



morrison
child & family services

Morrison Child & Family Services

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

**Doctoral Internship Program
Clinical Child Psychology**

2017-18

APA Accredited Since 1959
Portland, Oregon

American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
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MORRISON CHILD AND FAMILY SERVICES DOCTORAL 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 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, striving to be trauma informed as an agency as well as in the provision of care. The internship program, housed within Outpatient services, involves child and family community mental health services provided within an outpatient center with a one day a week rotation in an elementary or middle school.

INTERNSHIP TRAINING PROGRAM

The Morrison Doctoral 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 four or five Doctoral 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, equity and diversity trainings, and psychiatric consulting services for staff, as well as training in evidence based models (Incredible Years and Seeking Safety) along with presentations on trauma informed frameworks using ARC and Sanctuary Models. 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 recognizing social justice issues and working to promote equity standards for all clients. 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. Equity and inclusion trainings focus on developing self awareness as well as intentionality in delivering competent psychological services respectful of inherent differences and oppression dynamics, developing culturally proficient consideration of cultural dynamics on both assessment and treatment processes.

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 training 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 four main roles. These include:

- 1) Core placement in a community outpatient mental health clinic
- 2) Secondary rotation one day a week in an elementary or middle school
- 3) Conducting psychological evaluations
- 4) 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 although all interns may attend the assessment didactics provided by Mindsights.

PRIMARY ROTATION

OUTPATIENT

This program operates at the Gresham Outpatient site, and serves a low-income population primarily from Multnomah and Clackamas Counties. Morrison's Outpatient child and family program serves 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, developmental delays and placement in foster care. A history of exposure to trauma and attachment disruptions is very common 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 can be seen in short-term formats including group treatment, but others may need to be seen individually or within their family for the duration of the internship year, based on level of care need.

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 or leave early on other days to compensate.

PSYCHOLOGICAL EVALUATIONS

Morrison Child and Family Services primarily conducts psychological evaluations of its own ongoing clients. The written products reflect our philosophical emphasis on an empirical approach to assessment, using procedures and instruments which meet acceptable standards of reliability and validity, 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 three to 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.

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 as well as one and a half hours of group supervision per week. Video review is employed in supervision, and there is an observation room available.

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 formally review the intern’s personal goals and overall performance on a quarterly basis, with a more formal review including the training director at midyear. 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 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 month, approximately two 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 the intern cohorts’ needs and interests. Some of the trainings have been provided by Mindsights psychologists. Major topics include:

- **Professional Issues**
- **Evaluating and Treating Specialized Populations (esp. Foster care)**
- **Equity and Inclusion**
- **Risk Management**
- **Trauma, including a current focus on implementing the ARC model in Outpatient**

- **Early Childhood and Attachment**
- **Family Therapy**
- **Consultation/Supervision/Program Evaluation**
- **Psychological Evaluation**

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 Dimensions 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.

SECONDARY ROTATION

In the secondary rotation, clinical services are delivered on-site one day a week at specific, designated Portland public elementary or middle schools which have been identified as serving high risk, low income families. The services delivered for the most part involve outpatient mental health therapy provided to clients typically referred by the school as needing mental health treatment. Serving the clients in the community allows the interns to reach clients who often have barriers to being seen in the clinic, and it gives the interns the opportunity to consult on the spot with teachers, counselors and administrators in a way that can often be quite impactful for the client.

EXTERNSHIP

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), completing about an evaluation per month focused primarily on comprehensive child welfare evaluations. In addition, the interns participate in group supervision and specific assessment related trainings with the Mindsights staff. Interns who are interested apply to Mindsights at the beginning of the training year.

INTERNSHIP PROGRAM GOALS AND OBJECTIVES

The internship's overarching goals and objectives are designed to produce child clinical focused professional psychologists prepared 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. Internship goals include producing interns who can incorporate relevant research and scientific approaches into clinical practice and can demonstrate the application of ethics and professional conduct in all areas of clinical practice. In addition, goals include producing interns who are reflective and sensitive, fluent with equity and inclusion concepts and their application in practice, and capable of interprofessional collaboration and teamwork as well as client advocacy. Our interns should also have introductory awareness of supervisory and consultant models and practice. Finally, it is our goal to produce interns who have at least basic competencies in psychological evaluations while being fluid in diagnostic assessment, case conceptualization, treatment collaboration and treatment interventions to address child, adolescent and family mental health issues.

INTERNSHIP COMPETENCIES

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

- ✓ Competency in Scholarly Foundations of Practice: Interns will be able to demonstrate the ability to independently incorporate current, relevant research into their clinical practice and utilize scientific approaches to evaluate their own practice in order to improve effectiveness. Interns will also appropriately apply knowledge of evidence based practice, including empirical bases of assessment,

intervention, and other psychological applications, taking into account limitations, clinical judgment, and client/guardian preferences.

