AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates

Training Year—2022-2023

APA-Accredited Doctoral Internship in HEALTH SERVICE PSYCHOLOGY

Thank you for your interest in the AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estate’s Doctoral Internship in Health Service Psychology. In the following pages, you will find a full description of our doctoral clinical training program. We use all attachments that accompany the AAPI. We request that you name the track you have chosen to apply to in the first sentence of your cover letter.

PLEASE APPLY TO ONE TRACK ONLY

AMITA Behavioral Health Hospital offers EIGHT full-time, fully-funded internship positions in FIVE distinct Training Tracks during the training year. They include the following:

We interview candidates for placement based upon the candidate’s selected Track of interest. Applications without a specified Track will not be considered.

AAPI COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN NOVEMBER 1st
AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates

DOCTORAL INTERNSHIP

IN

HEALTH SERVICE PSYCHOLOGY

INTRODUCTION TO AMITA BEHAVIORAL HEALTH HOSPITAL

AMITA Behavioral Health Hospital is one of 19 hospitals in the greater AMITA Health network. Our hospital is a not-for-profit facility that is Joint Commission accredited to provide mental health and addiction services. AMITA Behavioral Health Hospital is one of three hospitals situated on the AMITA Health St. Alexius Medical Center campus. The other two campus hospitals include the AMITA Health Women & Children’s Hospital Hoffman Estates and the AMITA Health St. Alexius Medical Center Hoffman Estates. This large medical campus is located 25 miles northwest of downtown Chicago and is adjacent to one of Chicagoland’s major expressways.

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

Please include all the following in your application:

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

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MISSION:

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

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

BEHAVIORAL HEALTH CARE TREATMENT PHILOSOPHY

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

TRAINING PHILOSOPHY

AMITA Behavioral Health Hospital is committed to excellence in training clinical professionals from a variety of disciplines. We pride ourselves on the quality advanced professional training that we provide which is consistent with our mission and values. We believe that training future psychologists and other mental health professionals in the skills and methods of effective clinical intervention is our professional obligation and our way of contributing to the community of skilled clinical professionals to serve the community at large. It is also, indirectly, an expression of our commitment to high quality patient care by way of increasing the number of skilled providers trained in the empirically based methods of treatment used at AMITA Behavioral Health Hospital.
We offer training experiences for students in clinical psychology, social work, counseling, and expressive therapy. The Doctoral Health Service Psychology Internship Program is our most intensive training program, offering the breadth of experiences interns seek during their doctoral internship year. Interns apply from across the United States for our hospital-based, group-focused, practical and evidence-based training within a managed care setting.

TRAINING MODEL

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

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

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

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

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

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

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

Outpatient psychotherapy patients present with disorders ranging from mood and anxiety disorders, addictions, bi-polar disorder, behavior, and adjustment disorders through moderate, but more stable, personality disorders.
BEHAVIORAL HEALTH UNITS AND PARTIAL HOSPITALIZATION PROGRAMS AT AMITA BEHAVIORAL HEALTH HOSPITAL

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

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

**Behavioral Health Inpatient Units:**

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

- **Adult Unit** – 2 South (**Severe and Persistent Mental Illness**): Skill-Based
- **Adult Unit** – 2 North (**Acute**): Cognitive-Behavioral Based
- **Adult Unit** – 2 Northeast (**Addictions**): Detoxification and Stabilization

- **Eating Disorders and Self-Injury** – 2 East: Re-feed and Self-Regulation Based

**Behavioral Health Intensive Partial Hospitalization and Outpatient Programs:**

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

The **Neuroscience Institute** is housed at multiple AMITA locations including **AMITA Health Alexian Brothers Medical Center Elk Grove Village**, **AMITA Health Hinsdale Hospital** and the **AMITA Women & Children’s Hospital Hoffman Estates**. Combined, these clinical sites provide services that meet the needs of patients with Neurological Disorders. The Institute was created as part of the AMITA Health System’s commitment to advanced medicine. It comprises facilities and services that are a portal to the latest neurological advances that are transforming our ability to help patients with these and other conditions.

The Department of Pediatric Neuropsychology is a member of the Neurosciences Institute and is housed in the Center for Pediatric Brain and Specialty Services (CPBSS) in the AMITA Women & Children’s Hospital. Board Certified Pediatric Neuropsychologists collaborate with many of the other service lines in CPBSS including Pediatric Neurosurgery, General Pediatrics, Child and Adolescent Psychiatry, Concussion Clinic, Developmental Pediatrics, and the Autism Resource Center.

Outpatient Pediatric Clinics:

The Center for Pediatric Brain and Specialty Care Services is housed on the first floor of the AMITA Women & Children’s Hospital. Pediatric Health psychologists are members of the interprofessional medical teams in the Pediatric Neurology and Pediatric Endocrinology Clinics. The role of the pediatric health psychologist is to help children, teens, families, and caregivers adjust to the psychosocial aspects of chronic & acute medical illnesses.

AMITA Behavioral Health Outpatient Group Practice Hoffman Estates:

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

**Psychiatry**
- General Adult
- Child and Adolescent
Neuropsychiatry
Women’s Clinic

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

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

**Autism Spectrum & Developmental Disability Resource Center (ASDDRC)**

The AMITA Health Autism Spectrum and Developmental Disability Resource Center Hoffman Estates offers free assistance to community members, and is staffed by providers who are trained to screen for autism spectrum disorders and to navigate or provide supportive services for autism spectrum and related neurodevelopmental disorders. Services provided by ASDDRC include the following services:
- Non-diagnostic autism screenings
- Autism and developmental disorder diagnostic assessments
- Social learning and recreational groups
- Individual behavior and cognitive behavior therapy
- Parent-mediated intervention training
- Support groups for caregivers and diagnosed individuals
- Consultation/liaison with medical providers and patients in their care within the AMITA Health system within emergency departments, developmental and behavioral pediatrics, neurology, psychiatry, and other specialties

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

**Residential Treatment Center**
The **AMITA Health Foglia Residential Treatment Center Elk Grove** is the newest addition to our continuum of care. The AMITA Foglia Residential Treatment Center is located in Elk Grove, IL and provides residential treatment services to individuals presenting with chronic and debilitating chemical dependency or anxiety disorders.
TRAINING AT AMITA BEHAVIORAL HEALTH HOSPITAL DURING COVID

ADAPTATION OF TRAINING IN THE MIDST OF A PANDEMIC:

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

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

As of August 10, 2021, the vast majority of our interns are participating in clinical programs or services on site. The only exception, at this time, is for the intern training in the OCD/Anxiety Program which is fully virtual. On average, our interns are on site approximately 4 to 5 days weekly and are able to provide virtual services and attend virtual meetings intermittently throughout the week. Virtual modalities have been successfully incorporated into all areas of practice and training. This includes group work in the PHP programs, inpatient consultations on the Pediatric units, various components of psychological and neuropsychological testing, and outpatient psychotherapy. The use of virtual forms of communication and requirements for being on-site varies depending on the type of clinical activity under consideration. Also, whether or not an intern is on-site or operating on a virtual format is subject to the fluctuations that COVID may introduce regarding social distancing and safety precautions. Ultimately, it is difficult to predict the state of on-site versus virtual modes of training come next July; however, AMITA has been very successful at adjusting to these variations in a way that does not compromise patient care or interfere with meeting the training goals of our interns.
PATIENT POPULATIONS SERVED

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

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

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

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

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

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

All intern didactics and seminars occur at either AMITA Behavioral Health Hospital or the Women and Children’s Hospital with the exception of the AMITA Behavioral Medicine sponsored Professional Seminar Series. The Professional Seminar Series is held at the Northern Illinois University Conference Center which is located 5 miles west of AMITA Behavioral Health Hospital.

