

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH PRE-DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

DEPARTMENT DIRECTOR--ALAN RAWLAND, MSW, ACSW

PSYCHOLOGY INTERN PROGRAM SUPERVISOR—KIPP THORN, PSY.D.

Agency

The San Bernardino County Department of Behavioral Health is a comprehensive community mental health organization that provides the full range of mental health services to the 2,000,000 or so people in the largest county (in area) in the continental 48 states. The Department has approximately 630 employees, including psychiatrists, social workers, marriage and family therapists, occupational therapists, nurses, case managers, mental health specialists, interns in psychology, social work, occupational therapy, and marriage and family therapy, and 38 doctoral psychologists (21 licensed). Services are provided in the Department's San Bernardino Central Unit, at the new multi-service Behavioral Health Resource Center in Rialto, and at neighborhood and outlying Department regional centers, as well as through contracts with various area private agencies and providers.

Positions Available

Six full-time (40 hours per week) doctoral-level clinical psychology internship positions. (No half-time positions are offered for 2011-12.) (Last year there were 68 applicants for our six intern positions.)

Intern Year

July 1, 2011 - June 30, 2012

Summary of Service Experiences Available

A wide variety of clinical experiences is available in this internship, and while interns will be placed in only two programs themselves, they will learn about a number of other programs through case presentations by other interns. Opportunities are available for experiences in intake evaluation and disposition; diagnosis; crisis intervention; psychological testing with many types and ages of clients; outpatient individual, conjoint, family and group therapy with clients of many ages; off-site intake work at other non-department treatment facilities; partial hospitalization care (day treatment) (or client clubhouse work); case management; mental health rehabilitation (therapeutic training in life skills); complete clinical documentation and record-keeping; interdisciplinary teamwork; and utilization review processes. The Department supports several client clubhouses. Homeless shelter care exposure and forensic outpatient treatment are also available. The Department has one clinic for clients who have both psychiatric and substance use problems, and there is also a separate division for substance use treatment alone. The Department has a treatment program for persons on welfare who have a mental health impediment to resuming employment. (The internship provides a modest amount of training in neuropsychological screening and assessment, and we have a contract psychologist providing some limited supervision for neuropsychological testing.) Psychotherapy and mental health rehabilitation are provided with limits determined by diagnosis and level of dysfunction.

Clientele

Department services are available to persons covered by Medicaid and to other residents who do not have health coverage, on a sliding-scale basis. Priority is given to more severely disturbed clients and children at risk. The majority are persons with little or no income, though there are also some middle-class clients. Most are receiving public assistance and many have relatively severe psychopathology. The client population includes roughly 20% African-Americans, 26% Latinos, 2% Asians, and 0.1% Native-Americans (local population 10%, 39%, 6%, and 1%, respectively). Approximately 36% of County residents are under the age of 20.

Hourly Stipend

\$15.25 per hour for 1,900 hours (\$28,975, paid bi-weekly, only for hours actually worked). Stipend is only paid for the one continuous year of Internship (July 1 to June 30). Holidays and other time off are not paid time, but interns can earn the full stipend and still take off all thirteen staff holidays plus ten days of (unpaid) discretionary time.

Special (unpaid) arrangements can be made for additional hours to total 2,000 if 2,000 hours of internship are required by your school. Interns are hired as County Public Service Employees. The County provides malpractice insurance and worker's compensation coverage but no other benefits.

Theoretical Orientation

As an organization, the Department of Behavioral Health adheres to the community mental health philosophy, including early treatment of emotional disorders, providing services in non-clinic locations when appropriate, and responsiveness to constantly changing community needs. California uses the "Recovery Model" for delivery of Medicaid services, with an emphasis on services for those in acute need, the severely and persistently mentally ill, and "at risk" children and families. The Department has made progress in implementing a "mental health recovery" philosophy of care, which places emphasis on optimism regarding client improvement, better assistance with basic resource needs, client empowerment, reintegration into the community, and the value of client self-help. Outpatient services involve a strong emphasis on brief treatment and group treatment. The Department has a set of evidence-based practice guidelines that staff consult while planning care, based on American Psychological Association and American Psychiatric Association findings and position statements. A wide range of theoretical orientations is found among our staff, including persons of the ego-psychological, general psychodynamic, cognitive-behavioral, humanistic, Gestalt, eclectic and existential persuasions. The Department is committed to the multidisciplinary team concept, and interns will gain experience working alongside those of other disciplines as part of a services team.

