**Brief One Page AFCN INTERNSHIP Training Program Information**

This is a full-time professional exempt position, totaling 2,000 internship training hours over the course of one calendar year. Hours are accrued Monday through Friday, with no weekend hours. We will have 2 interns for this year.

**Stipend:** $27,040 salary, plus a benefit package (if elected) consisting of health insurance with medical, dental, and vision benefits at an extra cost, 27 accrued days of paid time off (for holidays, sick days, and personal time), and 401K program with match.

**Location:** Outpatient clinical services in our Oak Lawn and Bolingbrook, IL (southwest Chicago suburb) offices.

**Clinical Services:** Interns will provide outpatient testing and therapy to children, adolescents, and families. Many of these cases are children and adolescents with significant histories of abuse and neglect. Many of the children are involved with the foster care system (DCFS), but some may be a part of an intact family who seeks services. Some cases are children and adolescents (age 14 and under) with sexual behavior problems. Interns also provide specialized psychological testing assessments (trauma assessments and sexual behavior problem assessments), as well as general psychological testing for children and adolescents.

**Additional Clinical Exposures:** A). Advocate Health Care Referrals - Evaluations and referral for child and adolescent patients from pediatricians that have various behavioral health difficulties and needs. B). EAP and Faculty Staff Case Conferences – Two hour, every other month exposure to the Advocate Employee Assistance Program (AEAP), where interns are exposed to EAP team meetings/case presentation and AAH policy reform. Interns also attend monthly case conference for faculty’s therapy cases. C). “Stewards of Children” Workshop Presentations – Interns receive specialized training and become authorized facilitators in this evidenced-based prevention program aimed at educating adults on how to prevent and/or respond appropriately to sexual abuse. D). Psychological Testing Lab - Monthly diagnostic lab providing an opportunity to receive assistance and supervision on administering, scoring, interpreting various measures, as well as giving feedback on each measure.

**Start Date:** July 13, 2020; Training position is 52 weeks in duration. In a year, interns typically:
*Provide approximately 15 billable patient service hours per week
*Prepare for and participate in all training and supervision sessions, including audiotapes and video
*Complete approximately 6 psychological testing assessments
*Complete community public speaking presentations, as assigned

**Supervision:** Two weekly one-hour individual supervision sessions with two licensed psychologists; Interns’ therapy sessions are audiotaped; Interns also receive 30-60 minutes per week with the Training Director for group professional mentorship; Interns will have an hour per week of peer mentorship and consultation. Group Supervisions and Didactic Trainings (Groups A-D are 2 hours each, one group each week of the month): A. Group Supervision Focused Upon Utilizing Empirically Supported Treatments; B. Group Supervision Focused upon Core Child/Adolescent Trauma Treatment Topics; C. Diversity-Cultural Issues/Supervision/Consultation Training; D. Group Supervision Addressing Assessment and Therapy Cases; E. Quarterly (every 3 months) Expressive Therapy Training and Case Consultation (3 hours in length); Quarterly (every 3 months) Marital Therapy and Health Psychology Didactic Training (2 hours in length)
**ADVOCATE HEALTH CARE**  
**ADVOCATE FAMILY CARE NETWORK**  
An APA-Accredited Doctoral Internship Program  
in Clinical Psychology  
2020-2021 Training Year Internship Program Information and  
Application Brochure

**Advocate Aurora Health**  
**Sponsor Institution’s Mission, Values, and Philosophy**  
Our internship program is sponsored by Advocate Aurora Health. In April of 2018, Advocate Health Care merged with Aurora Health in Wisconsin. Advocate Aurora Health is the 10th largest not-for-profit, integrated health system in the United States. Together, Advocate Aurora Health operates 27 hospitals, including several children’s hospitals, and over 500 outpatient locations. Advocate Aurora Health also employs over 70,000 team members (employees).

Advocate Aurora Health’s mission is to help more people live well. The system values excellence, compassion, and care. Advocate Aurora Health is on a journey towards zero serious safety events, being a national leader in health outcomes, and providing affordable care to consumers.

Prior to the merger, Advocate Health Care has a history of being ranked as one of the top five health systems in the country based on quality. Further, Advocate Health Care has been repeatedly ranked among the “Top Workplaces” in the Chicago area.