TRAINING GOALS AND OBJECTIVES

AMITA HEALTH Alexian Brothers Behavioral Health Hospital’s APA accredited internship strives to develop well-rounded clinical psychologists, health psychologists, and neuropsychologists who are prepared to provide diagnostic and evidence-based therapeutic services to patients at all levels of care from outpatient psychotherapy through partial hospitalization group interventions and inpatient diagnostic assessments. Our training program focuses on nine primary goals that foster competency across an array of clinical skills and professional practices.

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

GOAL 1: SCIENTIFIC FOUNDATION OF CLINICAL PRACTICE

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

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

**GOAL 2: ETHICS and LEGAL STANDARDS**

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

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

**GOAL 3: INDIVIDUAL and CULTURAL DIVERSITY**

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

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

**GOAL 4: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS**

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

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

**GOAL 5: COMMUNICATION and INTERPERSONAL SKILLS**

*Competence in the Practice of Effective and Professional Communication when Interacting with Staff and Colleagues*
By year-end, the intern will consistently present him/herself in a professional manner that emphasizes respect, collaboration and maturity when interacting with colleagues, peers and supervisors. This is accompanied by clear and effective communications that is geared towards cooperation and problem-solving.

**GOAL 6: ASSESSMENT**
Competence in Theories and Methods of Psychological Diagnosis and Assessment

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

**GOAL 7: INTERVENTION**
Competence in Theories and Methods of Effective Psychotherapeutic Intervention

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

**GOAL 8: SUPERVISION**
Competence in Receiving Supervision:
Throughout the year, the intern will display an appreciation for supervision, and will be open to the feedback and growth potential inherent to the supervisory relationship.

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

**GOAL 9: CONSULTATION and INTERPROFESSIONAL SKILLS**
Competence in Professional Consultation and Evaluation
By year-end, the intern will comfortably and effectively serve in the role as consultant to other staff and clinicians. This includes the skillful communication with and a respect for other team members as it relates to the provision of care and other professional activities. The intern will provide feedback to the clinical staff in a way that is professional, courteous, constructive and sensitive to the abilities and knowledge-base of the consultee.
COMPETENCY EVALUATION

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

Forms of Competency Evaluation

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

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

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

One Way Mirror Evaluation: Every other week a designated intern is selected to conduct a one-way mirror clinical intervention with an existing patient. This learning activity is led by our Lead Psychologist, and each intern presents during One-Way Mirror approximately 3 times a year. During these training events, the leader of the OWM Seminar Series completes a written evaluation of the intern’s performance during the one-way mirror activity and reviews this feedback with the intern. A copy of this evaluation is provided to the intern and the DOT.
Pro-Seminar Presentation Evaluation: Each intern presents during Pro-Seminar approximately two times during the training year. After each presentation, members of the audience (including Training Department staff members, supervisors, and other master’s and doctoral level trainees) evaluate the intern on their presentation across multiple parameters. The Pro-Seminar Presentation Evaluation form contains both numeric ratings and areas for written comments. Following the presentation, this information is shared with the intern presenter and a copy is forwarded to the DOT.

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

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

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

1. **NOT PROGRESSING** as expected and requires **REMEDIAION**

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

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

4. **ACHEIVED COMPETENCY** for bases of independent practice

Processes for Comprehensive Competency Evaluations:

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

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

**Minimal Standards of Success**

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

**1st Quarter Competency Determination:**
- a. The intern must not receive any competency item rated at a value of “1”.
- b. The intern must not receive more than 30% competency items rated at a value of “2”.

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

**3rd Quarter Competency Determination:**
- a. The intern must not receive any competency item rated at a value of “1”.
- b. The intern must not receive more than 10% competency items rated at a value of “2”.
- c. Among all the competency items rated, the intern must receive a minimum of 50% rated at a value of “4”.

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

The internship is composed of activities that foster an intern’s clinical competency and professional development, broaden and refine their skills and abilities, and prepare them for professional licensure following the postdoctoral/fellowship year (when required by state). The intern is assigned to a specific training track (i.e. Adult/Chemical Dependency, Child/Adolescent, ED/OCD, Pediatric Health Psychology, Pediatric Neuropsychology) that provides intensive training in focused areas within the context of an overall generalized training experience. During the application process, the intern specifies one training track that fits best with their learning goals and clinical interests. This method of clinical distinction focuses on clarification of age (i.e., child, adolescent or adult) and/or a specialized branch of learning and treatment (e.g., pediatric health psychology, chemical addictions, pediatric neuropsychology, anxiety disorders, eating disorders).

The intern’s daily and weekly activities may afford them the opportunity to provide services to patients at various levels of care. For example, an intern may initiate treatment for a patient in a PHP program who within a week is “stepped up” to an inpatient unit for an additional week during which time psychological testing is requested, and then returns to the PHP for three additional weeks. After that time, if the patient qualifies for reduced-fee clinical services, the intern may continue as the patient’s outpatient therapist in the Outpatient Psychotherapy Training Clinic.

Interns participate in regularly scheduled weekly case reviews to discuss their patients with other members of the interdisciplinary team. During these meetings, the intern serves in the role of “case manager” and takes the lead during the discussion of their patients. These weekly reviews exemplify the interprofessional approach to patient care which involves professionals of many disciplines. It also allows interns to function in a consultative role. Case management within a managed-care setting is a skill that most of our interns (exception is the intern in PNP Track) learn as well as the process of patient review required by most insurance companies.

Clinical Training Activities

In order to meet our training program’s general goal of training highly competent health service psychologists, a variety of experiential training opportunities that span breadth, depth, type, and duration are provided to the intern throughout the year. AMITA Behavioral Health Hospital provides comprehensive mental health services that span the continuum of care from inpatient psychiatric treatment to traditional outpatient services. The internship training experience taps into the richness of this clinical diversity and offers several activities that foster an intern’s professional development, broadens and refines their clinical skills and abilities, augments their knowledge base, and prepares them for licensure following the postdoctoral/fellowship year. A
vast majority of the intern’s training is experiential in nature in clinical care, professional engagement, and educational opportunities.