Internship Mission

The mission of the program is to provide clinical psychology internship training of as high quality as possible, for the purpose of preparing doctoral psychology students to practice ethically and with excellence as clinical psychologists, providing services in ways that respect and preserve the rights and dignity of all in society. We seek to prepare interns to function well in later employment, particularly in public mental health (and we encourage them to apply for positions with the Department following graduation). The training program helps interns to provide effective, appropriate, high quality services to Department clients as a part of their training.

Internship Philosophy of Training

The internship program's philosophy of training is most similar to the "practitioner-scholar" model. It provides practical training and experience in those activities fundamental to the clinical functioning of psychologists (assessment, intervention, consultation, supervision, and research). It encourages careful thinking, evidence-based practice, and regular use of the professional literature to inform practice. Specialization is seen as more appropriate for postgraduate supervised experience, so the major emphasis here is on good, sound, basic training, building on the classroom and practicum exposure to interviewing, psychotherapy, and psychological testing required of all applicants. The internship allows the opportunity to practice, refine, and expand these skills in a real-world setting. (To some extent, specialization interests may be pursued here by careful choice of rotation placements.)

Graduates of this program will have appropriate knowledge, grounding and skill in interviewing, crisis intervention, complete intake assessment leading to formal diagnosis, psychological testing, treatment planning, individual, group, and family psychotherapy, case management, and use of community resources. Interns will also gain a lesser amount of experience in consultation and supervision. All interns will gain some experience with seriously disturbed clients, in day treatment programs or client clubhouses. Interns are encouraged to gain skills as well in couple therapy and mental health rehabilitation. Assessment and treatment of children occur in almost all outpatient placements, and interns will receive exposure to the complications of working with dual diagnosis (mental illness and substance use) clients. Interns will receive exposure and training with respect to a wide range of clients on dimensions of age, gender, ethnic background, sexual orientation, and problem type, including psychotic, persistently mentally ill, and potentially suicidal clients. Research is encouraged as another basic skill of psychologists, and interns spend the equivalent of one week of work time either doing a brief applied research project directly relevant to daily clinic operations, client care, or treatment outcomes, or participating in ongoing Departmental research. The time needed to accomplish basic clinical training precludes having community outreach or other indirect services form more than a small part of an intern's experience.

The program strives to provide interns with insights regarding general human functioning that are applicable to all people, so that mental and emotional problems can be understood as a subset of the broad range of human

experience and behavior. The scientific and professional literature is available throughout the year to encourage a comprehensive understanding of human behavior and to keep us mindful of the research support (or lack thereof) for our ideas and techniques.

All interns will spend at least six months in a general outpatient clinic. To structure the clinical learning experience, minimum requirements are set for the year--for the full-time intern. 15 intake evaluations, 12 test batteries, 400 hours of psychotherapy (including minimums of 50 hours of group therapy, 100 individual hours, 20 hours of family therapy, and 10 hours with the elderly), 4 crisis interventions, 75 hours of day treatment or client clubhouse experience, 2 consultations apart from psychological testing consultations, 20 hours of case management activities, one presentation for the intern seminar, and the use for supervision of 24 recorded tapes or observed sessions. All interns are expected to work with both child and adult clients during their outpatient rotation. Interns are expected to correctly diagnose two-thirds or more of the diagnostic vignettes in a diagnosis test given late in the training year. These and other requirements are translated into a set of 47 outcome goals, and it is our program goal that every intern will achieve at least ninety percent of these goals. It is a goal of the program that by the end of the internship, interns will be functioning with clinical skill competence, responsibility, judgment, and ethical sensitivity adequate for entry into the post-degree, pre-licensure practice of clinical psychology.

We believe that better training is achieved through longer and more in-depth experiences than through a greater number of brief experiences, so interns select two six-month rotations for the year. Interns may stay in their initial general outpatient rotation for the entire year if their training goals are being met there (and if remaining there does not make it impossible for another intern to complete required rotations).

Generally speaking, we expect 40% of an intern's hours to be spent in client contact (16 hrs./wk. FT, 8 hrs./wk. HT). Interns do contribute significantly to the programs in which they work, but the training experience is judiciously protected from program demands by the Coordinator and the supervisors. Opportunities for the development of professional identity are provided through the examples of supervisors, discussion of professional issues in the intern seminar, the semi-monthly psychology meeting, the interdisciplinary work in the clinics, addressing professional roles and ideals in supervision, and occasional activities with psychologists at other facilities.

