



**morrison**  
child & family services

## **Morrison Child & Family Services**

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

**Doctoral Internship Program  
Clinical Child Psychology**

**2020-21**

APA Accredited Since 1959  
Portland, Oregon

American Psychological Association  
Office of Program Consultation and Accreditation  
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# **MORRISON CHILD AND FAMILY SERVICES/MINDSIGHTS 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 includes 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 third 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 as well as 12 hours a week externship at Mindsights, an assessment practice providing both brief and comprehensive psychological assessments for child welfare involved clients. There is also an elective rotation to provide mental health services one day a week in a local elementary 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 three 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 including a 3 day Incredible Years training along with presentations on trauma informed frameworks using ARC and Sanctuary Models. Psychological assessment focused trainings are provided by Mindsights faculty. Overall, we perceive 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. Psychological evaluations at Mindsights similarly comprise children involved in the

child welfare system, also from birth to 18 years of age, with evaluations targeted to assist case workers in establishing effective and systemic treatment to meet the child's needs.

**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, evaluator, 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 impact 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) Conducting psychological evaluations at Mindsights
- 3) Supervision
- 4) 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. Psychological evaluations are conducted at Mindsights, an assessment private practice. Of course, for interns the primary emphasis is on training, with regular didactics as well as supervision provided at both Morrison and 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 four 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 EVALUATION EXTERNSHIP

Psychological evaluations will be conducted through a 12 hour a week Externship at Mindsights, completing about one assessment a month depending on complexity, focused on the child welfare population. These evaluations will be either tailored comprehensive batteries or initial neurodevelopmental evaluations designed to assist in overall case planning to aid foster children just entering the system to get their needs met rapidly. In addition, the interns placed at Mindsights also participate in group supervision, individual supervision of their own evaluations and a regular training schedule of topics related to advanced assessment practice, including child welfare issues and professional development.

### SUPERVISION AND TRAINING

Interns receive exposure to a variety of theoretical orientations (attachment, 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, plus additional supervision at Mindsights. 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 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 are provided by Mindsights psychologists. Major topics include:

- **Professional Development**
- **Trauma, including a current focus on implementing the ARC model in Outpatient**
- **Outcomes Based Care**
- **Psychological Evaluation**

- **Evaluating and Treating Specialized Populations (esp. Foster care)**
- **Equity and Inclusion**
- **Risk Management**
- **Early Childhood and Attachment**
- **Family Therapy**
- **Consultation/Supervision/Program Evaluation**

Other training opportunities include a three-day Incredible Years training. The agency offers a core Equity and Inclusion Dimensions training and two-day Sanctuary Model training for all employees. 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 an optional secondary rotation, clinical services are delivered on-site one day a week at a public elementary school (K to 5<sup>th</sup> grade) which has been identified as serving high risk, low income families including a significant Latinx population. The services 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.

## **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 essential competencies in psychological evaluations, fluid in diagnostic assessment and case conceptualization, and proficient in 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 2-3 full diagnostic interviews every month.

Testing/Evaluation/Report-Writing: Interns will be able to independently refine typical 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 will complete about one test battery a month or more, depending on complexity.

- ✓ 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 can also elect to spend one day per week in a rotation treating mental health issues of clients within an elementary school, collaborating and consulting with the staff as needed on their clients. A secondary supervisor at Morrison is also assigned for the full year to focus on professional development, and mentoring toward proficiency in the essential competencies, including an integrated case presentation required at year end as a main component of demonstrating competency. An additional secondary supervisor assigned for the full year at Mindsights directs the individual assessment process and reports, and case-oriented group supervision including all Mindsights staff occurs twice a month. Interns may also have opportunities for providing supervision of practicum students or new site-based staff, 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, beginning Monday, July 27, 2020. 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

Date Program Tables updated: August 27, 2019

Date APPIC application due: November 11, 2019

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 Child and Family Services is a child and family community mental health agency, focusing on the treatment of low income youth 0-21 years of age and their families. Morrison Outpatient sites are collaborative, cross disciplinary teams located in urban areas, and serve only low income clients. In addition, we partner for a 12 hour a week externship, with Mindsights, a private practice assessment group specializing in comprehensive psychological assessments, with a particular passion to serve child welfare clients.

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 through assessments and individual, family and group therapies, although we 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 and evidence-based approaches to guide the treatment process, while also understanding that there is an art to therapy and that relationship building and collaboration are key components for success. We are invested in helping our interns learn how to do collaborative treatment, such as working with child welfare system, school providers, and medical professionals, so an intraprofessional and community approach is also seen as important in selecting our interns.

