseling services to our clients. We understand that recovery is a process in which individuals with psychiatric disorders and/or addictions engage. Rehabilitation is the comprehensive array of services and supports that providers and peers offer to facilitate the recovery process. (Anthony, 1993) More specifically, LUK subscribes to SAMHSA's (2010) definition of recovery; "*A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*" Recovery has four major dimensions; *Health, Home, Purpose, and Community* (SAMHSA, 2010). The 10 guiding principles of recovery include:

1. Home
2. Person-Driven
3. Many Pathways
4. Holistic
5. Peer Support
6. Relational

7. Culture
8. Addresses Trauma
9. Strengths/Responsibilities
10. Respect (SAMHSA, 2010)

Ecosystemic Framework

An orientation that informs all of the work of the agency is an ecosystemic framework (Imber-Black, 1988; Keeney, 1983). As mentioned below, the ecosystemic framework encompasses the various family systems approaches (e.g., structural, strategic, narrative) which are utilized to operationalize this orientation. This framework integrates the multiple levels of the person's experience, including family-of-origin, family care home, adoptive parent(s), relatives, kinship resources, school or educational setting, service providers, the community and cultural/linguistic influences. These multiple levels or domains of a person's life are understood to be interrelated and connect to form a complex, whole system. Within this complexity services and programs will focus efforts and resources on maintaining the child/youth in the least restrictive setting while enhancing the child's/youth's safety. Consistent with our values, *"We respect and promote the intrinsic worth and unique potential of each individual."* LUK values the strengths and abilities of the child and his/her family. The skills of youth and their families are identified, enhanced and expanded.

Solution Focused Framework

An orientation that informs our clinical work is the solution-focused approaches as articulated by Berg (1994) and de Shazer (1982). Simply put, *"Family based services is a specialized service in child welfare that focuses on the family as the target of intervention, rather than the child or the parents separately."* (Berg, 1994, p. 1) The solution-focused approaches are consistent with the ecosystemic framework as described above (Keeney & Sprenkle, 1992) and understand children in the context of their families and families are considered in the context of the community in which they live. Other important principles and values include the following:

- Change is understood as inevitable.
- Emphasis is placed on strengths and solutions rather than weaknesses and problems.
- The best way to provide services to a child is through strengthening and empowering the family as a unit.
- Agency staff cooperates with the formal and informal network of existing community resources rather than becoming all things to all clients.
- Family members are partners in the decision-making and goal setting processes. This partnership enhances families' sense of control over their own lives, and families are empowered to maintain the unique cultural and ethnic characteristics of their family.
- Families should live interdependently in the context of their community with a minimum of outside interference.
- The treatment is designed to fit each family. Therefore, flexibility, innovation and creativity are essential to success.
- Teams based on interdependence and trust accomplish more than individuals and are essential to the treatment process.

Positive Youth Development Framework

Positive youth development is a comprehensive framework outlining the supports all young people need to be successful. LUK embraces this developmental model which provides ongoing and intentional opportunities for young people to participate in meaningful activities. A variety of opportunities, that have real life application, are available for youth to design, implement and evaluate the types of services they receive to best meet their needs. The program/service environment is caring and supportive, has high expectations and offers youth the chance to develop positive relationships and connection with adults, peers and the larger community. Positive youth development views young people as “resources” who have much to offer rather than as “problems” that need to be treated or fixed.

Positive youth development is understood as having the following guiding principles:

- Regardless of current or past experiences or deficits in their environment, youth have strengths
- A belief in partnership among youth and adults in the design, development, and implementation (delivery) of services
- Youth are in charge of their lives (autonomy) [Issues: age, development, societal norms]
- Youth develop self-esteem as they develop competency/skills
- Everything flows from strength
- Youth helping youth
- Youth have a voice
- Youth are recognized as having strengths and voice
- Youth are a resource to their community, including the family and the agency
(Family & Youth Services Bureau, Administration of Children & Families, HHS, 2012)

