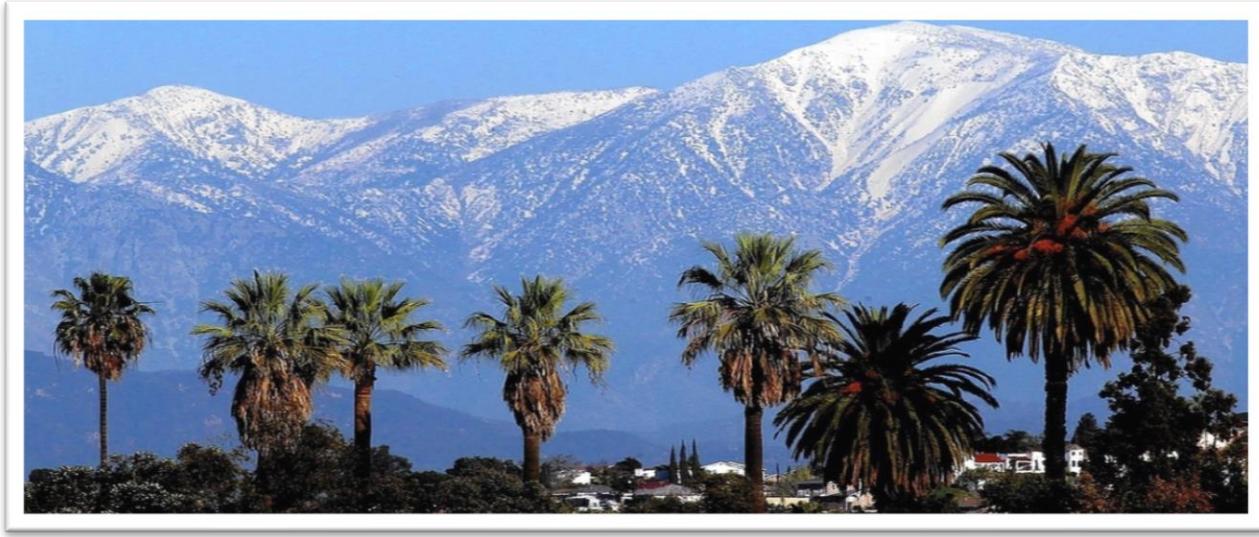


PACIFIC CLINICS
PSYCHOLOGY INTERN PROGRAM
2020-2021



Introduction

Welcome! Pacific Clinics has offered psychology intern training for over 50 years and has a strong commitment to training. The intern program has been APA-accredited since February of 1988. In August 2017, we received APA accreditation for an additional 10 years. We are accredited until 2027. For the 2020-2021 internship year a total of (9) nine full-time intern slots have been funded for the training year.

The clinical psychology intern training program has a community service emphasis; consistent with the core values of community mental health and geared to the challenges typically confronted by psychologists in these types of settings.

The interns:

- Match to one of 4 tracks: 1) Adult Outpatient, 2) Child/Adolescent/Family, 3) 0-5 Child Outpatient, and 4) Asian Pacific Family Center (Children, Adolescents, Families and Adults).
- Have a primary placement 4 days per week within their track as well as a one-day per week at a secondary placement to broaden the interns clinical experience.
- Receive supervised practical experience in intakes, psychological assessment, diagnosis and treatment planning, case management, and psychotherapy with a wide range of individuals of varying ages and mental health disorders.
- Are exposed to issues and skill development in community/clinical psychology such as community consultations, systems concerns, program development, consultation, and indirect psychological services.

- Have multiple training opportunities in psychological assessment, family therapy, treatment of severely disturbed adults, children exposed to trauma, treatment of older adults and the homeless, and wellness programs.
- Are given significant responsibility in their clinical work, which is accompanied by considerable support and supervision to maximize their learning.

THE AGENCY

A private, non-profit 501(c)(3) corporation, Pacific Clinics has been providing behavioral healthcare services since 1926. With community-based programs for children and adolescents, transitional-age youth, adults, older adults and the homeless, Pacific Clinics now has more than 100 service locations in Los Angeles, Orange, Riverside, San Bernardino and Ventura counties, including many off-site locations in schools and communities. Psychology interns are placed within service locations only in Los Angeles County. The agency incorporates family-friendly, strengths-based models into its programs and services.

Services target a range of mental health concerns, including prevention and early intervention. Many programs are designed to engage persons with chronic and persistent mental illness, by utilizing state-of-the-art services that promote recovery and wellness helping consumers to make a difference in their own lives. Pacific Clinics' Core Values affirm that we exist as an organization to assure that individuals and families reach the highest level of functioning and the best quality of life possible for them, that the consumer is our first priority, that family and friends are essential to the recovery process, that clients and family members should play an important part in determining treatment, that cultural competence is essential and that staff is our most valuable asset.

INTERNSHIP MISSION AND TRAINING MODEL

The mission of the psychology internship program at Pacific Clinics is to provide experiential training from a broad, generalist perspective with the goal of developing interns' basic competency to provide mental health services in community-based settings.

We believe that an internship in clinical psychology is an important step in the development of competent psychologists who will soon be able to function as Health Service Psychologists in a variety of settings. Our intention is to help the intern transition from graduate student to independent professional practice over the course of the internship experience. As a community mental health center, we want interns to understand the special skills required in community public practice, especially with underserved and multicultural populations.

The internship employs a model of evidence-based psychotherapy practice, that includes elements of disciplined inquiry and the local clinical scientist models. Over the internship year, the intern will solidify their theoretical formulations and learn to examine the applicability of empirically supported treatments to the local multicultural target populations served by the agency. Interns are challenged and trained in critical thinking and observation skills. They learn to focus their interventions, while examining the assumptions and limitations of those interventions with our diverse consumers so they can articulate a range of practices, including empirically supported therapy relationships that might address the problems they encounter.

Accordingly, interns need to develop a range of skills, attitudes, ethics, values, sensitivities, and compassion that will make them useful and protective of the people they serve in our community. The intern experience is designed to teach, model, provide experience, and verify professional psychology competencies.

Internship Training Goals

The overriding goal of the psychology internship program at Pacific Clinics is to prepare interns for professional practice as entry-level psychologists. To this end, the internship program endeavors to promote awareness and skill development within the nine primary areas of profession wide competencies, which incorporate our mission, model of training, as well as the skills required of community practitioners. The nine areas are: **(1) Research (2) Ethical and Legal Standards (3) Individual and Cultural Diversity (4) Professional Values, Attitudes, and Behaviors (5) Communication and Interpersonal Skills (6) Assessment (7) Intervention (8) Supervision (9) Consultation and Interprofessional/Interdisciplinary Skills**. In addition to the nine profession wide competencies Pacific Clinics requires an additional competency of **Understanding Community Based Services**. These ten (10) competency areas were selected as necessary for preparing interns to become independently licensed as psychologists who can work effectively within community mental health settings. The goal is for each intern to demonstrate an intermediate-to-advanced level of professional expertise in each of the competency areas by the end of their training year.

