The purpose of the training program is the preparation of psychologists for practice in public mental health settings and diverse communities. We teach a broad range of generalist skills for public service, while also encouraging interns to explore their emerging identities as psychologists through alliance with a specific interdisciplinary community treatment team throughout the internship year.

The standard training program is a full-time (40-44 hours per week) internship, to be completed over 12 months. Interns accrue 2000 pre-doctoral training hours. The program begins each year on the first Wednesday after the Labor Day holiday and concludes on August 15.

Mission

The Marin County Department of Health and Human Services promotes and protects the health, well-being, self-sufficiency, and safety of all people in Marin County.

Within the Department, the Division of Mental Health and Substance Use Services has this specific mission:

“To promote emotional well-being and recovery through the provision of mental health services, advocacy and education. Services are provided in partnership with clients, families and community-based organizations and strive to be effective, culturally competent and compassionate.”

The Psychology Internship program participates in the common divisional and department mission by extending the range and depth of services that are available to those in need, while concurrently developing a workforce of professionals who will enter public service. As an integral part of this organization, the Training Program’s mission is to provide psychology interns, through supervised practice, training and apprenticeship opportunities, with the competencies to enter practice at the post-doctoral level.

APA Accreditation

The Marin County HHS Psychology Internship is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2020. Questions related to the program’s accredited status should be directed to: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street NE, Washington, D.C. 20002. Phone: (202) 336-5979. Email: apaaccred@apa.org
Educational Model

Our educational model prepares interns for practice as psychologists in public service and community health settings using a curriculum and program structure informed by the Local Clinical Scientist Model (Stricker & Trierweiler, 2006) and principles of experiential learning theory (Kolb & Kolb, 2005). Interns are taught to define a process of inquiry for clinical activities and engage responsively in the community as scientifically minded participant-observers. The local clinical context is the “laboratory”; scholarly inquiry and action research are done to answer case-specific questions. Skills and knowledge and professional values are acquired through supervised direct service experience and apprenticeship activities.

The internship provides a wide range of clinical practice opportunities including outpatient, in-custody and at-home assessment and treatment, group therapy and program development, psychiatric emergency department rotations, and public education through community outreach programs. While engaged in the practice of public service psychology—and through weekly supervision and training--interns are expected to actively “learn, do and reflect” (Schoen, 2006). Seminars and case conferences, as well as ongoing supervision and portfolio projects, support interns in integrating science and practice.

Our educational model is also informed by the developmental continuum of professional competencies outlined in the APA Benchmark Competencies for the Practice of Professional Psychology (Fouad, et al., 2009). Supervisors work with interns at the beginning of the year to identify their current status in relation to competencies for entry to practice and to define individualized learning needs. Program activities provide ongoing formative feedback and regular opportunities for reflection, self-evaluation, and summative evaluation of competencies using both a formal measure and a portfolio project. Using the APA competencies model prepares interns for practice with professional standards and supports them in integrating their academic and experiential learning as they complete their graduate education and enter public service.

References:


Training Goals

Interns who successfully complete the program will have met the following goals by the end of the training year:

**Goal #1:** Interns will demonstrate the knowledge, skills and values required for entry-to-practice at the post-doctoral level in each of the Foundational Domains of the APA Competency Benchmarks for the Practice of Professional Psychology (APA, 2011).

- Professionalism
- Individual and Cultural Diversity
- Ethical and Legal Standards
- Reflective Practice
- Relationship Skills
- Scientific Knowledge and Methods
- Research and Evaluation

**Goal #2:** Interns will demonstrate the knowledge, skills and attitudes required for entry-to-practice at the post-doctoral level in each of the Functional Domains of the APA Competency Benchmarks for the Practice of Professional Psychology (APA, 2011).

- Evidence-based Practice
- Assessment and Diagnosis
- Intervention
- Consultation
- Education
- Supervision
- Interdisciplinary Practice
- Management and Administration
- Advocacy

**Goal #3:** Interns will demonstrate the competencies required for professional practice as public service psychologists in community practice (Chu et al., 2012).

