



Dear Applicant,

Thank you for your interest in training at **Judge Baker Children's Center** for the **2022-2023 training year**. Founded in 1917, Judge Baker 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 Judge Baker 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, 2022**. The current stipend is \$30,000 and participation in Judge Baker's health insurance plan is available to interns.

Judge Baker Children's Center improves the quality of children's mental health care by translating research into programs and services that change lives. For over 100 years, Judge Baker 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 Judge Baker a preeminent voice and active resource on issues of children's mental health. At Judge Baker, 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. Judge Baker Children's Center is an IRS certified 501C-3 non-profit with an independent Board of Trustees. Judge Baker 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 Judge Baker, 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 Judge Baker Children's Center, applications must be submitted through the [AAPI Online application](#) system by **November 1, 2021**. Our AAPIC Program Number is 2479. General information about Judge Baker Children's Center can be found

on our website at www.jbcc.harvard.edu. Questions regarding the internship program can be directed to training@jbcc.harvard.edu 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 2022-2023 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. Please note that all interns must provide proof of full COVID-19 vaccination to participate in the internship program.

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
Chief Psychologist
Judge Baker Children's Center
Instructor in Psychology, Harvard Medical School
53 Parker Hill Avenue, Boston, MA 02120
www.jbcc.harvard.edu

**THE DOCTORAL PSYCHOLOGY
INTERNSHIP PROGRAM
AT JUDGE BAKER CHILDREN'S CENTER**

2022-2023 Training Year Brochure



INTRODUCTION

Judge Baker Children's Center has a long history of training influential professionals in the field of children's mental health. The original doctoral psychology internship was started at Judge Baker 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 Judge Baker resulted in the transferring of the internship program to the leadership at Boston Children's Hospital, where it continues today. However, Judge Baker 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 Judge Baker 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.

Judge Baker Children's Center 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. Judge Baker 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, 2022 and concludes June 30, 2023.

Training Placements

All interns participate in 3 placements during the training year. The Manville School and the Center for Effective Child Therapy (CECT) 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 placement 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 placement 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 CECT for 2 days per week until the conclusion of the internship on June 30th.

Camp Baker

Camp Baker at Judge Baker Children's Center is a 7-week day program that provides services to children ages 6-12 with Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), learning problems, and related mood, emotional, and behavior problems. Camp Baker is based off of the Summer Treatment Program (STP), which was named a Model Program in Child and Family Mental Health by the American Psychological Association and the Substance Abuse and Mental Health Services Administration (SAMHSA), and a program of the year by Children and Adults with ADHD (CHADD), the national parent advocacy group for children with ADHD; the STP has also been listed in SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP). STP at Camp Baker provides treatment tailored to children's individual behavioral, social emotional, and learning difficulties. Camp Baker helps children make new friends, improve sports and art skills, and develop relationships with staff members. Camp Baker is a highly structured and supportive program that leads to behavioral gains, improved social skills, and helps prevent against summer erosion of school year functioning.

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 a 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 Judge Baker Children's Center 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 approximately 110-120 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. Eighty-two percent of students identify as male, 16% identify as female, and 2% identify as non-binary gender. White, non-Hispanic students make up 60% of the enrollment, 10% are Black, 4% are Asian, 1% are Native Hawaiian/Pacific Islander, 6% are Latino/Hispanic, 11% are multiracial non-Hispanic, and 12% are multiracial Hispanic. There are a number of various religious backgrounds represented. Some students are currently in foster care at some point during the school year, and some students are adopted. A number of students are questioning their gender identity or are gender non-conforming. The staff at Manville strives to create and promote a safe and inclusive environment for all. Students come from 52 different cities or towns in the greater Boston area, and 27% of students qualify for the free or reduced cost lunch program.

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 have the opportunity to provide individual, group, and family therapy services, as well as parent guidance. They also hone their skills in 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. 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 Center for Effective Child Therapy (CECT)

CECT at Judge Baker provides mental health assessments and focused short-term treatments for approximately 250 children and their families annually. CECT 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. CECT 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.

Clients from a variety of backgrounds and with a number of different emotional and behavioral challenges seek services at CECT. Clients are 26% female-identifying and 74% male-identifying and range from 2.5 to 18 years old. They are 77% White, 7% Black, 10% Multiracial, 4% Asian, and 2% Hispanic. 30% of clients travel less than five miles for services, but up to 30% travel from 15 miles or more to Judge Baker for their services. Approximately 73% of patients have two or more diagnoses. Of the patients seen at CECT, roughly 50% of clients have an anxiety disorder, 40% have a disruptive behavior disorder, 20% have a depressive disorder, and 15% have an attentional disorder. A number of other problem areas are represented including posttraumatic stress disorder, phobias, trichotillomania, and encopresis/enuresis. Many of the clients at CECT receive special education services through their local school district and many have had a prior psychiatric hospitalization.