**Advocate Family Care Network**  
Advocate Family Care Network (AFCN) is a small and vital behavioral health outpatient division of Advocate Aurora Health. Advocate Family Care Network has a variety of programs including: the Childhood Trauma Treatment Program (CTTP), where our doctoral psychology interns gain their training experience; an outpatient behavioral health counseling center where our senior clinicians provide therapy services; a behavioral health certification program; and a full service Employee Assistance Program (EAP, where our doctoral psychology interns gain brief exposure to on an every other month basis).

**Doctoral Internship Program Mission Statement**  
The mission of the Advocate Family Care Network’s clinical psychology doctoral internship program is to train a doctoral intern to provide quality outpatient behavioral health care assessment and treatment services to children, adolescents, and families, with a focus on treating children and adolescents that have experienced all forms of maltreatment and trauma, including...
sexual abuse, neglect, physical abuse, emotional abuse, witnessing domestic violence, witnessing community violence, traumatic loss, and/or are demonstrating sexual behavior problems.

**Internship Philosophy**
The internship training program provides experience treating children, adolescents, and families that have experienced trauma and maltreatment. In addition to these clinical experiences, interns receive individual and group supervision, didactic presentations of theoretical understandings and therapeutic approaches, and exposure to professional models. From these clinical and training experiences, we believe our program provides the growth, support, and development necessary to be an effective doctoral level outpatient mental health care provider and enter their postdoctoral positions.

Advocate Family Care Network has provided training for graduate level students since 1982. We became accredited by the American Psychological Association (APA) for our Doctoral Clinical Psychology Internship Program in Clinical Psychology in 1999. Interns receive training in the practice of clinical psychology, and particularly in providing assessment and outpatient treatment services to children, adolescents, and families that have experienced trauma and/or are within the foster care system. This training includes a focus on the assessment and psychotherapy treatment of foster care populations, traumatized or maltreated children and their families, and children and adolescents with sexual behavior problems.

The doctoral clinical psychology internship training program integrates four elements into a comprehensive learning experience: a clinical skills knowledge base, clinical activity, personal awareness, and professional development. Advocate Family Care Network creates a learning environment in which there is a balance of challenge, support, and flexibility with an expectation of maturity, openness, and responsiveness. The program is based on a training philosophy that seeks to develop a creative learning environment with the interns. We believe that an important part of the training process is to support the intern’s identity development from student, to intern, to becoming a doctoral level clinician. The training program works from an adult learning model in which expectations of competency and performance are established for the intern. These training expectations are intended to guide the interns in their clinical experiences, supervision, didactic seminars, and professional community activities so they meet the overall training objectives.

**Internship Training Model**
To achieve our mission statement, we follow a Practitioner-Scholar internship training model that incorporates scholarly inquiry, psychological science, and clinical practice. In our program, psychological practice is based on the science of psychology, which, in turn, is influenced by the professional practice of psychology. Training for practice is sequential, cumulative, and graded in complexity. We require interns to rotate presenting relevant clinical research articles and literature at group supervision sessions. Finally, we expect interns to apply relevant clinical literature and research in their clinical work and evaluate them on this specific dimension. The main empirically supported treatments used are *Integrative Treatment of Complex Trauma* (by
Dr. John Briere), *Trauma-Focused CBT* (by Dr. Cohn, Dr. Deblinger, & Dr. Mannarino), and *Child-Parent Psychotherapy* (by Dr. Alicia Lieberman & colleagues).

**Internship Program Goals and Intern Evaluations**

The training competencies are assessed by rating the elements for each competency. By the end of the training program and last evaluation, interns are expected to demonstrate at or above preparation for practice at the entry level (or intermediate/satisfactory level or above) among each of the nine competencies.

**Competency 1: Assessment**

Element 1a: Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.

Element 1b: Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Element 1c: Scores and interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Element 1d: Demonstrates quality and promptness of written psychological assessment reports, initial intakes evaluations reports, closure reports, foster care quarterly reports, and DCFS-Medicaid reports and letters.

Element 1e: Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**Competency 2: Intervention**

Element 2a. Establishes and maintains effective relationships with the recipients of psychological services.

Element 2b: Develops evidence-based intervention plans specific to the service delivery goals.

Element 2c: Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Element 2d: Demonstrates the ability to apply the relevant research literature to clinical decision making.

Element 2e: Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

Element 2f: Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.