The Biopsychosocial Framework

A central principle of this approach is that services for an individual are provided in such a way as to respect and foster the person’s sense of dignity, autonomy, positive self-regard, and civil rights. This treatment approach emphasizes the importance of a comprehensive biopsychosocial assessment, linked to an individualized treatment/service plan, which implements integrated and coordinated services across treatment activities, biological-psychological-social domains of service, providers, settings, and time. Services to which a child/youth/family member is referred or has access include, as appropriate, treatment and amelioration of symptoms with pharmacotherapy and other biological and appropriate physical interventions. (Adapted from “*Principles for Biopsychosocial Rehabilitation*” developed and published by the Joint Commission on Accreditation of Healthcare Organizations)

Developmental Assets

In an effort to identify the elements of a strength-based approach to healthy development, the Search Institute developed the framework of developmental assets. This framework identifies 40 critical factors (20 Internal and 20 External) for young people's growth and development. The assets offer a set of benchmarks for positive child and adolescent development. The assets clearly show important roles that families, schools, congregations, neighborhoods, youth organizations, and others in communities play in shaping young people's lives. This developmental approach emphasizes interventions intended to enhance child and youth internal and external assets. (Search Institute, www.searchinstitute.org, 2003)

Cognitive Behavioral Therapy (CBT) Approaches

CBT is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment.

Evidence-Based Practices (EBPs)

LUK's approach to evidence-based practices is congruent with the American Psychological Association's (APA) policy statement adopted in 2005. "*Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. This definition of EBPP closely parallels the definition of evidence-based practice adopted by the Institute of Medicine (2001, p. 147) as adapted from Sackett and colleagues (2000): 'Evidence-based practice is the integration of best research evidence with clinical expertise and patient values.' The purpose of EBPP is to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.*" (<https://www.apa.org/practice/guidelines/evidence-based-statement>). Over the years LUK has made a commitment to implement evidence-based practices when feasible, and we are continuously searching for EBPs that will assist our work with the people who we serve.

The agency currently implements the following evidence-based practices:

- *Life Skills Training* (Substance Use Prevention)
- *Communities Mobilizing for Change on Alcohol (CMCA)* (Substance Use Prevention)
- *safeTALK* (Suicide Prevention)
- *Question, Persuade, Refer (QPR)* (Suicide Prevention)
- *Mental Health First Aid (Adult & Youth)* (Mental Health Prevention)
- *Trauma Focused Cognitive Behavioral Therapy (TF/CBT)* (Trauma Treatment)
- *Attachment Self-Regulation and Competency (ARC)* (Trauma Treatment)
- *ARC Grow* (Trauma Treatment for Caregivers of Trauma-Effected Children)
- *Parent-Child Interaction Therapy (PCIT)* (Trauma Treatment)
- *Caring for Children who have Experienced Trauma* (A workshop for Resource Parents – AKA Resource Parent Curriculum, RPC)
- *Motivational Interviewing* (Substance Use Treatment)
- *Multi-Dimensional Family Recovery (MDFR)* (Substance Use Treatment)

It is "Standard Operating Procedure" at LUK to provide flexible, individualized services that include the youth and family in treatment planning and evaluation. The family ultimately decides what services they want and are ready to undertake; providers' approaches are coordinated to prevent confusion and counterproductive/ redundant services. LUK staff are familiar with and partner with other organizations to ensure that clients' needs are met to the greatest extent possible, including cultural and linguistic accessibility. If we are not aware of the most

appropriate resource, we research options and make connections that support clients' success in new environments. We provide an array of home-based services at times and places convenient to our families addressing barriers to services (e.g., rural location, lack of transportation).

LUK's guiding principles include *individualized services* with detailed and unique action plans for each client; *consistent involvement* – including clients in conversations about them or their services; *family-focused* – addressing the strengths and needs of the family (however that is defined), the ultimate decision-makers regarding treatment; *input & choice* of the youth and family in order to build trust and provide appropriate services; providing *culturally responsive, strength-based and accessible services* – offered in the client's home, community, and/or LUK office which are ADA compliant and located on public transportation routes; and *collaborative*, working with natural supports and other agencies to meet the individual and community needs.