Interns' use of evidence-based practices and programs are prioritized at CECT. 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 Judge Baker and is listed in the National Registry of Evidence-Based Programs and Practices (NREPP). Young children at CECT (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 CECT, including Behavioral Parent Training (BPT), Exposure and Response Prevention (ERP), Trauma-Focused CBT (TF-CBT), Comprehensive Behavioral Intervention for Tics (CBIT), Organizational Skills Training (OST), and Problem Solving Skills Training (PSST), as well as behavioral treatments for Enuresis and Encopresis.

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.

Intern Orientation

At the beginning of the training year, interns receive an orientation to the training site and structure of the training experience. Next, they begin their formal training in the first direct service program, 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. At the end of August, interns attend a week of orientation sessions at the Manville School to prepare for the upcoming school year. 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. During that same month long orientation process, 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.

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. During the 7 weeks of Camp Baker, interns are expected to be attending to Camp Baker activities full time from 8:00 AM through 4:00 PM. Once the school year begins in September, interns are expected to be attending to school activities on Mondays, Wednesdays, and Fridays from 8:15 AM through 4:15 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 10:00/11:00 AM through 6:00/7:00 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. 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.

| Summer Program (100% FTE for seven weeks) | |
|---|---|
| Didactic training in Summer Treatment Program (40 hours/first week only) | |
| Lead group-based behavioral summer program (30 hours per week) | |
| Individual supervision (2 hours per week) | |
| Group Supervision (1 hour/week) | |
| Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6 hours/week) | |
| Supervision with the Director of Training (1 hour per week) | |
| Outpatient (40% FTE) | School (60% FTE) |
| Conduct structured clinical diagnostic interview (1.5 hours/week) | Conduct individual psychotherapy (4 students/week – 4 hours) |
| Conduct individual psychotherapy (6 clients/week – 6 hours) | Conduct Case management (4 students/week – 6 hours) |
| Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 5 hour/week) | Participate in milieu therapy (2.5 hours/week) |
| Attend individual supervision (1 hour/week) | Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6.75 hour/week) |
| Attend assessment seminar (1 hour/week) | Attend individual supervision (1 hour/week) |
| | Attend diagnostic seminar (1 hour/week) |
| | Attend intern training seminars (1 hour/week) |
| | Attend psychoeducational testing seminar (.25 hour/ week) |
| Supervision with the Director of Training (1 hour per week) | |
| Multidisciplinary Group Supervision (1 hour per week) | |
| Attend EBP seminar (1 hour/week) | |

Supervision

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 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. 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 Clinical Director of the Center for Effective Child Therapy or CECT staff psychologists for outpatient cases. Supervision for Camp Baker interns is provided by the 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). Video recording equipment is utilized extensively in supervision at CECT, and interns can expect to video record all of their direct service outpatient work and receive video review in supervision in CECT. Additionally, interns may participate in live co-therapy with a supervisor at CECT for select cases and may also receive live observational supervision using audio earpieces to facilitate live coaching.

Seminars

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 specific schedule and descriptions of each learning activity is listed below, and specific curricula are attached to the end of this document.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|--|---|---|
| | | 10:00 – 11:15 Child Mental Health Forum (monthly) | 10:00 – 11:00 Assessment Seminar (weekly) | 9:00 – 10:00 Testing Seminar (biweekly) |
| | | 11:30 – 12:30 Diagnostic Seminar (weekly) | 11:00 – 12:00 EBP Seminar (weekly) | 10:00 – 11:00 Intern Seminar (weekly) |

Evidence Based Practice Seminar

During this learning activity, interns join all clinical trainees at Judge Baker 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.

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 Judge Baker faculty (or occasionally visiting faculty) with expertise in the subject matter presented that week.

Diagnostic Seminar

During this learning activity, interns join other trainees at the Manville School for didactic presentations as well as live clinical interviews (observed through a one-way mirror) focused on the psychodiagnostic evaluation of youth in special education settings. Issues pertinent to the mental health assessment of individuals with special education needs, and their unique diagnostic profiles, are discussed. The focus of this structured learning activity is on enhancing the interns' competency in the areas of assessment, consultation, and providing feedback to students and families. Interns will have the opportunity to present cases in Diagnostic Seminar and receive group supervision, and it is led by the Manville School's Clinical Director.

Assessment Seminar

During this weekly learning activity, interns join the entire faculty of the Center for Effective Child 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 Clinical Director of the Center for Effective Child Therapy.