**Competency 3: Professional Values, Attitudes, and Behaviors**

Element 3a: Behaves in ways that reflect the values and attitudes of psychology, including integrity, behaviors and manners, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Element 3b: Engages in self-reflection regarding one’s personal and professional functioning.
Element 3c: Engages in activities to maintain and improve performance, well-being, and professional effectiveness.
Element 3d: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
Element 3e: Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency 4: Supervision
Element 4a: Demonstrates knowledge of supervision models and practices.
Element 4b: Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Competency 5: Individual and Cultural Diversity
Element 5a: Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
Element 5b: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
Element 5c: Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Competency 6: Consultation and Interprofessional/Interdisciplinary Skills
Element 6a: Demonstrates knowledge and respect for the roles and perspectives of other professions.
Element 6b: Applies knowledge of roles and perspectives of other professions in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior (Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, or provision of consultation to other trainees).

Competency 7: Communication and Interpersonal Skills
Element 7a: Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
Element 7b: Demonstrates a thorough grasp of professional language and concepts.
Element 7c: Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.
Element 7d: Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

**Competency 8: Ethical and Legal Standards**
Element 8a: Be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines.
Element 8b: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
Element 8c: Conducts self in an ethical manner in all professional activities.

**Competency 9: Research**
Element 9a: Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation) at the local (including the host institution) or regional level.

Interns are formally evaluated on these nine training competencies twice a year in our “INTERN EVALUATION” form. Training staff assess the achievement and the demonstration of the training competencies for each intern by rating how well the intern demonstrates the competencies and elements. By the end of the training program interns are expected to achieve satisfactory to superior ratings in the nine training competencies. The two written intern evaluations include rating scores and written comments. They are presented to and discussed with the intern, and a copy is sent to their graduate training school.

**AFCN DOCTORAL INTERNSHIP TRAINING COMPONENTS & EXPECTATIONS**

The intern gains clinical understanding and professional competence by providing clinical services, community presentations, and additional clinical exposures. The intern also receives individual and group supervision and a variety of didactic and workshop seminars on numerous clinical topics.

**Assessments Services:**
The intern is expected to complete brief evaluations and more comprehensive psychological assessments as assigned (generally 6 full reports) during the internship year. Interns will provide specialized psychological assessments (trauma assessments and assessments for children and adolescents that have sexual behavior problems), as well as more general psychological testing assessments. Both types of psychological assessments are provided to children and adolescents. A full psychological battery may include clinical interviews and collateral contacts, as well as measures targeting behavioral, emotional, and cognitive functioning, past traumatic experiences
and its impact, and sexual behavior problems, as deemed appropriate to address referral questions. Example measures include, BASC, ADHD measures, WISC, PAI-A, CAT or TAT, Sentence Completion, and Draw-a-House-Tree-Person, as well as other measures. In addition, psychological measures are frequently used throughout therapy services to assess progress, reevaluate symptomology, and collect outcome data.

**Psychotherapy Treatment Services:**
The intern is actively involved in delivering clinical services to a diverse client population in an outpatient setting. The intern spends approximately 15 hours of direct service with patients each week. Modalities include family and individual therapy. Although previous training in providing trauma treatment can be helpful for incoming interns, it is not required prior to beginning internship. We ask that applicants have an interest, open mind, and passion for learning about trauma treatment. Comprehensive training in the treatment of children and adolescents who have experienced trauma, abuse, and sexual behavior problems will be provided during orientation and throughout the internship year.

A majority of our interns’ patients are victims of childhood trauma (often complex trauma) and maltreatment, including victims of neglect, physical abuse, sexual abuse, witnessing domestic violence, witnessing substance abuse, traumatic grief/loss. These patients may be involved with the foster care system (either within DCFS or private foster care agencies), or they may be intact family patients that have Medicaid or no insurance whom we provide pro bono assessment and therapy services. The program also treats children and adolescents that have sexual behavior problems that are ages 14 and under (including children and adolescents that commit sexual acts upon other children and adolescents). The patients we serve provides interns with a rich experience including diverse cultural, socioeconomic, clinical, and professional clinical experiences. Our agency is committed to serving the underserved and we value providing these essential and beneficial services to communities and populations that lack enough quality mental health treatment. We are also committed to providing pro-bono services to those who do not have insurance or have Medicaid.

One of our program strengths is the variety of conditions and diagnoses our interns gain experience with. The intern receives experience in differentially diagnosing, evaluating, and treating a variety of conditions and diagnoses, including complex trauma, maltreatment, attachment disorders, PTSD and trauma conditions, ADHD, ODD, child and adolescent sexual behavior problems, parenting and relational problems, depressive and anxiety disorders, and child and adolescent bipolar disorder. We also work with patients and families that have high-functioning developmental disabilities, as well as trauma histories.