The Intern Program Structure

The internship at Pacific Clinics is full-time, 37.5 hours per week yearlong internship. The internship begins September 1, 2020 and continues for one year (52 weeks). The final day of the internship is August 31, 2021. Hours worked will be paid at no less than the applicable minimum wage. Interns will be provided employer-paid dental insurance and will be offered employee-contributed health benefits. Interns are also eligible to contribute to Pacific Clinics' 403(b) retirement plan through payroll deduction; there is no employer match. Interns accrue vacation and sick leave hours. All interns are subject to the laws of the State of California, APA Ethical Standards, and the Standards set forth in Pacific Clinics' Employee Handbook

Interns are expected to contribute sixteen hours of direct service weekly, and the rest of their work week is spent in supervision, workshops, seminars, case conferences, case management, study, and charting. Formal training generally occurs on Wednesday mornings, and all interns are required to attend agency specific trainings (i.e., documentation, electronic health records, etc.), EBP trainings, and pre-licensure trainings (i.e., Child Abuse, Human Sexuality). Interns are also able to attend additional trainings offered by our Pacific Clinics Training Institute for free with clearance from their primary supervisor. The PC Institute provide multiple APA approved trainings and is a training facility utilized by many professionals within the agency as well as other local mental health professionals. Interns are also expected to attend their program's staff meeting and any other additional meetings required by their supervisors such as dispo meetings. All interns generally are required to work one or two evenings per week, particularly for the child and family rotations. Apart from this, schedules for interns are set in cooperation with their primary supervisors. Please note that interns are generally not allowed leave time during the first month of the internship (due to mandatory orientation training) or the last month of the internship. Interns are expected to be onsite five days a week.

Each intern has a primary placement within their track and a secondary placement that can be in the same track as the primary placement or different. For example, an intern in the Child and Family track could have their secondary in another Child and Family site or if the intern would like to broaden their experience could have a secondary in a different track such as the Adult track of the Consultation and Research track. The intern's office, primary supervisor, and ten (10) to thirteen (13) hours of direct service will be at the primary placement site. The secondary placement is designed to broaden experience with another clinical population, other supervisors, and/or another clinic. Some secondary placements may be based at the same location as the primary placement but involve exposure to and working with a different clinical population. The intern will have four (4) to six (6) hours of direct service and community work attached to the secondary placement. Interns are expected to dedicate a minimum of 16 hours per week in clinical services between their primary and secondary placements. The intern is also expected to do a minimum of three full battery psychological assessments during the internship year. Each intern will complete the three (3) assessment batteries during a five-month rotation. In addition to full batteries interns are also expected to utilize ongoing assessment measures with consumers if appropriate. These are referred to as partial assessments and a minimum of four (4) partial assessments are required. The intern testing experience will occur mainly within their primary placement, but interns are expected to conduct testing services across the various populations Pacific Clinics serves.

Supervision

Interns receive at least four hours of supervision per week. Each intern has a minimum of two individual supervisors and meets with each of them for at least one hour per week. The intern's primary supervisor is a licensed psychologist on the staff of the intern's primary placement. Secondary or tertiary supervisors can be from other disciplines to take advantage of our multi-disciplinary setting. The primary supervisor assumes full responsibility for the intern's schedule, program, professional development, and evaluation. All interns have group supervision with the training director throughout the year. This supervision focuses heavily on case conceptualization, developing critical thinking skills, and other topics including professional development, self care, licensure, etc. Interns also participate in a weekly Supervision of Supervision group supervision. Assessment supervision and training are available for personality, intellectual, social/emotional, educational and projective testing.

Clinical supervisors work with interns to facilitate professional development in clarifying their own theoretical orientations. Primary supervisors directly observe some portions of their interns' clinical work through videotape, live supervision, and/or co-therapy. Throughout the year interns are expected to grow in their awareness of their impact upon supervisors, supervisees, administration, other clinical staff, clerical staff, and peers. The development of this process is an integral part of the supervision relationship. The didactic training seminars also include attention to transference and countertransference issues. Personal psychotherapy may be recommended for interns if their lack of awareness interferes with the therapeutic process or staff/peer relationships.

The internship program contains elements of both receiving and providing supervision and consultation. Interns participate in a structured program of "Supervision of Supervision." This allows the intern to provide clinical consultation to a practicum student in a structured, supervised setting. Through this training, interns engage in a worldview genogram exercise, led by Dr. Charles Chege. The Worldview Genogram is a three-generational family of origin depiction of individual and cultural diversity constructs that impact a person's identity formation. In the context of supervision, the exercise helps interns increase their awareness of how their worldview impacts

who they are as a clinician, supervisee and supervisor. It is a strength's based, non-pathologizing conceptualization of supervisor and supervisee values and worldview. It does require that interns be aware or be open to learning about family of origin values information.

Training Seminars and Workshops

The intern training at Pacific Clinics includes weekly seminars, workshops, and conferences throughout the year, consisting of a wide variety of programs. There are programs available on most of the expected professional competencies. Supervision and training is available for personality, intellectual, social/emotional, neuropsychological, educational and projective testing. Interns also have the option of attending pre-licensure required trainings provided by Pacific Clinics Training Institute at no cost.

Seminars include topics such as cultural issues, ethics, law, treatment of major mental illnesses, family therapy, substance abuse and dual diagnosis treatment, community consultation, program development, child therapy, group therapy, professional issues, transference/counter-transference/reactivity, community services and resources, child abuse reporting/treatment, character disorders, administrative issues, etc. Each clinical program also has seminars specific to its population as well as case conferences, allowing interns to review cases. The yearlong integrative seminar with the training director focuses on professional issues, including special attention to psychological assessment, case presentations, and ethical issues. The Diversity Journal Club for interns generally meets once a month and provides opportunity for discussion and exploration of various diversity topics.

Evaluations

Formal intern evaluation occurs two times during the training year, in February and again in August. The intern is formally evaluated by the internship competency evaluation form that is based on the statement of our goals and the competencies listed earlier. The final program evaluation is forwarded to the intern's graduate program. These evaluation forms are completed by the primary supervisor after consulting the other supervisors and staff who have worked with the intern. Interns are also asked to complete a self-assessment four times per year and to discuss their assessment with their supervisor. Applicants are able to view our intern manual during the interview process, which contains our due process procedures, evaluation, and other intern-related forms.

Intern Program Resources:

Each intern is supplied with their own work station, desktop computer, email address, and on-line access to the computerized scoring programs. Each intern is given a testing kit, which includes a Rorschach, TAT, Stop watch, MACI, MCMI-III, MMPI-2 and may include a Roberts 2 and WAIS-IV or WISC-V. The program has numerous other testing instruments that are available for check out through the program's administrative assistant who is housed at 2550 E. Foothill Blvd, in Pasadena, CA. There are several sites with one way mirror rooms for live observation and supervision. Interns may be required to drive to several different Pacific Clinics locations within any given day, and must have a personal vehicle for transportation. As a result interns must pass a driver's clearance completed by Pacific Clinics transportation department.

Shared Intern Experiences

We are fortunate as a program to have each year a relatively large cohort of psychology interns. One of our emphases/goals as a program is the development of strong, supportive collegial relationships. Our 2013-2014 cohort requested that we add as section to the brochure that

highlights the experiences that they share as a group. Each cohort “bequeaths” something to subsequent cohorts and this represents part of their legacy.