LUK embraces multiculturalism and diversity and establishes clear expectations with new staff during orientation. We recognize that human identity includes (but is not limited to) the multiple dimensions of race, ethnicity, nationality, language, sex, gender, gender identity, sexual orientation, age, disability, socioeconomic status, education, and religious/spiritual orientation. These dimensions are critical to understanding how individuals view and interact with the world. As part of the referral and intake processes, staff collect information about the culture of the youth and family, avoid assumptions, and use this information to inform approaches to working with families and appropriate resources.

INTERNSHIP PROGRAM

Internship Program Aim:

The aim of LUK's Doctoral Internship Program in Health Service Psychology is to provide a supportive and challenging environment for Doctoral Interns in which, as practitioner-scholars, they learn to offer the highest quality, client-centered, culturally responsive, community-based services to the underserved members of our communities who are challenged with behavioral health issues. Our program seeks to provide interns with the knowledge, attitudes and skills to work effectively with seriously emotionally disturbed children, adolescents, young adults and their families utilizing evidence-based approaches within a context of ecosystemic, trauma-informed, culturally responsive care. Our participating interns develop skills in therapy, assessment, practitioner research, and care coordination assuming the multiple roles of a clinical psychologist while collaborating with family, school, state agency, and other larger systems that have an impact on the lives of children, youth and families.

Internship Program Goals:

1. Interns will learn an integrated model of culturally competent clinical assessment and treatment planning for children, adolescents, young adults and families within a context of trauma-informed care.
2. Interns will learn an approach to psychological testing as a consultation that contributes to case formulation.
3. Interns will acquire the knowledge, attitudes and skills to work effectively with seriously emotionally disturbed children, adolescents, young adults and their families within a context of trauma-informed care.
4. Interns will develop competence in individual, family and group therapy for children, adolescents, young adults and their families, including evidence-based models of treatment within a context of trauma-informed care.
5. Interns will develop skills in understanding and collaborating with family, school, state agency and other larger systems that have an impact on the lives of children, youth and families.
 - State Agencies include the Massachusetts Departments of Children & Families (DCF); Mental Health (DMH); Public Health-Bureau of Substance Abuse Services (MDPH-BSAS); Developmental Services (DDS) and Youth Services (DYS).
 - Larger Systems include but are not limited to school systems, juvenile justice (e.g., courts and probation officers), the Children's Behavioral Health System (CBHI) and other community-based provider agencies.
6. Interns will develop the ability to consult and collaborate with other professionals whose training, experience and professional standards are different from their own.

COMPONENTS OF INTERNSHIP

Doctoral Interns are assigned to the Behavioral Health Services (BHS) Division and are engaged in a variety of BHS services and programs. Interns function in the role of Clinician and are assigned a diverse caseload from the programs and services described below.

- **Standard Outpatient Services (SOP):** Interns provide outpatient services at one of our four clinic sites (clinic-based services) or in one of several schools (school-based services) in which LUK provides clinical services. Services are funded by third party health insurance with interns providing service to children, youth and adults with MassHealth (Medicaid) coverage. Interns are responsible for all aspects of outpatient treatment including assessment, treatment planning, case coordination and consultation and individual, group and family treatment.
- **Community Services:** Community, community-based, outreach, family-based and home-based services are essentially synonymous terms and mean that interns provide services in the child, youth and family's community, usually in their home. Community services consist of two main parts: third-party or insurance-funded services and contracted services. Interns function as Masters-level clinicians responsible for all aspects of family-based treatment including assessment, treatment planning, case coordination and consultation, family therapy and parent consultation.

Doctoral Interns are assigned to the Behavioral Health Services (BHS) Division and are engaged in a variety of primarily BHS services and programs. Interns function in the role of clinician and are assigned a diverse caseload from the programs and services described below. Within the BHS Division Interns engage in three "core" components of activity that comprise the majority of the Interns' training experience.