It is my belief, as internship coordinator, that clinical psychologists must know themselves well in order to be maximally effective as professionals. Our individual and group supervision sessions, therefore, are used not only to discuss cases and professional issues but also to provide opportunity for personal examination and feedback and a chance to reflect on how our personal characteristics and feelings affect our functioning as psychologists. Openness to this process of self-examination and honest, helpful feedback to and from others is highly encouraged. One hour per week is made available for a voluntary process or counter-transference group for interns, in which further discussion and exploration of counter-transference issues may take place.

(The internship program's policy statements from the internship manual regarding its mission, its outcome goals and self-assessment methods, and its philosophy of training are available upon request.)

Training Program Components

The most important training experience here is an intern's actual clinical work (together with the supervision on that work). There is also a weekly two-hour didactic seminar with presentations on a wide variety of topics related to the field, including psychopathology, treatment modalities, psychological testing, ethics, and professional issues. Each intern contributes one presentation to this seminar (or to a meeting of the psychology staff) during the year. There is a testing consultation seminar every other week. Most clinics hold interesting case conferences weekly. Training in multi-cultural issues, clinical supervision, specialized clinical interventions and ethical/legal issues is available every year through Departmental in-service training, and training in DSM-IV-TR and medical recordkeeping is provided to new staff. A few half-day retreats are held during the year for all supervisors and interns. The intern process (counter-transference) group mentioned above has been felt by past interns to have been important in helping them to make good use of the other training experiences, and informal interaction with other interns in discussing cases and problems has also been very helpful and meaningful.

Typical Intern Week

Exact hours will vary with the different programs of assignment, but the internship structure and requirements will typically result in a weekly (full-time) schedule such as the following:

- 10 hrs. treatment
- 2 hrs. intake
- 4 hrs. testing, scoring, and/or report writing
- 2 hrs. individual supervision
- 2 hrs. group supervision by Coordinator
- 2 hrs. intern didactic seminar
- 1 hr. testing consultation meeting
- 1 hr. intern process/countertransference group
- 1 hr. clinic staff meeting
- 2 hr. clinic treatment team and/or case conference meetings
- 4 hrs. clinical records, letters
- 9 hrs. consultation, crisis intervention, collateral, case management, research, inservice training, etc.

Supervision

Full-time interns receive two hours of individual supervision each week from licensed psychologists in their programs of assignment. They also receive two hours of group supervision from the Coordinator each week. (Half-time interns receive one individual hour and two group hours of supervision.) The program requires some use of tapes of client sessions in individual supervision. In group supervision sessions, I will be taking a process approach to supervision, emphasizing the interactional processes of therapists and clients together, motivations for all behaviors (of both clients and therapists), emotions that are being avoided, and transference and countertransference issues. My own theoretical orientation is based on developmental and attachment theories, and is integrative with cognitive-behavioral and family systems ideas. All hours of supervised professional experience in the intern program will be arranged so as to count toward psychology licensure in California.

Evaluation

Supervisors provide formal evaluation of an intern's abilities and performance after each quarter of the training year. Outcome goals are evaluated at the end of the fourth quarter. Individual conferences with the Coordinator at the end of each rotation provide an opportunity for summarizing and planning for the future. Interns evaluate their supervisors at the end of their supervisory association and evaluate the internship program quarterly and at the end of the training year. After leaving the program, interns are surveyed for further feedback about the program after one year and five years of further experience.

Rotations

Subject to the approval of the Coordinator, interns will select two placement rotations for the year from the Department programs listed below (including at least one general outpatient clinic) and will list them on the first page of the program's supplemental application form. In general, it is expected that these will be two six-month rotations. Interns may remain in one general outpatient rotation for the entire year, as long as remaining there does not make it impossible for other interns to complete necessary rotations. At some time during the year, each intern will participate for at least 75 hours in a day treatment program or client clubhouse (37 hours for half-time interns). Some outpatient clinics have their own day treatment programs, but a day treatment program in another facility may be utilized if necessary. Each intern will contribute to the "walk-in" crisis needs of clients in the outpatient clinics in which they work. Rotations may also be chosen to accommodate special training needs or personal interests of an individual student. You should discuss these interests with the Coordinator before accepting a position in our program.