Intake Assessments:

**PHP/IOP New Patient Assessments:**
In conjunction with other duties assigned to interns in their respective PHP Clinical Rotations, interns perform initial assessments of patients treated in intensive level services. As part of the intake process, interns also formulate an individualized treatment plan for each patient. Interns initially observe a clinical staff member conducting initial assessments until the intern feels prepared to conduct assessments while being observed by the clinical staff member. This is a graduated process in which the intern takes on an increasingly larger role in co-conducting the initial assessment until the intern and supervisor feel confident in the intern’s ability to conduct the initial interview alone. At this point, the intern then proceeds to this level of independent functioning. Learning to collect and integrate data, make appropriate treatment decisions, and convey necessary clinical information to staff, managed care utilization reviewers, outside agencies (e.g., schools), and other providers are the goals of this experience.

**Clinical Interview as part of Diagnostic Assessment:**
Interns also receive training throughout the year conducting initial interviews as part of their diagnostic training experience. This applies to both the generalist health service psychology tracks and the neuropsychology track (refer to Peds Neuropsychology track for specific information). The focus of this clinical training experience is to develop competency in clinical interviewing in a manner that allows for gathering useful clinical and historical information, satisfactorily addressing the referral question, and guiding the selection of testing materials. Over the course of the year, each intern (with the exception of the neuropsychology intern) will participate in a minimum of 6 clinical interviews associated with diagnostic assessments. Initially, the intern observes the supervisor conducting the clinical interview with the intern gradually assuming a larger role in conducting the interview over the course of the rotation until the time when the intern independently conducts the interview with the supervisor observing. Before each interview, the supervisor assigns the intern areas of the assessment to be covered by the intern during the interview.

**Psychological Testing:** Interns who are not in the Pediatric Neuropsychology Track complete at a minimum of 6 comprehensive psychological batteries during their internship year. (Peds Neuropsychology interns meet the requirements of the Neuropsychology Program—more information is found under “Peds Neuropsychology Rotation”). The intern’s schedule provides the time and resources for developing skills in diagnostic evaluations. The typical referral for psychological assessment is ordered by the treating psychiatrist to clarify a specific question or concern
related to the current psychiatric problem and treatment needs. Interns have an opportunity to test/assess patients across the life span. They also learn assessment skills across the continuum of care and spectrum of psychiatric disorders.

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

**Outpatient Psychotherapy:** Throughout the year interns carry up to five individual or family therapy cases in the outpatient Training Clinic. The Training Clinic operates in collaboration with the AMITA Health Outpatient Group Practice Hoffman Estates and trains interns to conduct outpatient therapy with underserved populations in a traditional outpatient setting. Patients are assigned to a given intern based on the intern’s training, experiences, as well as interest in furthering their knowledge base. Referrals to the Training Clinic emanate from the hospital’s Access Department (Behavioral Acute Care Service), partial hospital programs, psychiatry inpatient units, group practice intake office, and the community. The patients accepted into the Training Clinic are uninsured for behavioral health. Interns are responsible for assessment, treatment, and management of their outpatient clinic cases. This includes a semi-structured clinical interview, assessment summary, treatment planning and provision of services, discharge planning, and collateral contacts with psychiatrists, family members, schools, and other mental health practitioners.

**Primary Clinical Rotations (6 Months to 1 Year Duration):**
At the outset of the training year, each intern is assigned to one of five training tracks that are comprised of various combinations of our intensive outpatient programs, pediatric health psychology service, autism resource services, and/or pediatric neuropsychology service. The training tracks have been developed by combining distinct but complimentary service lines in a way that allows the intern to gain experience working with a select patient population in a more comprehensive and well-rounded manner. Training track assignments are based upon the intern’s expressed interest at the outset of the application process. With the exception of the pediatric neuropsychology intern and the pediatric health psychology intern, interns rotate into a different primary clinical program at the 6th month of training.

In the primary PHP clinical rotations, the intern conducts a series of psychoeducation groups, leads process therapy groups, and eventually independently manages three case individual cases. All of these clinical training opportunities are superimposed by the experience of operating in a milieu setting which means that the intern is constantly exposed to patient and staff interactions thereby providing ample opportunities for experiential learning. As with all of the previously described training experiences, the intern is trained in each of these primary
clinical rotations within the framework of a developmental training model that is based upon the following tenets in order of occurrence:

1. Observe
2. Be observed
3. Provide service independently
4. Increase frequency and responsibility
5. Increase intensity by challenging clinical skills beyond comfort zone
DESCRIPTIONS OF PRIMARY CLINICAL ROTATIONS

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

Adult PHP

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

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

Chemical Dependency Programs

Program Director: SARAH BRILEY, ED.D., LCPC
Program Supervisor: ALICE SCHRUBA, PSY.D., Licensed Clinical Psychologist
Treatment Model: Motivational Interviewing, CBT, and ACT in a Group Treatment Model

In working with patients diagnosed with chemical dependency, interns are trained in intensive work with adults suffering from the effects of addiction. The addiction may be to substances such as alcohol, hallucinogens, opioids, and amphetamines or it may be a process addiction, such as an addiction to computer video games, sex, or gambling. These patients are at times dually diagnosed with another psychiatric problem and may simultaneously receive treatment in both the chemical dependency program and the Adult, Eating Disorder or Anxiety/OCD PHP’s. The intern functions as a group and family therapist, as well as case manager/therapist in the milieu setting. There are many opportunities to conduct substance abuse assessments and become familiar with clinical presentations. We teach the skills of case management to each intern in a stepwise fashion that allows the intern to become familiar with the hospital’s addiction treatment model as well as the complex effects of abuse, dependency, and
withdrawal. The intern simultaneously provides individual case management services for a maximum of 4 patients per week. Facilitating educational groups and leading process groups are additional skills the intern acquires during this rotation.
YOUTH TRACK
This training track, which includes rotations through the Child PHP and Adolescent PHP programs, offers an excellent opportunity for an intern to gain breadth and depth of experience when treating youth. The intern in this track rotates at the 6-month mark from one rotation to the other.

Child PHP

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

While training in Child PHP, the intern gains knowledge of child development and behavioral theory to assess and treat children from 7 through 12 years of age. These children are treated for mood, anxiety, attention, developmental, oppositional and psychotic disorders and are often diagnosed for the first time while in our hospital. Within our highly structured treatment milieu, the children and parents gain skills and confidence in their ability to manage behaviors more effectively. The treatment team has the added benefit of special education teachers, and art and dance movement therapists. The intern will learn the techniques of behavioral treatment, group skills in anxiety management, play therapy, and family therapy. At a maximum, the intern training in this rotation can expect to simultaneously provide individual case management services to 4 children and their families.

Adolescent PHP

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

The Adolescent PHP program treats adolescents with severe behavioral and emotional difficulties. Many of the adolescents present with significant substance abuse, misuse, or dependency as well. Group therapy sessions, case management, and family therapy are provided for every patient enrolled in the Adolescent program. A structured classroom setting, with licensed educators, assists the patients in their studies, and helps them to remain current in their school assignments. Art and Dance Movement therapy and Spirituality groups reflect the Alexian Brothers’ mission to treat the whole person: mind, body and spirit. Interns are involved in all aspects of patient treatment including school staffing, and presentations for school and community personnel. At a maximum, the intern training in this rotation can expect to simultaneously provide individual case management services to 4 adolescents and their families.
EATING DISORDER AND OCD TRACK
This training track, which includes rotations through the Eating Disorder PHP and Anxiety/OCD PHP programs, offers an excellent opportunity for an intern to gain breadth and depth of experience when treating individuals diagnosed with an eating disorder and/or OCD. The intern in this track rotates at the 6-month mark from one rotation to the other.

