



THE BAKER CENTER

FOR CHILDREN AND FAMILIES

Dear Applicant,

Thank you for your interest in training at **The Baker Center for Children and Families** for the **2024-2025 training year**. Founded in 1917, The Baker Center for Children and Families (previously The Baker Center for Children and Families) is a Harvard Medical School affiliate whose mission is to promote children's healthy development by bridging the gap between science and practice and improving access to the highest quality behavioral health care in community-based settings. The doctoral internship program at The Baker Center focuses on training professional psychologists in clinical and school specializations. Two interns a year are selected to participate in the program. The program is full-time (40 hours per week) for 12 months (2,000 hours). We offer no part-time positions. The intern year begins **July 1, 2024**. The current stipend is **\$36,000** and participation in The Baker Center's health insurance plan is available to interns.

The Baker Center for Children and Families improves the quality of children's mental health care by translating research into programs and services that change lives. For over 100 years, The Baker Center has been instrumental in creating a continuum of care that supports children's healthy development at the policy, systems, and practice levels. Our research, direct programs and services, training, and advocacy make The Baker Center a preeminent voice and active resource on issues of children's mental health. At The Baker Center, the practices created and tested today will become the best practices of tomorrow. Our programs help children and families chart their own best course for developmental, emotional, and intellectual well-being in community-based settings. The Baker Center for Children and Families is an IRS certified 501C-3 non-profit with an independent Board of Trustees. The Baker Center has been an important partner in the implementation and delivery of evidence-based practices (EBPs) for children and families from a variety of racial and cultural backgrounds, including direct service programs and implementation initiatives in schools, community mental health centers, and for families involved in the child welfare system.

At The Baker Center, we promote the best possible mental health of children and families through the integration of research, intervention, training and advocacy.

- Through research we identify best practices.

- Through intervention we bring those practices to children and families of diverse communities.
- Through training we disseminate skills in research and quality care.
- Through advocacy we use scientific knowledge to expand public awareness and inform public policy.

If you are interested in pursuing an internship at The Baker Center for Children and Families, applications must be submitted through the [AAPI Online application](#) system by **November 1, 2023**. Our AAPIC Program Number is 2479. General information about The Baker Center for Children and Families can be found on our website at www.bakercenter.org. Questions regarding the internship program can be directed to training@bakercenter.org or by contacting 617-278-4288. The internship is a member of APPIC and is accredited by the APA. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
 American Psychological Association
 750 First Street NE
 Washington, DC 20002
 202-336-5979
 Email: apaaccred@apa.org

COVID-19 UPDATE: For the 2024-2025 training year, we expect that all programs and services will be operating normally and will not be impacted by COVID-19 precautions. However, updates will be provided to applicants as soon as they are available.

The curriculum is designed to conform to the Massachusetts Board of Registration of Psychologists requirements for internship experience.

Sincerely,

Daniel M. Cheron, Ph.D., ABPP
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 Vice President of Clinical Programs, Implementation, & Training
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FOR CHILDREN AND FAMILIES

**THE DOCTORAL PSYCHOLOGY
INTERNSHIP PROGRAM
AT THE BAKER CENTER FOR
CHILDREN AND FAMILIES**

2024-2025 Training Year Brochure



HARVARD MEDICAL SCHOOL
AFFILIATE

Introduction

The Baker Center for Children and Families has a long history of training influential professionals in the field of children's mental health. The original doctoral psychology internship was started at The Baker Center in 1949 and became one of the oldest internships accredited by the APA seven years later in 1956. In 1998, a change in institutional priorities at The Baker Center resulted in the transferring of the internship program to the leadership at Boston Children's Hospital, where it continues today. However, The Baker Center has renewed its commitment to offering doctoral training for professionals in psychology and initiated a new independent internship program in 2017.

Aim and Goals of the Training Program

Our approach to professional training helps improve the quality of services for children and their families by developing trainees into outstanding professionals. Using competency-based learning strategies, interns spend the year embedded in our direct service programs building advanced skills to help children succeed. **The overall aim for the internship at The Baker Center is to train professional psychologists to develop the skills and knowledge in clinical and school psychology to support the healthy development of children and families.** The training program follows a scientist-practitioner model in which clinical practice is informed by science and empirically supported treatments which, in turn, leads to the generation of further research and evaluation.

This is accomplished through five main foundational goals for the internship:

1. To foster competence in the application of research and evidence-based principles to the practice of all professional psychology activities;
2. To develop the communication and interpersonal interactions skills necessary to facilitate change in children and families;
3. To enhance ethical and legal decisions-making skills;
4. To demonstrate the awareness, knowledge, and skills to facilitate sensitive practice toward cultural and individual differences in working with diverse individuals, groups, and communities;
5. To nurture professional values, attitudes, and behaviors consistent with the field of professional psychology.

The training aim is also accomplished through four functional goals for the internship:

6. To train psychologists competent in the clinical diagnostic assessment of children, adolescents, and families in a range of clinical and school settings;
7. To train psychologists competent to provide evidence-based programs and practices for children, adolescents, and families;
8. To train psychologists competent in the knowledge of supervision models and the skills necessary for effective supervision;
9. To train psychologists competent in the consultation and inter-professional skills to facilitate effective collaboration with other professionals.

The Baker Center for Children and Families embraces workplace diversity and is dedicated to the achievement of equality of opportunity for all its trainees without regard to race, color, religion, sex, sexual orientation, marital status, age, national origin, disability, veteran status or any other protected group status under federal, state or local law. The Baker Center is an Equal Opportunity/Affirmative Action Employer.

Overview of the Training Program

The doctoral internship program is full-time (40 hours per week) for 12 months (2,000 hours). The internship year begins July 1, 2024 and concludes June 30, 2025.