- Two hours of group supervision each week
- Participation in the Diversity Journal Club that meets monthly. Each intern brings to the group some aspect of the culturally responsive current literature to discuss with the rest of the cohort
- Supervision of Supervision training with Dr. Charles Chege
- Supervision of a psychology practicum student
- World-View Genogram exercise as a cohort and with practicum supervisees
- Applied Science project which includes didactic training and presentation of results in a research colloquium. Interns have presented at state and national conferences on their projects.
- Formal Clinical Case presentation
- Spanish speaking group supervision
- Opportunities to present to community groups
- Testing didactics and broad range of testing referrals/supervision available.
- Cohort Potlucks! Most are themed: Favorite holiday foods, comfort foods, picnic foods, healthy foods, etc.
- Dim Sum celebration of the Lunar New Year
- Professional development, including help with the postdoctoral search process
- Internship graduation
- Local conferences

Tracks and Placements

The intern is matched through the APPIC application process to a specific track. There are currently **4 Tracks: 1) Adult Outpatient, 2) Child/Adolescent/Family, 3) 0-5 Child Outpatient, and 4) Asian Pacific Family Center (Children, Adolescents, Families and Adults).**

Many of Pacific Clinic’s sites are multigenerational and interns will have the opportunity to work with clients of various ages. Interns generally choose, however, to focus their training to work primarily with adults or with children/adolescents/families. Interns desiring to work at the Asian Pacific Family Center (APFC) and who meet the language requirements are matched specifically with APFC. At APFC, interns typically see clients throughout the life span.

It is suggested that the prospective intern give rationale for their track preferences within their cover letter. Please note that interviews are scheduled with applicants for specific tracks. Applicants are generally only interviewed for one track, due to the large number of applications the Pacific Clinics Program receives. Secondary placements are awarded once the primary emphasis selection via the National Matching System has been concluded. Any change from the intern’s requested track or placements are discussed during the interview process.

Tracks	APPIC Program Code:
Asian Pacific Family Center (Children, Adolescents, Families and Adults)	114815
0-5 Child Outpatient	114817
Adult Outpatient	114818
Children/Adolescents/Family Outpatient	114819

Track Placement Information:

Please note that while the program has four tracks available to prospective interns, one of our tracks has multiple placement opportunities. Within the child/adolescent/family track there are two placement opportunities as follows below. The other tracks have only have one placement option. Primary placement opportunities are dependent upon having a psychologist or psychology supervisor on staff. A brief description of each of these is given, **and it is strongly recommended that the prospective intern also give rationale of their placement interest as well as track interest within their cover letter.** Primary and Secondary placements are awarded once the primary track selection via the National Matching System has been concluded. All primary and secondary placements for the 2018-2019 training year are in Los Angeles County. Any change from the intern’s requested emphases or placements are discussed during the interview process.

Child/Adolescent/Family Track Placements

Monrovia Outpatient
 Monrovia Intensive Treatment Programs

Primary Adult Track Placements

Pacific Clinics – El Camino

Primary 0-5 Child Outpatient Track

Birth to Five Program

Secondary Placement options

El Camino (Older Adults)
 El Camino (Adult FSP)
 Monrovia Intensive Programs
 Monrovia Outpatient Programs
 Monrovia School Based Programs
 Pacific Clinics – El Camino
 Passageways

Asian Pacific Family Center Track

Asian Pacific Family Center

Placements are assigned based on the intern’s emphasis match, interest, as well as needs and availability within the agency and are determined prior to the start of the internship. **Please note, that as a large agency we have many different placement opportunities available and an incoming intern might be placed in a program within a track that is not currently listed in our brochure, but that would meet their training needs.** Secondary placements are determined once the primary placements have been finalized.

Child/Adolescents/Family Outpatient Track:

The Child/Adolescents/Family Outpatient Track matches each year with 4 interns. Two interns are placed at the Monrovia Outpatient Clinic in Monrovia, California. Two interns are placed at the Monrovia Children’s Intensive Program, located at the same facility in Monrovia. Again, the

program requests that prospective interns give rationale of their placement interest(s) within their cover letter. The program takes into account the intern preference for a specific placement within the child track, but asks that matched interns be open to any of the two placement options.

Monrovia Outpatient: (2 Child/Family Track Interns)

Located four miles east of Pasadena, this program is unique in its ability to offer services to both adults and children. This site provides interns with a broad and diverse training experience that encompasses outpatient and community consultation services for seriously disturbed adults and children. Interns that are placed at Monrovia for their primary track will work mostly with children and families but will also have the opportunity of working with adults at the site.

The main function of the children's program is provision of comprehensive outpatient services including family therapy, play therapy, group therapy, medication, case management, and psychological testing. The intensity and modality of treatment is based on the needs of each case with most cases receiving interventions at the intrapsychic, family system, and larger environmental levels. Additionally, school based treatment services are also offered. The program emphasizes family therapy to address family systems issues as well as skill building classes to increase healthy parental empowerment. Work with some Transitional Age Youth helps late adolescent/young adults bridge the world to adulthood. Consultation with teachers, foster parents, children's service workers or others significant to the child's treatment targets problems in the larger environment.

Monrovia Outpatient provides services to adults with a variety of diagnoses including schizophrenia, mood disorders, anxiety disorders, and personality disorders. Accurate assessment is emphasized in order to assign consumers to specific treatment modalities. These treatment modalities include psychosocial rehabilitation programs for individuals with schizophrenia; cognitive, behavioral, and dynamic treatment for depressive disorders; and dynamic therapy for character pathology. Psychosocial treatment for persons with schizophrenia utilizes a Clubhouse model through the wellness center/program and offers various educational, support, and recovery oriented groups for consumers and their families as indicated by their treatment goals.

Interns are exposed to a wide-range of pathology from our socio-economically diverse and multi-cultural catchment area. The intern will experience various treatment modalities that could include traditional individual psychotherapy, family therapy; social skills training, some community consultation, group psychotherapy, and psychosocial rehabilitation such as helping individuals recovering from schizophrenia find work. The training needs and interests of the intern are considered in case assignments. The goal is to provide a broad experience which, combined with a rich mixture of supervision, case conferences, and multidisciplinary team treatment, provides an excellent atmosphere for skill development and professional growth. This site is available as a primary and secondary placement opportunity. Typically 2-3 interns have their secondary placement at this program).

Monrovia Intensive Program (2 Child/Family Track Interns)

The Monrovia Intensive Program works with children between the ages of 5-18 and, for any given client, may include milieu groups, medication, individual therapy/skill building, family therapy/skill building, home visits, or school visits. The particular services that clients receive are based on the case conceptualization which is driven by a measurement feedback system called Transformational Collaborative Outcomes Management.

While most programs offer an array of services, the unique aspect of this program is the milieu groups that run three hours per day. A child may attend 4, 3, 2, or 1 day per week depending on the level of intensity. This treatment modality provides opportunities for children to practice the skills that are taught and to receive immediate peer feedback. We have two groups each day. The first focuses on social skills, anger control, moral reasoning, self-control, emotional understanding, self-esteem, relationships, and problem solving. The second provides an opportunity to generalize the skills learned that day, for example if the group focused on triggers for anger the children might play a soccer game to practice using the skill in a setting that more closely matches their experiences in school or in their neighborhood. These groups allow explicit practice on interpersonal skills with peers.

The phases of treatment at the Monrovia Intensive Program are stabilize, teach, then generalize the treatment gains. We provide individualized services in the clinic and in the home, school, and community. There are numerous opportunities for services for this group of children that include peer group therapy, multi-family group therapy, individual and family therapy, as well as case management services. This site is available as a primary and secondary placement opportunity. Typically 1 – 2 interns have Monrovia Intensive as their primary placement and 1 – 2 as a secondary placement.