Eating Disorders PHP

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

The ED PHP is well known in the Chicagoland area and receives many specialty referrals. Although previous experience is not a prerequisite, the intern who applies to this rotation should have a strong interest in understanding and treating eating disorders (as well as OCD). The intern acquires the necessary skills to treat anorexia, bulimia, and binge eating disorders in a highly structured therapeutic group setting. At the same time these patients are frequently diagnosed with another clinical disorder such as OCD, a mood disorder, or PTSD, which complicates their presentation and treatment. Along with psycho-education and process group treatment, the intern gains experience in family therapy and milieu treatment of Eating Disorders. Since some of our patients begin their treatment on the inpatient unit, the intern may observe patients throughout the continuum of care and may interact with a few child patients, if the intern’s background permits. At a maximum, the intern training in this rotation can expect to simultaneously provide individual case management services to 4 individuals.

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

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

The Center for Anxiety and OCD is the premier Partial Hospitalization and Intensive Outpatient Treatment Program for anxiety disorders in the metropolitan Chicago area. Therefore, the range and intensity of anxiety disorder patients’ presentations is very large. Some patients come in for the treatment of panic attacks, while others have severe OCD. The treatment philosophy of the program is Cognitive Behavioral Therapy and Exposure with Response Prevention (ERP). All treatment is empirically based and is driven by updates in the research literature. Interns can expect to be fully involved in all aspects of the program, from assessing potential clients to doing ERP with patients on a daily basis. Our motto is, “If you are afraid of it, we need to do it!” Interns will also be involved in running anxiety education groups, and are very involved in our cross-track groups, where we treat patients from other programs that also have anxiety concerns. At a
maximum, the intern training in this rotation can expect to simultaneously provide individual case management services to 4 individuals.
PEDIATRIC HEALTH PSYCHOLOGY TRACK

Pediatric Health Psychology Service Line Director:
ROCCO DOMANICO, Ph.D., Licensed Clinical Psychologist

Pediatric Health Psychologist Supervisors:
ARIANNA TIMKO, PSY.D., Licensed Clinical Psychologist
KELLEY PHAN, PSY.D., Licensed Clinical Psychologist

Treatment Model:  Brief and Solution Focused Interventions, Cognitive-Behavioral, Behavioral, Family Systems, Motivational Interviewing, Self-Management

The intern in the Pediatric Health Psychology Track trains in this track throughout the year. That is, there is no rotation out of Pediatric Health Psychology to a different primary clinical program at the 6-month mark. Instead, more attention is directed towards increasing the breadth, depth and scope of training during the second half of the year. The Pediatric Health Psychology intern will be placed primarily in the AMITA Women & Children’s Hospital. The Pediatric Health Psychology Track offers sub-rotations through our Pediatric Specialty Care Clinics which includes Pediatric Endocrinology Pediatric Neurology, Pediatric Inpatient C/L Services and the Healthy Sleep Initiative.

The intern will be placed in pediatric outpatient medical specialty clinics to work alongside medical teams in providing integrated care to youth and families. The intern will conduct screenings and functional assessments of children and adolescents with acute and chronic medical conditions. In addition, the intern will provide brief evidence-based interventions in the medical setting to target common problems in youth with medical conditions. Interventions range from single session therapy during a medical appointment to brief (4-12) sessions of outpatient therapy. Finally, the intern will administer valid psychosocial measures to establish treatment goals and/or inform recommendations, and assess progress toward treatment goals. Common presenting problems in the Pediatric Endocrinology clinic include diabetes, obesity, thyroid disorders, growth disorders, and disorders of puberty. Frequent presenting concerns in the Pediatric Neurology clinic include chronic headache, persistent post-concussive symptoms, seizure disorders, ADHD, and primary or secondary insomnia. Co-morbid anxiety, depression, and family discord are also common.

The Peds Health Intern also contributes to the inpatient consultation and liaison (C/L) service. The intern attends multidisciplinary rounds on the pediatric general and pediatric intensive care units. The intern has the opportunity to work closely with Child Life Specialists, Spiritual Care Services, psychiatry, and pediatric intensivists and hospitalists, among other specialty providers. Consultations with patients are brief, often single-session assessments and interventions. Health psychology services are often requested for concerns of medical adherence, adjustment to hospitalization or a new diagnosis, and behavioral pain management, among others. Medical needs on the units span across gastrointestinal, pulmonary, neurological, endocrine, cardiac disorders and infectious disease.
The Peds Health Intern will also be a main member of the Sleep Service team that manages the AMITA Healthy Sleep Initiative. The intern will join the sleep team in providing a Healthy Sleep psychoeducational group to most of the PHP/IOP programs (perinatal, adult, CAM, adolescent, school anxiety/school refusal, eating disorder, anxiety/OCD) at the Alexian Brothers Behavioral Health Hospital. These psychoeducational groups are offered once during every program’s monthly schedule (once every 4 or 5 weeks per program). There is a longer sleep curriculum offered in the perinatal program to address mother and baby sleep improvement; the intern and one other sleep staff offer a psychoeducational group weekly in this program only. In addition to groups, the Peds Health Intern will also complete one-on-one sleep consultations with patients struggling with sleep from the PHP/IOP programs, help make referrals to the sleep psychiatrist, and attend a monthly Sleep service meeting.
PEDiatric NeuroPSYCHOLOGY Track
Neuropsychology Program Director:
AMy Davis, PH.D., ABPP, Licensed Clinical Psychologist, Board Certified Neuropsychologist

Supervisors:
Nicole Cruz, PH.D., ABPP, Licensed Clinical Psychologist, Board Certified Neuropsychologist
Esther Chin, PH.D., Licensed Clinical Psychologist
Ilana Reife, PH.D., Licensed Clinical Psychologist

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

The intern in the Pediatric Neuropsychology (PNP) Track trains in PNP throughout the year. That is, there is no rotation out of PNP to a different primary clinical program. Instead, greater attention is directed towards increasing the breadth, depth and intensity of training throughout the year. The Neuropsychology Track offers two secondary rotations which includes assignments to the Autism Spectrum and Developmental Disability Resource Center and Pediatric Health Psychology. The Autism Resource Center is a referral, screening, treatment, and psycho-educational service line offered by The Alexian Brothers Foundation. The service is housed in the AMITA Health Outpatient Group Practice Hoffman Estates directly across from AMITA Behavioral Health Hospital. The intern is trained in the following skills: screening, assessments, psychoeducation groups, family work, group therapy, and consultation. For further information regarding pediatric health psychology refer to the section above which contains descriptive information on the services and training opportunities available to the PNP intern.