Training Placements

All interns participate in 3 placements during the training year. The Manville School and the Center for Effective Therapy (CET) are major placements lasting the entire training year and draw on the large population of the greater Boston metropolitan area with approximately 8 million residents. Camp Baker is a minor rotation and lasts 7 weeks in the summer and draws patients from across the United States and internationally. Interns arrive for internship on July 1 and immediately begin their minor rotation at Camp Baker for all 5 days per week. Following the conclusion of Camp Baker, interns begin their major rotations at Manville for 3 days a week and CET for 2 days per week until the conclusion of the internship on June 30th.

Camp Baker

Camp Baker at The Baker Center for Children and Families is a 7 week summer day treatment program that teaches children ages 6-12 and their families more effective ways to manage ADHD and other related challenges. Camp Baker is an adapted Summer Treatment Program (STP), which was named as a Model Program in for Service Delivery for Child and Family Mental Health by the American Psychological Association and the Substance Abuse and Mental Health Services Administration (SAMHSA), and was named Innovative Program of the Year by Children and Adults with ADHD (CHADD). Camp Baker helps children make and maintain new friendships, improve their ability to follow through with directions, increase compliance with adult instructions, and therefore enhancing children's self-esteem and sense of competence. Camp Baker is a highly structured and supportive program that leads to behavioral gains, improved social skills and positive peer interactions, and helps prevent against summer academic, behavioral, and social regression.

In summer 2019, 52 children ages 6-12 years old with ADHD diagnoses participated in the treatment program. In addition to a diagnosis of ADHD, 69% of the children in the program had co-morbid diagnoses. Specifically, 15% of the children had co-occurring diagnoses of ODD, 38% were diagnosed with some type of anxiety disorder (e.g., generalized anxiety, specific phobia, social phobia, obsessive-compulsive disorder), and 21% of the children were diagnosed with an autism spectrum disorder and/or a learning disability. Of the children who participated, 88% were male and 12% were female. In terms of racial/ethnic characteristics, 63% of the children in the program were non-Hispanic Caucasian, 19% were Hispanic/Latino, 8% were biracial/multiracial, 6% were African

American/Black, and 4% were Asian. In terms of socioeconomic status, 68% of the children lived in households where the annual income was >\$150,000, 20% had annual household incomes between \$50,000-\$150,000, and 12% lived in households where the annual income was below \$50,000.

Among the participating children and families, 27% received full or partial funding, either from The Baker Center for Children and Families or from outside agencies such as the Department of Mental Health.

Doctoral interns participate in a week-long didactic training where they are exposed to the STP program manual, learn the behavior modification principles of the program, and are oriented to the treatment approach and intervention components. Following the week of staff training, doctoral interns are responsible for implementing the treatment program using behavior modification principles across all recreational program activities. Interns gain experience implementing token reinforcement and response cost systems, as well as training children and caregivers in social skills, problem solving, and behavior management. Interns also gain experience implementing time out procedures as well as the use of daily report cards.

In addition to being responsible for implementing the behavioral intervention, doctoral interns supervise up to eight undergraduate and graduate students in psychology who are assigned to their group. This supervision includes oversight of the treatment intervention, reviewing daily recording and tracking forms for accuracy, observing undergraduate counselors during daily activities to ensure that the treatment components are being delivered with fidelity, and offering informal supervision and support. Doctoral interns receive two hours of individual supervision and one hour of small group (two interns and one supervisor) supervision with a licensed clinical psychologist during Camp Baker.

The Manville School

Manville is a therapeutic day school for students in grades K-10 who experience emotional, neurological, and/or learning difficulties that have impacted their ability to succeed in previous school settings. Manville offers a comprehensive array of clinical services and supports based on best practices that promote healthy development and educational success, including psychoeducational and diagnostic assessments, individual, family, and group therapy, parent coaching and support groups, case management, and speech and language and occupational therapy. The environment is designed to build skills, expand potential, and overcome the difficulties and failures of previous school placements.

The student body at Manville is rich in diversity. While the majority of students are male, there are a number of students of color, various religious backgrounds, some in foster care, some who were adopted, and some who are questioning their gender identity or who are gender non-conforming. The staff at Manville strives to create and promote a safe and inclusive environment for all.

With respect to documented mental health and educational challenges, all students are designated eligible for special education services on their Individual Education Plans. Most students present with a complex array of learning difficulties, executive functioning challenges, and some type of

emotional/behavioral disorder. Just under 40% of the student body qualifies for an Autism Spectrum Disorder diagnosis, and many within that group have accompanying sensory integration difficulties. Most of the remaining 60% of the population have documented trauma histories, anxiety disorders, mood disorders, and ADHD. Though it is far less frequent, some students also have documented thought disorders. It is not uncommon that a student carries multiple diagnoses. Finally, and perhaps most importantly, all of our students have a unique personality and constellation of strengths. We have wonderfully involved parents who are dedicated to helping their children find success in the educational environment and throughout their lives.

Interns at the Manville School can expect to encounter a broad spectrum of mental health and education challenges among the students for whom they provide clinical services. Interns will have the opportunity to provide individual, group, and family therapy services, as well as parent guidance. They will also hone their skills in case management, psychological assessment (for educational planning and for personality assessment), diagnostic interviewing, and classroom/milieu consultation. With regard to the latter, one of the most valuable experiences of working in a therapeutic school is the opportunity to help a student generalize the skills being learned in sessions to the classroom environment. This is achieved through interns assuming the role of facilitator of team meetings, assisting classroom teams with the development of behavioral plans inclusive of the targeted therapeutic skills, and collaborating with other specialists (such as Speech/Language Pathologists, Occupational Therapists, and Board Certified Behavior Analysts).

Specific to the delivery of individual and family therapy services, there is no required model for trainees to follow. Part of the task of assessing the student and family is determining the therapeutic approach to which they will be most amenable alongside building a therapeutic alliance. It is required that interns learn to conceptualize the case from a well-established paradigm that explains the development of psychopathology. From there, interns are encouraged to utilize best practices and evidence-based practices in delivering interventions. Our clinical supervisors are trained in Cognitive Behavioral Therapy (CBT), the Modular Approach to Therapy for Children (MATCH), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), and non-directive play therapy.