You will indicate your rotation preferences on our supplemental application form, and initial rotations will be established by the Coordinator immediately following selections, with competing placement requests resolved first by degree of training need and secondarily by maximizing requested rotation matches for the entire intern group. Final acceptance into a rotation will be contingent on the approval of the placement's intern supervisor and clinic supervisor upon your arrival here.

The following descriptions give a brief overview of the various currently available clinical training rotations. Some sites listed have psychologists on their staff, and some have the rotation's primary psychologist supervisor on site; others are available as rotation, but the primary psychologist supervisor may be located at a different site. Information regarding psychologist supervisors is listed with each site (even for those sites that do not currently offer a rotation). Generally there is only one intern at each site.

Programs

General Outpatient Programs

Transitional Age Youth (TAY) Center

The "one stop" Transitional Age Youth Center provides therapy, case management and psychiatric services to underserved populations in the age range 16-25. The clinical population includes individuals with significant emotional disturbances, high users of acute facilities, homeless, dual-diagnosed and those with histories of incarceration or currently or currently on probation or parole. Much focus is on assisting adolescents and young adults to self-improve through career development, educational opportunities, social skills building and other issues directly related to the crucial tasks of moving from adolescence into adulthood. 700 E. Gilbert Street, San Bernardino, CA 92415.

Dianne Wolkenhauer, PhD (1994, California School of Professional Psychology) (909) 387-8651

Dr. Wolkenhauer supervises interns completing rotations at the Transitional Age Youth Outpatient Clinic. The rest of the week she works as a Clinical Therapist II for Juvenile Court Behavioral Health Services. Her clinical interests and activities include the mental health of dependents, women's issues, sibling relationships and community mental health. Dr. Wolkenhauer's approach to supervision is collaborative, providing a supportive environment in which interns can advance therapeutic skills, integrate ethical and cultural issues, examine professional development matters, and learn from their wide-ranging experiences during the internship year. Dr. Wolkenhauer completed her pre-doctoral internship at the St. Louis Psychology Internship Consortium.

Mesa Clinic

The Mesa outpatient clinic, located within the Behavioral Health Resource Center (BHRC) in Rialto, provides the full range of outpatient services. (No psychologist is currently on staff at the clinic, but Dr. Hougen, who works in the same building, provides supervision for interns at Mesa. 850 E. Foothill Blvd.; Rialto CA 92376.

Tim Hougen, Ph.D. (1992, Rosemead School of Psychology) (909-421-9300)

I direct three programs—adult day treatment, a time-limited intensive children's program, and an adult case management program. My experience has focused on working with seriously and persistently mentally ill adults, children, and their families. Treatment and supervision are provided from a strengths-based perspective, and although somewhat eclectic, I rely strongly on gestalt, Jungian, and rehabilitation theories. My internship was at the University of Rochester School of Medicine.

Vista Clinic

The Vista outpatient clinic in Fontana provides the full range of outpatient services, including school outreach. (One psychologist is currently on staff, though Dr. Kipp Thorn provides on-site supervision for this rotation. 17216 Slover Ave., Bldg. L; Fontana CA 92337.

Kipp Thorn, Psy.D. (1999, Baylor University) (909-252-4042)

Aside from organic bases of psychological disturbance, the quality of attachment relationships in development is the most critical factor in the origin and progression of mental pathology. Accordingly, I view the primary mission of the typical therapeutic alliance, where significant long-standing pathology exists, as the scrupulous exploration of developmental experiences, particularly in early childhood, and with specific attention to the influence of primary caregivers. In cases with good pre-morbid functioning, better prognostic indicators, and less overall dysfunction, therapy often takes on a more supportive, solution-focused, and less past-oriented character. Therefore, while Object Relations and Attachment theories exert a strong influence on the way I conceptualize and treat cases, I readily accommodate other perspectives and techniques as appropriate. My style as a supervisor is guided by an awareness of the often stressful nature of the life of an intern. I believe in providing an enjoyable, collegial, non-judgmental learning environment, attending to counter-transference issues, and flexibly responding to a supervisee's needs within the clinic environment.