Interns are expected to approach cases with a collaborative and systemic approach and form partnerships with the child’s parents/caregivers, foster parents, and caseworkers. Because we are DCFS-Medicaid providers, interns receive training on DCFS-Medicaid billing and documentation requirements at the beginning of their training with us.

As part of providing clinical services to individuals within the foster care system, our interns also provide therapeutic case management services to offer increased support to patients and their caregivers and families. These therapeutic case management services may involve advocating for patients within the foster care system; writing letters to caseworkers and others to
manage the needs of these cases; providing collateral telephone contacts with teachers, caseworkers, physicians and others; and obtaining leadership experience by leading clinical case staffings with various members within the patient’s system.

**Clinical Treatment Orientation:**
Another program strength is the wide variety of clinical interventions our interns gain exposure to. Our agency embraces an integrative clinical perspective and doctoral interns are trained in a wide variety of intervention techniques, including cognitive behavioral techniques, psychodynamic techniques, various empirically based manuals and workbooks, and directive and non-directive expressive techniques. We incorporate providing psychoeducation to caregivers and patients, empirically supported treatments, systemic work, expressive and play therapies, and the use of trauma and attachment disorder treatment perspectives. The main empirically supported treatments used are *Integrative Treatment of Complex Trauma* (by Dr. John Briere), *Trauma-Focused CBT* (by Dr. Cohn, Dr. Deblinger, & Dr. Mannarino), and *Child-Parent Psychotherapy* (by Dr. Alicia Lieberman & colleagues). Specific individual and group supervision is provided on each of these empirically supported treatments.

**Additional Clinical Exposures:**
Interns are expected to have the following additional clinical exposures during the training year:
A). Advocate Health Care Referrals – Evaluations, referrals, and assessment services for child and adolescent patients and their families from pediatricians and other Advocate providers that have a range of behavioral health difficulties and needs. These short-term services are provided at our office locations and not at the hospital setting. Interns will have a handful of these cases on their caseload throughout the year to offer variety in presenting problems and allow for an opportunity to hone in on their diagnostic skills.
B). EAP and Faculty Staff Case Conferences – Two hour, every other month exposure to the Advocate Employee Assistance Program (AEAP), where interns are exposed to EAP team meetings/case presentation and AAH policy reform. Interns also attend monthly case conference for faculty’s therapy cases. These exposures allow interns to experience a consulting role for a variety of other presenting problems and gain exposure to Industrial Organization psychology.
C). “Stewards of Children”: The intern is required to provide *Darkness to Light’s* “Stewards of Children” child sexual abuse prevention awareness workshops to adults in the community. These workshops are 2.0 hours and are for adults. Stewards of Children is an evidence based program and our interns become trained and authorized facilitators for this program. These workshops also help support the Childhood Trauma Treatment Program’s mission of providing child abuse awareness and prevention services to the community. Interns will leave our internship with the authorized facilitator role and can take that forward with them, wherever they go. Additionally, interns participate in other community events and fairs representing our agency. These experiences offer the intern opportunities to network with other community agencies and providers and to learn more about other community services organizations and resources.
D.) Psychological Testing Lab: Interns participate in a monthly diagnostic lab providing them an opportunity to receive hands-on experience administering, scoring, interpreting, and providing feedback to children, caregivers, and case managers. Each month focuses on a different measure. Interns are then encouraged to practice administering these measures and ask questions to increase overall confidence and competence in their assessment skills.
Supervision and Trainings:
We consider the supervision we provide as one of the strengths of our program. The majority of our faculty are graduates of our internship and/or post doctoral programs and believe strongly in the mission and services provided. Our supervisors are attentive, dedicated, and available. We believe that supervision is a crucial component in the development of a confident and competent professional. In keeping with this tenet, the intern is exposed to a variety of supervisory experiences.

Weekly Supervision Sessions:
- Two hours of individual supervision sessions with the case supervisor, a licensed clinical psychologist
- Two hours of group supervision, including two specialized group supervisions that incorporate didactic components. Please see below for group supervision list.
- ½ to 1 hour group mentorship each week with the Training Director to discuss internship, administrative, and professional issues
- One hour per week of Peer Mentorship/Consultation
- Additional individual supervision for each psychological assessment report
- Additional consultations with all faculty, as needed– we maintain an open door/open communication approach within our entire faculty team.

