



morrison
child & family services

Morrison Child & Family Services

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

**Pre-doctoral Internship Program
Clinical Child Psychology**

2015

APA Accredited Since 1959
Portland, Oregon

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979

MORRISON CHILD AND FAMILY SERVICES PREDOCTORAL INTERNSHIP IN CLINICAL CHILD PSYCHOLOGY

MORRISON CHILD AND FAMILY SERVICES

Morrison Child and Family Services is a private, nonprofit organization serving youth and their families in the Portland metropolitan area. Morrison assists families of children and adolescents ranging in age from infancy through eighteen. Founded in 1947 by Dr. Carl Morrison, Morrison was originally known as the Community Child Guidance Clinic. The name was changed in recognition of its founder and to reflect a shift in service emphasis and expanded scope, which now includes rapid response to crisis situations, outreach to the local community, a focus on the entire family, and an array of treatment options from brief prevention work all the way to secure specialized residential programs. Currently, Morrison operates six major treatment programs in multiple locations in the greater Portland metropolitan area. Morrison is also in the second year of an agency wide implementation of the Sanctuary Model.

INTERNSHIP TRAINING PROGRAM

The Morrison Predoctoral Internship is an American Psychological Association (APA) accredited internship site and has maintained that status since 1959. This is a full-year, full-time intensive training experience with a child/community outpatient focus for five Predoctoral interns.

OUR STRONG COMMITMENT TO THE INTERNSHIP PROGRAM

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

1. ***A Commitment to Training and Scholarship.***

In addition to the substantive training activities of the internship, Morrison provides a number of agency-wide training opportunities, including educational seminars, psychiatric consulting services for staff, and diversity trainings, as well as training in evidence based models (Incredible Years and Seeking Safety). The intern faculty perceives training as a valued opportunity as opposed to an obligation.

2. ***A commitment to Youth and Family.***

Services are limited to low income families with children who present mental or emotional problems. The focus is broad in that mental/emotional problems exist within the context of family and community, directly affecting parents/caretakers and siblings. Interns are exposed to a wide variety of clinical populations and community systems within the broad context. They also are exposed to a variety of theoretical orientations and disciplines within the outpatient clinics, with trauma-informed principles woven throughout.

3. ***A commitment to Professional Identify.***

Each intern is encouraged to establish an identity as a psychologist which matches or capitalizes on his or her own capabilities, theoretical beliefs, and personality style. While the emphasis in supervision is on

understanding the client, it also focuses on the intern as a developing professional, therapist, consultant, and scholar.

4. ***A commitment to Cultural Competency.***

Morrison and the internship program are committed to providing culturally competent services. For example, approximately 15 – 30% of an intern’s caseload are likely to be ethnic minorities, and virtually all clients will be low income to poverty. Diversity trainings focus on developing self awareness as well as knowledge pertaining to delivering competent psychological services with diverse populations.

MODEL OF TRAINING

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

INTERN DUTIES AND RESPONSIBILITIES

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

- 1) Core placement in a community outpatient mental health clinic, with a secondary placement one day a week in an elementary school.
- 2) Conducting psychological evaluations
- 3) Supervision and training

Over the course of the internship, interns function in an increasingly independent manner. By the end of the internship, interns will function as regular staff with an active caseload, evaluations, and regular consultation responsibilities. Of course, for interns the primary emphasis is on training. We have also developed an externship placement experience offering additional psychological evaluation experience one day a week in an assessment private practice named Mindsights; this is an optional activity for up to 2 interns.

Also of specific note is how Match selection currently occurs at Morrison. Morrison will participate in the APPIC Match, and applicants must obtain an applicant agreement and register for the Match in order to be eligible to obtain a match with our program. Applicants may obtain an APPIC application by downloading it at www.natmatch.com or contacting National Matching Services (NMS) to secure a copy. Applicants are asked to provide a de-identified psychological evaluation as part of their application. It is also required that intern candidates NOT communicate their ranking of internships to staff/employees consistent with APPIC guidelines.