Adult Outpatient Track:

The Adult Outpatient Track matches each year with two interns that are placed at the Pacific Clinics-El Camino Adult Outpatient Center located in Santa Fe Springs, California.

Pacific Clinics-El Camino: (2 Adult Track Interns)

Pacific Clinics El Camino, located in Santa Fe Springs, provides services to adults who have severe and chronic mental illness and personality disorders, with or without substance-abuse problems. Diagnoses include schizophrenia, bipolar disorder, severe and recurrent major depression and dually diagnosed consumers. Higher functioning consumers can be seen briefly and occasionally longer-term.

The clinic's services are truly comprehensive. The clinic provides outpatient, socialization, case management, outreach, and crisis evaluation services. These traditional treatments have been updated to meet today's service delivery needs. Examples include: Skill development groups, dual diagnosis program where consumers who are dually diagnosed can attend groups that integrate mental health and substance abuse services, vocational rehabilitation program where consumers can receive individualized services to build job skills and find employment; housing program services that include outreach, linkage and support to help homeless consumers obtain and maintain permanent housing.

The El Camino campus covers a wide range of the continuum of community mental health services. Besides the adult outpatient program, a Full Service Partnership and Field Capable Clinical Services target the most at-risk consumers who are chronically homeless, incarcerated and/or hospitalized to address not only the consumer's mental health illness but a broad spectrum of needs that prevent reintegration into the community, with services tailored to the diverse needs of all age groups and cultural groups. Field Capable Clinical Services targets the higher utilizers of treatment in the outpatient setting to bring the clinic into the community where consumers live. Outpatient services for children, adolescents, transitional age youth and families are offered at the adjacent Latina Youth Program, providing an opportunity for the entire family to receive services

at one location if needed. Recently, a Wellness program and Client Run Center have been added to empower and address the unique needs of consumers recovering from mental illness.

The intern is involved in individual and group psychotherapy. Typical groups target consumers who are depressed, have a bipolar diagnosis, or have a schizophrenic diagnosis. There are also dual diagnosis groups. Interns are invited to start groups in which they have a particular interest.

The multidisciplinary nature of the clinic leads the intern to learn the differences between the various professions and how to work with those other professions. The intern is an integral part of the interdisciplinary team and comes to have actual decision-making power. By the end of the year, the intern typically feels competent to advise and consult with medical and other personnel in making difficult decisions.

Interns assess and provide services to a wide range of individuals with a variety of difficulties, from acute psychotic episodes to intoxication to adjustment disorders. The intern not only learns to diagnose, often quickly, but also learns how to decide what to do with these consumers, the options ranging from providing no further services to hospitalization. In summary, the intern leaves feeling confident in his or her ability to diagnose a wide range of problems and in his or her ability to respond in a practical way to a very broad range of problems.

Pacific Clinics El Camino is situated in a multiethnic community serving many Latino consumers who are monolingual Spanish-speaking. The staff complements the diversity of both ethnicity and language. This site is available as a primary and secondary placement. Typically one intern has their secondary placement at this site.

Asian Pacific Family Center Track:

Two interns are matched to the Asian Pacific Family Center Track. The main site of the **Asian Pacific Family Center (APFC)** is located in Rosemead, California. It is a specialized program serving the ever growing Asian/Pacific ethnic population in the San Gabriel Valley. The Center was established in 1986 after several years of community consultation and evaluation of the needs for Asian services, planning and program development. Its staff is multicultural, multilingual, and multidisciplinary. The overall goals of the Center are: to provide a full continuum of multicultural and multilingual outpatient mental health services, including prevention and early intervention services, to the low income monolingual non-English speaking Asian/Pacific residents in the San Gabriel Valley area, and to develop appropriate community resources to meet the multiple psychosocial needs of this population.

APFC-Multicultural Family Center located in City of Industry, CA, primarily serves the Asian and Latino communities in the Rowland Height, Walnut, Hacienda/La Puente, Diamond Bar, and Pomona areas. The former APFC-E is well known for its prevention program that serves the Asian community (specifically for the Chinese and Korean population) for two decades. Under the leadership of Dr. Maribel Contreras, APFC-E transformed to APFC-Multicultural Family Center in response to the high demand from the local Latino community. Parenting classes and workshops are provided in Spanish, Korean, and Chinese. Treatment team provides counseling services to local students and their families. With the close collaboration with the local communities, school districts, DCFS, and probation program, APFC-Multicultural Family

Center is the first choice of referral because of its long term commitment and dedication to the community.

Besides traditional treatment modalities (such as individual, group, and family therapy, psychotropic medication regimen, and psychosocial case management), APFC offers diverse community-based programs specifically geared toward the Asian and Pacific Islander populations served. Programs include substance abuse prevention with high-risk Asian youth, child abuse treatment and prevention, parenting education and family management groups, socialization/skill development groups, and school/law enforcement/community consultation and outreach services. The Center has a particularly strong collaborative working relationship with community agencies such as police, probation, schools, hospitals, and the Department of Children and Family Services in order to develop and provide services appropriate and sensitive to the needs of our target populations.

The interns who are matched to the APFC track will have a unique opportunity to learn and develop sensitive and culturally appropriate therapeutic approaches. Asian-Americans have historically been reluctant to seek mental health services due to a variety of cultural and language barriers. Creative applications of traditional psychological concepts and intervention strategies are therefore needed and encouraged. In this regard, the training experience at the Asian Pacific Family Center will provide relevant and important skills in the intern's professional development. The site is available as either a primarily adult placement or a primarily child placement, but interns must be willing to work with clients from across the lifespan. **To secure an internship at the APFC Center, proficiency in one of the Asian languages (especially Chinese, Vietnamese, Japanese, Korean, or Khmer) is required. Chinese dialects include Cantonese, Mandarin, Chiu Chow, Taiwanese and Toishan. For the APFC-Multicultural Family Center in addition to the aforementioned languages Spanish speaking applicants are encouraged to apply.**

Primary Zero to Five Child Outpatient Track:

The Primary Zero to Five Track takes **one intern** who is placed within the **Birth to Five Program**. Birth to Five Program is a specialized clinical team located in Pasadena focused on providing therapy services and family assessments to children, adolescents, and their families. Special focal populations of the Birth to Five Program's therapy services are children (especially Head Start students) from birth to five years old and their caregivers and school based services. The Birth to Five Program also has a focus on implementing and disseminating evidence-based practices such as Parent-Child Interaction Therapy (PCIT), Promoting Alternative Thinking Strategies (PATHS), and Child Parent Psychotherapy (CPP). **Spanish and Armenian speaking applicants are strongly preferred within this track.**

The intern who matches with the Zero to Five Track will receive specific training and supervision, and gain supervised experience in service delivery to children 5 years old and younger and their families. The majority of their client caseload will be children 5 years old and younger. The intern will work with Head Start students and their families and regularly collaborate with Head Start staff from various disciplines (e.g., classroom teachers, site directors, case managers, mental health liaison). The intern will be exposed to Parent-Child Interaction Therapy (PCIT) and the Promoting Alternative Thinking Strategies (PATHS) social skills curriculum. The Birth to Five Program tailors mental health services to children and families based on each family's specific strengths, history, and presenting issues. Consequently, while the majority of the program's mental health services are conducted in family sessions, the treatment methods for a specific case could be

primarily behavioral, cognitive-behavioral, systems based, attachment based, or trauma focused. In addition to family therapy sessions, some time is spent providing behavioral support to individual clients in Head Start classrooms.

