

## **APPIC PROGRAM CODES: 148812 & 148814**

### **ASTOR SERVICES FOR CHILDREN & FAMILIES**

#### **DOCTORAL INTERNSHIP IN CLINICAL, BEHAVIORAL SERVICE, PSYCHOLOGY**

#### **ACCREDITED BY THE COMMISSION ON ACCREDITATION\* OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION**

#### **PROGRAM DESCRIPTION & OVERVIEW 2019-2020**

##### **Program Purpose**

Astor Services for Children & Families offers an 1850-hour (minimum), APA Accredited one-year, doctoral internship in clinical, behavioral service, psychology to **five** qualified graduate students from clinical, counseling, school or combined child/clinical-school psychology programs. The primary goal of the Astor internship program is to prepare interns for future clinical practice as entry-level professional psychologists who can work competently with children, adolescents, and families.

##### **Agency Overview**

The educational philosophy of Astor's clinical, health service, psychology internship program is based on a Practitioner-Developmental-Apprentice-Scholar model with scholarly pursuit. This model is based on a training mission emphasizing direct clinical practice consistent with the tradition of professional psychology training in the United States (practitioner), facilitating the transition from intern to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as, personal and professional growth (apprentice). Review of the research literature and integration of evidence-based treatment (Scholar) rounds out the internship. Taken together each of these categories builds upon an intern's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity.

Astor is committed to structuring training experiences that provide professional development for both staff and students. All of our trainees become integrated members of the psychological services department, attending in-services and training seminars alongside staff members.

At the core of Astor's mission is service delivery. In addition, professional psychology training emphasizes direct clinical work. Therefore, clinical practice is the primary medium that fosters the educational and professional growth of interns while they are at Astor. The primary focus and purpose of the Astor internship program is to assure breadth, as well as quality of training in regards to an array of professional practices.

##### **One-Year Full Time Requirement**

Astor Services for Children & Families internship is a full-time (40+ hours per week), 12 month program from **August 26, 2019 through to August 25, 2020.** To successfully complete the internship, interns are required to complete a minimum of 1850 hours of work. Interns are in both of their placements for the entire year.

### **Respect for Cultural and Individual Differences**

Astor is an equal opportunity employer with a strong commitment to providing an environment that is free from all forms of discrimination and harassment. Compliance with all applicable City, State or Federal laws prohibiting discrimination and harassment affirms our pledge to providing an environment that supports dignity, productivity and creativity.

Astor serves a highly diverse population. Astor values trainees from diverse backgrounds and makes every effort to recruit intern candidates, graduate trainees and staff from a diverse background. This program strongly encourages applicants from diverse cultural backgrounds, and APA Minority Fellows, to apply to our program. Consistent with APA's Multicultural Guidelines, the internship program offers interns the opportunity to expand their understanding of the impact of their own cultural and diverse individual differences on their work with clients, and the impact of these cultural and diverse factors on their clients' work with them. This is achieved through the agency's personnel policies, the internship and agency's didactic programming, the issues discussed and processed in supervision and training seminars, and the experience of working with the agency's client population which represents a diverse population. Understanding human diversity issues is an integral part of the training program provided to interns. Competency in this area is one of the core goals of the internship program.

### **Astor Internship Accreditation History**

Astor's Doctoral Internship program has been [accredited](#) by the American Psychological Association since 1964, 54 consecutive years. Astor's mission is to serve underprivileged and under-resourced populations. Astor is dedicated to the training of staff, doctoral psychology interns, and other discipline trainees, in order to provide the highest quality care possible for our clients and families.

The last site visit was in March 2011 with re-accreditation conferred for seven years. APA completed its re-accreditation site visit in August 2018. Final status and length of re-accreditation will be decided in October 2018. No significant issues were noted at the closing summary meeting with APA Site Visitors that should preclude a successful and complete re-accreditation.

**Questions related to this program's accredited status should be directed to the Commission on Accreditation:**

**Office of Program Consultation and Accreditation  
750 First Street, NE, Washington, DC 20002-4242.  
Phone: (202) 336-5979/ E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).**

This program adheres to APA principles and guidelines for its policies regarding intern selection, admission requirements, evaluation and due process. *This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.*

*No formal complaints and/or grievances have been filed against the program and/or against individuals associated with the program since its last accreditation site visit*

### **Astor History**

Astor was founded in 1953 to provide residential treatment to emotionally challenged children as an alternative to hospitalization. Since that time, the agency has evolved and expanded and currently provides a broad array of residential, community and preventive services using strength-based and evidence-informed/based treatment approaches.

Accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Astor serves over 6,400 children, adolescents, and families annually and has an annual budget of over \$62.7 million dollars and a staff of approximately 1,000 employees (as of Fiscal Year 2018). It has multiple, multi-service program sites located in both rural and urban environments (Dutchess, Ulster, Sullivan, Orange Counties and the Bronx) that serve a diverse population.

Historically, Astor Services for Children & Families has demonstrated a budgetary commitment to its training program. Over the past several years Astor has maintained a successful psychology practicum program, taking in social work, mental health, psychology, teaching, child care, and psychiatric fellow students, and has had paid post-doctoral training positions, paid APA-accredited doctoral intern positions, supported current interns to attend the NYAPT annual conference, and had numerous training workshops for staff members and interns. Additionally, Astor has made a budgetary commitment to fund five paid pre-doctoral APA-Accredited intern positions. The budget also includes a benefit package, necessary supplies, time allotment for staff to supervise interns and facilitate seminars, time allotment for intern and supervisor training, and necessary space/administrative/office support. Astor is also committed to providing the necessary financial support to obtain and maintain relevant accreditation status with APPIC and APA.

This program adheres to APA principles and guidelines for its policies regarding intern selection, admission requirements, evaluation and due process. *The program is open to doctoral students from APA accredited programs in clinical, counseling, school, or combined clinical-child/school psychology.*

*This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.*

## **ASTOR INTERNSHIP IN PSYCHOLOGY**

### **Program Philosophy, Objectives, and Training Model**

Our internship supervisors have amassed over 128 years of combined experience at Astor, bringing a diverse and rich depth to the training and supervision of our interns!

#### **Educational Philosophy and Training Model:**

The educational philosophy of the Astor psychology internship program is based on a **Practitioner-Developmental-Apprentice** model. This model is based on a training mission emphasizing direct clinical practice consistent with the tradition of professional behavioral service psychology training in the United States (practitioner), facilitating the transition from

intern to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as, personal and professional growth (apprentice). Taken together, each of these categories builds upon an intern's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity.

As a social service agency that provides services across the lifespan, Astor provides a natural setting for a developmental framework for clinical, behavioral service, training. The primary mission of Astor is to provide children and adolescents and their families with a range of individualized services that are based on assessed needs and strengths. Astor Services for Children & Families utilizes a strength-based, culturally-sensitive and client-collaborative approach along with empirically-validated and evidence-informed and evidence-based treatment approaches that guide our treatment and planning at all sites.

In order to do this, all agency staff must share an appreciation of individual development, recognizing both typical and expected developmental patterns, as well as patterns that appear developmentally off course. This philosophy permeates into the psychology internship training as well. Interns are viewed in terms of their individually assessed needs and strengths, they are provided with training experiences that facilitate the transition from student to professional, and they are evaluated in terms of what would be expected of someone at their level of training.

Goals and expectations for the interns change over the course of the training year, as they acquire new clinical skills and professional competencies. The interns' areas of needs and strengths are formally evaluated three times a year in addition to in ongoing supervision. Appropriate and realistic goals are then established for the next review period. Expectations for clinical practice may change over the course of the year. For example, the first few times an intern provides testing feedback to a client she or he may do so with the assistance of a supervisor. As the year progresses, the intern may facilitate the feedback session on his or her own. Each intern is assigned either a staff member or a mental health extern student that the intern is responsible for providing weekly supplemental supervision. This type of training opportunity allows the intern to experience work with trainees at an earlier developmental stage thereby providing the intern with a new perspective on his or her professional abilities. The intern receives supervision on this supervision that further aids the transition from student to professional. Overall, an intern's level of professional autonomy is hoped to increase as one's confidence level with newly acquired or enhanced skills develops.

Strong and consistent relationships established between the intern and supervisors serve to establish the apprentice aspect of the Astor internship program. The apprentice relationships become the vehicle to develop clinical and related professional skills in a supportive training environment. Interns sit side-by-side primary supervisors in case reviews and treatment team meetings. The interns are able to observe firsthand how a professional psychologist conducts oneself in such an environment. Depending on work setting and case assignments, an intern may also have the opportunity to be a co-therapist with a supervisor or agency clinician.