Didactics and External Trainings:
- Extensive initial orientation process with numerous didactics on a range of professional topics, best practices, and clinical topics to help the intern effectively provide clinical services. Our initial orientation phase is six weeks in duration. Interns do not see patients for the first two weeks to provide them ample time to get acclimated to the agency. We provide strong assessment and therapy didactics and trainings, as well as provide trainings on risk management, self-care, child development, and a variety of DSM-V diagnoses.
- Monthly Group Supervisions and Didactic Trainings (one group supervision occurs per week; four different groups for the four weeks of the month):
  A. Group Supervision Focused Upon Utilizing Empirically Supported Treatments
  B. Group Supervision Focused upon Core Child/Adolescent Trauma Treatment
  C. Diversity-Cultural Issues/Supervision/Consultation Training
  D. Group Supervision Addressing Assessment and Therapy Cases
- Quarterly (every three months) three hour didactic and case consultation training on expressive therapies with clinical psychologist.
- Tri-annual (every four months) didactic training on marital therapy and health psychology with clinical psychologist.
- Opportunity to participate in live observations of supervisors with patients.
- Additional “external” clinical workshops and conferences on trauma, child and adolescent, and multi-cultural and diversity topics. We also prioritize attending an external workshop or conference on ethical practices and supervision. Examples of past workshops we have attended include: “Clinical Supervision in Behavioral Health: Building Skills for Ethical and Effective Practice”
- “Resolving Trauma without Drama: New, Brief, Respectful, and Effective Approaches to Treating PTSD”
• “Pediatric Academic Series, Violence in Communities: Providing Trauma-Informed Care to Pediatric Patients”
• “Ethics in Mental Health”
• 33rd Annual International Society for Traumatic Stress Studies Meeting: Trauma and Complexity: From Self to Cells
• “The Ethics of Communication: Bias, Self-Honesty, and Responsive Cultural Competency”
• “Supporting Supervisors: A training in reflective supervision.”
• “Working with the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Population: Increasing Awareness and Improving Responsiveness”

AFCN-CTTP Internship Faculty:

Jenna Berberich, Psy.D.; Training Director and Individual Supervisor

Dr. Jenna Berberich received her master's and doctoral degrees in Clinical Psychology from Roosevelt University, Chicago with a certification in Clinical Child and Family Studies. Prior to that, she received her Bachelor's degrees in Psychology and Sociology from The University of Michigan, Ann Arbor. Dr. Berberich completed her Doctoral Clinical Psychology Internship with Advocate Family Care Network and her Post Doctoral Fellowship at Chicago Children’s Advocacy Center. Dr. Berberich is the Training Director for the Program and oversees the day to day activities, logistics, and operations. She also serves as one of the individual supervisors. Her areas of clinical expertise include the foster care system, childhood trauma and maltreatment, attachment disruptions and loss, dyadic therapy, and behavior management.

Vanessa Houdek, Psy.D.; Individual and Group Supervisor

Dr. Vanessa Houdek received her master's and doctoral degrees in Clinical Psychology from Roosevelt University, Chicago with a certification in Clinical Child and Family Studies. Prior to that, she received her Bachelor's degree in Psychology, Sociology, and Women’s Studies from Loyola University, Chicago. Dr. Houdek completed her Doctoral Clinical Psychology Internship and Post-Doctoral Residency with Advocate Family Care Network. In addition to her responsibilities as a core faculty member and individual supervisor within the internship program, Dr. Houdek provides monthly group supervision in empirically-supported treatment utilization at CTTP. Her areas of clinical expertise include childhood trauma, anxiety and mood
disorders, disruptive behaviors, attachment disruptions, and adjustment to life transitions. Dr. Houdek is the first author of the book, *Treating Sexual Abuse and Trauma With Children, Adolescents, and Young Adults With Developmental Disabilities: A Workbook for Clinicians*.

Schaelyn McFadden, Psy.D.: Assessment Supervisor and Group Supervisor
Dr. Schaelyn McFadden received her master's degree in Clinical Psychology from Roosevelt University and doctoral degree in Clinical Psychology from The Chicago School of Professional Psychology. Prior to that, she received her Bachelor's degree in Psychology from The University of Wisconsin-La Crosse. Dr. McFadden completed her Doctoral Clinical Psychology Internship and Post Doctoral Fellowship at Advocate Family Care Network. Dr. McFadden is the assessment supervisor and a group supervisor for the internship program. Her areas of clinical expertise include psychological assessment, including scoring, interpretation, and feedback, childhood trauma, attachment disruptions and loss, depression, anxiety, body-image concerns, and behavior management.