Secondary Placement Program Descriptions: (1 day/week)

Consultation/Applied Research (Max 2 secondary interns)

The Consultation/Applied Research secondary placement provides interns with the experience of collaborating on applied research, program evaluation, and consultation within a community mental health setting. As part of our model, we emphasize the importance of conducting values driven research and consultation that directly supports the aims of (1) improving consumer wellbeing (2) improve consumer and staff satisfaction (3) and improve cost effectiveness. This secondary placement is an opportunity to advance in skills related to research and professional development competencies in the field of Health Service Psychology. The goal of this placement is to develop your skills in consultation, research, and related areas. Through this placement option you will have the opportunity to work with the Performance Outcome Manager for Pacific Clinics. You will attend meetings with stockholders in the agency including programs directors, executive management, all agency management, and consumers to name a few. You will learn the organizational aspects of community mental health and apply this information to program evaluation and enhancement within the agency. The projects will vary depending on the need of the agency, talents of the intern, and interest of the intern. This placement will provide you with a unique opportunity to work with various forms of data (clinical-level and organizational-level) that can be used to positively impact consumers (and their families), staff, programs, the agency, and the community-at-large. In addition to attending meetings to gather information and greater understanding of the needs of a community mental health agency, the intern will also collaboratively present findings throughout the agency and to necessary stakeholders.

Passageways (Max 2 secondary interns)

Passageways is a multi-service center designed to meet the needs of homeless people in an efficient and cost effective manner. Pacific Clinics acts as the fiscal and managerial agent for the project and provides a significant staff complement focusing on mental health services. Three other community partners operating as subcontractors (Union Station Foundation, Public Health Department, and AIDS Service Center) seat staff at Passageways expanding our service offering to include housing referrals, substance abuse treatment referrals, physical health referrals, and HIV awareness and assistance. The U.S. Department of Housing and Urban Development supports the majority of Passageways' 1.2 million-dollar budget. The remainder of the budget is met through DMH contract, Medi-Cal reimbursement and other grant oriented funders. A highly visible service in Pasadena, Passageways has a strong working relationship with key community elements such as the Police Department and downtown business owners.

Specific services at Passageways include: intake to shelter or transitional housing, limited Section 8 and Shelter Plus Care assistance, case management, public health nursing, detox placement, psychiatric and psychological services, HIV and TB testing, linkage to veterans programs, support groups, and street outreach. This site is only available as a secondary placement.

El Camino – Older Adult Services (Max 1 secondary intern). There are two programs at the Pacific Clinics El Camino campus in Santa Fe Springs serving persons who are 60 years and older that have serious mental health conditions. The two programs are a) the Full Service Partnership

(FSP) and b) Field Capable Clinical Services (FCCS). Both programs are funded by the Mental Health Services Act of California. Both programs offer individual or group psychotherapy, psychiatric services, benefit assistance, and housing resources for seniors.

The FSP program is designed to help older adults address their emotional and physical health, living situation, social relationships and other issues impacting their lives. The services provided go beyond the scope of traditional outpatient services. The philosophy inherent to the program is to provide “whatever it takes” to enable older adults to live life to the fullest. Most of the services provided to the FSP older adults program are field-based.

The FCCS program serves those seniors who require less intensive services than the FSP but who might not otherwise be able to access mental health services due to various barriers preventing them from coming to our clinic. Persons enrolled in this program are provided services in the clinic as well as in the community. These programs are only available as a secondary placement.

El Camino – Full Service Partnership (Max 1 secondary intern)

FSP is a field-based program, located within the El Camino Campus site. This site houses three programs, including Older Adult Full Service Partnership, Adult Full Service Partnership and Field Capable Clinical Services (FCCS) for Older Adults. The program site is designed to provide individual therapy, case management services, and medications in a supportive team environment. Office space is designed to facilitate teams working together, and keeping in mind that team members spend a majority of their time working in the field in order to “meet the consumers where they are at.”

Through funding through the Mental Health Services Act, FSP is a program that works from a Recovery Based Model. Multi-Disciplinary Teams work in partnership with consumers towards mutually established treatment goals. The program is designed to work with consumers who have multiple barriers, and for whom traditional mental health services have not been enough to assist them on the path towards “wellness”. Consumers have barriers such as chemical dependency, homeless, multiple hospitalizations and incarcerations, lack of social support in conjunction with struggling with mental illness, and many times, physical illnesses. Each team consists of therapists, Licensed Psychiatric Technicians (LPTs), case managers, peer partners and the consumer.

FSP is a program that applies a “whatever it takes” approach towards working with consumers towards recovery with their mental illnesses. FSP is supported with flex funds, which allows teams to assist clients with housing, medications, clothing, school enrollment, employment, volunteer activities, and recreational activities for social rehabilitative work. Team members provide individual, group and family therapy, case management services, and psychiatric services in conjunction with Peer Partners who assist consumers with linkage to community resources, recreational activities and social support. Interns will do “whatever it takes” to work with consumers in this recovery and team-based program. Intern activities include: intake assessments, individual, family and group therapy, outreach and engagement, case management services, field work, psychological testing, and crisis intervention. These programs are only available as a secondary placement.

Monrovia Outpatient: (Max 2 child/family track secondary interns)

The main function of the children's program is provision of comprehensive outpatient services including family therapy, play therapy, group therapy, medication, case management, and psychological testing. The intensity and modality of treatment is based on the needs of each case

with most cases receiving interventions at the intrapsychic, family system, and larger environmental levels. The program emphasizes family therapy to address family systems issues as well as skill building classes to increase healthy parental empowerment. Work with some Transitional Age Youth helps late adolescent/young adults bridge the world to adulthood. Consultation with teachers, foster parents, children's service workers or others significant to the child's treatment targets problems in the larger environment.

Monrovia Outpatient provides services to adults with a variety of diagnoses including schizophrenia, mood disorders, anxiety disorders, and personality disorders. Accurate assessment is emphasized in order to assign consumers to specific treatment modalities. These treatment modalities include psychosocial rehabilitation programs for individuals with schizophrenia; cognitive, behavioral, and dynamic treatment for depressive disorders; and dynamic therapy for character pathology. Psychosocial treatment for persons with schizophrenia utilizes a Clubhouse model through the wellness center/program and offers various educational, support, and recovery oriented groups for consumers and their families as indicated by their treatment goals.

The intern will experience various treatment modalities that could include traditional individual psychotherapy, school based services, family therapy; social skills training, some community consultation, group psychotherapy, and psychosocial rehabilitation such as helping individuals recovering from schizophrenia find work. The training needs and interests of the intern are considered in case assignments.

Monrovia Intensive Treatment Programs (Max 1 child/family track secondary intern)

The Monrovia Intensive Program works with children between the ages of 5-18 and, for any given client, may include milieu groups, medication, individual therapy/skill building, family therapy/skill building, home visits, or school visits. While most programs offer an array of services, the unique aspect of this program is the milieu groups that run three hours per day. A child may attend 4, 3, 2, or 1 day per week depending on the level of intensity. This treatment modality provides opportunities for children to practice the skills that are taught and to receive immediate peer feedback.