Psychoeducational Testing Seminar

In this monthly structured learning activity, interns joins other psychology trainees at the Manville School for didactic presentations and case presentations focused on 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; cultural competency/diversity. It is led by the Manville School's Director of Assessment.

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 Judge Baker 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 formally evaluated three times per year by all of their supervisors. Each placement supervisor completes the formal evaluation form in October, February, and June. Additional, less formal, student evaluations take place throughout the year; students receive feedback about any concerns raised during these faculty discussions in one-on-one meetings with the Director of Training. All evaluations, grievance and due process procedures are outlined in the Intern Handbook and distributed during orientation. Three times a year, the Director of Training also sends an evaluation letter to each Intern's Academic Director of Training. Interns are also asked to evaluate their supervisors and the overall program twice a year. Successful completion of the internship

requires that, by the end of the internship year, students obtain grades of 4 or above on the 5-point scale noted below for all competencies in the program description and goals using any of the following methods:

- Direct Observation
- Videotape
- Audiotape
- Case Presentations
- QA Data or Clinical Measures
- Discussion of Work
- Review of Documentation
- Feedback from Staff & Supervisors
- Feedback from Clients & Families
- Feedback from Peers
- Review of Other Written Work

| 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 Employment Status

During their training, interns receive a stipend to cover expenses incurred during the training year. The current stipend is \$30,000 annually for full time interns. There are no part-time internship placements available. The intern stipend is divided equally across 26 stipend periods throughout the year (\$1,153.84 biweekly). It is important to note that interns are considered visiting trainees from their graduate programs during their entire internship. Thus, interns are not employees of Judge Baker Children's Center.

Benefits

Interns receive 12 paid holidays and 10 paid vacation days annually. Interns choosing to utilize public transportation during their internship year receive a discount public transportation pass. Interns are also appointed as Clinical Fellows in Psychology at Harvard Medical School, providing access to the full array of HMS educational benefits, including full library access as well as online classes on a variety of topics. Interns are required to have health insurance coverage. Interns may choose to participate in the Judge Baker health insurance plan. A 75% subsidy is provided by Judge Baker for this coverage, and a 25% intern contribution is required for participation. Coverage for family members, legally married partners, and domestic partners is available. It is important to understand that the value of the subsidy, which is substantial, is also considered

taxable income by the federal and state government. Dental coverage is optional for interns and the cost is fully paid by interns. Therefore, this benefit does not contribute to reported taxable income.

The value of the intern stipend and the health care subsidy will be reported to interns as Miscellaneous Income using a federal 1099-MISC form. Your 1099-MISC form will be mailed to you at the beginning of February following any year in which you worked with Judge Baker. It will not be available online. If you do not receive it, contact the Finance Department. Judge Baker Children's Center does not withhold taxes from doctoral interns. Interns who believe that they will owe taxes have the option of making Estimated Tax Payments on a quarterly basis during the course of the year. If you do not make estimated payments, you may be assessed a penalty by the IRS. IRS Form 1040ES is designed to assist the taxpayer in estimating and making those payments. While stipends are taxable they are not classified by the IRS as wages and thus are not subject to FICA taxes (Social Security and Medicare). The tax liability of an intern is determined by a number of factors including income from other sources and spouse income, if any. Interns should consult a tax professional for additional information and assistance in estimating and paying taxes.

Leave and Sick Time

Holidays and Vacation Leave

Interns receive 12 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 CECT on Tues/Thurs, and would need to use 3 vacation days if he/she 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
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

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

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). 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 Judge Baker. 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 Judge Baker 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

Judge Baker Children's Center 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 on or before December 6. Applicants offered an interview to the training program must choose from one of three interview days (January 10th, 11th, or 13th, 2022). 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 will 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 Chief Psychologist and Vice President of Programs, Implementation, and Training at Judge Baker Children's Center. His work focuses broadly on the training, supervision, and implementation of evidence-based programs for students and community providers, outcomes evaluation, and implementation research. He has significant expertise in providing direct clinical service to children and their parents. Dr. Cheron has served on numerous projects to develop and test interventions for children and adolescents with anxiety, co-morbid traumatic stress and substance abuse, and other multi-problem youth. Dr. Cheron directs several student trainees in evidence-based practice for children and adolescents 2-19 experiencing anxiety, depression, traumatic stress, or conduct problems. 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. Dr. Cheron provides these training and consultation services for students, interns, fellows, and community providers in both rural and urban settings to a racially and ethnically diverse group of clinicians and families. He also has significant experience using electronic monitoring and feedback systems to enhance the quality of clinical training. Dr. Cheron is also a certified Parent-Child Interaction Therapy therapist, and also has formal training in Trauma-Focused Cognitive Behavioral Therapy, Trauma Systems Therapy, and Comprehensive Behavioral Intervention for Tics, which are all evidence-based practices.