Individual supervision is provided on a weekly basis in all three simultaneously occurring primary and secondary rotations. Didactic training in neuropsychology includes weekly
seminars in the areas of neuroanatomy, applied clinical neuropsychology, behavioral neurosciences, journal club, and professional issues/ethics. The PNP intern is also expected to present cases and topics at these seminars over the course of the year as well as get experience in conducting mock fact finding and work sample review in preparation for the oral exams in ABPP. In addition, the intern participates in guided self-study courses in neuroanatomy and clinical neuropsychology over the course of the year. Opportunities may also be provided for observation of neurological examinations and neurosurgical procedures as available.

In their clinical experiences, the PNP intern will be involved in clinical interviews, review of medical records, test selection, test administration, scoring, and interpretation of results, report writing, and patient feedback under the supervision of the neuropsychologist. The neuropsychology intern may also be involved in school observations and attend school meetings for determining eligibility for services. The Pediatric Neuropsychology Center serves children and adolescents from age 18 months to 18 years, with various conditions including autistic spectrum disorders, learning disabilities, attention-deficit/hyperactivity disorder, genetic conditions, and other neurological disorders (e.g., prematurity, in-utero exposure to toxins, seizure disorders, concussions, traumatic brain injury, etc.).
DESCRIPTIONS OF SUPPLEMENTAL ROTATIONS

Beginning in October interns participate in various training opportunities that are intended to further enhance their clinical, scholarly, supervisory, and professional development beyond or in addition to the skills gained in the year-long general training experiences in the primary clinical rotations. It is through this additional avenue of training that interns will be given the opportunity to seek experiences which round out their training and offer exposure to areas otherwise not provided through their primary rotation assignments.

These supplemental training opportunities are of various duration (e.g., 1 month to 9 months) and are contingent upon the availability of supervision by a qualified clinician, skilled in a given area. Supplemental rotations are fluid and are only restricted by scheduling, the availability of diverse experiences, and the presence of willing and qualified clinician for that particular activity. Each intern has 4 hours built in to their schedule for this purpose. Supplemental Rotations are coordinated by the Director of Training.

A list of Possible Secondary Rotations Includes:

- Health Psych Inpatient Pediatric Consultations
- Concussion Clinic
- Evidence Based Treatment Protocol Development
- Outcome Studies Analyses
- Program Development Project (e.g., Developing Training Manuals, Developing Treatment Programs, Assisting in Site Visit Preparation).
- Community Outreach and Public Education
- Group (Education or Process) in Other Clinical Programs
- Individual and Group work in Sleep Disorders Program
- LGBTQ+ education and process groups
- Bariatric Evaluations
- Weight Loss Program Group and Individual Therapy
- Expressive Therapy Groups
SUPervision

Clinical Supervision

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

Formal Supervision:
In addition to the continuous experiential learning afforded in a milieu therapy setting, the foundation of a solid training experience is based upon the availability of quality supervision, professional role-modeling, and balanced mentoring provided by psychologists who have achieved a level of professional licensure and mastery in the clinical area for which they provide supervision. At the AMITA Behavioral Health Hospital and the AMITA Women & Children’s Hospital, we are fortunate to have many psychologists working throughout our organization.

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

- Two hours of regularly scheduled weekly individual clinical supervision with a Licensed Clinical Psychologist or Neuropsychologist staff member.
- Individual supervision on diagnostic assessments from the Director of Testing Service when intern has an assigned testing case.
- Our Lead Psychologist leads one hour of bi-weekly group supervision utilizing the one-way mirror.
- The Training Director and the Coordinator of the Psych Testing Service co-lead one hour of bi-weekly diagnostic group supervision.

Individual Supervision:
Each intern is assigned a Primary Rotation Supervisor, a Training Clinic Supervisor, and a Diagnostic Supervisor. This group of supervisors, along with the Director of One-way Mirror, comprises the core supervisory team for each intern.

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

**Training Clinic Supervisor:** Each intern (with the exception of the PNP intern) is also assigned a Training Clinic supervisor who is responsible for supervising the intern on their outpatient Training Clinic Cases. The Training Clinic supervisor is responsible for the clinical care that the intern provides to Training Clinic patients. The Intern meets weekly for an hour with his/her Training Clinic Supervisor. Each supervision session is documented. For the PNP intern, instead of being assigned a TC supervisor, he/she is assigned a supervisor in both secondary rotations.

**Diagnostic Supervisors:** The Coordinator of the Psychology Testing Service—provides and assigns other psychology staff to provide clinical supervision on diagnostic assessments for each intern (with the exception of the PNP intern). The Coordinator of the Psychology Testing Service is responsible for organizing and overseeing all assessments conducted by interns in the Psychology Testing Service. Supervision may occur with any one of a number of licensed clinical psychologists and occurs when an intern is actively working on a testing case.

**Neuropsychology Supervisors:** The four neuropsychologists in the Pediatric Neuropsychology Service are involved in supervising the neuropsychology intern. Primary Supervisor assignments in PNP change every 3 months to allow the intern to gain exposure to the clinical styles and expertise of each of the pediatric neuropsychologists. The neuropsychology intern meets regularly with his/her assigned PNP supervisor two hours per week.

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

**One-Way Mirror**
One-way mirror group supervision occurs every two weeks for one hour. The group is led by our Lead Psychologist who is a licensed psychologist with over 35 years of clinical experience.

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

Diagnostic Group Supervision
The psychology interns also participate in diagnostic group supervision for one hour every two weeks with the Director of Training along with the Coordinator the Testing Service. Both the Coordinator of Testing Services and the Director of Training are licensed Clinical Psychologists.

The bi-weekly diagnostic seminar/case conference series is co-led by the Coordinator of the Testing Service and the DOT. The meeting includes all 8 interns as well as 2 diagnostic externs. Each intern presents on at least three occasions throughout the year to the testing staff, peer interns and diagnostic students on assessment related topics and assessment cases. During this group event, interns begin their presentation by posing a question to the group on what input they would like to receive from the group. This is typically in the area of case conceptualization or how to manage a particularly challenging element of a testing case. Throughout the conference, participants attempt to address the question(s) posed by the presenting intern.

Supervision on Supervision
Interns are also trained in the provision of supervision. Interns gain experience learning the methods of and science behind supervision. The intern may gain supervision training by supervising master’s level students in their clinical PHP work. Supervision of Supervision is provided by our Training Department Program Manager who is a Licensed Clinical Social Worker with expertise in Group Treatment and Clinical Supervision as well as by the Director of Training for supervision involving psychological assessments. Interns meet bi-weekly for an hour with the Program Manager to discuss the practice of and research behind being an effective supervisor.