The phases of treatment at the Monrovia Intensive Program are stabilize, teach, then generalize the treatment gains. We provide individualized services in the clinic and in the home, school, and community. There are numerous opportunities for services for this group of children that include peer group therapy, multi-family group therapy, individual and family therapy, as well as case management services. This site is available as a primary and secondary placement opportunity. Typically 1 – 2 interns have Monrovia Intensive as their primary placement and 1 – 2 as a secondary placement.

Application Procedures

Pacific Clinics uses the APPIC Online Application for Psychology Internship (AAPI). The online application may be accessed at www.appic.org, click on “AAPI Online”. **Please note in your cover letter the rationale for which track and placement opportunities you are interested in.**

Applicant acceptance is pending fingerprint clearance from the Department of Justice, FBI, California Board of Psychology, pre-employment physical, and verification of your legal right to work in the United States. A background check will be completed for each applicant. A conviction will not necessarily be a bar to employment, in that factors such as age, time of offense, seriousness, and nature of the violation and rehabilitation will be taken into account.

However, you must be cleared by the licensing agencies of the State of California in order to work at Pacific Clinics. Interns are also required to have their own mode of transportation as travel between sites is required.

The deadline for receiving completed applications is November 1, 2019.

If you have any questions about the internship at Pacific Clinics, please feel free to contact the Director of Psychology Training, Valeria Romero, PhD, at varomero@pacificclinics.org.

Notification Policy

Notification is according to the "Uniform Notification Procedure" as set forth by APPIC and the computer matching guidelines. 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 prior to Uniform Notification Day. **Final appointment of applicants to the internship positions at Pacific Clinics is contingent on matched applicants passing local and federal clearances. Please note that interns are required to have valid driver's licenses in the United States, a personal vehicle, and must have three years of clean driving record.** Pacific Clinics is an Equal Opportunity Employer.

If you have any questions regarding our program accreditation status, you may contact:
The Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
(202)336-5979

If you have additional questions, please feel free to contact the Director of Psychology Training at Pacific Clinics. Thank you for your interest in our Psychology Intern Training Program.

APA Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables were updated: 8/14/19

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applications are accepted from candidates enrolled in Ph.D. or Psy.D. graduate programs that are APA accredited. Applicants must be at least third-year graduate students in Clinical, Counseling, and/or School Psychology. Applicants should have at least **500** practicum hours (total intervention and assessment hours) by the beginning of the internship year. No supplemental materials are required for submission at the time of application. For applicants selected for interview we will ask for a de-identified psychological assessment report. We also require that the applicant's dissertation proposal be approved prior to the ranking deadline and that all comprehensive exams required by the graduate institution be passed by the application deadline. Former Pacific Clinics practicum/clerkship students must have one year of training in between their practicum experience and prospective intern training year.

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		Yes	Amount: 350
Total Direct Contact Assessment Hours		Yes	Amount: 150

Describe any other required minimum criteria used to screen applicants:

There are 9 full-time openings for psychology interns. All applications will be reviewed and first-round screening decisions will be made by mid-December. **It is strongly encouraged that the prospective intern give rationale for their track preferences within their cover letter. Applications to multiple tracks are accepted. Please note that interviews are scheduled with applicants for specific tracks.** Applicants are generally only interviewed for one track, due to the large number of applications the Program receives.

Those selected to be interviewed will be asked to send a recent photograph as well as a redacted psychological assessment report example to the program administrative assistant prior to the interview. Since many applicants are interviewed each year, these photographs are used to help interviewers remember each applicant and will become a part of the application packet.

All applicants will be notified of their status by December 20th. Applicants who are selected for the final round will then be interviewed. Interviews are scheduled for January. An in-person interview is strongly recommended.

The deadline for receiving completed applications is November 1, 2019.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$30,680	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	10 days	
Hours of Annual Paid Sick Leave	12 days	
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	No
Other Benefits (please describe):		
Medical, 5 Professional Leave Days, 14 Holidays, Access to Pacific Clinics Training Institute free of cost		

Initial Post-Internship Positions

	2015-2018	
Total # of interns who were in the 3 cohorts	28	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
Total Number of Interns Hired by Pacific Clinics		
	PD	EP
Community mental health center	0	12
Federally qualified health center	0	0
Independent primary care facility/clinic	3	3
University counseling center	1	0
Veterans Affairs medical center	1	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	2	0
Psychiatric hospital	0	0
Academic university/department	1	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0

School district/system	0	0
Independent practice setting	2	1
Not currently employed	0	2
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Initial Post-Internship Positions by Cohort Year

Internship Year	2015-2016		2016-2017		2017-2018	
	PD	EP	PD	EP	PD	EP
Initial Post Internship Positions						
Community mental health center	0	4	0	4	0	4
Federally qualified health center	0	0	0	0	0	0
Independent primary care facility/clinic	2	0	0	3	1	0
University counseling center	0	0	0	0	1	0
Veterans Affairs medical center	0	0	0	0	1	0
Military health center	0	0	0	0	0	0
Academic health center	0	0	0	0	0	0
Other medical center or hospital	2	0	0	0	0	0
Psychiatric hospital	0	0	0	0	0	0
Academic university/department	0	0	1	0	0	0
Community college or other teaching setting	0	0	0	0	0	0
Independent research institution	0	0	0	0	0	0
Correctional facility	0	0	0	0	0	0
School district/system	0	0	0	0	0	0
Independent practice setting	0	1	0	1	1	0
Not currently employed	0	0	1	0	1	0
Changed to another field	0	0	0	0	0	0
Other	0	0	0	0	0	0
Unknown	0	0	0	0	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Psychology Training Committee and Internship Faculty

Valeria Romero, Ph.D.

Director of Psychology
University of Nevada, Las Vegas, 2009

Orientation: Cognitive Behavioral, Family Behavioral, Trauma Focused

Clinical Interests: Community mental health, child and adolescent psychology, Family Behavioral Therapy, training/consultation, racial/ethnic minority mental health, trauma focused treatment, transitional issues, and adult psychology.

Research Interests: Child maltreatment, substance abuse, Family Behavior Therapy, cultural competency and training related to diversity issues

Additional Experiences: Certified Family Behavior Therapy Trainer, instructor of “Cognitive Behavioral Interventions with Children and Adolescents” in the Harbor-UCLA Psychiatric Fellowship Program (2013-2015)

Sample of Publications/Presentations:

Donohue, B., Azrin, N.H., Bradshaw, K., Cross, C., Van Hasselt, V. B., Urgelles, J., **Romero, V.**, Hill, H. & Allen, D. (2015). A controlled evaluation of Family Behavior Therapy in concurrent child neglect and drug abuse, *Journal of Consulting & Clinical Psychology*.

Romero, V., Donohue, B., & Allen, D. N. (2010). Treatment of substance dependence, child neglect, and domestic violence: A single case examination utilizing Family Behavior Therapy. *Journal of Family Violence, 25*, 287-295.

Donohue, B., **Romero, V.**, Herdzyk, K., Lapota, H., Abdel Al, R., Allen, D. A., Azrin, N. H., & Van Hasselt, V. B. (2010). Concurrent treatment of substance abuse, child neglect, Bipolar Disorder, Post-Traumatic Stress Disorder, and domestic violence: A case examination involving Family Behavior Therapy. *Clinical Case Studies, 9*, 106-124.