The very nature of a milieu or congregate care setting necessitates that clinical trainees have well developed skills in simultaneous (versus sequential) processing. This is particularly true at Manville School because the overall clinical acuity of the student population is moderate to high at all times. Any given role is multi-layered, and we must be simultaneously considerate of each layer while engaging in our work. Moreover, there are frequently simultaneous needs in different places around the school. Clinical trainees will develop their skills in triaging needs, clearly communicating what aspects require the support of a supervisor, and flexibly rescheduling non-urgent matters to attend to more urgent matters.

The Center for Effective Therapy (CET)

CET at The Baker Center provides mental health assessments and focused short-term treatments for children and their families. CET promotes the best possible mental health of children by using scientifically proven treatments in the assessment and treatment of children and families of diverse communities. CET also trains mental health professionals in our treatment models to increase the quality of care throughout our communities. We expand public awareness and inform public policy through the use of research, data, and advocacy with local child and adolescent organizations.

With clinic locations in Roxbury and Waltham, clients from a variety of backgrounds and with a number of different emotional and behavioral challenges seek services at CET. Clients are 51% male and 49% female reported sex at birth and range from 3 to 22 years old. 49% of clients report their gender identity as male, 47% as female, 3% as genderqueer, .5% as transgender male, and .5% as transgender female. Clients are 74% White, 9% Multiracial, 7% Asian, 5% Black, 2% Middle Eastern, .5% Hawaiian or Other Pacific Islander, .4% Asian Indian, .1% Native American, and 2% reported an unspecified racial background. 7% of clients identify as Hispanic, 88% identify as non-Hispanic, and 5% reported an unspecified ethnicity. 30% of clients travel less than five miles for services, but up to 30% travel from 15 miles or more to The Baker Center for their services. Approximately 53% of patients have more than one diagnosis. Of the patients seen at CET, roughly 46% of clients have an anxiety disorder, 27% have a disruptive behavior disorder, 17% have an attentional disorder, 5% have a depressive disorder, and 3% have posttraumatic stress or an adjustment disorder. A number of other problem areas are represented including autism spectrum disorder, phobias, trichotillomania, and encopresis/enuresis. Many of the clients at CET receive special education services through their local school district and many have had a prior psychiatric hospitalization.

The use of evidence-based practices and programs and practices are prioritized at CET. Youth and families seeking services receive a comprehensive assessment using multiple tools including the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS). A majority of clients receive psychotherapy using the Modular Approach to Therapy for Children (MATCH), which was developed at The Baker Center and is listed in the National Registry of Evidence-Based Programs and Practices (NREPP). Young children at CET (ages 2 to 6 years old) are typically provided psychotherapy services using the Parent Child Interaction Therapy (PCIT) model, also listed on NREPP. A variety of other EBPs are utilized at CET, including Behavioral Parent Training, Exposure and Response Prevention, Trauma-Focused CBT (TF-CBT), Comprehensive Behavioral Intervention for Tics (CBIT), Organizational Skills Training (OST), and Problem Solving Skills Training (PSST).

Interns begin the year receiving comprehensive training in semi-structured diagnostic interviewing as well as modular treatments of youth mental health problems using established evidence-based practices. Interns participate in a structured assessment training process that includes observation of experienced practitioners, co-leading, and finally conducting assessments independently. All interns gain experience creating psychodiagnostic reports and integrating quantitative and qualitative data to

create treatment recommendations and plans. Interns also gain experience with approximately 6 clients at any given time, which changes as the year progresses.

As one of the only evidence-based practice clinics in Massachusetts that accepts private and public health insurance, CET is uniquely positioned to be a leader in disseminating high quality treatments to children and families most in need, bridging the research to practice gap in clinical service delivery.

Intern Orientation

Interns arrive for internship on July 1 and immediately begin their minor rotation in the Camp Baker Program. They receive instruction in the daily activities and behavioral strategies they will utilize throughout the program. They then serve as lead counselors in the Camp Baker program for the remainder of the summer until the end of August. Following the conclusion of Camp Baker, interns begin their major rotations at CET and Manville. At the beginning of the training year, interns receive an orientation to the training site and structure of the training experience. Interns attend a week of orientation sessions at CET and another week of orientation sessions at the Manville School to prepare for the upcoming year. During their CET orientation, interns receive orientation to their work in the outpatient department. They are presented with policies and procedures, receive instruction on scheduling and meeting clients, tracking contact hours, billing for services, and documenting clinical services. Interns also receive extensive didactic instruction in child-focused evidence-based assessment and treatment practices. During their Manville orientation, they receive information regarding the daily school schedule, activities, and resources available. Interns are trained in conflict resolution and physical safety and management skills, CPR and first aid, and how to respond to emergency situations. In the following four weeks of school, interns are presented with details regarding policies, procedures, clinical goals and orientations, and vital operating procedures via individual and group supervision meetings.

Intern Schedules

Since the combined school/outpatient track requires delivering services in three environments, it is important that interns are aware of the unique scheduling requirements of the site. Once the school year begins in September, interns are expected to be attending to school activities on Mondays, Wednesdays, and Fridays from 8:00 AM through 4:00 PM (with, on average, one Wednesday per month extending to 5:00 PM). Interns are expected to be attending to outpatient activities on Tuesdays and Thursdays from 9:00 AM through 7:00 PM depending on the need to schedule clients. This schedule is to account for the fact that students at Manville School are present in the mornings and early afternoons while clients at the outpatient center typically receive services after school hours. During the 7 weeks of Camp Baker, interns are expected to be attending to Camp Baker activities full time from 7:30 AM through 4:30 PM, plus working one evening per week until 6:00PM to assist with parent training sessions. Overall, interns can expect to spend approximately 11-12 hours per week providing direct face-to-face assessment and psychotherapy services and

approximately 2-3 hours engaged in face-to-face milieu therapy services, resulting in total face-to-face hours of approximately 13-15 hours.