PRIMARY PLACEMENT

OUTPATIENT

This program operates at the Gresham Outpatient site, and serves a low-income population primarily from Multnomah County. In addition, outpatient services are delivered on-site one day a week at specific, designated Portland public elementary schools which have been identified as serving high risk, low income families.

Morrison’s outpatient child and family program admits close to 5,000 families per year at five sites. Clients served in this program present with a wide variety of behavioral and emotional concerns. These concerns include but are not limited to the following: attachment difficulties, dysfunctional family communication, anxiety, oppositional behaviors, school failure, depression, suicidal behavior, runaways, physical/sexual abuse or neglect, substance

abuse, and placement in foster care. A history of exposure to trauma and attachment disruptions is nearly universal among our clients. Interns typically provide family therapy, individual or play therapy, group therapy, parent consultation, consultation to other professionals, and/or case management services. Clients are often seen in short-term formats including group treatment, but some may need to be seen individually or within their family for the duration of the internship year.

Providing clinical services to working families and school age children will necessitate working 1 – 2 late evenings per week; interns, however, are not expected to be “on call,” and they can schedule late arrival on other days to compensate.

ONGOING ACTIVITIES FOR ALL INTERNS

PSYCHOLOGICAL EVALUATIONS

Morrison Child and Family Services primarily conducts psychological evaluations of its own ongoing clients, although at times contracts with outside agencies as well. The written products reflect our philosophical emphasis on an empirical approach to assessment, using procedures and instruments which meet acceptable standards of reliability and validity, but also on creating an assessment product that is both useful and tailored to the audience and purpose. Priority is given to the following assessment populations/issues:

- The diagnosis of present or incipient mental issues in child and adolescent populations.
- Treatment recommendations for the primary clinician and medical provider.
- Consultation recommendations for the school system.

Interns may complete five evaluations during the internship year, and will be guided with staff supervision and support along with training seminars to make those evaluations and recommendations clinically relevant and helpful.

Two interns for the last several years have also taken the opportunity we developed to further refine their psychological evaluation skills by working a day and half a week in an externship within an assessment private practice (Mindsights). Additionally, all of the interns have attended the trainings through the externship, focused on many aspects of providing competent assessment, especially for child welfare involved clients.

SUPERVISION AND TRAINING

Interns receive exposure to a variety of theoretical orientations (attachment, behavioral, CBT, interpersonal, developmental, and community-prevention). The emphasis of the training is on delivering quality, accountable service in the complex system of a community mental health organization while at the same time developing professional competencies. Interns can expect a minimum of two and a half hours of direct, one-to-one supervision and one and a half hours of group supervision per week. Videotapes are employed in supervision, and there is an observation room.

Supervision evaluation is a continuous and mutual process. Interns and supervisors review a tracking sheet to ensure that interns are getting the support they need to develop and demonstrate the competencies needed to be ready for residency and beyond. The intern and the supervisors with the training director also formally review the intern’s personal goals and overall performance on a quarterly basis. At least every six months, the interns use an evaluation form to rate themselves on program competencies and the supervisors utilize a similar form to rate the interns. The intern and the supervisor then share and discuss the intern’s evaluation results, which are then communicated to the intern’s university. The intern and supervisors work together to help the intern to improve their overall performance as well as to meet his/her individual goals and to demonstrate and integrate into practice the required competencies. Informal feedback discussions around programmatic and personal

development issues take place on an ongoing and frequent basis in weekly supervision and monthly joint faculty-intern meetings.

Orientation and training activities are heavy in the initial month, following that, approximately two to three hours per week average are reserved for seminars, trainings and Journal Club. A monthly Journal Club includes faculty and interns in reviewing and critically discussing a scientific article relevant to our clinical practice. In addition, trainings are organized around specific topics and according to intern needs. Major topics include:

- **Professional Issues**
- **Psychological Evaluation**
- **Evaluating and Treating Specialized Populations (esp. Foster care, trauma)**
- **Diversity**
- **Early Childhood and Attachment**
- **Family Therapy**
- **Consultation/Supervision**
- **Risk Management**

Other training opportunities include a three day Incredible Years training and one day Seeking Safety training. The agency offers a core two day Equity and Inclusion training and three day Sanctuary Model training. Interns and faculty also participate in the site based, ongoing multidisciplinary case consultation groups. In addition, each intern will present a didactic training on a clinically relevant topic of their choice as well as conclude the year with a capstone Master Case Presentation.