Informal Supervision:

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

PSYCHOLOGY STEERING COMMITTEE:

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

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<thead>
<tr>
<th>PSYCHOLOGY STEERING COMMITTEE</th>
<th>JOB TITLE / ROLE IN PROGRAM</th>
<th>AREA OF SPECIALIZATION</th>
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<tbody>
<tr>
<td>Amy Davis, Ph.D., ABPP</td>
<td>Pediatric Neuropsychologist</td>
<td>Pediatric Neuropsychology</td>
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<td></td>
<td>Primary Supervisor of Interns</td>
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<tr>
<td>Rocco Domanico, Ph.D.</td>
<td>Director of Training Testing Supervisor</td>
<td>Child and Adolescent Psychology</td>
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<td>Marie Duetsch, LCSW.</td>
<td>Program Manager Supervision Training</td>
<td>Adult and Couples Outpt Therapy</td>
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<td>Training in Supervision</td>
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<tr>
<td>Tony Gorrie, Psy.D.</td>
<td>Clinical Director of Outpt Practice Primary Supervisor of Interns</td>
<td>Children, Adolescent, Adult, Mood, Anxiety, Diagnostic Testing</td>
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<tr>
<td>Cecelia Horan, Psy.D.</td>
<td>Director of Child PHP and Adolescent PHP programs Psychology Consultant</td>
<td>Children and Adolescents</td>
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<tr>
<td>Lacey Lemke, Psy.D.</td>
<td>Director Eating Disorders Program Primary Supervisor of Interns</td>
<td>ED, Pediatric Psychology</td>
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<tr>
<td>Patrick McGrath, Ph.D.</td>
<td>Psychology Consultant Primary Supervisor of Interns</td>
<td>Adolescent and Adult Anxiety Disorders</td>
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<tr>
<td>Tricia McKinney, Psy.D.</td>
<td>Clinical Supervisor Primary Supervisor of Interns</td>
<td>Children and Adolescents.</td>
</tr>
<tr>
<td>Clifton Saper, Ph.D.</td>
<td>Lead Psychologist Primary Supervisor of Interns</td>
<td>Children, Adolescents, Adults, Solution Focused Therapy</td>
</tr>
<tr>
<td>Alice Schruba, Psy.D.</td>
<td>Clinical Supervisor Coordinator of Psych Testing Service and Training Clinic Primary Supervisor of Interns</td>
<td>Adults, Addictions, Mood Disorders, Psychological Testing</td>
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</tbody>
</table>
SUPERVISORY and PROGRAM OPERATIONS COMMITTEE (SPOC)

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

<table>
<thead>
<tr>
<th>SUPERVISORY and PROGRAM OPERATIONS COMMITTEE</th>
<th>PROFESSIONAL TITLE / JOB ROLE</th>
<th>AREA OF SPECIALIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Bantner, LCPC</td>
<td>Licensed Clinical Prof Counselor Coordinator of ASDDRC Services</td>
<td>Autism Spectrum Disorders</td>
</tr>
<tr>
<td>Esther Chin, Ph.D.</td>
<td>Licensed Clinical Psychologist Pediatric Neuropsychologist</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>Nicole Cruz, Ph.D. ABPP</td>
<td>Licensed Clinical Psychologist Pediatric Neuropsychologist</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>Joanna Czupryna Huk, Psy.D.</td>
<td>Licensed Clinical Psychologist Outpatient Therapist</td>
<td>Individual therapy with teens and families. Health Psychology</td>
</tr>
<tr>
<td>Sara Rose Danesi, Psy.D.</td>
<td>Licensed Clinical Psychologist Outpatient Therapist</td>
<td>Individual therapy with adults</td>
</tr>
<tr>
<td>Amy Davis, Ph.D., ABPP</td>
<td>Licensed Clinical Psychologist Pediatric Neuropsychologist</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>Rocco Domanico, Ph.D.</td>
<td>Licensed Clinical Psychologist Health Psychologist Director of Training</td>
<td>Health Psychology Diagnostic Testing</td>
</tr>
<tr>
<td>Marie Duetsch, LCSW.</td>
<td>Licensed Clinical Social Worker Program Manager</td>
<td>Individual and Couples Therapy Training in Supervision</td>
</tr>
<tr>
<td>Kaitlyn Eichinger, Psy.D.</td>
<td>Licensed Clinical Psychologist Outpatient Therapist</td>
<td>Autism Spectrum Disorders</td>
</tr>
<tr>
<td>Tony Gorrie, Psy.D.</td>
<td>Licensed Clinical Psychologist Clinical Director of Group Practice</td>
<td>Mood &amp; Anxiety Disorders Diagnostic Testing</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Specialties</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Lacey Lemke, Psy.D.</td>
<td>Licensed Clinical Psychologist Director Eating Disorders Program</td>
<td>Eating Disorders Health Psychology</td>
</tr>
<tr>
<td>Patrick McGrath, Ph.D.</td>
<td>Licensed Clinical Psychologist PHP Consulting Therapist</td>
<td>Adolescent and Adult Anxiety Disorders</td>
</tr>
<tr>
<td>Tricia McKinney, Psy.D.</td>
<td>Licensed Clinical Psychologist PHP Therapist Clinical Supervisor</td>
<td>Therapy with Children and Adolescents</td>
</tr>
<tr>
<td>Kelley Phan, Psy.D.</td>
<td>Licensed Clinical Psychologist Health Psychologist</td>
<td>Bariatric Evaluations Health Sleep Services</td>
</tr>
<tr>
<td>Ilana Reife, Ph.D.</td>
<td>Licensed Clinical Psychologist Pediatric Neuropsychologist</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>William Roberts, Psy.D.</td>
<td>Licensed Clinical Psychologist Outpatient Therapist</td>
<td>Therapy with Children, Adolescents, and Adults</td>
</tr>
<tr>
<td>Clifton Saper, Ph.D.</td>
<td>Licensed Clinical Psychologist Lead Psychologist</td>
<td>Therapy with Children, Adolescents, and Adults Solution Focused Therapy</td>
</tr>
<tr>
<td>Alice Schruba, Psy.D.</td>
<td>Licensed Clinical Psychologist PHP Therapist Clinical Supervisor</td>
<td>Adults, Addictions, Mood Disorders, Psychological Testing</td>
</tr>
<tr>
<td>Arianna Timko, Psy.D.</td>
<td>Licensed Clinical Psychologist Health Psychologist</td>
<td>Inpatient C/L Services Peds Neurology</td>
</tr>
<tr>
<td>Kathleen Torres, LCSW</td>
<td>Licensed Clinical Social Worker Director of OCD PHP</td>
<td>Adolescents and Adults with OCD</td>
</tr>
</tbody>
</table>
FORMAL CLINICAL PSYCHOLOGY SUPERVISORY TEAM:

Members of the Psychology Supervisory Training Staff specialize in the various clinical intern rotations provided throughout the hospital. There is a total of 14 full-time and 3 part-time Licensed Clinical Psychologists that are involved in the training and formal supervision of the psychology interns.