Donohue, B., **Romero, V.**, & Hill, H. (2006). Treatment of co-occurring child maltreatment and substance abuse, *Aggression and Violent Behavior: A Review Journal, 11*, 626-640

Charles Chege, Psy.D.

Senior Clinical Psychology Supervisor
Rosemead School of Psychology, Biola University, 1997

Orientation: Cognitive-Behavioral, Solution-Focused

Clinical Interests: Community mental health, racial/ethnic minority mental health

Research Interests: HIV/AIDS prevention models, community-based services, diversity issues

Additional Experiences: Associate Professor, Department of Graduate Psychology, Azusa Pacific University, Co-Director of APU Global Psychology Program that takes place every summer in Kenya

Sample of Publications/Presentations:

Stevens, K., & **Chege, C.** (2014, August). *High School Youth Violence Exposure in Kenya*. Paper presented at the 122 Annual Convention of the American Psychological Association, Washington, D.C.

Chege, C., Fu, M., Jenks, B. & Bustrum, J. (May, 2014). *The Worldview Genogram: A Process Model for Enhancing Diversity Competency in Education, Training & Clinical Supervision*. Presentation at Bi-Annual Conference of the Association of Psychology Postdoctoral and Internship Centers (APPIC), Austin, Texas.

Chege, C., & Munene, A., (August, 2013). *Introducing DSM-5: Changes and Challenges Issues*. In-Service Presentation for Therapists in Clinical Practice Hosted by Daystar University, Nairobi, Kenya.

Fairhurst, S., **Chege, C.**, Sing, A. & Jenks, B. (April 2013). *Creating a Climate for Understanding: Evidence Based, Culturally Responsive Techniques in Clinical Supervision*. Presentation at the Annual California Psychological Association, Newport Beach, California.

Scott, S., Girguis, S., Graham-Howard, M., Souris, M., Fairhurst, S. & **Chege, C.** (January 2013). *Putting Our Cards on the Table: Addressing Priorities of Supervisors and Supervisees in Clinical Psychology*. Poster Presentation at the Annual National Council of Schools and Programs of Professional Psychology (NCSPP), Nasau, Bahamas.

Masuda, G., **Chege, C.**, Brown, J. (May 2012, March 2013). *Diversity Training: Struggling With Context, Inclusivity & "Unintended Consequences"*. CE Presentation, Pacific Clinics Training Institute, Pasadena, California.

Kristopher I. Stevens, Ph.D.

Research and Consultation Supervisor
Psychology Intern Research Advisor
University of Southern California, 2011

Orientation: CBT, Third Wave CBT (mindfulness, acceptance/change, DBT, positive psychology)

Clinical Interests: Child/adolescent and TAY populations, trauma

Research Interests: Impacts of adversity (violence exposure) on youth's developmental outcomes; polyvictimization/multiple-adversity; impact of context (i.e., neighborhoods/communities) on development; relationships between maternal depression, parenting behaviors/attitudes, and youths' externalizing behavior problems, program development, implementation, and evaluation (supporting the Triple Aims throughout the agency); assessing workplace culture and climate, job satisfaction and retention; interplay between research, practice, and policy

Additional Experiences: Currently collaborate with the Trickett/Mennen lab at the USC School of Social Work on a longitudinal study examining the impacts of child maltreatment on youth's development. Co-principle investigator (with Dr. Charles Chege at Azusa Pacific University) on a longitudinal study examining the impacts of violence exposure on Kenyan youth's development. Research consultant (CMH agencies).

Sample of Publications/Presentations:

Stevens, K. I., & Mennen, F. E. (under review). Community Violence Exposure and Aggressive Behavior Problems among Youth: Does Child Maltreatment Moderate the Longitudinal Associations? Submitted to *Advances in Child and Family Practice and Policy*.

Stevens, K. I., Schneiderman, J.U., Negriff, S., Brinkman, A., & Trickett, P.K. (2015). The whole picture: Child maltreatment experiences of youths who were physically abused. *Child Abuse & Neglect*, 43, 30–41.

Stevens, K. I., & Fairhurst, S. K. (2017, October). Outcomes woven into treatment. Paper symposium to be presented at the upcoming 13th annual Transformational Collaborative Outcomes Management Conference (Chapin Hall and the University of Chicago), San Antonio, TX.

Stevens, K. I., Ji, J., & Mennen, F. E. (2017, January). Associations between maternal posttraumatic stress symptoms, depressive symptoms, and their children's internalizing symptomatology and externalizing behaviors. Submitted as part of a paper symposium for 22nd annual conference of the Society for Social Work and Research, Washington, D.C

Stevens, K. I., & Chege, C. (2014, August). Examining exposure to school violence among Kenyan youth. Poster presented at the 26th annual convention of the American Psychological Society, Washington, D.C.

Stevens, K. I., & Trickett, P. K. (2012, March). Relationships between community violence exposure and aggressive behavior. Paper to be presented at a symposium at the 14th annual convention of the Society for Research on Adolescents, Vancouver, Canada.

Christopher Leucht, Ph.D.

Clinical and Assessment Supervisor
Program Director, Birth to Five Program, Child and Family Specialty Services Division
Fuller Theological Seminary, 1997

Orientation: Cognitive-Behavioral

Clinical Interests: Mental health services for children 0 to 5 and their families, Trauma Informed Care, cognitive-behavioral interventions, psychological assessment, treatment of anxiety disorders

Research Interests: Empirical validation of therapeutic interventions, psychological assessment

Additional Experiences: Certified Parent Child Interaction Therapy (PCIT) trainer; PATHS (Promoting Alternative Thinking Strategies) Affiliate Trainer

Sample of Publications/Presentations:

Leucht, C. (2016, February). *How Trauma Affects the Treatment Provider*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, May). *Trauma Treatment with Children and Adults*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, September). *Parenting, Healthy Attachment, and Developmental Milestones*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, October). *Trauma Informed Care*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, October). *Working with the Caregiver-Child Dyad in Birth to Five Services*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, November). *Clinical Interventions with Children 5 and Younger*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Leucht, C. (2016, December). *PATHS Interventions for Head Start Staff*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Glenn Masuda, Ph.D.

Clinical Supervisor
Associate Director, Clinical, Asian Pacific Family Center (APFC)
Faculty, Pacific Clinics Training Institute
University of Washington, 1988

Orientation: Family Systems, Community Psychology

Clinical Interests: Community psychology, adolescent psychology, Asian-American psychology, diversity competency training

Research Interests: Asian American Psychology, Cultural Competence

Additional Experiences: Pacific Clinics Training Institute Faculty, Asian American Psychological Association (Executive Committee, 2015-2017), American Psychological Association Division 45

Sample of Publications/Presentations:

Masuda, G. (2015) *Advanced Clinical Supervision: Utilizing the Power of Diversity*. 6 hour approved APA CE training, partially fulfilling CA re-licensing requirement for supervision, Pasadena, CA.

Masuda, G. (2015) "Manga, Anime and Cosplay: Gender Oppression or Just Plain Fun?" Film Presentation and Discussion National Multicultural Summit, 1 hour APA approved CE training, Atlanta, Georgia.