INTERNSHIP PROGRAM GOALS AND OBJECTIVES

The internship goals and objectives are as follows:

- **Assessment:** to produce entry level psychologists who are proficient in initial assessments/diagnostic interviewing skills, and know how to utilize psychological test results in their clinical work. This includes designing psychological evaluation batteries to address referral questions, being able to administer and interpret basic child oriented psychological test instruments, and being able to communicate orally and in writing professionally useful information gathered from assessments, including diagnosis, case conceptualization, test results, and targeted recommendations.
- **Treatment Intervention:** to produce entry level psychologists who have the necessary knowledge and skills to develop appropriate, collaborative treatment plans and to provide effective psychotherapeutic interventions to diverse clients presenting with a range of significant psychological problems within an outpatient treatment setting. Interns will also develop the skills to function as a member of a treatment team while advocating for the best interests of their client.
- **Consultation/Supervision:** to prepare graduates with the necessary knowledge and skills for entry level professional roles of consultants and supervisors.
- **Diversity:** to produce professionals who demonstrate equity and inclusiveness in their work with diverse individuals, groups, and communities.
- **Scholar-Practitioner:** to produce graduates interested in and able to incorporate relevant research findings into their clinical practice.
- **Ethical and Legal Practice:** to produce graduates who demonstrate clear knowledge of relevant ethical and legal guidelines, laws, and codes as well as professional boundaries, and who routinely apply these in everyday clinical practice.
- **Self Awareness and Professionalism:** to produce entry level psychologists who are open to new learning about themselves within the professional practice of psychology, who demonstrate effective and meaningful professional working relationships, who are aware of and manage their emotional

reactions/stressors, and who demonstrate increasing confidence and self reliance as it is appropriate to their developing skill and knowledge.

The overarching goal is to prepare Predoctoral candidates for the next step on their career path, whether the goal is licensure and professional practice, or utilizing a clinical foundation to launch into research or academia. To meet the program goals and objectives, interns will be supported to achieve and demonstrate essential competencies prior to the completion of the internship year.

INTERNSHIP COMPETENCIES

At the conclusion of the internship year, the interns will be able to demonstrate the following competencies:

✓ Competencies in Assessment:

Initial or Diagnostic Evaluation: Interns will be able to independently and proficiently gather relevant information for an intake assessment of the bio-psychosocial strengths and weaknesses of children and adolescents within their family and cultural context as well as the larger community, and then formulate appropriate diagnoses and case conceptualization as well as making initial treatment recommendations. Interns conduct approximately 3 – 4 full diagnostic intake interviews every month.

Testing/Evaluation/Report-Writing: Interns will be able to independently refine referral questions and design psychological assessment batteries to address a range of evaluation questions. They will accurately administer commonly used child psychological testing instruments for cognitive and personality evaluations, and use the data to identify the multiple dimensions and diagnostic implications involved in the case. Interns will be supported to produce conceptually informative reports and give feedback which is clear, concise, culturally aware, and clinically useful to clients and other professionals, including specific recommendations. Each intern may complete at least 5 multi-test batteries.

✓ Competencies in Intervention: Interns will be able to independently establish therapeutic alliances with a wide range of clients, along with their caregivers and other team members, so that they can utilize this collaboration along with an empirical knowledge base and clinical expertise to create targeted treatment goals with measurable objectives and discharge criteria. Interns will be proficient at implementing interventions with solid clinical judgment, evaluating treatment effectiveness and modifying as needed to address treatment goals, build on client motivation for change, and facilitate outcomes that alleviate suffering and promote health.

✓ Competency with Individual and Cultural Diversity: Interns will use knowledge of themselves as cultural beings to monitor, evaluate, and improve effectiveness in their professional work, and habitually adapt their professional behavior in a manner that incorporates the intersecting and complex dimensions of diversity, utilizing culturally appropriate alternatives and seeking consultation when relevant. Interns will demonstrate both awareness and understanding of individual differences with all of their clients, including but not limited to differences in ethnic or cultural background, sexual orientation, spirituality, gender, and/or socio-economic status. Interns will appropriately identify and respectfully address diversity issues in all written assessments, case discussions, and professional interactions.