Sara Skinner, Psy.D.: Group Supervisor and Stewards of Children Supervisor
Dr. Sara Skinner received her master's and doctoral degrees in Clinical Psychology from The Chicago School of Professional Psychology, Chicago. Prior to that, she completed her Bachelor of Arts degree in Psychology, with a minor in Human Development at DePaul University, Chicago. Dr. Skinner completed her Doctoral Clinical Psychology Internship and Post Doctoral Clinical Psychology Residency at Advocate Family Care Network. She currently provides monthly group supervision for Diversity-Cultural Issues/Supervision/Consultation issues and coordinates our Stewards of Children workshops. Dr. Skinner's areas of clinical interest and expertise include trauma and PTSD, child maltreatment, foster care and adoption, attachment disruption, grieving and loss, and parenting issues.

Gene Carroccia, Psy.D.: Vice President and Group Supervisor
Dr. Gene Carroccia received his doctoral degrees in Clinical Psychology from The Illinois School of Professional Psychology, Chicago. Prior to that, he completed his Bachelor of Arts at
the University of Delaware. Dr. Carroccia is responsible for providing a variety of executive administrative functions for Advocate Family Care Network and the Childhood Trauma Treatment Program. He also offers group supervision on core trauma issues. Dr. Carroccia completed his Doctoral Clinical Psychology Internship at Chicago Bureau of Mental Health and his Post Doctoral Clinical Psychology at York Behavioral Health and Advocate Family Care Network/Childhood Trauma Treatment Program. Dr. Carroccia’s areas of clinical interest and expertise include child maltreatment and abuse, child sexual behavioral problems, ADHD, risk management perspectives, and diagnostic perspectives. Dr. Carroccia is the author of the books *Treating ADHD/ADD in Children and Adolescents: Solutions for Parents and Clinicians*, as well as *Evaluating ADHD in Children and Adolescents: A Comprehensive Diagnostic Screening System*.

**Mike Ingersoll, Psy.D.: Marital Therapy/Health Psychology Group Supervisor**

Dr. Ingersoll completed his doctorate at the Chicago School of Professional Psychology, serving his internship with the Chicago Department of Health (Division of Mental Health) and a post doctoral residency at Mercy Hospital Medical Center Chicago. Dr. Ingersoll is a group supervisor who provides tri-annual training on health psychology and marital therapy. Dr. Ingersoll’s clinical interests include cognitive behavioral therapy, anxiety, depression, couples work, and health psychology. He completed all three levels of the Gottman Couples Therapy Training.

**Cynthia Langtiw, Psy.D.: Expressive Therapies Group Supervisor**

Dr. Cynthia Lubin Langtiw is a Haitian American licensed clinical psychologist and full professor in the clinical psychology program at The Chicago School of Professional Psychology. She trained at University of Illinois at Chicago and The Chicago School of Professional Psychology. Dr. Langtiw is a volunteer psychologist and clinical supervisor with The Marjorie Kovler Center for Survivors of Torture. She also provides training on psychological trauma for the Young Center for Immigrant Children’s Rights. She helps interns with Advocate Family Care Network to explore the intersection of expressive therapies and psychological trauma. Her clinical work reflects a strong systemic/community sensibility that integrates a relational cultural perspective. Much of her clinical work has been helping youth, adults, families and communities utilize their own resources to heal from trauma. Dr. Langtiw has a strong passion for creative and expressive therapies, teaching, qualitative research, clinical training and enjoys supporting students in finding their voice in psychology.

**Estimated Weekly Work Hours for Interns**
<table>
<thead>
<tr>
<th>Hours</th>
<th>Activity Description</th>
</tr>
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<tbody>
<tr>
<td>15</td>
<td>Direct contact providing clinical services with patients</td>
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<tr>
<td>15</td>
<td>Therapeutic case management activities; clinical documentation activities and report writing; collateral contacts associated with patients; preparation for supervisions; various other administrative functions and activities; preparation for clinical services</td>
</tr>
<tr>
<td>2.5</td>
<td>Group supervision and didactics</td>
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<tr>
<td>2</td>
<td>Individual clinical supervision</td>
</tr>
<tr>
<td>1</td>
<td>Peer Consultation/Mentorship</td>
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<tr>
<td>30-60 minutes</td>
<td>Meet with Training Director</td>
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<tr>
<td>3</td>
<td>Community presentations, networking, other specialized internship training activities (as assigned)</td>
</tr>
<tr>
<td>3</td>
<td>Psychological testing/assessment and use of clinical measures (administration, interpretation, report writing, additional assessment supervision)</td>
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**43 total work hours for week**

Our interns are expected to generate 2000 training hours by the end of the training year.