Core Activities

- 1) **Standard Outpatient Services (SOP):** Interns provide outpatient services at one of our four (4) clinic sites (clinic-based services) or in one of several schools (school-based services) in which LUK provides clinical services. Services are funded by third party health insurance with Interns providing service to children, youth and adults with MassHealth (Medicaid) coverage. Interns are responsible for all aspects of outpatient treatment including assessment, treatment planning, care coordination, family and case consultation, individual, group and family treatment, and discharge planning. (Approximately 50% of Interns' time)
- 2) **Psychological Evaluation & Assessment:** Interns conduct comprehensive and integrated psychological evaluations. This includes Interns consulting with the referral source regarding the purpose and goals of the testing; administering, scoring and interpreting a battery of standardized psychological tests; conducting a comprehensive biopsychosocial interview with the youth; consulting with collateral sources; writing an integrated psychological evaluation/report; and providing feedback/consultation to the youth and his/her significant others regarding results and recommendations. (Approximately 25% of Interns' time)

- 3) **Community Services:** Community, community-based, outreach, family-based and home-based services are essentially synonymous terms and mean that Interns provide services in the child, youth and family's community, usually in their home. Community services consist of two main parts; third-party or insurance-funded services and contracted services. Interns will function as clinicians in the context of multi-disciplinary teams responsible for partnering with team members to provide family-based treatment including assessment, treatment planning, care coordination, family and case consultation, individual, group and family treatment, and discharge planning. (Approximately 25% of Interns' time)

Generally, the percentage of the Interns' time spent in each component is indicated above. However, the percentage of time shifts and is variable depending upon the time period of the Internship (e.g., beginning, middle, end), an assessment of the Intern's skills and achieved competencies, the Intern's stated preferences and professional development goals, and if the Intern is involved in optional activities as described below.

Standard Outpatient Services (SOP)

SOP services are considered either clinic-based or school-based. This simply means that LUK maintains mental health and substance abuse clinic licenses with the Massachusetts Department of Public Health (MDPH) to provide outpatient treatment services. We have four (4) sites at which clinic-based services are provided:

1. Main Clinic: 545 Westminster Street, Fitchburg, MA 01420
 2. Satellite Clinic: 40 Southbridge Street, Worcester, MA 01608
 3. Outreach Program: 99 Day Street, Fitchburg, MA 01420
 4. Outreach Program: 251 Main Street, Webster, MA 01570
- Interns may provide outpatient services at one of our four clinic sites (clinic-based services) listed above. The majority of services are provided at our Main Clinic and Outreach Program in Fitchburg with some services provided out of our Satellite Clinic in Worcester.
 - In addition, Interns provide school-based clinical services at local public, vocational and charter schools mostly in the cities of Fitchburg and Gardner. Services are provided at all levels including elementary, middle and high schools.

Psychological Evaluation and Assessment

Interns conduct comprehensive and integrated psychological evaluations. This includes Interns consulting with the referral source regarding the purpose and goals of the testing; administering, scoring and interpreting a battery of standardized psychological tests; conducting a comprehensive biopsychosocial interview with the youth; consulting with collateral sources; writing an integrated psychological evaluation/report; and providing feedback/consultation to the youth and his/her significant others regarding results and recommendations.

An example of a “standard” psychological evaluation includes the following tests that may be administered in full or selected subtests.

Neuropsychological Measures: Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V); A Developmental Neuropsychological Assessment, Second Edition (NEPSY-II); Wide Range Assessment of Memory and Learning-Second Edition (WRAML-2); Social Development Test; Beery-Buktenica Test of Visual Motor Integration (VMI); Rey-Osterrieth Complex Figure Test (ROCFT).

Psychological Measures: Roberts Apperception Test; Incomplete Sentences; House-Tree-Person Test; Personality Assessment Inventory- Adolescent (PAI-A); Children’s Depression Inventory- Second Edition (CDI-2); Multidimensional Anxiety Scale for Children- Second Edition (MASC-2); Trauma Symptom Checklist for Children (TSCC).

Collateral Measures: A developmental questionnaire, Achenbach Child Behavior Checklist (CBCL), Behavior Rating Inventory of Executive Function – Second Edition (BRIEF-2), and Adaptive Behavior Assessment System – Third Edition (ABAS-3) are completed by parents/caregivers. The Achenbach Teacher Report Form (TRF), BRIEF-2, and ABAS-3 are completed teachers.