✓ Competency in Scholarly Foundations of Practice: Interns will demonstrate the ability to incorporate relevant clinical research into their clinical practice and to utilize scientific approaches to evaluate their own practice and outcomes to improve effectiveness.

✓ Competency in Ethical Clinical Practice: Interns will demonstrate a clear understanding of professional responsibility/boundaries and ethical/legal conduct, and a commitment to integrating this in their professional work. The interns will identify, consult about, and confidently integrate ethical and legal

standards and guidelines into all areas of their practice, and manage potential legal, ethical, and social risk factors which impact services.

- ✓ Competency in Professionalism and Self Awareness: Interns will demonstrate active reflection on and integration of new learning about the professional practice of psychology and about themselves. Interns will be able to examine and explore their ability to relate effectively with clients, supervisors, and peers, and be able to identify and correct relationship difficulties. Interns will demonstrate awareness of and the ability to manage their own emotional reactions and stressors, stemming in part from clinical work with underprivileged, sometimes traumatized, clients with generally complicated situations. Finally, interns will be able to assess and address both weaknesses as well as personal and professional strengths in their practice, and develop increasing independence as their skills and knowledge increase over the internship year.
- ✓ Competency in Communication and Interpersonal Skills: Interns will develop and maintain helpful professional working relationships with clients, colleagues, and interdisciplinary professionals, including clearly and effectively communicating professional information orally and in writing.
- ✓ Competency in Entry Level Supervision Skills: Interns will demonstrate entry level understanding of supervisory roles and appropriate boundaries, being available to provide role modeling or mentoring with practicum students, and being given some opportunities to provide supervision.
- ✓ Competency in Consultation and Interprofessional/Interdisciplinary Skills: Interns will engage in effective, collaborative consultation with other professionals and agencies involved in their clinical cases, with a particular focus on the child welfare system, schools and medical providers. Interns will understand the shared and distinct roles and contributions of the multidisciplinary professionals involved with their cases, learning to engage effectively with them to advocate for clients as well as to address the systemic challenges that arise.

RANGE OF TRAINING OPPORTUNITIES

Under the auspices of a year long primary supervisor, interns will see a range of child, adolescent and family clients for individual, family, and group therapy. Many of these cases involve consultation and coordination with multiple community systems. Interns will also spend one day per week treating mental health issues of clients within an elementary school, collaborating and consulting with the staff. A secondary supervisor also assigned for the full year focuses on professional development, assessment, and mentoring toward proficiency in the essential competencies.

REQUIREMENTS FOR COMPLETION OF THE INTERNSHIP

In order for interns to graduate from our full-year internship program, they must complete designated internship hours (2000) and meet the program's competency requirements.

INTERNSHIP ADMINISTRATIVE POLICIES

BENEFITS

The clinical internship is a 40 hour/week, full-time, exempt, full-year employment. Interns receive two weeks per year of paid vacation, 7 usual and customary holidays, 3 floating holidays, and up to 12 sick leave days for illnesses. Medical and dental benefits, along with disability and life insurance, are provided the same as for all full time employees.

INTERN RIGHTS, CONDUCT AND GRIEVANCE POLICIES

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

PREREQUISITIES

Applicants must be from a clinical, counseling or school psychology program, hold a Masters degree (or can demonstrate equivalency if from a program that does not confer them), and complete a full application for psychology internship on the APPIC website (APPIC.org) including a de-identified sample psychological evaluation. Applicants, like all of our employees, also must pass a criminal background check as a condition of beginning the internship.