The integration of scientific research and clinical practice is emphasized within the Astor internship program, as well as within the larger Astor agency. Astor has its own research department and Leadership Committee that is committed to quality improvement, grant proposal writing, program planning and development, scientific research informing clinical practice as well public policy, outcome research, and the training of mental health professionals within Astor and the community. Consistent with the function and purpose of Astor, interns are exposed to the integration of research and practice through initiation and completion of a program design and

evaluation of their choosing, individual and group supervision, assigned case presentations, didactic seminars, assigned readings in professional journals, access to reference materials from area university libraries and Astor's in-house library and librarian, and online databases, and agency sponsored and co-sponsored professional workshops and seminars.

### **Internship Director**

The current Director of Clinical Training and APA-Accredited Internship is Athena A. Drewes, Psy.D, RPT-S. Dr. Drewes is a NYS licensed psychologist and NYS Permanently Certified School Psychologist. She is a member of the American Psychological Association, past Board of Director of the Association for Play Therapy (2001-2007), Founder and Past President Emeritus of the New York Association for Play Therapy, and is a Registered Play Therapist and Supervisor (RPT-S) with the Association for Play Therapy. She is a frequently invited national and international presenter and prolific writer of articles, chapters, and edited/co-edited books on play therapy.

As of August 31, 2018, Dr. Drewes ([adrewes@astorservices.org](mailto:adrewes@astorservices.org)) has retired and is a consultant Director of the APA-Accredited Internship until March 2019 when Dr. Jennifer Brody will assume the full role of Director of the APA-Accredited Internship.

### **SALARY AND BENEFITS**

The program will admit for 2019-20 **five** doctoral level students. Two positions are in rural Dutchess County, NY and three positions are in the urban Bronx, NY. These positions are full-time and the training is for one full year, from **August 26, 2019 to August 25, 2020**.

## **INTERNSHIP PROGRAM TABLES**

### **Internship Admissions, Support and Initial Placement Data**

**Date Program Tables are updated: August 15, 2018**

### **Internship Program Admissions**

### **THE APPLICATION AND INTERVIEW PROCESS**

#### **Application:**

The Internship program requires the APPI Online and participates in the APPIC Internship Matching Program. Applicants can download an Applicant Agreement from the Matching Program website at: [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Instructions for completing the Online Application for Psychology Internship (APPI) may be obtained from the APPIC website at <http://www.appic.org>. Astor is not permitted to accept printed copies of applications. The APPIC Program Code for Dutchess County Residential/Clinic track is **148812** and the Code for the Bronx Day Treatment/Clinic track is **148814**. This site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Applicants must have completed a **minimum of 600** hours of practicum clinical experience in clinic, school, inpatient, hospital or residential settings with children or adolescents and a

**minimum of 100** hours of assessment experience with children or adolescents in order to be considered for an interview.

Astor Services for Children & Families requires:

- 1) the APPIC application
- 2) cover letter **specifically stating which site(s) are being applied to**
- 3) three letters of recommendation
- 4) copies of graduate school transcript(s)
- 5) curriculum vitae
- 6) **a final copy of an integrated psychological assessment report of a de-identified/ anonymous child or teen client that includes cognitive and projective testing that was completed while on externship. Identifying information of the client must be deleted from the report.**

Applicants with valid Green Cards to enter and study in the United States are invited to apply, but must have proper up-to-date and complete documents at the time of interview. US Citizenship is preferred.

**The deadline for applications is November 15<sup>th</sup> and applicants are invited for interviews are notified by December 14<sup>th</sup>.** In-person interviews are held in January, **regardless of weather.** In-person interviews are preferred, but other arrangements can be made on an individual basis.

**Interview Process:**

Applicants selected for an interview will receive e-mail notification by December 14, 2018. Interviews take place at the Bronx Tilden Street Child Guidance Clinic for those being interviewed for the Bronx. Interviews for Dutchess County are held at the Astor Residential Treatment Center in Rhinebeck, NY. Interviews are typically scheduled during the month of January, and are held regardless of weather conditions.

Applicants may be interviewed at one or both interview locations depending on which programs they have applied for and have been selected for interview. It is possible to apply for both program match codes but be interviewed for just one or for both programs.

There is an opportunity during the interview process to meet with current interns as well as informally with supervising staff. Individual interviews are set up with two or three internship supervising staff members, depending on the program being interviewed for.

Instructions for making interview appointments will be included in the acceptance for interview notification e-mails. **Interviewees will be photographed or may bring a small/passport size photo of themselves to the interview. Being photographed is voluntary but it does serve to help the selection committee remember each applicant.**

**PLEASE NOTE: A CAR IS REQUIRED FOR THE  
DUTCHESS INTERNSHIP PROGRAM**

All applicants matched must be cleared by an agency physical, the NYS Abuse Registry and fingerprint check prior to starting. **Interns are required to have completed the ten (10) hour on-line, TF-CBT training and have a certificate of completion prior to the starting date of the internship.**

Any questions regarding the internship should be directed to:  
 Dr. Athena A. Drewes, Director of the Internship  
[adrewes@astorservices.org](mailto:adrewes@astorservices.org)

<b>Total Direct Contact Intervention Hours</b>	<b>Y</b>	<b>Amount: 600</b>
<b>Total Direct Contact Assessment Hours</b>	<b>Y</b>	<b>Amount: 100</b>

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

Stipend for Full-time Interns: **\$26,024.00.**

Program provides access to medical Insurance for interns	YES
Trainee contributes to cost required	YES
Coverage of family member(s) available	YES
Annual Paid Personal Time Off (PTO)	4 days
Vacation Time	4 weeks
(those interns in the Bronx day treatment setting take their vacation the same time as the school calendar year breaks)	
Annual Paid Sick Leave	12 days
(and cannot be used as vacation time or time off)	
Extended unpaid leave in event of medical conditions and/or family need in excess of personal time and sick leave	YES
Other benefits	10 paid holidays

Interns are included in special agency-wide clinical trainings, clinical seminars and invited to attend the annual New York State Association for Play Therapy conference. Interns are required to use personal time for any outside training, dissertation work, defense or graduation requests.

### Initial Post-Internship Positions 2015-2018 (updated 8/15/18)

Total # of interns who were in the preceding three cohorts	15
Total # of interns who did not seek employment because they returned to their doctoral program and are completing their doctoral degree	0

	Post-Doc (PD)	Employed (EP)
Community mental health center	5	4
Federally qualified health center	0	0
Independent primary care facility/clinic	0	1
University counseling center	0	1
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical health center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0

Not currently employed	0	0
Changed to another field	0	0
Other	0	4
Unknown	0	0

### TRAINING LOCATIONS

**There are 5 full-time internship positions for 2 different match-site programs** where trainees treat a diagnostically and culturally diverse population of children, teens and their families. Interns remain in the same program sites for the full year. Two interns work full-time in rural Dutchess County split between the Residential Treatment program (6339 Mill Street, Rhinebeck, NY), with children aged 5 to 13 years of age, three days a week, and two days a week in the Poughkeepsie Outpatient Clinic (46 Lincoln Avenue, Poughkeepsie, NY), with children aged 5 to 18 years, and their families (APPIC Program Code **148812**). Three interns work in an urban setting in the borough of the Bronx in New York City split between Day Treatment (3 days) at 156 East Tremont Avenue (children aged 5 to 13 years) and the 750 Tilden Street Child Guidance Counseling Center setting (with the possibility of the Highbridge Clinic) (2 days). Interns will work with children age 5 on up to 18. (APPIC Program Code **148814**).

The best preparation for this internship program is a strong general background and demonstrated interest with either a child and/or adolescent population, with extensive clinical experience, preferably with severe emotionally challenged clients in a day treatment or hospital or residential setting. A **minimum of 600 hours** of practicum clinical experience in child and adolescent treatment and **minimum of 100 hours** of child/adolescent cognitive and projective assessment is necessary for application consideration and for interviews.

The Residence, Day Treatment and Clinic training settings are described in detail below.

**Applicants may submit one application to apply to both program sites but must indicate their preference in a cover letter that is part of the APPI online application.**

Applicants with valid Green Cards to enter and study in the United States are invited to apply, but must have proper up-to-date and complete documents at the time of interview. US Citizenship is preferred.

**Each site requires a separate match number ranking and requires separate interviews. In-person interviews are held in January, regardless of weather.**

### EDUCATION AND TRAINING OBJECTIVES

The Astor Internship program employs an Prescriptive Integrative Model of individual strengths and evidence-informed/based methods of treatment. Treatment is viewed as a collaborative process between the therapist and client which helps lead to successful outcomes. A comprehensive view of personality development and treatment is based on an understanding of the underpinnings of the individual's dynamics and world view which is shaped by his or her family system. The overarching goal of the internship program is to prepare psychologists with the requisite knowledge and skills for entry into the practice of professional psychology through furnishing interns with the knowledge and broad skills necessary for competent and ethical entry-level practice.