Interns may also conduct trauma evaluations. Trauma evaluations are requested and funded by the Department of Children & Family (DCF). Children and youth are referred for the purpose of determining the effects of adverse experiences on the child’s cognitive, emotional, and social functioning. Interns conduct a battery of psychological tests depending upon the assessed needs of the child and a comprehensive biopsychosocial assessment; consult with collateral sources; write an integrated psychological evaluation/report; and provide feedback/consultation to the youth and his/her significant others regarding results and recommendations.

Interns receive supervision in testing and report writing. Attention is given to addressing the questions of the referral source, as well as the creation of reports that are understandable and useful to the individual who will be utilizing them. The process of assessment is conceptualized as a consultation to the referral source and the family. As such, it is an intervention into a system as well as an assessment process. Interns should expect to conduct approximately one testing battery per month.

Community-Based Services {Funded by Third Party Insurance}

Children’s Behavioral Health Initiative (CBHI)

The following CBHI services are covered by MassHealth (Medicaid) insurance and provided to those individuals eligible for MassHealth or for children and youth up to the age of 21 with a serious emotional disability (SED). LUK provides an array of CBHI services. In the BHS division we provided In-Home Therapy (IHT), In-Home Behavioral Services (IHB) and Therapeutic Mentoring (TM). Interns will be primarily engaged in providing IHT services.

Community-Based Services {Funded by Massachusetts State Agencies}

The BHS division also provides intensive, family-based services funded by (under contract with) the Massachusetts Department of Children & Families (DCF), Department of Mental Health (DMH), Department of Public Health, Bureau of Addiction Services (DPH/BSAS), the Attorney General's Office (AGO), and Federal Victims of Crime Act (VOCA), administered by the Massachusetts Office for Victims of Crime. Interns may be involved in providing any of the following contracted services under close supervision and in collaboration with multidisciplinary teams.

- *The Promoting Youth & Family Solutions (PYFS) Program* (DCF)
- *The Flexible Support (Flex) Service* (DMH)
- *The Comprehensive Family Services Program* (DCF)
- *The Family Intervention and Resiliency Support Team (FIRST) Program* (SAMHSA)
- *Finding Resilience after Domestic Violence* (DPH)
- *Rapid Response Team (RRT)* (VOCA)

The Central Massachusetts Child Trauma Center (CMCTC)

Within LUK's Behavioral Health Services Division is the *Central Massachusetts Child Trauma Center* (CMCTC). The CMCTC provides a variety of trauma services to children and youth (infants through 18 years old) and their families utilizing several evidence-based practices. CMCTC is a National Child Traumatic Stress (NCTSN) Category III Trauma Center funded by two (2), five-year grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as several other funding sources. LUK's Interns will have an opportunity to participate in staff training offered by the CMCTC as well as the provision of CMCTC services.

- *Building Resilience with Youth and Caregivers (BRYC) Program* (SAMHSA)
- *Developing Resilience and Well-Being (DRAW) Program* (SAMHSA)
- *Children Exposed to Domestic Violence (CEDV)* (DPH)
- *Rapid Response Team (RRT)* (VOCA)

For more information, please visit the NCTSN website: https://www.nctsn.org/about-us/network-members?state=MA&field_organization_type_value_2=All&field_person_type_value_2=All&p_age=1

OPTIONAL ACTIVITIES

In addition to the three core components described above, Interns may also become involved with three other LUK Divisions (i.e., Residential Services, Foster Care Services, Transition to Independent Living Services) with the **BHS Division** remaining as their "*home-base*." Again, the Interns' participation in one or more of these three Divisions is optional and is dependent upon the time period of the Internship (e.g., beginning, middle, end), an assessment of the Intern's skills and achieved competencies, and the Intern's stated preferences and professional development goals. The Interns in the role of clinician will function very similarly in these Divisions providing a range of psychological services within the varying contexts of the three (3) Divisions including but not limited to assessment, psychological testing, individual, group and family therapy, consultation, and care coordination.