Outpatient (40% FTE)	School (60% FTE)
Conduct structured clinical diagnostic interview (1.5 hours/week) Conduct individual psychotherapy (6 clients/week – 6 hours) Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 5 hours/week) Attend individual supervision (1 hour/week) Attend PCIT group supervision (1 hour/biweekly) Attend assessment seminar (2 hours/week) Attend evidence-based practice seminar (1 hour/week)	Conduct individual psychotherapy (2-4 students/week – 4 hours) Conduct Case management (2-4 students/week – 36 hours) Administer, score, and write integrated reports for assigned psychological/3-year re-evaluation assessments (2-4 assessments/academic year) Lead or co-lead SEL/Clinical Groups (1 hour/week) Participate in milieu therapy (1-22.5 hours/week) Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6.75 hours/week) Attend individual supervision (1 hour/week) Attend intern training seminars (1 hour/week) Attend psychoeducational testing seminar (1 hour/biweekly) Attend culturally sensitive care seminar (1 hour/biweekly)
Supervision with the Director of Training (1 hour/week) Multidisciplinary Group Supervision (1 hour/week)	
Summer Program (100% FTE for 7 weeks)	
Didactic training in Summer Treatment Program (44 hours for staff training week) Lead group-based behavioral summer program (40 hours/week) Supervising undergraduate staff (1 hour/week) Individual supervision (1 hour/week) Group Supervision (1 hour/week) Supervision with the Director of Training (1 hour/week) Complete administrative work and documentation (e.g., data entry, Daily Report Card updates; end of summer reports, letters of recommendation) (2 hours/week and 50% of week of August 21-August 25)	

Supervision Requirements

Supervision within the internship is defined in the following ways:

1. The internship has adopted the APA/COA definition of supervision, which is as follows: “Supervision is characterized as an interactive educational experience between the intern/resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).”
2. In applying the above definition, the internship program will deem a professional relationship to be supervisory if: (a) the faculty member or other professional has authority over some aspect of the intern’s work; and (b) that work is an essential element of the intern’s internship experience.

Supervision is distinct from educational sessions, such as didactic seminars, and from administrative and management sessions such as clinical team meetings and staff meetings. From the perspective of the internship program, faculty members and other staff members may influence, consult to, and even direct the activities of an intern without being in a formal supervisory role. Similarly,

individuals consulting to interns may play a non-evaluative, non-supervisory, mentoring role or may function in an evaluative supervisory capacity. Questions regarding whether an activity meets the definition of supervision are resolved by the Director of Training. The definition of supervision, reprinted above, will be used as the basis for resolving such questions.

During the course of the year, interns are assigned 2-3 supervisors for their work across all programs and receive a minimum of 4 hours per week of supervision (3 hours individual and 1 hour group) from doctoral level licensed psychologists (200 hours for the year). Each supervision session will be documented by the supervisor in the Supervision Log and submitted to the Director of Training after each supervision session. Supervision logs serve as an informal evaluation of the intern's week to week attainment of profession-wide competencies. In addition to 3 hours of individual supervision, 1 hour of group supervision is provided in conjunction with seminars in order to discuss cases in the context of the seminar topics. Supervision is provided by the Manville School Clinical Director or staff psychologists in the Manville School clinical department for school cases. Supervision is provided by the Senior Director of Outpatient Clinical Services or CET staff psychologists for outpatient cases. Supervision for Camp Baker interns is provided by the Associate Director of Camp Baker. These supervisors, when on vacation or other leave, must designate a covering supervisor who will be available to the intern. Routine supervision sessions will not occur when either the supervisor or intern are on vacation or other leave. Supervision sessions cancelled during weeks in which the supervisor and intern are working must be rescheduled. All intern clinical activities must be conducted when their supervisor or an appropriately credentialed substitute supervisor is on site.

Interns also meet weekly with the Director of Training for supervision. Supervisors take both a developmental and competency-based theoretical approach to supervision as well as various intervention-based supervision models (e.g., cognitive-behavioral, systems). Direct observation is utilized in supervision at Manville and video recording equipment is utilized extensively in supervision at CET. Interns can expect to video record all of their direct service outpatient work and receive video review in supervision in CET. Additionally, interns may participate in live co-therapy with a supervisor at CET for select cases and may also receive live observational supervision using audio earpieces to facilitate live coaching.

Medical Record Documentation: The following requirements apply to medical record documentation as it relates to supervision:

1. The legally responsible supervisor for clients served by an intern shall be documented in each client's medical record. Licensed psychologists should be supervising at least half of the intern's caseload.
2. The documentation created by psychology interns shall be reviewed and co-signed by the licensed professional supervising the care of the client using procedures established by the institution in which the service is being delivered.

Didactic Training

Throughout the course of the training year, interns will spend at least 4 hours per week engaged in structured learning activities designed to facilitate the development of the program competencies. These structured learning activities include formal trainings, case conferences, seminars on clinical issues, and group supervision. Immediately upon their arrival at internship, interns spend 40 consecutive hours in intensive didactic training in the Summer Treatment Program model, led by the Director of Camp Baker. In August, interns spend 8 hours in intensive didactic training in the administration of the Kiddie-Schedule for Affective Disorders and Schizophrenia (KSADS). Then, beginning in late August, interns begin the standard didactic calendar throughout the rest of the training year. The descriptions of each learning activity are listed below.

Evidence-Based Practice Seminar

During this learning activity, interns join all clinical trainees at CET for didactic presentations on relevant evidence-based programs and practices that can be utilized in the clinical, school, or summer programs. During the course of the year, each intern will present a current case, conceptualized using a framework grounded in one or more evidence-based programs. The focus of this structured learning activity is on enhancing the interns' capacity to apply evidence-based principles across all functional competency areas. Didactic topics may also be requested based on intern need. The Evidence-Based Practice Seminar is overseen by the Senior Director of Outpatient Clinical Services.