By the end of the internship training year, each intern will be able to demonstrate an intermediate to advanced level of knowledge and competence with children, adolescents and families in each of the following core areas:

**Assessment and Evaluation:** Assessment and evaluation competencies involve the ability to provide ongoing client assessment throughout each phase of the treatment process (initial assessment, quarterly case reviews, and termination summaries), as well as the ability to conduct formal psychological evaluations. **Related objectives for this area of competence include:**

1. Demonstrating the ability to engage client or client systems for the purpose of assessment or evaluation.
2. Utilizing appropriate diagnostic interviewing techniques.
3. Demonstrating skills in fact finding (history, family of origin, prior treatment attempts, medical and psychiatric histories, etc.), through interviews, record reviews, and collateral contacts.
4. Ability to articulate both on paper and verbally individual and family strengths and deficits, family system dynamics, impact of social environment (for example community, school, peers), diagnostic signs and symptoms, relevant background information, behavioral observations and mental status, and formulation of treatment goals.
5. Completing case documentation (intake assessments, quarterly case reviews, and termination/transfer summaries) that accurately reflects information obtained through client interactions, client progress on treatment goals, and collateral contacts.
6. Effectively selecting, administering, scoring, and interpreting a range of psychological tests consistent with the needs of the client and the intern's level of training.
7. Conceptualizing appropriate diagnoses by demonstrating knowledge and familiarity with using the DSM-5.
8. Conducting timely and sensitive feedback sessions with the client and or other professionals at the end of an assessment or formal testing.
9. Interns will complete up to five comprehensive psychological evaluations over the internship year.
10. Writing high quality reports that reflect: the use of "reader friendly" language; the use of theoretical and research knowledge in formulating sensitive and appropriate inferences about the client, his/her background, and diagnoses; and realistic, individualized, and well defined treatment goals or recommendations for intervention.

**The development of Assessment and Evaluation competencies are observed and measured through individual supervision, the intern seminar, live observation of client feedback sessions (when possible), written reports, case reviews, and case conferences.**

**Therapeutic Intervention:** Therapeutic Intervention competencies relate to demonstrated skills and proficiency in those activities related to direct clinical service for the purpose of treatment for clients and their families. These interventions involve activities that improve client functioning through psycho-education, case management, psychotherapy, and coordination with other service providers. **Related objectives for this area of competence include:**

1. Demonstrating knowledge and competence in the selection and implementation of appropriate, evidence-based or evidence-informed, therapeutic and psycho-educational techniques and treatment modalities within the context of individual, group, and family therapy.
2. Utilizing developmentally appropriate therapeutic approaches within the context of individual, group, and family therapy. Therapeutic approaches should be

developmentally appropriate for client's age, as well as, level of intellectual and emotional functioning. Essentially, interns demonstrate the ability to "meet a client" where he or she is at.

3. Treating children within the context of their families and when indicated providing supportive and psycho-educational parent guidance.
4. Demonstrating knowledge of specific theories of intervention and their related techniques.
5. Demonstrating the ability to conceptualize cases according to a particular theory or combination of theories that is clinically sound.
6. Providing case management services which demonstrate coordination with other service providers and community resources to meet the needs of the client and his/her family.
7. Formulating realistic and appropriate treatment goals with the client. These goals should be individualized and take into account the client's identified areas of strength as well as weakness.

The development of Therapeutic Intervention competencies are observed and measured through individual supervision, videotapes, live observation of client sessions (when feasible), case reviews, case presentations, and process recording notes.

**Establishing and Maintaining Quality Therapeutic Relationships:** Although Astor promotes and supports the use of a range of specific theories of intervention and their related evidence-based treatment approaches, the establishment and maintenance of quality therapeutic relationships is viewed as the core of meaningful service delivery.

**Related objectives for this area of competence include:**

1. Communicating empathy, respect, and warmth to clients for the purpose of establishing rapport and a working therapeutic alliance.
2. Demonstrating the ability to address ruptures and/or strains within the working alliance.
3. Implementing a thoughtful and professional termination process at the conclusion of therapy.
4. Maintaining a collaborative and empathic attitude towards clients and an appreciation for individual diverse ethnic, cultural and gender differences.
5. Demonstrating the ability to form therapeutic relationships with individuals of various ages, developmental levels, and with a range of presenting problems.

The development of Therapeutic Relationship competencies is observed and measured through individual supervision, exploration of the intern's personal reaction(s) to client, videotapes, live observation of client sessions, case reviews, case presentations, and process recording notes.

**Application of Scientific Research to Clinical Practice:** The Application of Scientific Research to Clinical Practice competency relates to the interns' ability to pursue and integrate information from the literature that is relevant to their clinical cases and work at Astor. **Related objectives for this area of competence include:**

1. Pursuing relevant information in professional journals and books.
2. Discussing and exploring with supervisors, colleagues, and peers how newly discovered information could be applied and integrated into clinical practice.
3. Constructively and critically evaluating information in published research articles prior to incorporating the findings into clinical practice.

The development of Application of Scientific Research to Clinical Practice competency is observed and measured through individual supervision, training seminars, case reviews, case presentations, and written reports.

**PROFESSIONAL CONSULTATION & PROGRAM DESIGN/EVALUATION:** This competency relates to the intern's ability to evaluate program outcomes on a systemic level utilizing established theory of change models, and planned collaborative interactions with agency colleagues, as well as professionals in the community for the purpose of imparting knowledge and expertise on an identified problem area, topic, or clinical issue. Consultation is considered an intervention process for either identified individual(s) or an organization in which the intern does not have direct responsibility for the outcome or process of change. The following objectives were created to support the interns in developing competencies in Program Design/Evaluation and Professional Consultation:

1. Intern will participate in program evaluation activities of internship program including self-assessment towards meeting training goals and providing objective feedback regarding the internship training program itself.
2. Intern will reliably complete and utilize client outcome measures for client engagement, treatment planning, and agency outcome evaluation purposes. This objective will be accomplished by the interns learning how to reliably complete required assessment tools for client engagement, treatment planning, and outcome evaluation.
3. Intern will engage in both didactic and applied training activities that expose intern to broader program evaluation. Interns will be engaged in creating and implementing a program design and evaluation component of an aspect needing improvement or evaluation within their internship settings and present their findings to the necessary agency staff.
4. Recognizing personal limitations in regards to knowledge and expertise when consulting.
5. Imparting information in a manner that is user friendly.
6. Appropriately gearing presentations to colleagues or professionals in the community to meet the needs of the audience.
7. Being available and approachable to meet the requests of those requesting consultation.
8. Responding to requests for consultation in a timely and courteous manner.
9. Providing useful, thorough, and thoughtful consultation to colleagues within the agency and/or professionals in the community.

The development of Program Design/Evaluation and Consultation competencies is observed and measured through individual supervision, staff meetings, feedback from those parties involved with program evaluation and receiving consultation services, completion of program evaluation of their internship, completion of and dissemination about a designated project assessing a component of evaluation.

**Professional Conduct:** Professional conduct competencies relate to the interns' ability to conduct oneself in a manner conducive to forming and maintaining meaningful working alliances with colleagues, peers, supervisors, service providers within the community, and professionals from other disciplines. In addition, these competencies relate to the interns' ability to conduct oneself in a manner that promotes personal and professional growth. **Related objectives for this area of competence include:**

1. Maintaining an open and committed attitude towards self-evaluation and learning.
2. Recognizing the limits and use of supervision and consultation.
3. Cooperating and collaborating with other professionals and service providers both within and outside Astor.

4. Respecting client confidentiality.
5. Completing necessary case documentation for the purpose of case management in a timely manner.
6. Conducting professional activities in a conscientious, energetic, and responsible manner.
7. Maintaining a professional and appropriate personal appearance.
8. Remaining open to feedback from peers, colleagues, and supervisors.
9. Incorporating feedback from others in a meaningful and appropriate manner.
10. Utilizing supervision to explore personal reactions to clients and how these reactions may be impacting the treatment and/or therapeutic relationship.
11. Actively and constructively participating in training seminar.
12. Willingness to share videotapes, and/or live observation with supervisor(s), peers, and/or other staff members as deemed appropriate and with client consent.
13. Demonstrating knowledge of the APA Code of Ethics and familiarity with state laws regarding mental health and confidentiality.

The development of Professional Conduct competencies is observed and measured through individual supervision, staff meeting, case reviews, training seminars, feedback from agency supervisors and other service providers.

**Diversity:** Diversity competencies relate to the interns' ability to show respect, appreciation, and understanding for the cultural and/or individual differences of clients, colleagues, and peers.

**Related objectives for this area of competence include:**

1. Demonstrating an awareness of personal cultural biases, values, and assumptions and the impact of these on relationships with clients.
2. Demonstrating sensitivity to cultural and individual differences as they impact on outcomes related to assessment, treatment, and consultation.
3. Seeking relevant information and knowledge pertaining to cultural and individual differences as indicated by a particular case.
4. Addressing in supervision any issues and personal reactions to cultural and individual differences that may arise.