Upland Community Counseling Center

Approximately 20 miles west of San Bernardino, Upland CCC provides day treatment for adults and the full range of other outpatient services to both adults and children. Three psychologists are currently on staff –including the clinic's supervisor. Supervision is provided by Dr. DeEspinosa and Dr. Adams jointly. 934 N. Mountain Ave, #C; Upland CA 91786

Kelline M. DeEspinosa, Psy.D. (1998, California School of Professional Psychology- Los Angeles) (909) 579-8100

Dr. DeEspinosa facilitates several adult psychotherapy groups. She provides individual psychotherapy and crisis intervention services. In addition, Dr. DeEspinosa supervises pre-licensed psychologists who are earning post doctoral hours toward licensure and psychology interns. Dr. DeEspinosa's clinical work has focused on treating severely and persistently mentally adults in a community mental health setting. She also has experience treating adults who have been dually diagnosed. Dr. DeEspinosa's theoretical orientation is cognitive/behavioral.

Linda Adams, Psy.D. (2006, University of La Verne) (909) 579-8100

Dr. Adams attended the University of La Verne and received her Psy.D. in Clinical/Community psychology in 2006. She is a Cognitive Behavioral therapist who also has a Masters in Psychology for Marriage and Family Therapy and often integrates family systems approaches with cognitive behavioral techniques in her work with clients. She views supervision as a respectful, collaborative working alliance which provides a safe environment for the supervisee to increase empathy and to further develop her or his clinical skills and techniques. Her research interests are the study of resilience in gay, lesbian, and bisexual individuals, the study of violence against women, and the study of the efficacy of the Trauma Resiliency Model. Dr. Adams is also an adjunct professor in the Psychology Department at the University of La Verne.

Carol Michelson, Ph.D. (1984, Wright Institute--Los Angeles) (909) 579-8100 (Clinic Supervisor)

Dr. Michelson has worked with DBH since 1984 and has been a Clinic Supervisor for the past decade. She has publications in cross-cultural psychology and was a co-recipient of the Stirling Award from the American Anthropological Association for outstanding research in Culture and Personality Studies. She has a private practice and occasionally teaches undergraduate courses. Her treatment orientation is psychodynamic, specializing in services to women, trauma survivors, and to gay and lesbian clients. Interests include the influence of gender and power on language and cross-cultural personality and socialization issues. Dr. Michelson has received awards from the San Bernardino County Mental Health Commission and from the County Board of Supervisors.

Forensic Rotations

Supervised Treatment After Release (STAR)

The STAR program provides treatment and case management to court-referred, dual-diagnosed clients with serious and persistent mental illness. Participation in STAR is a condition of probation through Mental Health

Court. STAR has available residential and outpatient substance abuse treatment, day treatment, intensive case management, and psychiatric services. STAR clients receive periodic court oversight. 1330 Cooley Dr., Colton CA 92324

Timothy DeChenne, Ph.D. (1975, Univ. of Chicago) (909) 590-5355 (Intern and Clinic Supervisor)

Dr. DeChenne completed his internship with Kaiser Permanente Medical Group in Los Angeles. He served on the faculty of State University of New York--Genesee, and later became Associate Director of the Counseling Center at the University of California—Riverside, where he coordinated the internship program. He joined DBH in 1997 and is currently a Clinic Supervisor at STAR. He has published in several areas, including personality disorders, social attitudes, and the self-concept, and he is an editorial consultant to "Psychotherapy," the journal of APA's Division of Psychotherapy. He has an eclectic, multimodal approach to clinical work, with particular interest in brief therapy and in models of clinical supervision.

Conditional Release (CONREP)

The CONREP program provides intensive case management and therapy services to adults who have been released from state institutions and are required to participate in a variety of treatment services. Individual and group therapy,, field trips, court appearances, drug testing, collateral contacts and placement evaluations are among the many types of services interns are typically involved in at this rotation. Populations serviced consist mainly of severely and persistently mentally ill adults. 1330 Cooley Dr., Colton CA 92324

Kipp Thorn, Psy.D. (see above for Vista clinic) (909-252-4042)

Timothy DeChenne, Ph.D. (See above for STAR) (909) 590-5355

Forensic Adolescent Services Team (FAST)

FAST is part of the Juvenile Justice Program in the San Bernardino County Juvenile Detention Centers. FAST provides mental health evaluation and treatment for incarcerated minors. No psychologist is currently on staff, but Dr. Thorn has significant experience as a lead clinician with FAST, and is available for primary supervision at this site. Applicants to this rotation are required to undergo an extensive criminal background check.