<table>
<thead>
<tr>
<th>LICENSED CLINICAL PSYCHOLOGIST SUPERVISORS</th>
<th>SUPERVISOR ROLE</th>
<th>AREA OF SPECIALIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esther Chin, Ph.D. FT</td>
<td>Neuropsychology Supervisor</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>Nicole Cruz, Ph.D. ABPP FT</td>
<td>Neuropsychology Supervisor</td>
<td>Autism Evaluations ADHD Evaluations</td>
</tr>
<tr>
<td>Joanna Czupryna Huk, Psy.D. FT</td>
<td>Training Clinic Outpatient Supervisor Diagnostic Testing Supervisor</td>
<td>Individual therapy with teens and families. Health Psychology</td>
</tr>
<tr>
<td>Sara Rose Danesi, Psy.D. FT</td>
<td>Training Clinic Outpatient Supervisor</td>
<td>Individual therapy with adults</td>
</tr>
<tr>
<td>Amy Davis, Ph.D., ABPP FT</td>
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<tr>
<td>Rocco Domanico, Ph.D. FT</td>
<td>Diagnostic Testing Supervisor</td>
<td>Health Psychology Diagnostic Testing</td>
</tr>
<tr>
<td>Kaitlyn Eichinger, Psy.D. FT</td>
<td>Secondary Rotation Neuropsych Supervisor</td>
<td>Autism Spectrum Disorders</td>
</tr>
<tr>
<td>Tony Gorrie, Psy.D. FT</td>
<td>Training Clinic Outpatient Supervisor</td>
<td>Mood &amp; Anxiety Disorders. Diagnostic Testing</td>
</tr>
<tr>
<td>Lacey Lemke, Psy.D. FT</td>
<td>PHP Clinical Supervisor Diagnostic Testing Supervisor</td>
<td>Eating Disorders Health Psychology</td>
</tr>
<tr>
<td>Patrick McGrath, Ph.D. PT</td>
<td>PHP Clinical Supervisor</td>
<td>Adolescent and Adult Anxiety Disorders</td>
</tr>
<tr>
<td>Tricia McKinney, Psy.D. PT</td>
<td>PHP Clinical Supervisor</td>
<td>Therapy with Children and Adolescents.</td>
</tr>
<tr>
<td>Kelley Phan, Psy.D. FT</td>
<td>Health Psychology Clinical Supervisor</td>
<td>Bariatrics Healthy Sleep</td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
<td>Specialties</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Ilana Reife, Ph.D.</td>
<td>Neuropsychology Supervisor</td>
<td>Autism Evaluations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADHD Evaluations</td>
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<tr>
<td>William Roberts, Psy.D.</td>
<td>Training Clinic Outpatient Supervisor</td>
<td>Therapy with Children, Adolescents, and Adults</td>
</tr>
<tr>
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<td>Training Clinic Outpatient Supervisor</td>
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<tr>
<td></td>
<td></td>
<td>Solution Focused Therapy</td>
</tr>
<tr>
<td>Alice Schruba, Psy.D.</td>
<td>PHP Clinical Supervisor</td>
<td>Adults, Addictions, Mood Disorders, Psychological Testing</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Testing Supervisor</td>
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<td>Health Psychology Supervisor</td>
<td>Inpatient C/L Services</td>
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<td>Diagnostic Testing Supervisor</td>
<td>Peds Neurology</td>
</tr>
<tr>
<td></td>
<td>Secondary Rotation Neuropsych Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**INTERN SELECTION COMMITTEE**

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

The training program at AMITA Behavioral Health Hospital provides a series of planned didactic experiences specifically geared to our psychology interns. These seminars are diverse and intended to complement and broaden the clinical training experience.

On-Site Didactics, Conferences, and Seminars

- **Autism Seminar Series:** The Autism Seminar Series is a monthly professional conference that is sponsored by the Autism Spectrum and Developmental Disabilities Resource Center of AMITA Behavioral Health Hospital. All interns are invited to attend. Speakers include in-house staff members and outside professionals who have expertise in autism spectrum disorders and other developmental disabilities. Topics include medication treatment, behavioral treatment and assessment.
  --One hour per month on the Third Thursday of every month 12:00—1:00 at the AMITA Women & Children’s Hospital
  --Required Attendance by Peds Neuropsych and Child PHP Interns. Optional Attendance for all others.

- **Diagnostic Seminar (and Group Supervision):** The bi-weekly Diagnostic Seminar and Group Supervision is co-led by the Director of Training and the Coordinator of the Testing Service. The meeting includes all 8 interns as well as 2 diagnostic externs. Each intern presents on at least three occasions throughout the year to the testing staff, peer interns and diagnostic students on assessment related topics and assessment cases.
  --One hour every other week, Wednesdays 9:00—10:00
  --Required Attendance by all.

- **Ethics Seminar:** The Ethics Seminar Series is a bi-weekly conference led by a Licensed Clinical Psychologist with expertise in the study and practice of professional ethics. This Seminar Series seeks to provide interns with a professional development opportunity through presenting and discussing issues of ethical and legal concerns pertaining to clinical practice, research, training, and consultation. Content for this year-long series includes discussion of relevant state and federal laws as well as APA ethics standards pertaining to topics presented by the interns. The format of the meetings includes a 15-minute open forum for interns to discuss current ethical concerns pertaining to their work, a 25-minute presentation and discussion surrounding topics of ethical/legal concern, and 15-minutes spent identifying alternative courses of action based on the presentation discussed or vignette discussion.
  --One hour every other week, Wednesdays 10:00—11:00
  --Attendance Required by all.

- **Neuropsychology Seminar, General Series:** The General Neuropsychology Seminar Series is a didactic series led by our team of Pediatric Neuropsychologists. The topics of this seminar series cover general issues in neuropsychology and neurology as well as
relevant research. In addition to the pediatric neuropsychologists and the neuropsychology interns, the pediatric neuropsychology fellow and neuropsychology externs also attend these meetings. The neuropsychology intern presents during this seminar on at least two occasions. All other interns are invited to attend.
--One hour per week. Tuesdays 12:00—1:00
--Required Attendance for PNP intern; Optional Attendance for all other interns.

♦ **Pediatric Health Psychology Seminar Series:** This is a year-long seminar series focusing on issues relevant to the practice and research of pediatric health psychology. Each week a topic related to the practice of health psychology is reviewed and discussed. This seminar series is led by the Health Psychology Team and is comprised of health psychologists, psychology interns, post-doc fellows in health psychology, and health psychology externs.
--One hour per week. Monday 12:00—1:00
--Required Attendance by Peds and PNP Interns. All other interns welcome to attend.

♦ **Pediatric Neuropsychology Self-Directed Studies in Neuroanatomy:** The neuropsychology intern engages in a self-guided study in Neuroanatomy that is overseen by one of the directors in the Pediatric Neuropsychology Service. The following are the texts from which studies are drawn:

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

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

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

♦ **PHP/Service Line Case Staffings** — Each intern training in the PHP programs attends a weekly clinical staffing that is held by the primary clinical program. At these meetings, psychiatrists, program clinicians and trainees review current patients and discuss clinical presentations, responses to treatment, treatment planning, and prognoses. The intern is expected to lead the review and present on his/her own in-program cases throughout the year.
--One to two hours per week. Time/day/duration varies by program.
Required attendance by all PHP assigned interns.