Per a recent intern survey, a typical day includes seeing patients about 3-4 hours, completing paperwork and/or testing, therapeutic case management calls, and individual and/or group supervision.

In order to best prioritize and preserve our interns’ self-care, we request that accepted interns agree not to work in employment positions which involve behavioral health and psychotherapeutic activities outside of Advocate Family Care Network during the training year.

**ADDITIONAL INFORMATION**

**Facilities:**
As part of the training experiences, the intern will be located primarily in two offices (Oak Lawn and Bolingbrook). Both of these cities are southwest suburbs of Chicago. The intern should be aware of the need to travel to these two office locations each week; however, they follow a consistent schedule and are only in one office per day. Many of our interns live in the city of Chicago and commute to our suburban offices. However, some interns also elect to live in the suburbs. In both the Oak Lawn and Bolingbrook locations, the intern will have their own furnished office. Both locations also have stocked play therapy rooms, expressive art materials, numerous bibliotherapy materials, and a vast library of books and/or manualized treatments. Stewards of Children workshops are offered at various community locations across Chicagoland, and interns are required to travel to these presentation locations, as assigned. Interns will receive administrative assistance and support during their internship, which includes billing assistance and support, office supplies, and an office computer is provided for their work duties.

**About Chicagoland:**
The city of Chicago is home to world-class museums, Michelin-star restaurants, cultural events, an acclaimed arts and theater scene, shopping districts, and a beautiful lakefront with miles of bike paths and opportunities for sport and recreation. The diverse neighborhoods provide ample
opportunity for interns to find a great fit to match their interests and hobbies and feel "at home." To learn more about Chicago please visit: https://www.choosechicago.com/

Oak Lawn, IL is considered southwest suburb of Chicago and was incorporated as a village in 1909. It experienced a big boom in population following World War II as veterans returned home and chose Oak Lawn as their residence. Today, Oak Lawn has an expansive park system and is known for its community and level 1 trauma hospital system ( Advocate Christ Medical Center) Notable people with connections to Oak Lawn include, Dwayne Wade, Kanye West, and Pat Sajak. Beginning in 2002, Oak Lawn began a major redevelopment plan for the downtown area. Oak Lawn has a Metra commuter train station for easy access to downtown Chicago.

Bolingbrook, IL is considered a southwest suburb of Chicago and is a relatively new suburb, only incorporated in 1965. Amazon is the top employer in this area. Top recreation in this area include golfing, both within Bolingbrook and near such, as the Cog Hill golf course in nearby Lemont, which hosted the PGA Tour Championships for a stretch of time. Bolingbrook is also home to the Illinois Aviation Museum. Notable people with connections to Bolingbrook include numerous professional athletes such as JJ Furmaniak (baseball), Ronnie Bull (football) and Mustafa Ali (wrestling).

APPLICATION and SELECTION PROCEDURES
Applicants must be currently enrolled in an APA-accredited clinical or counseling psychology doctoral program. Applicants must have completed at least two full practicum experiences that included therapy and psychological testing experiences. Applicants must have a Master’s degree and have successfully completed all doctoral coursework in clinical or counseling psychology from an APA-accredited doctoral graduate school by the beginning of internship. Applicants will only be considered for this position if they submit the fully completed APPIC Application for Psychology Internship through the APPI Online.

We encourage and welcome individuals of all cultures, ethnicities, diversities, races, and backgrounds to apply to our program.

Applicants that are a good fit for our site are applicants who are interested in learning about treating children, adolescents, and families impacted by trauma. Many of our interns have not necessarily had experience in foster care, but have been exposed to trauma populations. We encourage those who have an interest and a passion for learning about this population to apply. Additionally, applicants who are friendly, interested in serving the underserved, work well with others, hardworking, eager to learn, and organized are good fits for our site.

Applications must be fully completed and submitted no later than Friday November 15, 2019. This is a firm deadline and applications will be considered late if they are received after this date. Our application is the fully completed APPIC Application for Psychology Internship that is submitted through the APPI Online. Please visit the APPIC Web site: http://www.appic.org

Through the APPI Online applicants should include:

a. A Curriculum Vitae
b. Copies of all graduate school transcripts.

c. Three letters of recommendation from persons who are familiar with the applicant’s professional clinical work.