Being able to conduct and to critically consume psychological assessments is viewed as an essential skill for child focused psychologists, even if that is not seen as the long-term practice goal. Our intent in partnering with Mindsights is to provide an opportunity for developing those skills through mentorship, advanced trainings and directed assessment experience with complex child welfare involved children. We want our interns coming into the program to have completed a minimum of five comprehensive child psychological evaluations although many of our interns will have completed more, with at least 100 assessment hours on the APPIC form. More important than the number of evaluations or assessment hours required though is that the applicant has already developed a basic foundation of assessment skills, including appropriately utilizing a variety of measures to tackle a referral question and presentation as well as a foundation in knowing how to approach integrating the results in a way to capture the complexity of the child. We do require a de-identified psychological assessment as part of

our application process.

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. We also value and appreciate diverse applicants, and strongly encourage applications from bilingual Spanish clinicians as we serve a sizeable population of monolingual and bilingual Spanish clientele within our local area.

**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: 100 hours

**Describe any other required minimum criteria used to screen applicants:**

A de-identified comprehensive psychological evaluation preferably of a child or teen is reviewed.

**Financial and Other Benefit Support for Upcoming Training Year**

Annual Stipend/Salary for Full-time Interns	\$26,100	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	
<b>If access to medical insurance is provided:</b>		
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): NA		

**Initial Post-Internship Positions**

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	2016-2019	
Total # of interns who were in the 3 cohorts	13	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	1	3
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	1
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	2	2
Not currently employed		2
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.

## PSYCHOLOGY STAFF

**Joyce Ochsner, Ph.D.** (Kent State University) is Director of Training and Clinic Manager at the Gresham outpatient office. Her theoretical orientation is integrative, 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, complex diagnoses, supervision competencies and ethical/legal issues.

**Beth French, Psy.D.** (George Fox University) 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 in 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. She is the agency trainer for Outcome Based Care, intake processes and working with DD populations.

**Externship Faculty:** MindSights was established by Drs. Borg and Bax in 2013, with the intent to expand psychological assessment services, develop an interprofessional team, and contribute to the training of future psychologists. See further Information at [Mindsightspx.com](http://Mindsightspx.com).

**Dane Borg, PsyD** (Pacific University) Co-founder and clinical supervisor at Mindsights. He has worked with children, youth, and families in a variety of treatment settings for over 20 years, and provided training services to therapists, child advocates, attorneys, judges, foster parents, and other adults who affect the lives of vulnerable kids. He specializes in psychological testing, assessment, and consultation, including trauma, childhood mood disturbances, neurodevelopmental conditions, ADHD, giftedness, LD, early childhood loss, attachment disruptions and maltreatment, and complex presentations of all sorts.

**Freda Bax, PsyD** (Pacific University) Co-founder and clinical supervisor at Mindsights. She has provided mental health services to children and adults for over 15 years, in a variety of settings, providing therapy and psychological evaluation services for children with a focus on neurocognitive, executive functioning, learning, and trauma assessment and treatment. She has developed expertise and training in several specialty areas, including child emotional and behavioral disorders; chronic childhood trauma; neurodevelopmental disorders; learning styles and cognitive processing; attention-deficit/hyperactivity disorder; and attachment and relational functioning.

**Caroline Smith, PhD** (University of Texas-Austin) Trained in a School psychology program, focused on assessment and therapy with children, adolescents and families, Carrie has worked with children and adolescents with a variety of presenting concerns. She completed the doctoral internship program at Morrison Child and Family Services prior to joining MindSights as a resident and now staff psychologist. She is particularly interested in working with culturally diverse populations and has experience providing psychological services to Spanish-speaking individuals and their families.

**Rhyver Rudick, PhD** (University at Buffalo, State University of New York) In addition to specializing in complex comprehensive assessments, and integration of both objective and projective methodologies when fitting, Rhyver is proud to both be an advocate and have specialization in working with individuals who identify as LGBTQA+. Rhyver has experience providing brief and long-term therapy as well as assessment to individuals across a diverse range of settings, leading to valuing psychological assessments being provided from an empathic, therapeutic lens, with a focus on the gestalt of an individual's experiences currently and historically.

**RECENT INTERNS:****Intern****Graduate Program****2019-2020**

Joseph Barón  
Perry Firth  
Christabel Léonce

University of Texas-Austin  
University of Washington  
George Fox University

**2018-2019**

Leslie Davies  
Kathleen Johnson  
Michelle Tran

University of Buffalo  
University of Oregon  
Azusa Pacific University

**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