- Strengths based, recovery-oriented service delivery
- Community-based, culturally responsive program implementation and evaluation
- Collaborative and inclusive interprofessional consultation, training/education and supervision.
- Evidence-based, outcomes-oriented advocacy, action research, and clinical leadership

We evaluate progress toward Goal 3 using a qualitative portfolio measure. Portfolios are reviewed throughout the year in case conferences and with supervisors who give feedback on individual items and oversee completion of required portfolio projects. Interns are encouraged to use the portfolio as idiographic evidence and a form of action research about their own growth in the internship year.

We are committed to providing ongoing formative and summative feedback that will promote continuing development and competencies so that interns are ready to enter practice at the post-doctoral level when they complete the internship year.

References:


Training Curriculum:

The primary training modality is supervised practice in direct service delivery to County residents with acute or persistent mental illness or emotional disorder. Clinical practice activities include individual and group/family therapy, intake and psychodiagnostic assessments, psychiatric emergency services, and a range of consultation, educational and/or advocacy opportunities across the internship year. Over the year, interns will spend 50% of their time in direct services (face-to-face client contact or activities related to specific clinical assignments). At the beginning of training, some of this time may be in observational or apprenticeship activities, but as skills and confidence increase interns will be assigned increasingly autonomous practice roles and have opportunities for leadership and supervision. The focus in formal training and supervision is on reflection on these experiences and the integration of feedback, academic learning, experiential learning and personal growth in the process of professional development.

Clinical Experience and Individual Supervision

Clinical assignments are determined by primary supervisors and matched to individual student’s training needs and interests through ongoing discussion of developing competencies and internship requirements. All interns will have supervised experience with a range of case and activity assignments across the training year. Interns will have the opportunity to do both brief and longer-term psychotherapy with individual and/or family cases throughout their internship.

While each week of training will be different, as skills develop and opportunities emerge, a typical distribution of time for a full-time intern is detailed below:
Direct Service:

- 8-12 hours of face-to-face psychotherapy (individual or family)
- 4-8 hours of intake/assessment/crisis intervention/group services
- 2- hours of case management/clinical consultation/field observation

Training and Supervision:

- 3 hours of individual supervision
- 2 hours of didactic training
- 2 hours of EBP case consultation group
- 2 hours of clinical team specific case conference
- 1 hour of additional didactic or program development group

Clinical Support/Professional Development:

- 2 hours for documentation/administration of services
- 1 hour of peer consultation group
- 2 hours for consultation or observation of clinical or administrative practices
- 4 hours for dissertation/research

Additional time (up to but never exceeding a total of 44 hours/week) may include:
- Community outreach/education, teaching/supervision opportunities, participation in partner organizations with clinical supervisors (e.g.: psychoeducation via broadcast media, West Coast Trauma Retreat for first responders with PTSD, Community Action Marin peer provider organization)

All psychology interns have two hours per week of regularly scheduled individual supervision by one or more licensed doctoral level psychologists. Additional hours of individual supervision are provided by licensed psychologists, board-certified psychiatrists, licensed clinical social workers, or licensed marriage and family therapists. Clinical cases are assigned in consultation with the appropriate clinical teams and followed both in individual supervision and case conference/group supervision.

Throughout the year supervised clinical practice in the delivery of direct service is balanced with apprenticeship opportunities in community mental health practice, and formal training events where science and practice are integrated through instruction and reflection.

Within the training year, all interns provide clinical services to the general population of community mental health clients and complete a 3-month rotation on Psychiatric Emergency Services. Within each week, interns also spend 8-12 hours working specifically with the interdisciplinary clinical team track to which they were matched.
Core Curriculum and Clinical Tracks:

Interns apply and are matched to specific training “tracks” that are identified with specific clinical services (Latino Health, Forensic, and SMI.) However, the core curriculum focuses on generalist skills for practice in public health settings and all interns gain experience within the community service system upon which the “tracks” run. All interns provide outpatient assessment (intake, PES, and testing), psychotherapy, and lead psychoeducational groups for the general population of County residents receiving mental health services. Interns will work with a range of ethnicities, diagnostic severity/acuity, and legal status during the year. The graphic below outlines the common and team-specific practice opportunities.
Clinical Track Descriptions:

**Latino Family Health Track** (Bilingual fluency in Spanish and English required)
Interns receive supervised training in providing bilingual outpatient services to youth, adult and older adult clients in the mental health clinics and in community settings. Training emphasizes strengths-based, family-oriented interventions that address effects of immigration, acculturation and health/economic disparities.