Finally, the internship program seeks to promote the intern's sensitivity to a broad range of individual and cultural differences encountered in professional practice, and in a related fashion to maintain the trainee's commitment to on-going professional development. Interns will have the opportunity to develop and refine these professional competencies through an intensive exploration of their clinical work with several different supervisors, supplemented by carefully chosen didactic clinical seminars which include a focus on trauma and evidence-based treatment, and specialized ongoing seminars in family therapy and child/play therapy, assessment, program evaluation and supervision of supervision, as well as participation in the agency conferences.

Periodic agency-wide conferences are devoted to the challenges of working with culturally and individually diverse client populations. Supervision and didactic clinical seminars specifically address issues of race, ethnicity and sexual orientation.

The development of Diversity competencies is observed and measured through individual supervision, case reviews, written reports, and training seminars.

**Clinical Training:** Clinical training competencies relate to the interns' commitment to

Astor's ongoing clinical training services to agency staff and students, as well as service providers from the community. For the interns, these services include the planning and implementation of presentations and providing supplemental supervision of practicum students.

**Related objectives for this area of competence include:**

1. Demonstrating a willingness and initiative to facilitate an in-service training presentation for agency clinicians and trainees on a topic of expertise.
2. Conducting presentations in an informed, organized, and professional manner.
3. Adjusting the presentation to the needs and level of understanding of the audience.
4. Establishing a positive working relationship with practicum students.
5. Recognizing and addressing the developmental needs of the practicum student.
6. Balancing support and challenge when providing guidance to practicum students.
7. Advocating for practicum students in terms of assignments, assimilation into placement, and areas for growth.
8. Meeting regularly with practicum students for supervision.
9. Maintaining an available and approachable attitude towards practicum students.
10. Identifying and addressing areas of strength and growth for the practicum student through ongoing feedback.
11. Sharing areas of concern related to trainee supervision with the Director of Internship and when appropriate other internship supervisors.

The development of Clinical Training competencies is observed through digital recordings of treatment, and measured through dashboards that clearly state the requirements for service delivery and provide updated data daily, as well as through individual and group supervision on the planning of presentations, individual and group supervision on the supervision of practicum students, feedback from audience members of presentations, direct observation of presentations, and feedback from practicum students.

In addition to the aforementioned areas of competence, Astor interns are expected to develop and maintain abilities related to **critical thinking, quality communication, autonomy, and personal initiative**. These abilities are seen as interfacing with each training goal and objective, rather than being isolated skills. Specifically, interns are expected to: produce quality written and verbal communications and reports, formulate logical inferences and hypotheses to guide work, evaluate own thinking process, reflect before taking professional action, pursue relevant information in the literature, recognize personal capabilities for independent work versus need for guidance, and take initiative on case assignments and special projects.

### **Program Structure and Training Methods**

#### **Sequence, Intensity, Duration, and Frequency of Training Activities**

Astor's Practitioner-Developmental-Apprentice and Scholarly pursuit model of training is accomplished through a variety of carefully planned and sequenced activities related to the practice of professional psychology. In order for each intern to experience a degree of depth and intensity in their time at Astor, training activities run concurrently for the entire training year. Interns are oriented to Astor during their first two weeks. During this time, interns have: frequent orientation meetings with the Director of Internship; initial meetings with each supervisor; meetings with various program directors and specialists within the agency; orientation with human resources; training in TCI (Therapeutic Crisis Intervention) and training on agency documentation and forms. These meetings assist in the interns' gradual assimilation into the agency. The late-summer starting date for interns is intentionally scheduled to fall during a time of year when agency activities are "quieter." This allows for a gradual introduction into

the agency, an increase in availability of staff agency-wide, and for the interns to become acclimated before the child and adolescent clients go back to school and the agency intakes begin to pick up in volume.

During the initial phase of the training year interns are oriented to the agency and are closely guided through their case assignments and activities. Throughout this phase, supervisors are available to observe through a one-way mirror, join live sessions, or review digital tapes of sessions. In some situations, like heading treatment team meetings, the intern may shadow a supervisor for a period of time. The interns' caseloads are built gradually during this period until at least 40% of their time is spent in direct service delivery, which is monitored through dashboards that clearly state the requirements and provide updated data daily. Program assignments are structured to provide direct clinical experiences that are graded in terms of case complexity, variety of presenting problems, and number of clients served. During the middle phase of the training year interns continue to be closely supervised through the use of digital tapes, written case reports, process notes, and verbal reports of clinical activity. As the year progresses, interns are expected to balance their need for close guidance with a developing sense of confidence and competence in the decisions they make and services they provide. Interns should come to feel integrated into the agency in a manner consistent with staff clinicians. During the final phase of internship, the interns' role at Astor should be almost indistinguishable from that of a staff member. And indeed, Astor is committed to the hiring of interns into post-doc and agency-line positions where and when available. The input and feedback provided by interns on cases is valued and respected enough by colleagues that as the interns approach the end of the year, their absence will be noticed and presence missed.

A complete listing of Evaluation and Passing Criteria are available upon request, as well as in the Intern Handbook given to incoming Interns. Interns are required to complete greater than or equal to 80% of ratings that meet or exceed expectations on bi-annual supervisor evaluations in order to successfully complete the internship.

### **Training Methods and Experiential Professional Activities**

Interns will have opportunities, throughout the year, for observation, consultation, program design/evaluation, clinical supervision, as well as assessment and treatment intervention individually and with families, within a clinic, residential or day treatment school setting, thereby enabling trainees to develop greater awareness of how all these systems, i.e., family, school, community, and treatment setting, impinge on the individual.

Each intern is assigned clinical and direct service responsibilities within the following areas at Astor. Assignments are for 12 months and run concurrently.

### **Outpatient Counseling Centers and Residential/Day Treatment Settings**

The outpatient counseling centers of Astor are community based offices; and Residential/Day Treatment programs offer a clinical and education setting, all of which provide an array of services including: individual psychotherapy, child/play therapy, parent guidance, family therapy, group therapy, skills groups, family/dyadic therapy, and consultation to multi-disciplinary staff, agencies and organizations in the community. Astor has variety of outpatient counseling centers in both the Bronx and in the Dutchess County area. Each intern is placed at an outpatient clinic within their program site (Poughkeepsie Clinic or the Bronx Child Guidance Center or Highbridge Clinic) located in the more urban areas for two days a week. Each intern is placed at either the Residential Treatment facility (rural Dutchess County in Rhinebeck) or the Day Treatment program (an urban setting of the Bronx). The populations served by these services represent a wide range of cultures, presenting problems, diagnoses, family structures,

and socio-economic levels. Each intern is assigned a pro-rated caseload. Depending upon the needs of each case, the intern may provide several modalities of treatment to the same case. For example, an intern may see the child in weekly child/play therapy, meet with the parents weekly for parent guidance, and offer family therapy once every two weeks. Every effort is made to give each intern exposure to PCIT cases. **Intern activities include but are not limited to: child/adolescent individual psychotherapy, parent guidance, family therapy, group therapy, skills groups, DBT groups, psycho-education, development of treatment plans, intake assessments, termination summaries, case reviews, staff meetings, multi-disciplinary treatment team meetings, consultation with colleagues, collaboration with multi-disciplinary staff members, service providers in the community, crisis intervention, and case management.**

### **Psychological Services: Testing and Evaluation**

Interns provide psychological testing, evaluation, and consultation from within the outpatient clinic and Day Treatment program in the Bronx and within the Residence in Rhinebeck. All requests for psychological services are directed to the Testing Supervisor who in turn makes case assignments to interns and master's level students. Specific psychological services include: full battery psychological assessment, assessment of intellectual/cognitive functioning, assessment of emotional functioning, psycho-educational testing, differential diagnostic assessment, assessment of ADHD, and consultation on assessments done previously by professionals in the community. The interns are trained in the administration, scoring, and interpretation of a variety of testing instruments while at Astor. Each evaluation is individualized based on the reason for referral. Interns are expected to write comprehensive reports and provide feedback to the client and/or family as a part of the evaluation process. **Intern activities in this area include: the administration, scoring, and interpreting of psychological tests, report writing, and feedback sessions.**

### **Consultation**

The intern provides individually scheduled consultations and observations of client sessions to provide feedback and guidance on treatment goals and progress; run treatment team meetings or be part of a treatment team. Interns also give consultation to parents regarding assessment results and recommendations. Interns also provide consultation on psychology-related matters to colleagues within each of their assigned programs. These consultations may be formally requested or occur informally. Intern activities in this area include but are not limited to: providing input, feedback and guidance on identified client issues, reviewing previously completed evaluations, imparting knowledge and information, screening and/or observing children who have been identified as presenting with some type of concern, collaborating with other service providers and professionals, and doing topic-related presentations.