- ✓ Competency in Ethical Clinical Practice: Interns will demonstrate knowledge and application of professional responsibility/boundaries and ethical/legal conduct, and integrate these into professional work. Interns will also identify, consult about, and confidently integrate ethical and legal standards and policies into all areas of practice, and manage using good judgment potential legal, ethical, and social risk factors which impact services.
- ✓ Competency in Individual and Cultural Diversity: Interns will regularly and independently use knowledge of his/her self as a cultural being to monitor, evaluate, and improve effectiveness in his/her professional work. Interns will habitually adapt his/her professional behavior in a manner sensitive to the intersecting and complex dimensions of diversity, utilizing culturally appropriate alternatives and seeking consultation when relevant.
- ✓ 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 and the related impact on others. Interns self-assess accurately, accepting personal responsibility and addressing weaknesses in his/her own clinical work, including as needed: seeking out additional supervision/support, engaging in self-correcting actions, and addressing any impact on professional behavior. Interns also habitually monitor and manage own emotional reactions, stressors, and professional challenges, including anticipating issues and intervening effectively. Interns display a professional identity as a budding psychologist and conducts him/herself in a manner consistent with this identity across all settings, including being committed to act to safeguard the welfare of others and to resolve situations that challenge his or her professional values and integrity.
- ✓ Competency in Communication and Interpersonal Skills: Interns clearly and effectively communicate professional information to clients, colleagues, and other professionals orally and in writing and display the skills to develop and sustain effective professional working relationships with clients/families/guardians and interdisciplinary teams, navigating difficult and complex relationships.
- ✓ Competency in Entry Level Supervision Skills: Interns will demonstrate entry level understanding of supervisory roles and appropriate boundaries.
- ✓ Competencies in Assessment:

Initial or Diagnostic Evaluation: Interns independently and proficiently will be able to use the initial clinical interview along with gathering corroborative information to accurately evaluate presenting problems and formulate appropriate initial diagnoses and case conceptualization which include the larger context and diversity dimensions as well as relevant developmental factors. 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 produce conceptually informative reports and give feedback which is clear, accurate, respectful of diversity, and clinically useful to clients and other professionals, including specific recommendations as well as limitations. Each intern may complete 3 to 5 multi-test batteries.

- ✓ Competencies in Intervention: Interns independently utilize empirical knowledge base, including evidence based practices, along with clinical expertise to design interventions specific to the case conceptualization

(including context and diversity issues) with a wide range of child and family clients. Interns are able to collaborate effectively in treatment planning and interventions, including the goals and preferences of the client/family as well as other potential team members. Interns independently and with solid clinical judgment implement interventions including evidence based practices, evaluating treatment effectiveness and modifying as indicated. Finally, interns show adaptability and good clinical judgment in difficult and unexpected situations within the clinical process.

- ✓ Competency in Consultation and Interprofessional/Interdisciplinary Skills: Interns will be able to articulate an understanding of the shared and distinct roles and contributions of professionals in various systems and disciplines intersecting clinical practice. Interns also recognize and engage in opportunities for effective collaboration and consultation with various treatment teams and multi-disciplinary professionals and agencies involved with their cases, working cooperatively with them, advocating for the best interest of the client, and identifying and addressing the interpersonal and systemic challenges that arise in that process.

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. Interns have some latitude in choosing their own cases and in developing groups. Often cases are shared and consulting with other in-house therapists or practitioners involved with the family is important. Furthermore, many cases will involve consultation and coordination with multiple community systems, including PCP's, schools, and child welfare caseworkers. Interns will also spend one day per week in a rotation treating mental health issues of clients within an elementary or middle school, collaborating and consulting with the staff as needed on their clients. A secondary supervisor also assigned for the full year focuses on professional development, psychological assessment, and mentoring toward proficiency in the essential competencies, including an integrated case presentation required at year end as a main component of demonstrating competency. Interns may also have some opportunities for providing supervision of practicum students, as opportunity and experience allow. Finally, interns provide a didactic training of their choice to meet a need identified by the intern; for example, past trainings have been provided to the general team, larger outpatient groups, child care workers, and so forth on topics that developed or expanded skills and knowledge pertinent to our population and services.

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 and RESOURCES

The clinical internship is a full-time exempt position for a full year. Interns are considered first year employees and as such are granted the same rights and responsibilities as employees. As a condition of employment, interns must pass a Department of Human Services criminal background screening before allowed on premises; this process will need to be started prior to internship actually beginning.

Interns receive two weeks per year of paid vacation, 7 usual and customary holidays, 5 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.

Interns are provided individual locked offices with computers, phones and basic play equipment. Video equipment is available and there are observation rooms as well as several sizes of conference rooms to sign up for

as needed for groups or larger families/meetings. The interns are provided with general administrative assistance and support to the same degree as regular outpatient employees, including support with client paperwork, reminder calls, check ins, billing and the like. Interns can also readily access the assistance of IT, Human Resources and Quality Management as well as consult on cases with psychiatric staff or with culturally specific consultation groups in the larger agency.