Intern offices are in the Youth and Family Services building where treatment rooms are appointed with furnishings and materials adaptable for various therapeutic modalities, and include a one-way mirror and audio system that can be used for observation, live supervision, and recording. Based within the Kerner Health and Wellness Campus in central San Rafael, interns work closely with family partners, community health workers (promotores) and community-based organizations in the adjacent neighborhood.

Clinical services are also provided in community settings and in clients’ homes. Opportunities are available for experience with Juvenile Probation, Child and Family Services, wrap-around teams, bilingual parent education, in-home services to seniors, and broadcast media programs reaching Latino individuals and communities in California and beyond.

The weekly Latino Family Health seminar, conducted in Spanish, provides interns an opportunity to visit agencies that serve local Latino community members, meet with professional models and leaders, discuss printed and audio-visual materials related to the experience of the Latino clients they serve, and participate in the production of psycho-educational radio programs, podcasts, videos and newspaper/online articles.

**Forensic Mental Health Track**
Interns on this track work with the interdisciplinary Supported Treatment After Release (STAR) team, serving adult mental health clients who are in the criminal justice system and Mental Health Court. Interns work with law enforcement, medical and mental health providers in the clinic, at the jail, and in the community and gain supervised experience in assessment, intervention, assertive case management, and outpatient psychotherapy, both individual and group.

This track is based within the Adult System of Care and works closely with Jail Mental Health and Probation. Interns receive training and practice in initial intake and diagnostic assessment, individual psychotherapy, crisis intervention, and intensive case management. Interns are based at the Marin General Hospital campus in Greenbrae; they also do intake rotations and provide outpatient services at the Health and Wellness Campus in central San Rafael and at the Marin County Jail.

**SMI Recovery Track** (PGSP-PhD Affiliate Program)

This clinical track is supported by and affiliated with the Diversity and Community Mental Health emphasis area, Pacific Graduate School of Professional Psychology
at Palo Alto University (PAU) and open only to students currently enrolled in the Ph.D./DCMH program at PAU.

Interns receive supervised training in providing integrated psychology services to adults and older adults with acute or serious/persistent mental illness. Interns provide individual and group psychotherapy and learn skills for crisis intervention, stabilization and assertive case management. Interns work weekly with one or more clinical practice teams providing intensive IDDT and case management services to the SMI population, the homeless, or older adults. SMI Recovery interns are based within the Adult System of Care and also provide outpatient psychotherapy to adult clients in the medication clinic. Intern offices are on the Greenbrae campus adjacent to Marin General Hospital. They also provide outpatient services at the Health and Wellness Campus in central San Rafael and do field interventions in community settings and client homes.

The client population served by all clinical teams is multicultural and there are opportunities to provide services (and receive supervision/consultation) in both Spanish and Vietnamese.

**Clinical Assessment Training**

Interns participate in providing acute care evaluations on the Psychiatric Emergency Service where they are introduced to procedures related to inpatient hospitalization and risk assessment. They also observe and then conduct intake assessments for admission to outpatient and medication clinic services. Clients served by our systems present with a wide range of complex diagnostic presentations, including a full array of psychotic conditions and personality or behavior disorders, often compounded by health conditions, trauma histories, and substance use.

Training emphasizes assessment with the clinical diagnostic interview and the integrated collection of data from collateral sources, report/checklist measures, outcome and alliance measures, consultation and observation. When clinically indicated, standardized psychological testing is implemented, including projective and neuropsychological measures. All interns are required to demonstrate basic competency in the selection, administration, scoring, interpretation, and reporting of test results and to accept assigned testing cases. Additional supervision with a licensed psychologist is provided for standardized test batteries and reports.