**Professional Development Seminar:** The Professional Development Seminar is a monthly seminar series that focuses on professional issues relevant to new career psychologists and the field in general. Each monthly seminar is led by a different staff psychologist to provide interns with a broader base of perspective and experience.

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One hour per week, Tuesdays 12:00 to 1:00
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Attendance Required by all.

**Supervision Seminar Series** – This seminar series is geared towards providing interns the opportunity to gain knowledge in the theory and processes of supervision and to gain experience in providing supervision. This seminar series is led by our Training Dept Program Manager who is an expert in group treatment and supervision.

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One hour every other week, Wednesdays from 9:00 to 10:00. It alternates with the Ethics Seminar Series.
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Attendance Required by all

### Additional Professional Conferences

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

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

Pro-Seminar Presenter:
The Professional Seminar Series (Pro-Seminar) is a weekly didactic series that includes all psychology externs, social work interns, counseling interns, and expressive therapy interns on site (typical N ~40). Topics presented at Pro-Seminar typically are clinically focused and related to the patient population served by AMITA Behavioral Health Hospital. Psychology interns are expected to present at Pro-Seminar on two occasions throughout the year. Topics of clinical relevance are encouraged.

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

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

Supervision of Doctoral Students

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

Program Length and Schedules:

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

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

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

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

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

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

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

We do not offer half-time internships at this time.
Schedule of training hours

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

For Interns Training in Peds Health, Adolescent, Adult, CAM, Child, ED, and OCD PHP’s

<table>
<thead>
<tr>
<th>TRAINING ACTIVITY</th>
<th>TRAINING HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY ROTATION</td>
<td>22</td>
</tr>
<tr>
<td>PSYCH TESTING SERVICE</td>
<td>6</td>
</tr>
<tr>
<td>TRAINING CLINIC</td>
<td>5</td>
</tr>
<tr>
<td>SUPPLEMENTAL ROTATION</td>
<td>5</td>
</tr>
<tr>
<td>TRAINING</td>
<td>4.5</td>
</tr>
<tr>
<td>ADMINISTRATION TIME</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>45 HOURS</strong></td>
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</tbody>
</table>

For Interns Training in Peds Neuropsychology

<table>
<thead>
<tr>
<th>TRAINING ACTIVITY</th>
<th>TRAINING HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY ROTATION</td>
<td>21</td>
</tr>
<tr>
<td>PEDS HEALTH PSYCH</td>
<td>8</td>
</tr>
<tr>
<td>AUTISM RESOURCE CENTER</td>
<td>8</td>
</tr>
<tr>
<td>TRAINING</td>
<td>4.5</td>
</tr>
<tr>
<td>ADMINISTRATION TIME</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>45 HOURS</strong></td>
</tr>
</tbody>
</table>
FEEDBACK AND PROGRAM IMPROVEMENT

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

Mid-Year and Year-End Surveys of Current Interns

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

Distal Data Collection of Graduated Interns

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

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

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

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

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

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

Information:

❖ There are EIGHT doctoral psychology intern positions. The internship extends for one full year with a minimum of 2,100 hours. No part-time internships are offered.

❖ AMITA Behavioral Health Hospital is an equal opportunity employer and complies with all government requirements pertaining to EEOC and ADA regulations. We encourage individuals of diverse backgrounds to apply to our site.

❖ The intern stipend for living expenses is $27,400 per year. Interns receive an additional stipend of $3,600 to purchase health insurance coverage. During the course of the year interns receive twenty-six bi-weekly checks totaling $31,000 to contribute to their annual living expenses and health insurance coverage. Health insurance must be purchased independently.

❖ Interns are on-boarded as contingent workers, and thus no taxes are withheld from the biweekly stipend payments. Payment of income taxes and other federal and state withholdings is the responsibility of the intern.

❖ Paid time off includes 16 days of PTO, 8 holidays, and 6 conference days.

❖ If an intern wishes to be granted accommodations for any health-related issues, please contact the Director of Training for the accommodation request.

❖ AMITA Behavioral Health Hospital abides by the Association of Psychology Postdoctoral and Internship Centers guidelines regarding application and notification day procedures.

❖ Interns are expected to abide by the American Psychological Association Code of Ethics.

❖ The Internship year begins with a mandatory five-day orientation to the hospital system and AMITA Behavioral Health Hospital. It is then followed by a 3-day orientation to the training program and 2-day orientation to the primary clinical program.

❖ AMITA Behavioral Health Hospital requires and pays for all doctoral interns to receive specific immunizations, complete a pre-employment drug screen, a two-part TB test, a CANTS screen, employment paperwork, and attend an AMITA Behavioral Health Hospital orientation before or at the outset of the internship. Each intern will
be required to receive an influenza vaccine in the autumn at the expense of AMITA Behavioral Health Hospital.

❖ Conditions of employment as a contingent worker (and therefore, the internship placement itself) are dependent upon the results of the drug screen, background checks of felony convictions, and/or the DCFS background check all of which are not requested nor received until after the APPIC match. Certain findings may interfere with an intern’s ability to be hired and participate in the internship program. Further details on circumstances that would impede employment at our site can be learned by directly contacting our HR department.

❖ Like all other Catholic based health care organizations, it’s standard procedure that staff and trainees agree to follow the Ethical and Religious Directives established by the Catholic Health Care Doctrine https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_3.pdf. This specifically relates to the work we do in Behavioral health by informing the manner in which we provide care—treating each individual (regardless of ability to pay) with respect, compassion, and dignity.

❖ AMITA Behavioral Health Hospital provides formal evaluations with interns at 3, 6, 9, and 12 months. The Internship Training Committee meets monthly to review each intern’s progress. Interns are informed immediately if they are falling behind in any area of competence. If necessary, a plan of action is implemented between the intern and primary supervisor with the input of the DOT and Training Committee members.

❖ If problems arise during the training year, either for the student or supervisor/s, AMITA Behavioral Health Hospital provides policies and procedures for remediation and intern grievance. These documents are defined and presented during the orientation program and are available for review before the training year begins and throughout.

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

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

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

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

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

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

**INTERVIEW PROCEDURES**

For the 2022-2023 training year, all interviewing will be conducted via a virtual format using Zoom. No candidate will be permitted to interview in person so as to maintain a standard of fairness for candidate consideration. All elements of the interview process that we have used throughout the years will be maintained to the best of our abilities. Therefore, candidates that are selected to interview with AMITA Behavioral Health Hospital should expect to “be” with us anywhere from 6 to 7 hours to complete the process. The interview process will include the following components:
• Initial Introductions
• Training Dept Presentation
• Group Interviews
• Writing Exercise
• Individual Interviews
• Informal meeting with Current Interns
• Q & A Time with DoT

Interview dates for PEDIATRIC NEUROPSYCHOLOGY candidates are as follows:

Friday, January 7th, 2022

or

Friday, January 21st, 2022

Please direct any communications to the Training Director via e-mail:
Rocco Domanico, Ph.D.
Director of Training
rocco.domanico@amitahealth.org