Interns are also part of a formal Program Design/ Evaluation project in which they each assess a component of the functioning of their program site. This study is analyzed and feedback given to colleagues and administrative staff along with consultation recommendations and guidance.

### **Supervision, Training Seminars, and Professional Activities**

#### **Individual Supervision**

Each intern receives at least two hours of weekly scheduled, individual, face-to-face, supervision from a licensed psychologist who is a member of the Internship Faculty. Two hours of supervision are for treatment cases. Interns also receive group supervision of at least two hours per week (on the average) in assessment, program design/evaluation, family therapy, child/play therapy and supervision of supervision. Supplemental supervision may be provided by

additional Internship Faculty members or other agency supervisors who are licensed psychologists, licensed clinical social workers or a post-doc psychologist.

All Interns are expected to videotape/digitally record individual and family sessions for use in individual supervision and group seminars in family and child/play therapy (of clients where there is a signed consent). The agency supplies the necessary taping/recording equipment, in three Residence play therapy rooms and a one-way mirror room for family therapy, and in designated therapy rooms at the Tilden Street Clinic and/or use of a portable digital video camera.

### **Staff Meetings**

Each intern attends multi-disciplinary staff meetings held in their program sites. These meetings may be led by a licensed clinical social worker, psychologist, or the interns themselves. One of the intern's primary supervisors is also in attendance at these meetings. The purpose of these meetings is to discuss and review outpatient treatment cases and discuss office and/or agency related agenda items.

### **Psychology Seminars**

Clinical, in-service seminars are held regularly, as scheduled, for 90 minutes and follows the agency-wide in-service training schedule calendar. Psychology staff members, consultants, interns, and externs attend this seminar. This seminar focuses on case presentations, live clinical work, presentations of empirically supported treatments, and relevant topic presentations. Each segment of the seminar is related to a broad theme such as: complex trauma, foster care placements and treatment, use of evidence-based play therapy approaches, termination process, testifying in court, trauma and treatment, family treatment approaches, or a particular theoretical orientation. In addition, issues related to cultural diversity are integrated into each broad theme. Broad themes are identified based on the types of clients being seen in therapy and being tested during the year. Interns are required to present one clinical seminar on a topic of their choice (often it is their dissertation topic) that reflects evidenced based practice, as well as one testing case. Finally, guest speakers from the community or have particular expertise in the field of mental health may be invited by the agency for an agency-wide training during the year which interns attend. Clinical trainings have accompanying readings.

### **Supervision of Practicum Students**

Each intern is assigned supervision of a master's level student or may work with regular clinical staff. The intern is responsible for meeting weekly for one hour with the student. Supervision of supervision is incorporated into a weekly group supervision with a faculty licensed psychologist.

### **Group Work**

All interns are invited to participate in running skills groups and DBT group therapy. The group work is co-facilitated by a licensed clinical social worker or psychologist, or a master's level student. Trainees are given the opportunity to discuss issues related to preparing for an upcoming group they will lead, ongoing issues in a group they are currently leading, and/or terminating a group. In addition, internship faculty utilize the supervision time to dialogue about and facilitate a didactic component through assigned readings and lectures.

### **Agency-Wide In-Service Training**

Astor places considerable value on in-service training and has a well-established ongoing training program. Interns are invited and encouraged to attend agency-wide seminars, workshops, and conferences. These in-services are aimed to both enhance the skills and



clinical understanding of staff and trainees and to benefit the clients that Astor serves. The training curriculum offers sessions on selected topics in working with children, adolescents, and families. The topics offered are intended to meet the varying needs and special interests of agency clinicians. Workshops are up to two hours long and may be in-person within the program setting or via live webinar. At least once per year, Astor hosts an all-day conference open to professionals in the community. These conferences feature nationally and regionally recognized experts on the topic(s) being presented. Agency clinicians and interns can attend these conferences for free, and at the discretion of their supervisor. Interns are also invited to attend the annual New York Association for Play Therapy conference at no charge, and as a training day.

### **Development of Professional Identity**

All five interns have opportunities to meet during orientation and special agency-wide trainings and the annual NYAPT play therapy conference. Interns in the Bronx and Dutchess County have separate ample opportunities to network with one another during their weekly contact, as they share an office at the Residence in Dutchess and are together at Day Treatment, and Outpatient on the same days, as well as see each other during seminars and supervised group training.

#### Dissertation Time

Interns are allowed to utilize professional days for time off toward their dissertation defense and graduation. This is to be arranged with the Director of Internship and the Primary Supervisor.

## **TRAINING SETTINGS**

### **DUTCHESS COUNTY**

The original site of the Astor Services for Children & Families is located in the historic and picturesque rural Hudson River Valley on a fifteen-acre estate in the village of Rhinebeck, New York, approximately ninety miles north of New York City. The middle class Village of Rhinebeck (population 2,657, July 2015) traces its origin to the 17<sup>th</sup> century settlers who found the Hudson River and surrounding countryside to be similar in beauty to the Rhine Valley in their native Germany. Today, Rhinebeck strives to preserve its historic and colonial character and nearly half of the residences in the village are on the National Register of Historic Homes. There are several fine restaurants in the village and the Culinary Institute of America is a 10-minute drive. Transportation to New York City (90 miles south) is very convenient via regularly scheduled trains between Rhinecliff (two miles from Rhinebeck) and Pennsylvania Station in Manhattan. Express bus transportation and easy automobile access to New York City are available via the New York State Thruway or the Taconic Parkway. The city of Albany, the capital of New York State, is 60 miles north and has a major State University with a medical school and APA-approved doctoral programs in both Clinical and Counseling Psychology.

Outdoor recreational activities include hiking in the Catskill Mountains, sailing and boating on the Hudson River, ice skating, downhill and cross country skiing, golf, camping, fishing and hunting. Numerous cultural activities are available as well. Musical performances are offered by the Hudson Valley Philharmonic Orchestra in Poughkeepsie at the Bardovan, and both Tanglewood in the Berkshires, the Saratoga Performing Arts Center, and Bethel Woods are accessible as are various museums, such as DIA in Beacon, NY, historical mansions (Vanderbilt, the FDR Library) in Poughkeepsie, and theaters. Vassar College, Bard College,

SUNY New Paltz and Marist College offer library services, lectures, and film series in addition to other activities.

## **THE BRONX**

The urban New York City borough of the Bronx has a population of 1,385,108 people (July, 2015). It ranks first of New York's 5 boroughs in the percentage of its population who live in poverty. The Bronx is considered the birthplace of Hip Hop, now a global musical phenomenon and youth subculture. Historically the Bronx has been the home of immigrant families, a trend that continues today. Despite the poverty there are vibrant communities which strive to maintain their cultural traditions and sense of identity.

During the summer the borough abounds with street fairs and festivals. Pregones, the premier Puerto Rican travelling theater, performs throughout the borough. Arthur Avenue, the "Little Italy" of the Bronx, is the scene of festivals dedicated to various saints. Irish pubs are frequented by popular musicians and singers from the greater metropolitan area. Gaelic Park hosts the Sunday Irish football and hurling matches, which draw large crowds from New York, New Jersey and Connecticut. The historic City Island, with its small houses and shore "village" environment, has many of the best seafood restaurants and marinas on the East Coast as well as excellent sailing.

The Bronx is the home of the New York Yankees, the Bronx Zoo, Orchard Beach, and the New York Botanical Gardens as well as several universities and colleges. There are also two well-maintained golf courses that are open to the public. The Bronx is easily accessible to the borough of Manhattan giving one access to all the cultural, educational and entertainment opportunities to be found there.

## **RESIDENTIAL TREATMENT AND COUNSELING CENTER PROGRAM (APPIC PROGRAM CODE 148812) – DUTCHESS COUNTY**

### **Residential Treatment Center/Facility**

The Astor Home residential programs are housed together in rural Rhinebeck, New York (6339 Mill Street, Rhinebeck, NY), and provide specialized services to 40 boys and girls between the ages of 5 and 13. There are two components to the residential program, the Residential Treatment Center and Hard-to-Place unit (RTC/HTP) and the Residential Treatment Facility (RTF). The RTF is co-ed and serves 20 children and is licensed and funded by the New York State Office of Mental Hygiene, while the RTC serves approximately 20 children referred by county departments of Social Services (OCFS, Office of Child & Family Services) and by Committees on Special Education (CSE) from various school districts. Many of the children present with histories of chronic trauma, externalizing disorders, and mood disorders and some have psychotic disorders. There are also a number of day students who attend the Astor Learning Center and do not live at the residence.