The use of formal test batteries, however, is not a focus of training in this setting and opportunities for practice will vary across clinical teams, often not exceeding 3 required integrated reports per year. The training focus is on culturally informed differential diagnostic interview skills and collaborative use of integrative clinical data. The clinical population provides an excellent range of opportunities for diagnostic training and consultation in differential diagnosis of co-occurring disorders.

**Allied Clinical Services & Professional Development Seminars**

The Allied Clinical Services Seminar provides weekly two-hour sessions on a range of clinical topics. The seminar brings together interns from system-wide clinical teams and emphasizes common issues and content areas shared in the practice of psychology in a public service system. The seminar typically includes one or more
post-graduate interns and some advanced practicum students in clinical psychology or social work.

In the fall term, the seminar emphasizes the biopsychosocial recovery model that informs clinic practices and the skills required for effective psychodiagnostic assessment and treatment planning. The sessions are intended to support and enhance interns’ experience as they are immersed in initial casework, supervision, and the challenge of learning the language and dynamics of the service delivery system. In the winter and spring terms, the seminar series continues to explore developmental dynamics and theory and treatment strategies for working with the effects of trauma and neglect. The curriculum also addresses the dynamics of limited-term treatment and professional development.

Interns attend a Friday afternoon didactic series that addresses specific competency domains in assessment, supervision, psychopharmacology, consultation, and advocacy.

All didactic seminars are taught by licensed clinical staff and invited professionals from the community. Interns are expected to teach one seminar in the course of the year. Interns are required to attend the seminar weekly. Readings are assigned. A sample seminar schedule and an overview of the curriculum is online at http://www.co.marin.ca.us/mh/intern_faq.cfm.

**Case Conferences**

Clinical team case conferences are one-hour weekly group supervision meetings co-led by a psychologist and a team psychiatrist, in which interns present outpatient cases and ongoing treatment concerns. Assessment, diagnosis, theoretical formulation and treatment planning are addressed. In addition, the psychiatrist and other MDs from the clinical staff provide education and consultation regarding psychopharmacology and related medical issues.

The conferences also provide a place to discuss administrative and systems issues and to learn about the role of the clinical psychologist in the public mental health system. Case conferences include review of neurodevelopment across the life span and effects of adverse childhood experience and aging.

**Consultation Groups**

**EBP Consultation Group**

Interns attend a weekly supervised consultation group throughout the year that is linked to learning and practicing evidence-based practices (EBP) in a public service setting and in both individual and group modalities. After an initial review of Motivational Interviewing and Dialectical Behavior Therapy principles, interns begin co-leading DBT-informed skills groups or Seeking Safety groups with adults and/or adolescents. Interns are also expected to develop at least one additional EBP-informed group (CBT, ACT, Triple P) during the year. The consult group provides a place to learn and practice competencies in program development, program evaluation and consultation, as well as to learn skills in teaching, group leadership, and managing burnout, boundaries, and group process.
Peer Consultation Group
Interns convene a weekly informal lunch-hour peer-led group, the purpose of which is to provide peer consultation, discussion and support without staff present. The group is confidential and is given the charge of identifying and exploring issues that emerge in the context of this training setting or in the context of their current professional development. Interns are encouraged to view themselves as a work group and to form a support network that spans team assignments. All interns are expected to attend peer consultation group on a regular basis. The intern group selects a peer to serve as liaison to the Director of Training, so that any problematic issues identified by the intern group can be defined and resolved.

Clinical Staff Consultation Groups and Trainings
Interns participate regularly in staff meetings of their clinical team, which often include consultation and training elements and they may join staff consultations groups that meet monthly or bi-monthly with a focus on continued learning and practice of Harm Reduction, Motivational Interviewing, or Group Therapy. Interns are also included in all-staff continuing education. In recent years, APA CE offerings have included programs on law and ethics, domestic violence, aging and long-term care, Motivational Interviewing, integrated family therapy, and culturally-informed treatment. These courses help interns integrate the reality that professional development is life-long learning and that staying current on the integration of science and practice requires ongoing commitment.