Residential Services Division

LUK operates four (4) residential programs (i.e., community-based STARRS and group homes). STARR & Group Home programs contracted by DCF and DMH:

- Horizon House (Co-ed): 10-18 year old short-term STARR
- The Bridge Home (Co-ed): 0-12 year old short-term STARR
- Connections (Co-ed): 10-18 year old 1:3 Group Home
- Cornerstone (Male): 16-18 year old 1:4 Transitional-Age Group Home

Residential Services include but are not limited to the maintenance of a therapeutic milieu, day programming, facilitating ongoing medical, dental and behavioral health care, clinical case management, assessment and recommendations, and individual, group, and family treatment.

Community Placement Division

LUK contracts with Massachusetts state agencies to provide a Comprehensive Foster Care (CFC) Program. As part of CFC, LUK recruits, licenses, trains and supervises approximately 70 foster homes throughout Central Massachusetts (mostly in Worcester County). We then place, case manage and treat children and youth referred by DCF, DMH, DYS and DDS in our foster homes.

Transition to Independent Living (TIL) Division

TIL programs include an array services to older adolescents, transitional aged youth and emerging adults from 16 – 26 years old. Services include community-based apartment programs, street outreach, rapid re-housing, youth homeless prevention, vocational programming, parenting skills education, and case management.

SUPERVISION AND TRAINING

Supervised Clinical Experience: The productivity expectations for Interns average 19-20 hours of billable hours per week and 78 hours per month. This translates to a variable caseload because some clients are seen once a week for one hour and other clients are worked with intensively; as much as 4-6 hours of direct service a week. Overall, at least 25% (usually greater) of each Intern's time is spent in face-to-face psychological services with clients (via individual, group or family therapy, case and parent consultation, crisis intervention, and psychological assessment and testing).

Clinical Supervision: Each Intern receives at least two (2) hours of individual supervision and one (1) hour of group supervision per week from licensed staff psychologists. Additionally, Interns will receive one (1) hour of group supervision and other supervision related to program activities (e.g., related to support for implementing EBPs, Division/program/service specific staff meetings in which the Interns are involved) per week. Supervision related to case management issues will be provided as needed.

Didactic Seminars: The following seminars will be offered during the 2022-2023 training year:

- ***Family Systems Seminar:*** This seminar includes readings, discussions, and didactic trainings regarding family systems theory and family therapy, as well as group supervision of Interns' family cases. Videotape and live supervision will be used whenever possible. A focus will be on evidence-based models of family therapy.
- ***Psychological Evaluation & Assessment Seminar:*** This seminar includes readings, discussion, and group supervision related to conducting psychological evaluations. This seminar is tailored to meet the needs of the current Intern group each year. Activities and readings vary to address interns' training needs.
- ***Program Review and Evaluation:*** Every agency program is reviewed annually utilizing a standard program evaluation format. A multi-disciplinary team assesses the quality and performance of each program considering program population and goals; program resources and services; program outputs; measurable client outcomes; client demographics; stakeholder input; challenges and successes; and recommendations and a quality and performance improvement plan.
- ***Journal/Book Club Review:*** On a monthly basis a reading is assigned to the group (e.g. an article, a chapter in the book, a research study). Group members rotate the responsibility for leading and facilitating the discussions related to the assigned reading.

Training Opportunities: Interns have access to once a month staff training (1-1.5 hours) in the BHS Division. Trainings relate to BHS clinical services and include a wide variety of topics; for example, trauma-focused treatment, evidence-based substance abuse treatments, home-based family therapy approaches, case management and community resources.

Interns also attend agency-wide trainings which occur on an every other month basis (3-4 hours).

On the alternating months self-paced, on-line training is made available to Interns. These trainings are more global and include topics pertinent for all LUK employees; for example, workplace safety, communicable diseases, diversity and equity training, and legal and ethical issues.

Interns may have access to trainings on three (3) specific empirically supported treatments for trauma in children and youth: Trauma-Focused, Cognitive Behavior Therapy (TF-CBT); Attachment, Self-Regulation and Competency (ARC); and ARC-GROW (specifically designed for the caregiver).

In addition, Interns may have access to trainings on two (2) specific empirically supported treatments for substance use in youth, young adults and parents/guardians: Motivational Interviewing and Multi-Dimensional Family Recovery (MDFR).