Children live in groups of 10 in the RTF and 11 in the RTC supervised by childcare staff under the direction of a childcare supervisor. The Treatment Team consists of a Clinical Specialist (who may be a psychologist, social worker or licensed mental health counselor) and support staff of social worker and psychiatrist, who serve as the liaison between Astor and the children's families. In addition to the therapeutic milieu which is based within the context of trauma informed care (CARE – Children and Residential Experiences), available treatment modalities

include individual, family, unit-based therapy groups, that are focused on emotional and behavioral regulation, and incorporate DBT concepts, expressive arts therapy, and recreation activities. Psychiatric services and psychotropic medication treatment are available for those children that require it. The children attend school on site for a full day, at our three-time National Blue Ribbon Award-winning Astor Learning Center. In addition to academic instruction the program offers art, gym, library, music, computer lab and remedial reading. Children also receive speech/language and/or occupational and physical therapy as needed. After school there are a variety of recreational activities as well as special events and community activities.

Two interns are in the residence three days a week. Within the residence, interns are assigned psychotherapy cases for up to 4 hours of direct treatment with culturally and diagnostically diverse children. The interns are directly responsible, at varying degrees, for the full management of their cases, which includes intake, creating and updating treatment plans, holding quarterly or monthly treatment team meetings with multi-disciplinary staff and caregiver/family members and the client; discharge planning, and consultation and communication with staff and outside resources. All related paperwork and electronic client record notes are also completed in a timely manner. Treatment includes a combination of evidence-informed/based approaches in individual child/play therapy, family therapy, and specialized skills group per week. Individual therapy is conducted in one of three fully equipped play therapy rooms, which also include digital taping capabilities. Interns provide family therapy for at least one of their individual cases, and may also be a co-therapist on other cases. A designated family therapy room is equipped with a one-way mirror for observation, 'bug in the ear' along with taping capability.

The interns work closely with the clinical specialists in treatment planning and progress review conferences. The average length of stay of the children is between 12 and 18 months, which gives the interns experience in long-term therapy. Within the residential setting the interns each complete up to five full, integrated, psychological evaluations and reports over the course of the year. This number is subject to change based on the needs of our residents.

Interns are involved in the school day as well as in the living unit of the children they treat through time spent observing and consulting in classrooms as well as observing and participating in unit activities and trips.

Interns offer clinical supervision of clinical staff and/or master's or doctoral level students who are at either the Residence or in the Outpatient clinic. They receive supervision training on their supervision. Interns also are involved in program design/evaluation of various Astor programs. Interns also work closely with the Astor Learning Center, residential school, in offering, as needed, classroom observation, teacher consultation, in-class skills groups, and additional academic testing.

Interns offer consultation services to childcare, teaching staff, and others on a weekly basis regarding their therapy and testing cases. Interns are also expected to present one to two testing batteries to clinical staff at the "Testing Roundtable". They are also expected to present one clinical in-service seminar on a topic of choice toward the latter half of the internship (which also goes on their resume). Interns are expected to complete Electronic Client Record entries and paperwork in a timely fashion.

All interns receive Therapeutic Crisis Intervention training (Cornell model) for crisis intervention and CPR training before seeing cases.

### **Poughkeepsie Counseling Center**

Astor Services for Children & Families has Counseling Centers and several satellite clinics in Dutchess County (as well as Ulster and Sullivan counties). Both interns work at the Counseling Center in Poughkeepsie (46 Lincoln Avenue, Poughkeepsie), a small urban city within the surrounding rural community. The client population is varied, and includes working class families, middle class families, as well as families on public assistance. The interns work as part of a multidisciplinary team that includes psychologists, social workers and psychiatrists, to provide a variety of consultative and direct treatment services to the child and adolescent clients and their families. The clinic serves a varied population with many of the families facing multiple challenges including poverty, chronic, complex, trauma, separation and divorce, domestic violence, and substance use issues.

Many of the children present with difficulties in the home, school and social domains. Our strength-based treatment philosophy and approach is oriented toward the collaborative involvement of the family in the full treatment process. Treatment modalities include individual, family and group therapy. Therapeutic orientations are evidence-informed/based and include cognitive-behavioral, social learning, and family systems approaches. Treatment approaches may include child/play therapy; group therapy; family therapy; exposure to Parent Child Interaction Therapy (PCIT) informed treatment, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and Dialectical Behavior Therapy (DBT).

Dashboards clearly state the requirements of clinical service and provide updated data daily and interns' are expected to be up-to-date on Electronic Client record entries and collaboratively written progress notes with families, in a combination of services (e.g., treatment, intakes, collateral contacts, etc.). Interns are expected to work two evenings per week. Interns attend weekly treatment team meetings and participate in additional training as available.

The counseling center experience gives the interns the opportunity to consult with various community agencies and school districts as well as to face the "real life" issues of productivity and managed care billing. It is a faster-paced environment than that of the Residence, and offers a different type of professional experience for a psychologist. The interns are expected to manage treatment responsibilities, billing, case consultation, treatment team meetings and timely completion of paperwork along with the seasoned staff members and are considered members of the treatment team. There may be an occasional as-needed psychological evaluation.

Two evenings (10:30am to 8 two, usually Tuesdays and Thursdays) are required in order to see individual and family cases, as well as complete intakes.

### **BRONX COUNTY (NEW YORK CITY) PROGRAMS (APPIC PROGRAM CODE 148814)**

The Bronx programs, known collectively as the Bronx Community-Based Behavioral Health and Prevention Services, are located in the urban Bronx in New York City and include The Astor Child Guidance Center Outpatient Clinic (Tilden and Highbridge); The Astor Day Treatment Program; The Lawrence F. Hickey Center for Child Development (a therapeutic nursery); Astor Family Services, and school-based mental health clinics. The interns spend three days per week at the 516 East Tremont Avenue (Bronx, NY 10457) Day Treatment Program and two

days per week in the Outpatient Child Guidance Clinic (750 Tilden Street, Bronx, NY 10467 or the Highbridge Clinic). Interns in the Bronx programs experience a varied client population from inner-city settings, with accompanying multiple stressors and challenges that may include low socio-economic status, single-parent homes, substance abuse issues, domestic violence, chronic, complex trauma, and abuse histories. Many of the clients have experienced losses and family transitions with a significant majority in foster care placements.

### **Day Treatment Program**

The Astor Day Treatment Program serves 216 three to fourteen year-olds in three sites, and is the largest day treatment program in the Bronx. The program strives to provide a strength-based, culturally sensitive, intensive therapeutic program for children with severe emotional-behavioral difficulties, and their families through the combined efforts of an interdisciplinary team of certified mental health professionals and educators. The children present with a range of mental health issues, including externalizing disorders, mood disorders, PTSD, anxiety disorders, psychotic disorders, and many others.

The clinical component of the program is based upon behavioral, social learning and cognitive-behavioral, and systems theory principles. Evidence-informed/based interventions are woven into the clinical work. Therapy focuses on helping the child develop affective regulation, adaptive problem solving, interpersonal, and cognitive coping skills.

At the **156 East Tremont Avenue Day Treatment**, the primary therapy modality is group therapy. When time allows during the week, additional individual therapy may be able to be provided to a subset of children based on level of need. Much of the treatment happens within the therapeutic milieu where staff assist the children in learning and utilizing adaptive coping and problem-solving strategies in-vivo. Classroom management techniques are based within an ongoing, highly structured, and consistently administered token economy. Evidence-based models such as PCIT and Parent Management Training are woven into the family work. In addition, our clinical staff focus on fostering communication and collaboration within the larger systems involved with each child, which can include multiple agencies, service providers, and other family supports. Many of the children require psychiatric consultation and psychotropic medication, usually provided through our on-site psychiatric staff. Where appropriate, the child's treatment team and parents meet to discuss rationale, recommendations, and procedures.

All three interns are placed in the 156 East Tremont Avenue Day Treatment program, working with school-aged children from 5 years of age on up, for three days per week. Interns are assigned 6-7 cases and expected to be available for crisis prevention and intervention within the milieu, including physical intervention when necessary. Interns will need to be flexible and have coping strategies for managing personal stress that can be created by repeated client crises, emotional and physical reactions, that interfere with scheduled appointments or hoped-for individual therapy work, and the demands of timely completion of regularly required paperwork. All interns receive Therapeutic Crisis Intervention training (Cornell model) for crisis intervention before seeing clients.

### **Outpatient Clinic**

The Outpatient Clinic of the **Astor Child Guidance Center at 750 Tilden Street (and Highbridge Clinic)** provides a range of services to the urban communities of the Bronx. It is licensed by the State Office of Mental Health (OMH) and holds contracts with the New York City

Department of Health and Mental Hygiene (DoH&MH) to provide services for children and their families. The services are open to all regardless of ability to pay, provided admission criteria are met. Prospective clients must be between the ages of four and eighteen, must live within the specified catchment area, and must have a diagnosable psychiatric disability. Preference is given to those cases which meet the OMH criteria for Severe Emotional Disturbance, or who present with serious psychiatric symptoms. Exclusion criteria include a primary diagnosis of substance abuse, mental retardation or severe developmental delays (e.g., autism).