Intern Seminar

During this weekly learning activity, interns join other professionals working in the Manville School for a rotating series of didactic presentations focused on pertinent issues in special education clinical service delivery. Topics include the application of evidence-based programs to the school setting and creating and using special education information such as Individualized Education Programs (IEPs) and classroom behavior plans to facilitate clinical progress. The Intern Seminar is led by a rotating instructor from The Baker Center faculty (or occasionally visiting faculty) with expertise in the subject matter presented that week.

Culturally Sensitive Care Seminar

The focus of this structured learning activity, occurring every other week, is on enhancing the interns' competency in the areas of providing quality and evidenced-base care to people of all cultures and/or marginalized groups. Interns will have the opportunity to explore their own identity development and resulting unconscious (or conscious) biases. They will also be responsible for reviewing and presenting relevant literature, self-exploration, and facilitating discussion about culturally sensitive matters. The Culturally Sensitive Care Seminar is led by the Manville School Diversity, Equity, and Inclusion (DEI) Educator.

Assessment Seminar

During this weekly learning activity, interns join the entire faculty of the Center for Effective Therapy to deliver case presentations on the diagnostic assessments of outpatient clients. Interns present their own cases approximately twice a month, and participate in diagnostic discussions on the cases of other faculty members and trainees. The focus of this structured learning activity is enhancing trainee competency in the area of evaluation and assessment. Since the format of this seminar is entirely case presentation based, there is no curriculum document provided. The Assessment Seminar is led by the Senior Director of Outpatient Clinical Services.

Psychoeducational Testing Seminar

In this bi-weekly structured learning activity, interns join other psychology trainees at the Manville School for didactic presentations and case presentations focused on clinical interviews, MSE, psychoeducational testing and complex cognitive/learning profiles. Topics covered include planning and conducting school-based psychological testing; test selection, administration, and interpretation; integration of data and report writing; communication of results to diverse audiences; domains assessed and related measures (e.g., cognitive/intellectual, achievement, language and socio-pragmatics, visual-motor, construction, and spatial, attention and executive functioning, memory, behavioral and social-emotional functioning, adaptive functioning, personal adjustment and personality); specific learning profiles and intervention recommendations (e.g., ASD, ADHD, LDs); professional ethics in assessment and decision-making; multicultural assessments; and facilitating testing feedback session. Throughout the year, interns and other psychology trainees will have an opportunity to bring their ongoing test cases for discussion and formulating integrated reports. The Psychoeducational Testing Seminar is led by the Manville School Staff Psychologist.

Child Mental Health Forum

The Child Mental Health Forum is one of the longest continuously running lecture series in the country. Interns join multiple faculty and trainees from both The Baker Center and other surrounding institutions for monthly lectures. Forum presenters are renowned clinical, research, and academic leaders in child and adolescent mental health. The Forum aims to provide intellectually stimulating information on scientific advances and evidence supporting clinical practice and research. The focus of this structured learning activity varies depending on the presenter, and provides interns with knowledge and skills designed to span their functional and foundational competencies.

Evaluation

Interns are evaluated using a standardized form three times yearly in October, February, and June. All individuals formally designated as “supervisors” of an intern will evaluate the intern using a standardized competency evaluation form at each evaluation point and will review their feedback with the intern. While all competency domains apply to all interns, supervisors can use a rating of Not Applicable (NA) to designate that the competency was not observed or is not covered in the training experience being supervised. Each intern typically receives evaluations from at least two

supervisors, which provides a diverse set of perspectives on the intern's performance. A direct observation or videotaped evaluation of the intern work is required for each evaluation period from each supervisor and is incorporated into the competency evaluations.

RATING □	1 Beginning Proficiency	2 Basic Proficiency	3 Developing Proficiency	4 Intermediate Proficiency	5 Advanced Proficiency
Typical developmental level:	Early or mid-practicum	Internship entry	Internship mid-year	Internship completion	Post-Internship
Skill level:	Learning basic skills	Has acquired basic skills	Developing more advanced skills	Flexibly integrating a range of skills	Competence at an advanced level
Supervision required:	Extensive with close observation	Routine	Minimal	Functions independently in entry-level situations	Functions independently in advanced situations
Nature of supervision:	Supervisor sets agenda	Supervisor sets agenda with fellow input	Agenda set jointly by supervisor & fellow	Fellow largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent & explicit	Frequent & explicit	Moderate and decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

Stipend and Benefits

Salary

During their training, interns receive a salary of \$36,000 annually for full time interns. There are no part-time internship placements available. The intern salary is divided equally across 26 pay periods throughout the year (\$1,384.62 biweekly). The intern's salary and health care subsidy will be reported to interns as Wage Income using a federal W-2 form. Your W-2 form will be mailed to you at the beginning of February. It is also available online. If you do not receive it, contact the Finance Department.

Benefits

Interns are required to have health insurance coverage. Interns may choose to participate in the Baker Center health insurance plan. A subsidy is provided by the Baker Center for this coverage, and an intern contribution is also required for participation. Coverage for family members, legally married partners, and domestic partners is available. Dental and vision coverage is optional for interns and the cost is fully paid by interns.

Leave and Sick Time

Holidays and Vacation Leave

Interns receive 14 holidays annually as well as 10 scheduled vacation days. Interns do not follow the school vacation schedule. In other words, during the five days of February vacation week, an intern would be expected to report to CET on Tues/Thurs, and would need to use 3 vacation days if they chose to take Mon/Wed/Fri off from Manville. Interns must obtain written permission in the form of an email from their supervisor for planned time off. Interns should notify their supervisor via email as soon as possible in the event that a sick day must be used. The following holidays are observed.