Minimum requirements for applicants to be considered:

- Are from an APA-approved or CPA-approved program
- Have a solid clinical foundation in their graduate training
- Have demonstrated experience and interest in child and family intervention, and interest in community based-practice
- Have completed their graduate course work
- Have dissertation proposal defended prior to start date
- Have provided at least 400 hours of clinical work predominantly with children, adolescents, and/or families
- Have completed at least 4 child and/or adolescent comprehensive psychological evaluations

Overriding all these factors is our desire to attract bright, diverse and energetic applicants who are eager to learn. Applicants should be aware that this internship represents a focused training experience (child, family and community) rather than a generalist exposure.

PSYCHOLOGY STAFF

Joyce Ochsner, Ph.D. (Kent State University, 1986) is Director of Training and Clinic Manager at the Gresham outpatient office. Her theoretical orientation is eclectic, having been trained in cognitive-behavioral, humanistic, and dynamic approaches. Her present emphasis combines developmental, cognitive, and attachment theories within the family/cultural context. Her areas of interest include: (1) assessment, (2) trauma recovery and (3) complex diagnoses. She leads the Psychological Evaluation and Trauma Seminars, and coordinates training opportunities.

Beth French, Psy.D. (George Fox University, 2008) is a Clinical Supervisor at the Gresham outpatient office, and supervises practicum students and residents as well. Her theoretical orientation is eclectic including cognitive-behavioral, interpersonal, social learning, and developmental. She has extensive experience with troubled older children and adolescents, including risk assessment and management, and conducting fire setting and psychosexual evaluations and treatment, and leads trainings in those areas.

Colleen Scott, Psy.D. (Pacific University, 2007) is the Early Childhood Clinical Supervisor at the Gresham outpatient office, and supervises practicum students and residents as well. Dr. Scott's theoretical orientation is developmental, dynamic, and attachment based, and she specializes in early childhood cases and grief/loss issues. She leads the Early Childhood training sequence and the play/art therapy seminars, and has substantial experience with Incredible Years and interfacing effectively with the child welfare and legal system.

Laura Orgel, Ph.D. (Fielding Graduate University, 2007) is a part time staff psychologist at the Gresham outpatient office, and supervises a resident as well. Dr. Orgel's theoretical orientation blends developmental, dynamic, attachment and systems theory. With a background also in early childhood special education, her interests include assessment and treatment of young children, parenting support and intervention, play therapy, trauma and multigenerational family therapy. She has extensive experience with DHS and court involved families, including families in recovery from addiction.

Externship Faculty: Dane Borg, Psy.D. and Freda Bax, Psy.D. Information at Mindsightspdx.com.

CURRENT / RECENT INTERNS:

Intern

2015-2016

Elizabeth Abbate
Michaeline Jensen
Jenna Preston
Jennifer Wiens
Jessica Weeks

Graduate Program

Mass. School of Professional Psychology
Arizona State University
American School of Professional Psychology
Florida School of Professional Psychology
University of Utah

2014-2015

Kimbree Brown
Zed Kramer
Chelsea Spiro
Jennifer Sykes
Megan Zurawski

University of Oregon
University of Montana
University of Denver-GSPP
University of Missouri
Seattle Pacific University

2013-2014

Kate Colon
Juvenal George
Roxanne Scott
Caroline Smith
Milena Spasojevic

University of Denver-GSPP
Adler School of Professional Psychology
University of Arizona
University of Texas-Austin
The Wright Institute

2012-2013

Jason Dorin
Grace Huang
Joshua Laubacher
Kristen Marcaly
Katherine Rex

Pepperdine University
Mass. School of Professional Psychology
Azusa Pacific University
University of Hartford
Pacific University

2011 – 2012

Doug Altilio
Jacquelyn Love
Kat Pavlik
Ann Srodulski

Pacific University
University of Indianapolis
Azusa Pacific University
Chicago School of Professional Psychology

2010 – 2011

Rosanne Chien
Sarah James
Kate Ryan
Sophia Zavrou

Indiana University
University of Texas-Austin
Antioch University
University of Indianapolis

2009-2010

Scott Bakay
Ruby Berdine
Corrina Falkenstern
Jaime Pratka

GSPP at Argosy University
Pacific University
University of Oregon
Pacific University

2008-2009

Miriam Anderson
Mitch Dornfeld
Jennifer Magnuson
Bobbi Jo Yarborough

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