Kipp Thorn, Psy.D. (see above for Vista clinic) (909-252-4042)

Internship-related DBH Programs (non-rotations)

The Research and Evaluation section, overseen by a psychologist (Dr. Keith Harris), and located at the Central Unit collects and analyzes client demographic and treatment outcome data for management information and reporting purposes. It is not a formal rotation, but interns could be involved in the use of the Department's huge client information database to answer questions of interest. 268 W. Hospitality Ln. #400; San Bernardino CA 92415

Keith Harris, Ph.D. (1988, United States International University) (909-382-3082)

Although not discounting more traditional psychological theories and my own background with a psychodynamic orientation, I have come to believe that a careful application of ethological methods to the study of human behavior provides a very useful window into our nature. Such a practical point of view, when integrated with actuarial studies and empirically based psychological research, seems to me to offer a solid foundation upon which psychology can launch itself into the new century. I also very much enjoy following current research in various related fields (e.g., medicine, palaeoanthropology, psychiatry), looking for data possibly useful to psychology. Interests include "post-modern" psychology, psychotherapy outcomes, and philosophical and theoretical psychology. Recently I've written reviews of several books about psychotherapy outcome research, and I am growing increasingly interested in research design and methodology.

The Homeless Program provides brief shelter and food for the mentally ill homeless and attempts to involve them

in mental health treatment and employment. (Exposure is available, but a regular rotation is not available at this time.)

The Perinatal Program at the Behavioral Health Resource Center in Rialto provides mental health services for pregnant women and mothers who have both emotional and substance use problems. Some exposure (approx 4-8 hours per week as a limited part of a regular outpatient rotation) may be available. No psychologist is currently on staff, but Dr. Thorn sometimes directs psychology supervision for this site. 850 E. Foothill Blvd.; Rialto CA 92376

The CalWORKS program assists clients on public assistance to overcome emotional barriers to resuming paid employment. Currently one of the four offices has a psychologist, Dr. Gene Carlson is a supervisor there, but no rotation is currently available.

The Department has six client clubhouses (activity and socialization centers), in San Bernardino, Rialto, Redlands, Morongo Basin, Rancho Cucamonga, and Victorville. An intern would provide informal counseling, facilitate support groups, teach psychoeducation courses, assist with vocational training, and assist with clubhouse projects. There are no psychologists on staff at these facilities, but off-site supervision will be provided.

The Quality Management and Compliance Units oversee compliance of Department staff and units with Federal, State, and local regulations (including Medicare, Medi-Cal, and HIPAA). It also plans and implements the Department's quality assurance program. Interns could learn a great deal about establishing procedures and regulations and monitoring clinical and administrative behavior. (no rotation is available.) 850 E. Foothill Ave.; Rialto CA 92376

The AgeWise Program provides mental health treatment and case management outreach for older adults. In addition to clinical staff, trained senior peer counselors facilitate support groups. Referrals and consultation are available to individuals, families and agencies working with the elderly. Interns have sometimes provided small amounts of work within this program (ie: facilitated a group). Services are provided in all areas of San Bernardino County.

The Community Crisis Response Team (CCRT) is a community-based mobile crisis response program for individuals experiencing a psychiatric emergency. The team responds to crises involving adults, children and adolescents across San Bernardino County.

Bryan Boyer, PsyD (1996, Illinois School of Professional Psychology) (909) 387-7200

Dr. Boyer has graduate degrees in counseling, divinity, and his Psy.D. from I. S. P.P. in Chicago. He has worked in university counseling centers, juvenile hall facilities, community mental health centers, pastoral counseling centers, private practice, and within a hospital system. He currently serves as a Clinical Therapist II at the Phoenix Community Clinic. His primary theoretical orientation and training is psychodynamic, though he sees himself as integrative, utilizing systems theory and cognitive behavioral approaches as well. He has extensive training in both supervision and supervision of supervision. His primary goal in training is to assist supervisees to make sound decisions and to remind them to see others as valued persons, not just as a diagnosis. He believes supervision should be equally challenging and enjoyable.