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 ensure 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 accessible internship specific process to resolve grievances in an expedient and effective manner, including the right to request a review of decisions made by the internship by a committee chaired by the Division Director.

INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Morrison is a child and family community mental health agency, focusing on the treatment of youth 2-18 years of age and their families. Morrison Outpatient sites are collaborative, cross disciplinary teams located in urban areas, and serve only low-income clients. We value and appreciate diverse applicants, and strongly encourage applications from bilingual Spanish clinicians.

The ideal applicant is dedicated to child and family clinical work, sincere about working with underserved populations and invested in honing their skills and competencies. Our internship is oriented toward hands on clinical training and the provision of direct client care, although welcome those who would like to use that as foundational experience to build a career in clinical research or managerial positions. We require a minimum of 400 hours of direct service with children/youth and families prior to applying, along with coursework that supports a child clinical focus. We believe in the value of solid diagnostics to guide the treatment process, while also understanding that there is an art to the therapy process. Psychological evaluations are viewed as useful tools, and we encourage developing those skills during internship; we expect that interns coming into the program will have completed a minimum of three comprehensive child psychological evaluations although most of our interns have completed more. We are invested in helping our interns learn how to do collaborative treatment, such as working with child welfare, school providers, and medical professionals, so an intraprofessional and collaborative approach is also seen as important in selecting our interns. Finally, we highly value developing our interns' competencies in providing trauma informed services and grasping and dealing with the complexity presented by many of our clients/families. Theoretical orientations that include attention to the roles of developmental, systemic and inclusion dynamics in child cases tend to be ideal, although we are open to a variety of approaches grounded in theory and research.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| | | | |
|---|---|-----|-------------------|
| Total Direct Contact Intervention Hours | N | Yes | Amount: 400 hours |
| Total Direct Contact Assessment Hours | N | Yes | Amount: 60 hours |

| |
|--|
| Describe any other required minimum criteria used to screen applicants: |
| A de-identified psychological evaluation is reviewed. |

Financial and Other Benefit Support for Upcoming Training Year

| | |
|--|----------|
| Annual Stipend/Salary for Full-time Interns | \$23,660 |
| Annual Stipend/Salary for Half-time Interns | |
| Program provides access to medical insurance for intern? | Yes |
| If access to medical insurance is provided: | |
| Trainee contribution to cost required? | Yes |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |
| Coverage of domestic partner available? | Yes |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 80 |
| Hours of Annual Paid Sick Leave | 80 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes, although extended time off unpaid may impact the intern's ability to graduate on time and the cohesiveness of the training experience. | Yes |
| Other Benefits (please describe): | |

Initial Post-Internship Positions

| | 2013-2016 | |
|---|-----------|-----------|
| Total # of interns who were in the 3 cohorts | 15 | |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | | |
| | PD | EP |
| Community mental health center | | 5 |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | | |

| | | |
|---|---|---|
| Military health center | | |
| Academic health center | | |
| Other medical center or hospital | 1 | |
| Psychiatric hospital | | |
| Academic university/department | | |
| Community college or other teaching setting | | |
| Independent research institution | | 3 |
| Correctional facility | | |
| School district/system | | 1 |
| Independent practice setting | | 4 |
| Not currently employed | | 1 |
| Changed to another field | | |
| Other | | |
| Unknown | | |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

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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 cognitive, developmental and attachment theories within the family/cultural context. Her areas of interest include: assessment, trauma recovery and 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. Currently she specializes in working with children and adolescents who have developmental delays and/or ASD diagnosis. She also has extensive experience with troubled older children and adolescents, including risk assessment and management, and conducting fire setting and psychosexual evaluations and treatment. Beth also has training in Christian counseling, incorporating these techniques and interventions when requested by clients. Beth leads trainings in many of these areas along with objective personality assessment measures.

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 as well as Child Parent Psychotherapy. She also has both agency and private practice experience in interfacing effectively with the child welfare and legal system, and leads trainings in those areas as well.

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

RECENT INTERNS:**Intern****Graduate Program****2017-2018**

Annie Holleman
Lindsay Horton
Nalini Iype
Kristen Lauer
Lauren Vail

University of Texas-Austin
Roosevelt University
Pacific University School of Professional Psychology
Antioch University New England
PGSP-Stanford Psy.D. Consortium

2016-2017

Brooke Davidson
Amy Duede
Anahita Navab
Serena Sullivan
Lisa Snow

Alliant IU/CSPP-Sacramento
Chicago School of Professional Psychology
University of California, Santa Barbara
J.F.K. University
Pacific University School of Professional Psychology

2015-2016

Elizabeth Abbate
Michaeline Jensen
Jenna Preston
Jennifer Wiens
Jessica Weeks

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 School of Professional Psychology

2011 – 2012

Doug Altilio
Jacquelyn Love
Kat Pavlik
Ann Srodulski

Pacific University School of Professional Psychology
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