Anne Cangelo, Psy.D. is the Clinical Director at the Manville School. Prior to coming to Manville, while employed at SUNY Upstate Medical University in Syracuse, NY, Dr. Cangelo developed expertise in direct clinical care with children and families, clinical supervision and training, and program development. Also during her time in Syracuse, Dr. Cangelo conducted numerous trainings for a wide variety of audiences across the region. Topics on which she has presented include working with high-risk teens, and the effective communication between schools and parents. Dr. Cangelo also provided in-house consultation within the Upstate University Hospital system in order to help nursing staff better understand and care for psychiatrically impaired youth admitted to medical units. Dr. Cangelo completed her doctorate in clinical psychology at University of Hartford, and her pre-doctoral internship at Hutchings Psychiatric Center in Syracuse. Her doctoral dissertation project was the development of a training manual for direct care staff working with youth in milieu settings (such as the one at Manville). She has worked in hospital, residential, and outpatient settings with youth and families, focusing on the assessment and treatment of significant mental health problems. Dr. Cangelo's background in milieu care, trauma and foster care work, assessment, and consultation are the pillars that support the growth and development of the clinical department at Manville.

Rhea Chase, Ph.D. is the Director of Early Childhood Programs. She specializes in psychotherapy and training in Parent Child Interaction Therapy (PCIT). She is a Master Trainer endorsed by PCIT International and is highly active in the PCIT community, acting as Secretary on the PCIT Board of Directors and as a member of the PCIT International training task force. She works to develop and implement effective prevention and treatment programs for families with young children with behavioral health concerns, including both internalizing and externalizing disorders. In addition to her training role, Dr. Chase focuses on the dissemination of evidence-based treatments to traditionally underserved populations and the translation and sustainability of evidence-based treatments in community settings. Dr. Chase has previously served as a lead clinical faculty for statewide implementation of PCIT to community agencies throughout North and South Carolina.

Rachel Kim, Ph.D. is a staff psychologist at the Center for Effective Child Therapy and the Director of Implementation/Associate Director of Training through Judge Baker's Quality Care Initiative. 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 for Managing and Adapting Practices (MAP), the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), and Parent-Child Interaction Therapy (PCIT). As part of Judge Baker's Quality Care Initiative, Dr. Kim provides training, consultation, and implementation support in MATCH-ADTC 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 for the Association for Behavioral and Cognitive Therapies.

Chelsey Robinson, LICSW is a staff social worker at Judge Baker Children's Center, where she provides direct services to children and adolescents experiencing anxiety, depression, trauma, and conduct programs using the MATCH model. She has significant experience with a number of other evidence-based treatments, including TF-CBT, PCIT, Child-Adult Relationship Enhancement (CARE), and Child-Parent Psychotherapy (CPP). She is a therapist on the School Outcomes of Integrative Mental Health Services program supported by the Institute for Education Sciences. Ms. Robinson also trains early education providers in the Brookline Early Education program as well as through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Sarah Tannenbaum, Psy.D., is the Clinical Director of the Center for Effective Child Therapy and the Director of Camp Baker at Judge Baker Children's Center. 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), Dialectical Behavior Therapy (DBT), Child-Parent Psychotherapy (CPP), MATCH-ADTC, and the Summer Treatment Program (STP). She is currently working towards her certification in Parent-Child Interaction Therapy (PCIT). 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 her role at Camp Baker, Dr. Tannenbaum provides clinical supervision to the undergraduate and graduate staff members, oversees program development, manages program operations, and conducts didactic trainings for parents and staff members.

Noelle Vega, Psy.D. MSW, CAGS is a clinician and the upper school clinical coordinator at the Manville School where she works directly with students with diverse emotional, social, and behavioral challenges. Previously, Dr. Vega worked as a school psychologist where she led various social skill groups as well as consulted with parents and teachers to assist in supporting students through evidence based practice. Previous experience also includes leading a social skills group for college students with various communication and social challenges. Additionally, as part of Dr. Vega's doctoral studies, she created and directed the "Transitions" program at a local college which was designed to provide a comprehensive, flexible support service system of academic interventions, counseling supports, independent living assistance, peer mentoring, and social skill instruction for students with emotional and social challenges at the collegiate level. The Transitions program continues to thrive to this day. Dr. Vega received her doctorate in psychology from William James College, her masters in social work from Salem University, and a certificate in advanced study in school psychology from UMASS Boston.

Kristina Shapiro, Ph.D., NCSP is a staff psychologist at the Manville School where she 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.

Jeevitha Kempegowda, Psy.D. is a Staff Psychologist at Manville School, Judge Baker Children's Center. 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.