Facilities and Environment

The largest Department center is at the Behavioral Health Resource Center in Rialto. Outlying clinics are generally in new facilities. The staff are pleasant, friendly and competent, and interns have consistently been welcomed in the working programs. Office space for interns is sometimes sparse, but we usually cope adequately. The Department has a small professional library with several current journals and a small audio/visual center. The County Medical Center library is also available to interns. The internship program has two video cameras for taping client sessions. Our testing complement includes MMPI-2, MMPI-A, MACI, PIC, RIAP, CBCL and MCMI-3 scoring programs. Computers (and internet access) are standard for all interns. San Bernardino has a population of around 180,000 and is marvelously located in terms of various outdoor and urban activities within reach. The professional and entertainment stimulation of Los Angeles is one hour away, and we are only 30 minutes from Ontario International Airport. The Southern California beaches are only an hour away. With only a half hour of commuting, you can live in a cabin in the nearby mountains. San Diego and Mexico are approximately three

hours away. The Redlands Bowl provides outdoor summer entertainment. There are six, four-year colleges within ten miles of San Bernardino, including two campuses of the state system. The climate is quite dry and warm. There is smog in the summer (which might cause problems only for those who already have respiratory problems), but winters are beautiful.

Minority Interns, Supervisors, Clients, and Communities

The internship program and the Department desire to attract and retain qualified professionals from diverse ethnic and cultural backgrounds, especially those who are bilingual. The internship has been roughly on a par with other internship programs in its enrollment of minority interns--including three in the 98-99 class, one in the 99-00 class, two in the 00-01 class, five in the 01-02 class, two in the 02-03 class, four in the 03-04 class, none in the 04-05 class, one in the 05-06 class, one in the 06-07, one in the 07-08 class, 3 in the 08-09, one in the 09-10, though none in the 10-11 class. The Department prefers to hire our own interns as employees following their training when possible, and most years between one and three of the interns take staff positions, with minority interns being especially desirable. Others have been hired at the local state hospital or have joined private practice groups. The six nearby colleges and universities are useful sites for professional peer contacts.

As noted above, the local population includes approximately 10% African-American, 39% Latino, 6% Asian, and 1% Native-American residents. The Department prints client information in English and Spanish, and the Upland Clinic has a notable Vietnamese client group. The Department professional staff percentages for African-Americans, Latinos, and Asians are roughly 13%, 18%, and 10%, respectively, and the total Department employee percentages are 15%, 24%, and 7%, respectively. Currently there is one Hispanic supervisor, but no African-American or Asian supervisors among the regular intern supervisory staff. The current primary supervisors include three women and three men.

The client populations of several Department clinics make it possible for interns to make significant contributions to the needs of minority clients (eg: Mesa roughly 22% Latino and 36% Black). The Department has a dedicated, comprehensive cultural competency program. Each year training presentations are held regarding the treatment of minority clients, both for all treatment staff and in the intern seminar. There are local chapters of the NAACP, the Urban League, and the National Council of Negro Women. We also have a San Bernardino County Black Employees Association, a Black Teachers Association, an Association of Black Probation Officers, various Black sororities and fraternities, and a monthly meeting for social contacts and general networking called First Friday Social Activities. We have a County Hispanic Employees Alliance. There are local newspapers and radio and TV stations in Spanish, and newspapers from Mexico City are flown in daily. Cinco de Mayo celebrations are a major event in the total community. There is an association of community professionals called Trabajadores Para La Raza.

If you would like to speak directly with minority staff members, you may call Ralph Ortiz, Ph.D. (Deputy Director of Adult System of Care) at 909-382-3077, Lana Cung, Psy.D. at (909) 421-9237 or Charlotte Lewis, Ph.D. at (909) 458-9628. If you request it in advance, we will have available following your interview here a minority staff member to discuss with you the situation of minorities in the Department and in the community.

Accreditation

The program was first accredited by the American Psychological Association (750 First St. NE; Washington DC 20002-4242, 202-336-5979) as of May 1992, and is currently accredited through 2011. Our program is a member of the Association of Psychology Post-Doctoral and Internship Centers.

Research

Opportunities are available to do dissertation research that has been approved by the Department's Research Committee. In addition, each intern performs a brief applied research project (the equivalent of one week of work time) on treatment outcomes or some other topic of direct benefit to daily Department operations or client care, or participates in ongoing Departmental research. Recent intern research topics have included -measurement of client recovery in forensic programs, effectiveness of supervision, effectiveness of clubhouse programs, staff cultural competence, and developmental/environmental factors related to victims of sexual exploitation.