If applicants have specific questions or issues related to their application or the APPI Online process, they may contact Dr. Jenna Berberich at jenna.berberich@advocatehealth.com or call her voicemail at 708-684-1899 ext. 425182.

Intern applications are reviewed by our internship faculty and selected applicants will be invited for a first interview. During this first interview, applicants will meet with one person from the internship faculty and have ample availability to the current interns. We encourage interviewees to arrive early so that they can ask questions and interact with our current interns. After the first interviews, selected applicants from the first interviews will be invited for a second interview so that applicants can get an opportunity to spend time with Dr. Berberich and Dr. Houdek together, the individual supervisors. For the convenience of the out-of-town applicants who qualify for a second interview, we offer a second interview later on the same interview day. For local applicants who qualify for a second interview, first and second interviews occur on separate days. As part of our affirmative action policy, Advocate Family Care Network is prohibited from discrimination against or harassment of any person seeking employment Advocate Health Care (at our internship training program). Please be aware that during the onsite interviewing process with applicants, any information that is shared by applicants with interviewing staff or current interns may be used as part of the interviewing process.

Full admission to our internship training program is based upon the successful completion and results of all Advocate Health Care and Advocate Family Care Network application process and pre-employment requirements before training occurs, including the pre-employment screening procedures, pre-employment drug test screening, medical exam, and background checks.

Eligibility requirements for the clinical psychology doctoral internship position:

1. Drug Screening: We conduct a 10 panel urine drug screening that targets drugs of abuse. This screening occurs with matched interns in the spring, as part of the Advocate Health Care onboarding process. Passing: No evidence of drugs of abuse in the screening.

2. Physical Examination: A full health physical examination is required during the spring onboarding process for all matched interns, with a focus on making sure the individual meets the minimum qualifications of the job. The intern applicant will receive or show evidence of having an MMR, Varicella, Hepatitis B immunizations. In addition, an annual TB test is required of associates working with patients. Passing: Able to meet the minimal physical ability qualifications of the internship position.

3. Background Check: For matched interns and during the spring onboarding process, we conduct fingerprinting background checks that includes the following for internship positions: National and State criminal background checks that includes felony and misdemeanor convictions, a Social Security Number check, Health Care Worker Registry check, and a multi-jurisdictional check, including Office of Inspector General and Homeland Security. Passing: No criminal background issues, having an active and viable SSN and pass the multi-jurisdictional checks.
The Doctoral Internship in Clinical Psychology of Advocate Family Care Network is an APA training program fully accredited by the Office of Program Consultation and Accreditation, American Psychological Association (APA).

Questions related to the program’s accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation, American Psychological Association (APA)
750 First Street, NE
Washington, DC 20002-4242
Phone 1-202-336-5979; email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

The Doctoral Internship in Clinical Psychology of Advocate Family Care Network is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by their guidelines regarding the notification day procedures.

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

Internship Admissions, Support, and Initial Placement Data

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours No Amount: N/A
Total Direct Contact Assessment Hours No Amount: N/A

Describe any other required minimum criteria used to screen applicants:
We screen applicants to see if they have interests in assessment and treatment of child and adolescents, specifically in abuse, neglect, and trauma, foster-care populations, sexual behavior problems, family systems work, and cultural and diversity interests.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns $27,040
Annual Stipend/Salary for Half-time Interns N/A

Program provides access to medical insurance for intern? Yes
If access to medical insurance is provided
Trainee contribution to cost required? Yes
Coverage of family member(s) available? Yes
Coverage of legally married partner available? Yes
Coverage of domestic partner available? Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 27 days (8 hours per day)
Hours of Annual Paid Sick Leave Included in above PTO
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes
Other Benefits (please describe) Dental and vision benefits are provided at an extra cost and 401K program is available with match.

**Initial Post-Internship Positions**
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

Interns That Completed Internship in the Years: 07/2016 - 07/2018

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<tr>
<th></th>
<th>Post-Doc Residency</th>
<th>Employed Position</th>
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<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<td>0</td>
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<td>Veterans Affairs medical center</td>
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<td>Other medical center or hospital</td>
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<td>Psychiatric hospital</td>
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<td>Academic university/department</td>
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<tr>
<td>Correctional facility</td>
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<tr>
<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
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<td>Changed to another field</td>
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<tr>
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