Additional program specific meetings/trainings occur weekly but vary depending on the Intern's involvement in specific services/programs.

INTERNSHIP AGREEMENT

This internship is a 12-month, 1796-hour training experience (with up to 2,000 hours of training available, if preferred).

- This internship is for 12-months (52 weeks) at 40 hours per week for a total of 2020 hours. This allows Interns to be eligible for the benefits described below including twenty-eight (28) paid benefit days. If all benefit days are utilized (i.e., 224 hours), this results in Interns completing a 1796-hour training experience.

The internship begins September 5, 2022 and ends September 5, 2023

Interns must be cleared by the Human Resources Department as a condition of internship training including a

- Criminal Offender Record Information (CORI) check;
- Sexual Offender Registry Inquiry (SORI); and
- Massachusetts Department of Children & Families (DCF – child welfare) background check.
- LUK’s Human Resource Department will conduct a review of the Health & Human Services (HHS)/Office of Inspector General (OIG) Cumulative Sanction/Exclusion Report (available at "www.hhs.gov/progorg/oig").

All new staff, including Interns, participate in a 4-day agency orientation (September 6-9, 2022) at the beginning the formal internship year.

Interns receive a stipend of \$38,500 with the following benefits during the twelve (12) month period.

Benefits:

- Medical Health Insurance (Individual & Family coverage is available and the cost shared with the agency)
- Dental Insurance (Individual), Short and Long-Term Disability, and Life Insurance available at no cost
- Benefit Time (time off) as indicated below:
 - 10 Vacation Days (2 Weeks)
 - 12 Major Holidays
 - 5 Sick Days
 - 1 Personal Day
 - TOTAL: Eligible for 28 Benefit Days – paid time-off
- Travel reimbursement is provided for Internship-related activities.

For the 2022-2023 training year, two full-time internship slots will be available.

Signature/Date:	Director/Date:
Intern Name:	Director Name: David J. Hamolsky, PsyD

APPLICANT QUALIFICATIONS

Applicants must be enrolled in a Clinical, Counseling or School Psychology doctoral program and must have a Master's Degree in Clinical, Counseling or School Psychology or related psychology discipline. Since LUK is a clinical treatment setting, all candidates must have comprehensive training and at least 1,000 hours of supervised practicum experience in the applied practice of professional psychology. Intern candidates must have completed their comprehensive or qualifying examinations to apply; successful completion of all coursework is expected prior to the internship year. LUK is an equal opportunity employer and encourages racial/ethnic minority candidates to apply.

**ALL APPLICATION MATERIALS ARE DUE BY
DECEMBER 12, 2022 (11:59 PM EST) for the Internship Year: 2023 - 2024**

APPIC MATCHING PROGRAM:

LUK Crisis Center, Inc. is a full member of APPIC and has been since November 6, 2013. This site adheres to APPIC Match policies, participates in the APPIC Match, and the APPI Online applicant portal must be utilized by all applicants applying to the program. LUK also 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.

INTERVIEWS:

We will contact you if we wish to schedule a personal interview. Please wait to hear from us regarding an appointment for an interview. Interviews will be conducted in late December 2022 and early January 2023. Please make certain that we have your most current contact information so that we can reach you.

Please direct all inquiries regarding the internship to:

Dr. David Hamolsky, PsyD
Internship Director
LUK Crisis Center, Inc.
545 Westminster Street
Fitchburg, MA 01420
978-829-2236
dhamolsky@luk.org
Website: www.luk.org

**Psychology Training Committee
2022 – 2023**

David Hamolsky, PsyD
Supervising Psychologist
Clinical Director / Internship Director

Karen Carlson, PhD
Supervising Psychologist

Ashley Johnson, LICSW
Assistant Director of Trauma Services
Behavioral Health Services Division

Melanie Cabrera, PsyD
Program Coordinator & Behavioral Health Clinician
Behavioral Health Services Division

Paul Charette, LMHC
Director of Behavioral Health Services
Behavioral Health Services Division

Angelica Soto, PsyD
Behavioral Health Clinician
Behavioral Health Services Division