Hours

Interns work 40 hours per week, full-time. Everyone reports for work at 8 a.m. All interns must be present on

Friday each week for group supervision and for the didactic intern training seminar. Interns are limited by the Federal Fair Labor Standards Act to 40 hours per week, and the Department allows no more than ten work hours per day. Evening and weekend hours are not currently required, and carrying a pager is not required. Special (unpaid) arrangements will be made for students needing 2,000 hours of internship, if necessary. Interns can take ten days of (unpaid) vacation during the year and still earn the full stipend.

Current Interns

Our six 2010-11 interns are from Biola University (La Mirada, CA), Alliant International University (Los Angeles, CA) University of Indianapolis (Indianapolis, IN) Argosy University (Orange, CA) Fuller Theological Seminary (Pasadena, CA) and Argosy University (Phoenix, AZ) In most of our intern groups, a variety of theoretical orientations are represented.

Positions Following Internship

In most years between one and three of our interns are hired as Department staff. One or two seek positions in formal postdoctoral training programs. (We provide required licensing supervision for staff here but do not have a formal postdoctoral program.) Others take positions in state hospitals, prisons, or other county mental health agencies, or return to previous private practice arrangements. Occasionally an intern goes into academia. Currently, the Department is experiencing a hiring freeze due to economic stagnation statewide, though we anticipate eventually returning to our historically promising hiring outlook for graduating interns.

Qualifications

Essential applicant qualifications are completion of at least three years of graduate study in psychology, current enrollment in a clinical or counseling psychology program (Ph.D. or Psy.D.) at a nationally or regionally-accredited graduate school of psychology, certification by the graduate school of readiness for internship, and adequate course work and practicum background in psychological testing and psychotherapy (at least 1000 practicum hours and at least three courses in psychotherapy). You must be skilled in the administration and scoring of a standard battery of tests and have some familiarity with the interpretation of them. You must have had at least one course covering intellectual assessment, one covering objective tests, and one covering projective tests. You must also have had actual practicum course experience in psychotherapeutic work. Other experiences will not satisfy this requirement. Other minimum amounts of experience required include at least four test reports integrating data from four or more tests and at least five intakes or other mental health evaluation interviews during the course of which you made a DSM-4 diagnosis.

Specific criteria we have developed will be applied in the evaluation of course work and experience of students in non-traditional programs. While the degree of participation in countertransference-oriented supervision is decided by the individual intern (along with a clear program distinction between supervision and psychotherapy), this activity is an important element in the program's model of training, and interns who do not wish to engage in this learning method will probably feel out of place here. Preference may be given to applicants from APA-accredited graduate programs. The County is an Equal Opportunity/Affirmative Action employer. Minority and bilingual (including sign language) applicants are encouraged to apply. Neither the County nor the internship program discriminates on the basis of age, race, ethnic background, gender, sexual orientation, socioeconomic background, handicap, religion, or health status. An applicant's ability to conform to this non-discrimination policy is a relevant selection criterion. Final acceptance is contingent on a brief health screening evaluation given by the County to selectees before the start of the internship, including a urine drug and alcohol screen and two TB tests. A criminal background check is required for some work sites.

Application Procedures

Submit by Nov. 6, 2009 through APPI Online:

- APPIC uniform application form
- DBH supplemental application (downloadable on our website, and submitted through APPIC application)

Applications will be screened and rated. Selected applicants will be offered one-hour interviews. In person interviews are preferred for all applicants, though phone interviews are allowed for non-Southern California applicants who are unable to attend in person. Acceptances will be accomplished through the computer match program sponsored by the Association of Psychology Post-Doctoral and Internship Centers. 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.

Please check materials sent to you by National Matching Services, but current program tracks being offered, and their National Matching Services numbers are--
115112 Full-time, General Outpatient (two 6-month general outpatient rotations) (2 positions) 115114 Full-time, Outpatient & Forensic (6 months forensic & 6 months general outpatient) (4 positions) (No half-time positions are offered for 2011-12.) In the national selections match, it will be to your advantage to rank all of our program tracks that you would be willing to accept.

If you have questions about the program, you may contact any intern or supervisor or:

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brochure on web site: www.sbcounty.gov/dbh/InternshipProgram/psychint/default.htm

Rev: 8/10 D81\brochureandappl05.doc