Community Outreach and Advocacy
Practice in a community mental health center means actively learning about and engaging with the local community in a variety of ways. Interns begin this process with field trips and observation opportunities during orientation and they are expected to begin engaging as participant-observers and action researchers by getting out of the clinic and into the surrounding community. An ethnographic reflection requirement completed in the fall introduces this process and staff invite interns into a variety of roles in their own professional practice. Once students have established caseloads and with supervisory approval, they will enter into a variety of advocacy role on behalf of clients or families in a range of settings. Examples of intern outreach and advocacy roles include: participating in a Spanish language radio program on health and wellness, observing and then participating in a trauma treatment program for police/fire first-responders, screening for anxiety and depression at a health fairs, making a presentation in Mental Health Court regarding a client’s progress, advocating for a student at IEP team meetings, and talking at a local middle school about careers in mental health.

Opportunities for Practice in Management, Administration, and Supervision
Interns learn management and administrative responsibilities when co-facilitating group services and learn basics about entitlement programs, administrative aspects of admission, discharge and documentation, and the structure of service provision within the larger system. All interns participate in at least one formal Quality Assurance Utilization Review meeting during the year. All interns complete a basic
6 hour course in clinical supervision and have opportunities to provide supervised supervision for practicum students, volunteer senior peer counselors in the older adult program or community health workers in the prevention and early intervention promotores program. Psychologists hold a range of management positions in the Department and interns with specific management or policy interests are invited into apprenticeship opportunities with them when appropriate. Interns are encouraged to learn about issues in public funding and finance and are welcome to attend stakeholder meetings on funding and program planning.

**Training Objectives/Activities by Term**

**Fall Term:**
Through trainings and supervised practice, interns will gain:

- Knowledge of the range of clinical services in MHSUS, socio-demographics the community, and resources for information and referral
- Knowledge of language, procedures, and structure of the service organization
- Skills in engaging clients and implementing individual and group interventions
- Skills in developmental case formulation
- Skills in assessment (clinical intakes and testing), crisis stabilization (PES and CFS); knowledge of DSM/ICD nomenclature and medication consultation
- Skills in Evidence-Based Practices, consultation, and supervision.
- Knowledge of strengths-based and recovery model practices
- Knowledge of the neurobiological effects of trauma and neglect and related developmental and diagnostic correlates
- Awareness and knowledge of legal, ethical, and cultural considerations in community practice public service.
- Skills in community-based practice and advocacy

**Winter Term**
Intern will continue to develop skills across competency domains through:

- New challenges and increasing complexity in assignments
- Supervision review of developing competencies and areas for focus and further training relative to post-doctoral plans
- Opportunities to define and explain case dynamics from a developmental perspective
- Implementing and evaluating treatment using outcomes measures and practice-based evidence
- Case presentation and consultation experience with clinic staff and peers: assessments or case summaries for collateral agencies if appropriate.
- Teaching experience in didactic seminar and EBP Groups
• Management and administration of groups, case documentation, quality assurance for caseload
• Engagement in community outreach and action research

Spring/Summer Term
Intern will conclude year by participating in:

• Continuing casework with appropriate attention to dynamics of treatment, concluding therapy and case disposition
• Supervisory focus on understanding progress (and limitations) in treatment in one or more explicit theoretical frameworks and EBP models
• Community action research or group intervention program evaluation
• Supervision of community health workers, peer providers or fieldwork students; completion of 6-hour Supervision Training Course.
• Review of personal strengths and professional development as a psychologist with attention to competency benchmarks for entry to practice.
• Community outreach and consultation

The summer term offers the opportunity to continue and conclude work with clients, to rotate to an additional clinical or management area of interest, and to prepare for post-doctoral practice. Specific objectives for the term are set in consultation with the primary supervisor and in the context of the interns’ professional development goals.
Stipend and Professional Time/ Benefits

Stipend

The minimum stipend for psychology doctoral interns for the 2015-2016 training year is $18,500. Qualified bilingual interns who can deliver services in Spanish or Vietnamese receive an additional increment of $100/month.