The program is staffed by an inter-disciplinary team of psychiatrists, psychiatric nurse practitioner, psychologists, mental health counselors, and social workers. There is also an active student internship program in social work, along with the APA-Accredited Doctoral Psychology Internship program.

The services provided by the program include individual counseling and psychotherapy, school consultation/educational advocacy, family therapy, psychiatric evaluation and medication evaluation, psychological testing, crisis intervention and case management. Cognitive Behavioral Therapy is the core treatment model employed in the clinic, although senior staff are well-versed in psychodynamically-oriented psychotherapy, object relations orientations, narrative therapy, systemic, and collaborative approaches. The clinic is also committed to an ongoing process of increasing cultural sensitivity. Treatment is primarily guided by a number of evidence-based protocols that have proven efficacious for the typical presenting problems of our urban population: Parent Child Interaction Therapy (PCIT); Trauma Systems Therapy (TST); Trauma Focused CBT; a CBT protocol for depression; MATCH-ADTC; an integrated approach to the evidence-based treatment of childhood anxiety, depression, trauma, and conduct problems; specific protocols for disruptive behavior disorders; and parent management techniques. Interns receive exposure to PCIT and TST but due to time limitations of the internship are unable to achieve certification level.

Referrals are received primarily from schools, psychiatric emergency rooms, inpatient units, general hospital outpatient units, foster care agencies, other agencies, and community members who know Astor through word of mouth, and former clients. Clients are actively engaged in the intake and treatment process through a collaborative treatment and documentation approach.

Interns are able to work with a varied inner-city population with a variety of referring problems, that include externalizing behaviors, mood disorders, parent-child problems, family difficulties stemming from drug, alcohol addictions, domestic violence, chronic, complex trauma, and single-parent stress. Two evenings (10am to 8pm) are required in order to see individual and family cases, as well as complete intakes and psychological assessments. Interns are required to help maintain insurance billing processes, as well as being up-to-date on electronic client record paperwork demands as per OMH and New York State time requirements.

### **Bronx Intern Caseload and Responsibilities**

The Bronx internship programs provide a primarily clinical psychology experience, which involves opportunities for assessment, intakes, treatment, consultation directly with educational staff, program evaluation, and clinical supervision. Interns have cases in both the outpatient clinic and the Day Treatment Program. Interns provide a client-collaborative treatment approach which is culturally-sensitive and evidence-informed through individual, group, and family therapy, parent collateral service (e.g., parent training), crisis intervention, teacher consultation, and psychological assessment. Interns also work closely with foster care agencies, law

guardians, and the Administration for Children's Services (ACS). On occasion, interns provide adult individual counseling to the parents of clients. They have also been asked, when the occasion arises, to provide information to ACS and appear in Family Court, and conduct mental health assessments for intake to day treatment.

Within the **outpatient program**, interns provide assessment, intake, and treatment services to individual and family cases (with productivity hours graduated and more complex as the internship progresses) and complete a variety of full and partial testing batteries and assessments (up to five full batteries and reports, with as needed additional partial evaluations) throughout the year; as well as being involved in program design/ evaluation and supervision.

Intern treatment caseloads are monitored through dashboards that clearly state the requirements and provide updated data daily.

Within the **Day Treatment Program**, interns are expected to carry a total of six to eight cases. Treatment modalities include: milieu treatment, group therapy, individual/play therapy when time allows, family therapy, crisis intervention (Therapeutic Crisis Intervention – Cornell Model training provided), exposure to and use of Parent Child Interaction Therapy (PCIT), evidence-based CBT models, including Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and psychiatric treatment. The specific modalities used with each child and family are prescriptively individualized based on their needs and program resources. Other responsibilities include: (a) consultation with parents, teachers, and other collaterals; (b) coordination of treatment and services with other collaterals including home-based waiver services, ICM workers, preventative case workers, ACS workers, and inpatient psychiatric hospital staff; (c) advocacy for the children and families via case management. Interns are also expected to conduct regular mental health status exams as part of intake into the day treatment program, when needed, (d) conduct program design/evaluation, and (e) supervision of clinical peers or students.

### **EXPECTATIONS FOR ALL INTERNS:**

Our program offers up to 10 hours of training per week, in the form of didactics, supervision, and other training events, in addition to approximately 30-35 hours of service learning which involves assessment, therapies, program design/evaluation, supervision and all other professional and clinical tasks. Consequently, Interns are required to put in approximately 40+ hours per week, with two evenings per week included. Caseloads vary depending on program site.

### **ORIENTATION**

Interns are oriented during the first several weeks of start of the internship before the start of seeing clients. All interns receive a five day Therapeutic Crisis Intervention (TCI) training which helps in defusing client crises, with Rhinebeck/Dutchess Interns qualifying at Level 4, and receiving CPR training. Interns are walked through all intake, paperwork and medical file requirements as well as in use of the NY-CANS which is taken on-line by interns. Interns also receive a one day orientation to the agency policies and procedures. All interns receive an Employee Handbook at the start of the internship at a designated Employee Orientation training, as well as an Intern Handbook from the Director of the Internship during their orientation. Interns also complete (or have completed prior to starting internship) the ten-hour online training of Trauma Focused CBT (TF-CBT) and obtain a certificate of completion which is to be submitted to the Director of the Internship.

Legislation, that took effect in New York State in 2005, requires professionals, including interns, in settings regulated by the State Office of Mental Health (OMH) to be cleared by the State Central Registry and to be electronically fingerprinted. Interns complete the paperwork for this process prior to the start of the internship, along with an agency-arranged physical. An agency application and paperwork is also sent to set up medical insurance coverage for the start of the internship. Interns receive detailed instructions in the spring/early summer prior to starting the internship on how to make appointments for clearances and the physical and how to complete the necessary paperwork.



## PSYCHOLOGY INTERNSHIP TRAINING STAFF

Over 128 Years of Collective Experience!

### Internship Director



**Jennifer Brody, Psy.D.**

Dr. Jennifer Brody is a New York State Licensed Psychologist and a National Register Health Service Psychologist. She is taking over as Director of the APA-Accredited pre-Doctoral Psychology Internship from Dr. Athena A. Drewes, current Director, who is retiring. Dr. Brody was a clinical trainee at Astor Services for Children & Families for two years starting in 2000, and is thrilled to carry forth the training torch with the care that was afforded her.

Dr. Brody holds a doctorate in clinical psychology from William James College in Newton, Massachusetts. Her APA Internship was at Dutchess County Department of Behavioral and Community Health in Poughkeepsie, NY. Dr. Brody has taken care to broaden her skills in the areas of clinical service provision, human service administration, assessment, research, teaching, supervision, consultation, and program/curriculum development, so that she can be the most flexible psychologist that she can be.

Dr. Brody has experience in a variety of clinical settings, including schools, hospitals, human service agencies, residential treatment centers, and organizations ranging in size and industry. She has provided training and supervision for clinical staff and trainees to respond to acute and chronic issues across a broad continuum of care, including crisis intervention, partial hospitalization, residential treatment, outpatient programming, and school and home-based services.

Dr. Brody employs an eclectic treatment and supervisory approach, primarily from a cognitive-behavioral framework infused with expressive techniques of play, art, music, movement, and story-telling, as she creatively designs learning activities that are both enjoyable and informative in cultivating successful development. Dr. Brody has an advanced training certification and faculty position in a solution-focused process that propels motivation. She promotes integrative, strengths-based approaches that result in positive outcomes.

Dr. Brody is currently the primary intern supervisor in the Poughkeepsie Clinic.

## The BRONX Internship Staff

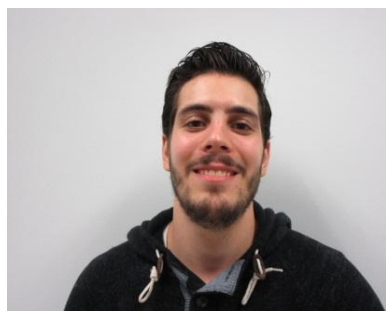


**Jamila Codrington, Ph.D.**

Dr. Jamila Codrington is a New York State licensed psychologist and clinical supervisor at Astor Services for Children and Families Child Guidance Outpatient Clinic, where she has worked for 12 years. Dr. Codrington is also an Adjunct Professor at New York Theological Seminary and Past President of the New York Association of Black Psychologists. She earned her Ph.D. in Counseling Psychology at the University of Maryland at College Park and received specialized postdoctoral training in the evaluation and treatment of court-involved/incorrigible youth. University of Maryland, 2003. Counseling Psychology. New York State Licensed Psychologist. Primary Supervisor of interns.