New Year's Day

Martin Luther King, Jr. Day

Presidents' Day

Patriots' Day

Memorial Day

Juneteenth

Independence Day

Labor Day

Columbus Day

Veterans Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

One (1) floating holiday per calendar year for religions or cultural observances. Employees must send their request to their manager for approval. Floating holidays cannot be carried over to the next calendar year.

****Vacation Leave is NOT permitted during the first 90 days of internship.****

Prior Approval

Leave should be requested well in advance, with a minimum of 30 days prior to the requested leave. The Director of Training has final authority to approve or deny requested leaves. Interns can facilitate the review of the leave request by discussing it in advance with their supervisor. Supervisors will make every effort to approve reasonable requests for leave. To request any leave, interns must complete a leave request form and obtain signatures of all supervisors and the Director of Training.

The supervisor is responsible for ensuring that there are procedures and personnel available for providing coverage while the intern is away. However, the intern will usually be asked to help arrange coverage once the leave is approved and to ensure that reasonable preparations are made prior to the leave (e.g., alerting covering staff to emergent clinical issues).

Prohibited Days:

Leave during the first 90 days is not permitted due to the need to coordinate orientation and training activities. In rare instances, and at the discretion of the Director of Training, exceptions can be granted for a limited number of days of leave during these periods for unavoidable conflicts or essential tasks.

Sick Leave

Interns receive 10 sick days, 3 of which may be used for professional days off (e.g., job interviews, dissertation work or defense, graduate school graduations, and attendance at conferences). Strategies for managing the impact of extended illnesses and absences from the internship will be devised through consultations between the intern, supervisor, and the Director of Training.

Family or Medical Leave

For illness and family-related issues that result in an intern being absent from the internship, interns must first use their 10 sick days. After seven consecutive days of absence from work for medical reasons, medical documentation from a health care provider is required to verify that the intern is unable to return to work. An intern may request Family or Medical Leave any time after the 10 sick days are exhausted and no later than the date on which all sick days and vacation days are exhausted. Medical and Family Leave is not covered by the intern stipend and provides interns with up to 8 work weeks of leave. Leave and suspension of the stipend may be granted in the following circumstances: serious illness of the appointee; birth, adoption or foster care placement of a child; care of a seriously ill child, stepchild, spouse, parent, parent-in-law, or civil union partner.

Interns complete a full calendar year of internship working an average of 40 hours per week. Scheduled holidays and sick leave do count towards the total work hour requirement during the calendar year. Vacation days do not count towards the total work hours. Thus, the total number of internship hours is 2,000 (52 weeks a year - 2 vacation weeks = 50 internship weeks. 50 weeks x 40 hours per week = 2,000 hours). Interns are required to complete all 2,000 hours of the internship. If an intern, in the course of taking a family or medical leave, will complete less than 2,000 hours, the Executive Training Committee may extend the length of the internship to account for the remaining hours. While leaves may extend the total length of an internship, completion of the internship in terms of required hours and achievement of satisfactory ratings on the competencies must occur no later than 18 months from the start of the internship.

Resources

Interns have access to a number of resources to facilitate their professional and personal development throughout the training year. All interns are stationed in individual private offices. Each office has a desk, laptop computer and appropriate business software, private office phone with voicemail, business cards, ID cards, and basic office supplies. Additionally, networked printers are available throughout the building. A vast array of educational and psychological tests, measures and resources as well as books, treatment manuals, and other clinically related resources are available on site. Furthermore, all interns receive appointments as Clinical Fellows at Harvard Medical School, which provides access to substantial electronic and print resources beyond those on site at The Baker Center. Specialized materials that may be needed for specific clinical or professional reasons may be purchased using internship funding with Training Committee approval. Each intern additionally has access to administrative and IT support, as well as client scheduling support.

Licensure Criteria

The training program at the Baker Center is designed to provide interns who successfully complete the program the experience to fulfill the Massachusetts Board of Registration of Psychologists requirements for internship as indicated below:

- The internship is designed as an organized training program and is not a supervised experience or on-the-job training;
- A licensed psychologist is responsible for the integrity and quality of the program;
- There are two or more licensed psychologists on the staff as supervisors;
- Training in the program is conducted at post-clerkship, post-practicum, and post-externship level;
- Supervision is conducted by a licensed professional who carries full legal and clinical responsibility for cases being supervised;
- At least half of the hours of supervision are delivered by one or more psychologists;
- The program provides training in a range of approaches to assessment and intervention;
- At least 25% of the trainee's time is spent in direct contact with clients seeking assessment or treatment (minimum 400 hours);
- Supervision is provided at a minimum ratio of one hour of acceptable supervision per sixteen hours of work;
- The program provides at least four hours per week of structured activities such as case conferences, seminars on clinical issues, group supervision, and additional individual supervision;
- There were at least two psychology interns at the internship training level during the applicant's period;
- Trainees will have the title "psychology intern", which clearly indicates their training status;
- The program has a written statement describing goals and content of the program, and expectations for quantity and quality of trainee's work. This statement is available prior to onset of program.

Application Instructions

The Baker Center for Children and Families currently offers 2 full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. A cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly

- supervised your clinical work (as part of AAPI). ***Please submit no more than three SRFs.***
5. Official transcripts of **all** graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered. Applications not received by the deadline or that remain incomplete at the deadline will not be considered.

Application Screening and Interview Processes

Members of the training faculty will review all applications completed by the deadline and will base its selection process on the entire application package noted above:

1. A minimum of 400 intervention hours;
2. A minimum of 200 assessment hours;
3. Comprehensive or qualifying exam passed;
4. Dissertation proposal defended;
5. Prior practicum experience in intervention and assessment with children or adolescents
6. Prior practicum experience in outpatient or school-based service delivery with children or adolescents
7. Current enrollment and good standing in an APA- or CPA-accredited doctoral program.