Scheduling of Hours of Work

Most internship hours are completed between 8 am and 5 pm, Monday through Friday. Some rotations may allow weekend or evening hours with supervisor approval, but these are not typical and are limited to Psychiatric Emergency Service or for clinical activities where a supervisor is also present. Interns may not work more than 44 hours in any week.

Vacation and released time

Interns may take 14 days of personal leave time during the internship in addition to designated County holidays. Professional leave time for conferences, dissertation-related needs, and post-doc interviews may be credited as internship hours but requests must be reasonable, timely relative to clinical requirements, made in advance and in writing, and cleared by the primary supervisor.

Health Benefits

The County does not have resources to provide comprehensive health insurance benefits but does provide $100/month toward interns’ costs for coverage under the Affordable Care Act or for a Health Savings Account related to other coverage an intern has in place.

Additional Information

More detailed information on evaluation procedures, institutional policies, and due process is available in the Psychology Internship Handbook. A link to this lengthy document is made available at the time of interview and may be requested at any time by contacting ckerr@marincounty.org.
Eligibility and Selection Criteria/Application Procedures

Eligibility

Applicants for internship must meet the following minimum requirements:

- Be enrolled in an APA-accredited doctoral program in Counseling, Clinical, or School Psychology.
- Be certified as ready for internship by their doctoral programs.
- Have completed their comprehensive examinations at the time of application.
- Have a dissertation proposal scheduled at the time of application.
- Will have completed all doctoral coursework other than internship credits no later than September 2015.
- Be able to pass a Live-Scan background check and security clearance for jail and juvenile hall settings. Applicants who match to our program but do not successfully pass this background check will be dismissed from the internship.

Selection Standards

In addition to the requirements outlined above, preference will be given to applicants who:

- Demonstrate interest and experience in public service practice through prior employment, practicum or volunteer activities.
- Evidence commitment to the study and application of community-based, multicultural practice as evidenced by activities such as professional or community service, coursework, practicum, prior employment, research, presentations or publications.
- Bring life experience that prepares them to work with a diverse, marginalized clientele in a context where socio-economic disparity, stigma, and lack of resources are typical.
- Demonstrate the psychological flexibility, sense of humor, and creativity to work well in a team-based, interdisciplinary setting.
- Are on track to complete the dissertation prior to the start of the internship year.
- Are motivated to learn and apply evidence-based, limited-treatment models to multi-systemic, long-term problems.
- Are open to learning to do community-based work in the field, in jails or elder care residences as well as in hospital or clinic settings.
Application and Selection Process

Applications must be submitted using the AAPI and must be submitted before midnight November 30, 2014. Receipt of applications will be confirmed by email.

Offers for interview will be extended by email no later than the end of the day on December 15. In accordance with APPIC policies, we notify all applicants of their interview status if they submitted a complete application. Please contact the Chief Psychologist if you have not received an e-mail notification by 12/20.

Interviews are typically conducted during the first 3 weeks of January on Wednesdays and Thursdays. Candidates are scheduled for the primary clinic campus of their preferred track and are also welcome to visit the other clinic site. Interviews are 45-60 minutes in length and include a brief tour; candidates are encouraged to contact current interns for additional information.

Telephone or Skype interviews are an option for candidates who are not able to visit the Bay Area.

APPIC Guidelines

Our selection process follows all guidelines and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the APPIC Match. In particular, 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.

Candidates must register for the APPIC Match. Registration materials are located at the National Matching Services web site: https://natmatch.com/psychint/

Our Program Code Number for the APPIC is 1927 and there will be 3 separate program track designations on the NMS Match site for ranking.

Application cover letters should indicate which of the 3 programs you are applying for and an order of preference if you are qualified for more than one. Please also make clear why you are seeking training for public service psychology.

If you have any questions about our program or the application process, please feel free to contact the Chief Psychologist, Carol Kerr, at ckerr@marincounty.org or 415-473-3255.