Her clinical interests include trauma, coping and resilience, mental health issues among the juvenile justice population, racial identity development, culturally-syntonic and holistic therapeutic interventions, and expressive arts in therapy. Dr. Codrington has published in professional journals including the *Journal of Multicultural Counseling and Development*; *Dreaming*; and *Cultural Studies of Science Education*, as well as a book chapter in *Helping Beyond the 50-Minute Hour: Therapists Involved in Meaningful Social Action*. Dr. Codrington has served on the Association of Black Psychologists' Public Policy Committee and co-authored the Association's position paper on *Special Education and the Mis-education of African American Children*. She has presented her scholarly work at conventions for the Association of Black Psychologists, American Psychological Association and American Counseling Association, as well as at the Diversity Challenge Conference, Teachers College Winter Roundtable, Caribbean Regional Psychology Conference, and International Congress of Psychology.

Dr. Codrington is a primary supervisor of the interns in the Outpatient clinic.



**Daniel Korovikov, PsyD**

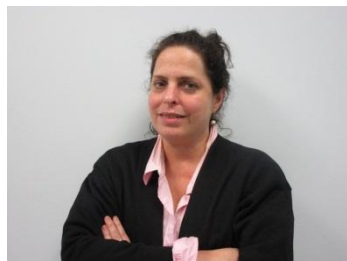
Dr. Korovikov is a NYS Licensed Psychologist and Director of Analytics for Astor. He is the Testing and the Program Evaluation secondary supervisor for the interns. Dr. Korovikov graduated from Yeshiva's Combined School-Clinical Child Psychology PsyD program in 2014,

and was a doctoral intern at Astor. He has been developing specialties in program evaluation and program development. Regarding program evaluation, he has statistics consulting and programming experience, which has been used to develop a number of programs/reports for both the outpatient and day treatment programs.

Regarding program development, he has taken the lead in redesigning a number of systems at Day Treatment including the levels/points system, token store, etc. His largest and most current project is preparing the school to shift frameworks from a traditional focus on rewards/consequences toward the C.A.R.E. model, which focuses more on meeting children's needs and developing relationships.

The reason Dr. Korovikov ranked Astor for his internship was for its "broad-based experiences plus a more restrictive environment experience". Additional reasons to rank Astor high include: "much program development/evaluation experience (thanks to Savita), a variety of models/approaches to working with kids, and the opportunity to work with a *very* challenging population where one must balance safety and child development rather than just safety (e.g., inpatient hospitals)".

Dr. Korovikov is a secondary supervisor of the interns of testing and assessment.



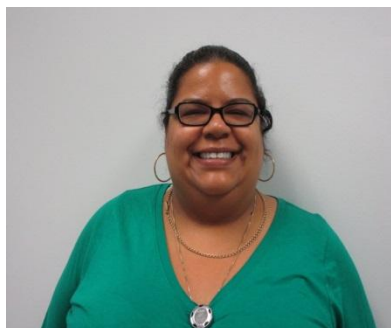
**Sara E. Weiss, LCSW-R**

Sara E. Weiss, LCSW-R has been working at Astor Services for Children and Families for more years than she'd care to admit! After working as a clinician at Astor's therapeutic pre-school for a number of years, Sara moved on to become the Intake Director of Astor Day Treatment Program's Bronx School Aged sites, a position she held until the end of September 2017. Along the way and simultaneous with her work as Intake Director, she supervised social work interns and staff at Astor's now closed Tilden Day Treatment site where she also carried cases and provided clinical support and coverage "on the floor" as needed. Moreover from approximately June 2015 until the end of September 2017, she was involved with helping to develop, staff and supervise an ongoing pilot program alongside the State Office of Mental Health. This program seeks to provide services to children in their "natural" environments in order to keep them in there and out of more restrictive educational placements, psychiatric hospitals and/or residential facilities.

Currently Sara is working as a clinical supervisor in the School Based Behavioral Health and Training Program (SBBHT) and spends much of her time supervising Astor clinicians based in community elementary, middle and high schools. She has a longstanding connection with Astor's pre-Doctoral Psychology Internship program where she has supervised interns doing mental status evaluations for day treatment program candidates. More recently she has been involved with providing exposure to Parent Child Interaction Therapy (PCIT) to Astor's Psychology interns through seminars and by serving as co-therapist on Outpatient Clinic cases where PCIT is indicated.

Sara earned her undergraduate degree at Bryn Mawr College and her Master's in Social Work at Columbia University's School of Social Work. She is a member of NASW and on the PCIT Listserv. Ms. Weiss is a secondary supervisor of PCIT/family therapy training for the interns. Her specialty is PCIT.

### **Administrative Staff:**



**Savita Ramdhanie, LCSW-R**

Savita Ramdhanie began working at Astor Day Treatment as a Social Work student. After completing that year, she had another placement elsewhere. She realized very soon into her placement that she missed the work she did at Astor and pushed to get a job here! She was able to secure one and 17 years later, she is still here!

She enjoys the high activity level and the organized 'chaos'! She also enjoys working with the milieu. "The teamwork is amazing and something that we strive for. We are a learning and teaching environment!"



**Jurine Walker, LCSW-R**

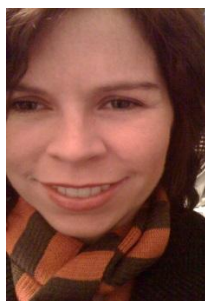
Deputy Director of Bronx Programs (Day Treatment/Transitions/SYNC). Oversight of Bronx Day Treatment Programs. She has been with Astor since 2003, after receiving her MSW from Fordham University in May, 2003.



**Zory A. Wentt, LCSW-R**

Zory A. Wentt, LCSW-R, is the Regional Director of Outpatient Clinics for the Bronx and oversees all of Astor's clinics and Community-Based Satellites. She began with Astor in November 2001 as a Site Coordinator of a school-based program, and after a brief departure in 2002, she returned in 2004 as Program Director of the Highbridge OPC. In July 2017, she was promoted to Regional Director. Adjacent to her Astor life, she is a wife and the mother of two beautiful young women one of which works for Astor's Transitions Program, the other is enrolled in college. She provides A.B.A. therapy in the homes of children who receive Early Intervention and is currently enrolled in Marist College to obtain her second Master's Degree in Business Administration.

### **DUTCHESS COUNTY Internship Staff**



**Meghan Brown, Psy.D.**

Dr. Brown is a New York State Licensed Psychologist who joined Astor Services for Children & Families in April 2016 as a Clinical Specialist. She has an MA in Film Studies from University College Dublin, an MA in Clinical Psychology from Newschool University, and a PsyD in Clinical Psychology from The American School for Professional Psychology in San Francisco. During the course of her professional career, Dr. Brown has worked in a variety of treatment settings including adult drug treatment, children with emotional disabilities, and families managing mental illness. She has provided individual therapy, group therapy, milieu therapy and comprehensive psychological assessments to both children and adults. She currently specializes in treating trauma and trauma related symptoms in children. She is a primary supervisor of interns in the Residence.

### **Steve Heffernan, LCSW**

Mr. Heffernan graduated from Adelphi University School of Social Work with a MSW in 2004. He began his Astor career in July of 1988 as a child care worker. Mr. Heffernan was a residential supervisor at Astor from 1989- 2004 working in both the Residential Treatment Facility and Residential Treatment Center. He has worked in many programs and in several capacities

since 2004. His clinical experiences include: Home Based Crisis Intervention, Family Preservation Services, and Mobile Crisis Program. Mr. Heffernan served as the site supervisor for the Home Based Crisis Intervention/ Family Preservation and Mobile Crisis. He has also gained clinical experience being a therapist at Astor Day Treatment and has been a Clinical Specialist at Astor since December 2014.

Mr. Heffernan's area of interest is family therapy, which he trains the interns in. He has had the privilege to attend conferences with Salvador Minuchin, who is considered by many to be the Father of Family Therapy and "Structural Family Therapy." Salvador Minuchin understood that to work with youth one must work with the family. Mr. Heffernan also understands the complex nature of connections in family therapy as identified by Virginia Satir who is considered the Mother of Family Therapy, in her approach of Conjoint Family Therapy. Mr. Heffernan is a secondary intern supervisor of Family Therapy.



**Sarah Kiperman, Ph.D.**

Dr. Kiperman is a Clinical Specialist for the Residence at Astor, after completing her APA-Accredited pre-doctoral Psychology Internship at Astor. She trained as a school psychologist with Georgia State University, Ph.D., School, and has experience in Adlerian Play Therapy, Cultural Competence, Dialectical Behavior Therapy, Response to Intervention, and School Based Services. Her research interests include identifying how LGBTQ youth experience socially supportive relationships and intervention development/modification from a transformative framework. She will be a licensed psychologist by December 2018. She is a secondary intern supervisor providing Supervision of Supervision.