All applications will be reviewed by the Training Committee using a standard Application Review Form and evaluated for the degree to which the applicant's overall interests, aptitudes, clinical, and academic qualifications match the program's aims. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process. Applicants are notified whether they have received an interview by email in early December. Applicants offered an interview to the training program must choose from one of three interview days (January 4th, 5th, or 8th, 2024). Interviewees will be assigned to an interview day. Those requesting an interview on a specific day may be accommodated if possible, but interview slots on preferred days may be unavailable. On-site interviews are encouraged to provide applicants with the best exposure to the program, faculty, and facilities. However, the program strongly values equity in the interview process and virtual interviews are available for applicants by request.

On the day of the interview, each applicant will attend a program information session and meet with the director of the program as well as a minimum of two other faculty members. Each faculty member from the different rotations uses interview questions specific to the rotation and rates the degree to which the intern's overall interests, aptitudes, clinical, and academic qualifications match the program's aims. Members of the Training Committee may ask additional interview questions of applicants as appropriate. Interviewers specifically inquire into the applicant's coursework and clinical experiences related to the aims, competencies, and activities encompassed by the internship program. Applicants are expected to describe how they have handled past challenging clinical and ethical situations, summarize their knowledge and awareness of current trends in research literature, and describe their professional goals in the field of psychology.

Program Faculty

Daniel Cheron, Ph.D., ABPP is the Vice President of Clinical Programs, Implementation, and Training. He serves as the internship's Director of Training and Chief Psychologist. He is a licensed psychologist and is Board Certified in Clinical Child and Adolescent Psychology. He graduated from Boston College with a B.A. in Psychology. Dr. Cheron received his Ph.D. in Clinical Psychology from Boston University, where he worked extensively researching and treating anxious children and adolescents at the Center for Anxiety and Related Disorders (CARD). He completed his pre-doctoral internship at the May Institute in their community-based Behavioral Health Services Division. Dr. Cheron came to The Baker Center in September 2010 to complete his postdoctoral fellowship with John Weisz, Ph.D., ABPP, where he worked on multiple grant-funded projects investigating the effectiveness of evidence-based treatments for youth with anxiety, depression, disruptive behavior, and traumatic stress in community mental health clinics across New England. He now continues his work at The Baker Center as Vice President of Programs, Implementation, and Training. Dr. Cheron currently oversees multiple state and federal grants and contracts focused on the training and implementation of evidence based practices in community mental health settings across the country. Dr. Cheron supervises trainees in evidence-based practice for children and adolescents 2-19 experiencing anxiety, depression, traumatic stress, or conduct problems. He also has significant experience designing and implementing electronic monitoring and feedback systems to enhance the quality of clinical training. He is a MATCH-ADTC Master Trainer and has trained hundreds of clinicians in the model, providing ongoing consultation to enhance clinical skills development and build a sustainable infrastructure of evidence based practice for students and trainees.

Caroline A. Fernandes, Ph.D. is a professional psychologist who utilizes an ecological lens to better serve youth and families across diagnostic categories and severity. Throughout her professional and doctoral training, Dr. Fernandes sought out diverse clinical settings and populations in hopes of becoming both a versatile and trilingual (fluency in English, Portuguese, & Spanish) culturally competent practitioner. Dr. Fernandes completed her pre-doctoral internship at the Village for Families and Children, Inc in Hartford, CT, a community mental health setting for children, adolescents, and families. In this capacity, she worked closely with a multidisciplinary team of therapists, social workers, nurses, as well as psychiatrists to diagnose and treat Latinx youth with mood disorders, traumatic stress, and emerging psychopathology. Following her predoctoral internship, Dr. Fernandes completed her postdoctoral training at the Doctor Solomon Carter Fuller Mental Health Center (DSCFMHC) and Tufts Medical Center where she conducted intake assessments, psychodiagnostic and neuropsychological assessments in English, Spanish, and Portuguese, applied empirically based interventions to patients with significant mental illness in a forensic inpatient setting, and taught weekly seminars to doctoral level psychology trainees. Dr. Fernandes joined the clinical team at the Manville School, Baker Center for Children and Families in 2018. In this capacity, she provides clinical care and psychological testing to children and adolescents with complex psychiatric presentations. She provides supervision to doctoral level practicum

students across disciplines, including clinical, counseling and school psychology. She leads culturally sensitive care didactics where trainees are given the opportunity to reflect and expand their clinical skills while working with diverse populations. In the fall of 2022, Dr. Fernandes was selected as the Diversity, Equity, and Inclusion (DEI) Educator, where she provides consultation, education, and professional development on DEI related matters to support diverse students and staff.

Jeevitha Kempegowda, Psy.D. is a Staff Psychologist at Manville School, The Baker Center for Children and Families. Dr. Kempegowda completed her MSc. in psychology from Bangalore University, and a clinical psychology graduate fellowship (MPhil.) from the National Institute of Mental Health and Neurosciences (NIMHANS) Bangalore, which is one of the premier mental health hospitals in India that provides both inpatient and outpatient psychiatric and neurological services for children and adult population. While pursuing her doctoral program at Wright State University (WSU) School of Professional Psychology, she served on numerous projects, including mental health education and awareness in the college student population. Dr. Kempegowda was the founding member of Active Minds, Inc. chapter and also served on the Advisory committee for Multicultural Affairs and Community Engagement at WSU. She also received specialized training in Leadership Education in Neurodevelopmental and Related Disabilities (LEND) at Cincinnati Children's Hospital, and completed an APA- accredited Postdoctoral Residency at the Institute of Living/ Hartford Hospital. Dr. Kempegowda has significant experience working with diverse children, adolescents, and adult population both in India and the US. She has obtained training and practices utilizing a number of evidence-based approaches including Trauma Focused- Cognitive Behavior Therapy (TF-CBT) and MATCH-ADTC. Dr. Kempegowda has a special interest in Play Therapy and her doctoral dissertation focused on designing a manual in sand tray play therapy for children in India. She is currently working on her registration as a Play Therapist. In her current role at Manville School, Dr. Kempegowda provides direct services for children and adolescent with a diverse presentation, including emotional and behavioral disorders, autism spectrum disorders, and developmental delays. She also provides supervision and conducts didactic trainings for doctoral level practicum students and interns.

Rachel Kim, Ph.D. is the Director of Implementation and Associate Director of Training. Dr. Kim graduated magna cum laude from Tufts University with her B.A. in Clinical Psychology and Spanish. She received her Ph.D. in Psychology with a clinical concentration from the University of California, Los Angeles. Dr. Kim completed her clinical internship at Pacific Clinics, a community mental health agency in the greater Los Angeles area. Dr. Kim has experience working with a range of mental health challenges for children, adolescents, and adults, in a variety of settings, such as community-based mental health agencies, hospital-affiliated outpatient specialty clinics, and schools. She has training in evidence-based models such as Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Aggression Replacement Therapy (ART). She is a certified therapist in Parent-Child Interaction Therapy (PCIT) and Managing and Adapting Practices (MAP). She is also an associate trainer for the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC). As part of The Baker Center's Quality Care Initiative, Dr. Kim provides training, consultation, and implementation

support to community mental health agencies. Dr. Kim's program of research has focused on the dissemination and implementation of evidence-based practice (EBPs) for underserved youth in community settings. In her dissertation, Dr. Kim examined the role of treatment engagement in the context of systems implementing EBPs. She co-developed a pilot initial engagement training protocol for school nurses to utilize with adolescents presenting with mental health concerns in a large, urban school district. Dr. Kim has presented her work at national conferences and is a member of the Association for Behavioral and Cognitive Therapies.

Kristina Shapiro, Ph.D., NCSP is the Clinical Director at the Manville School where she is responsible for the overall effectiveness of clinical programming, and for the hiring, training, and supervision of all clinical staff. She also provides case management, psychological assessment, and individual and group therapy for students with diverse social, emotional, and behavioral challenges. Prior to her work at Manville, Dr. Shapiro was the Director of Training for McLean-Franciscan's Community Based Acute Treatment (CBAT) and Child & Adolescent Inpatient practicum student training programs. She also worked as a staff psychologist for the Inpatient program, where she offered staff training, managed the group therapy program, and provided individual therapy, parent coaching, brief psychological assessment, and team consultation. Dr. Shapiro has experience working with a range of acute psychiatric presentations, including mood and anxiety disorders, psychosis, personality disorders, and trauma. She has expertise in crisis management with a specific interest in suicidality and how to work with individuals in psychiatric distress. Additionally, Dr. Shapiro has experience with a number of evidence-based treatments, including Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). She is currently working towards her certification in the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC). Dr. Shapiro earned her Master of Arts and Doctorate of Philosophy in School Psychology at the University of North Carolina at Chapel Hill. She completed her APA doctoral internship at Andrus Children's Center and postdoctoral fellowship at Salem Hospital/Mass General Brigham.

Stephani Synn, Psy.D. is the Associate Director of Camp Baker and Assistant Director of the Center for Effective Therapy (CET) Boston. Dr. Synn oversees the operations of Camp Baker, including enrolling campers and hiring and supervising staff, as well as facilitating, planning, and implementing the Camp Baker program. Dr. Synn helps oversee and support administrative and clinical outpatient services at CET Boston, while also providing supervision to trainees, postdoctoral fellows, administrative staff, and clinicians and providing direct clinical outpatient services. Dr. Synn has extensive clinical experience treating a variety of mental health challenges in a range of clinical settings and is trained in several evidence-based models, such as cognitive behavioral therapy (CBT); STP; trauma-focused cognitive behavioral therapy (TF-CBT); Multifamily group treatment (MFGT); Motivational Interviewing (MI); and acceptance and commitment therapy (ACT). Dr. Synn is a supervisor, internal trainer, and certified clinician in the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), an evidence-based treatment for children ages 6-15 with emotional and/or behavioral challenges. Additionally,

she is certified in Parent-Child Interaction Therapy (PCIT), an evidence-based treatment for children 2-7 years-old with disruptive behavior disorders and is working toward her within agency trainer certification. Dr. Synn has experience providing neuropsychological assessments and integrated reports to adults, children, and adolescents in private practice and developmental behavioral pediatric settings.

Sarah Tannenbaum, Psy.D., ABPP is the Senior Director of Outpatient Clinical Services. She has strategic and operational oversight of The Baker Center's outpatient programs, including the Center for Effective Therapy, a clinic providing mental health assessments and focused short-term treatments for children and their families; Camp Baker, a Summer Treatment Program for children with ADHD; and the Next Step: College Success and Independent Living Program, a college preparatory program for transitional aged youth with social communication deficits. Dr. Tannenbaum is a board certified and licensed child and adolescent clinical psychologist and Instructor in Psychology at Harvard Medical School. Dr. Tannenbaum has extensive experience working with children and families ages 2-18. Her work has focused on early childhood interventions, the treatment of traumatized populations, and the diagnosis and treatment of autism spectrum disorders. In addition, Dr. Tannenbaum is trained in a number of evidenced-based treatment approaches, including Cognitive Behavior Therapy (CBT), Trauma-Focused CBT (TF-CBT), Dialectical Behavior Therapy (DBT), Child-Parent Psychotherapy (CPP), Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Parent-Child Interaction Therapy (PCIT) and the Summer Treatment Program (STP). She is a supervisor and trainer in MATCH-ADTC, providing statewide trainings in best practices for childhood disorders while supervising postdoctoral fellows, pre-doctoral interns, and practicum students towards certification in the treatment approach. Additionally, Dr. Tannenbaum is a certified therapist and Within Agency Trainer in PCIT. She is also a supervisor and trainer in the STP. Dr. Tannenbaum has practiced in a wide array of clinical settings, such as residential treatment centers, partial hospital programs, and community mental health centers where she has done both in-home and school-based treatment as well as school consultations and trainings. In 2021, Dr. Tannenbaum was awarded the Young Mentor Award by Harvard Medical School.