Masuda, G. (2011) "Bullying Behaviors Across Cultures: Implications for Children of Color, LGBT Issues" 2 hour approved CE training for Los Angeles County Department of Mental Health, Los Angeles, CA.

Masuda, G. (2011) "Cyber Safety and Internet Literacy: Mental Health Professional Survival Guide" 2 hour approved CE training for Los Angeles County Department of Mental Health, Los Angeles, CA.

Masuda, G. (2010) "School Bullying Issues with Asian Pacific Islander Children and Youth" 2 hour APA approved CE training for Los Angeles County Department of Mental Health, Los Angeles, CA.

Pablo Anabalón, Ph.D.

Clinical Supervisor

Divisional Director, East Valley

Rosemead School of Psychology, Biola University, 2000

Orientation: Psychodynamic and Solution-Focused

Clinical Interests: Community mental health, life span development

Research Interests: Diversity/Supervision

Additional Experiences: Program development

Sample of Publications/Presentations

Anabalon, A. (2016, July). *Mental Health and Spirituality*. CE Presentation at Pacific Clinics Training Institute. Pasadena, CA.

Scott Fairhurst, Ph.D.

Primary and Secondary Supervisor
Program Director, Monrovia Intensive Program
University of Houston, 1994

Orientation: Cognitive Behavioral, Social Learning Theory

Clinical Interests: Children, Adolescents, and Families, explosive disorders

Research Interests: Clinical supervision, quality assurance (which treatment, delivered by whom, is most effective for which clients, under which circumstances, at the most efficient cost)

Additional Experiences: Certified MAP Supervisor, Certified IPT Supervisor, Certified Pro-ACT Trainer, Certified CANS Trainer

Sample of Publications/Presentations:

Ongoing CE trainings in Supervision, Ethics, Child Abuse Assessment and Treatment, Burnout, De-escalation, and Anger Management.

Fairhurst, S. (2017, June). Preventing and Managing Burnout: Clinicians working in HIV. Coping with Hope 2017: HIV in Uncertain Times. Los Angeles, CA.

Jenks, E., **Fairhurst, S.**, Chege, C., & Golden, D. (2016, November). *Fundamentals of supervision: Understanding the essentials of supervising across disciplines in community mental health settings*. CE presentation, Pasadena, CA

Li, C.-I., **Fairhurst, S.**, Chege, C., Jenks, E., Tsong, Y., Golden, D., White, L., Andreassen, A., Scott, S., Souris, M., Schmitt, S.S., & Hefley, A. (2016). Card-sorting as a tool for communicating the relative importance of supervisor interventions. *The Clinical Supervisor*. 35:1, 80-97.

Li, C.-I., **Fairhurst S.**, Hefley, A., Hartounian, P., Akopyan, A., & Tsong, Y. (2014, August). Addressing supervision process and outcomes. In C.-I. Li (chair), *Defining supervision process and outcomes*. Symposium presented at the annual meeting of the American Psychological Association, Washington, D.C

Fairhurst, S., Li, C.-I., Chege, C., Jenks, B., Golden, D., White, L., Andreassen, A., Scott, S., & Schmitt, S. (2014, May). Customizing supervision to reflect preferences of the supervisor and

supervisee. Poster session will be presented at the annual meeting of the Association of Psychology Postdoctoral and Internship Centers (APPIC), Austin, TX.

Jenks, B., **Fairhurst, S.**, Singh, A.K., & Chege, C. (2013) Creating a Climate for Understanding: Evidence Based, Culturally Responsive Techniques in Clinical Supervision. California Psychological Association, Newport Beach, CA.

Fairhurst, S. (2012) Promoting Development: You've Got the Tools. San Gabriel Valley Head Start.

Li, C.J., & **Fairhurst, S.** (2012) Enhancing Supervision Satisfaction: Identifying Expectations of Supervisors and Supervisees. Association of Psychology Postdoctoral & Internship Centers, (APPIC), Tempe, Ariz.

Fairhurst, S. (2010) Case Conceptualization with Evidence Based Practices. L.A. County Department of Mental Health, Los Angeles.

Fairhurst, S. K., & Atkinson, J. (1996) Building an Alliance Between Families and Agencies. California Association of Services for Children's 17th Annual Conference. Anaheim, CA

Fairhurst, S.K. (1996). Promoting Change in Families: Treatment Matching in Residential Treatment. Residential Treatment for Children and Youth 14, 21-32

Fairhurst, S.K., & Curry, C. (1995) Preventing Explosive Behavior: Parent Training in Crisis Intervention. A Continuum of Care: Reuniting Families. The Boys Town Professional Child-Care Conference. Boys Town, NE.

Chia-wen (Winnie) Hsieh, Psy.D.

Assessment Supervisor

Program Director, Adult Program

California School of Professional Psychology, Los Angeles, 2005

Orientation: Cognitive, Psychodynamic

Clinical Interests: Child, adolescents, young adults, multiculturalism, diverse population

Research Interests: Treating diverse populations in community mental health setting, using recovery model

Additional Experiences: Cultural sensitivity trainings, Staff recruitment, Liaison between APFC and Los Angeles County Department of Mental Health and other contractor, Coordinates LACDMH projects including family outreach and community engagement projected for ethnic minority population and those underserved in the community, Asian American Pacific Psychological Association (AAPA), Chair-Division on Practice (2016 – present), Practice Task Force

Co-Chair (2013 – 2016), Division 45 Society for the Psychological Study of Culture, Ethnicity, and Race Member

Sample of Publications/Presentations:

Hsieh, W., Masuda, G., Fu, M. and Wang, P. (2011, August). *Practice task force – Grand rounds*. Invited continuing education workshop of the Asian American Psychological Association Annual Convention. Washington, D.C.

Hsieh, W., Fu, M. & Hsu, C. (2015, August). *Collaborative Practice Model: utilizing a collaborative model in serving API community*. Presentation at the Asian American Psychological Association Annual Convention. Toronto, Ottawa, Canada.

Lim, C, **Hsieh, W**, Gaona, L, Hernandez, P.H., Wang, S., Fan, H. M., Brekke, J., Ailshire, J., Barrio, C. (2016, pending). *Asian Americans diagnosed with Schizophrenia: A Preliminary Case Series Report on their Treatment Responsiveness*.

Beth Jenks, Ph.D.

Corporate Director of Clinical Intern Training
Rosemead School of Psychology, Biola University, 1991

Orientation: Psychodynamic and Solution-Focused

Clinical Interests: Community Mental Health, Life Span Development

Research Interests: Diversity/Supervision

Additional Experiences: Provides continuing education on supervision, ethics, and diversity, Pacific Clinics IRB Chair, Ethics Committee Member, and Past Chair of Division 2, Education and Training, California Psychological Association

Sample of Publications/Presentations:

Jenks, E., Fairhurst, S., Chege, C., & Golden, D. (2016, November). Fundamentals of supervision: Understanding the essentials of supervising across disciplines in community mental health settings. CE presentation, Pasadena, CA

Falendar, C., Schaefer, M., **Jenks, E.**, & Tuller, O. (2016, April). Mirrors on multicultural identities: A reflecting team approach to supervision. Session presented at the annual convention of the California Psychological Association, Irvine, CA.

Jenks, E., Golden, D., & Trospen, E. (2015, September). Advanced topics in supervision: Helping supervisees conceptualize and address difficult clinical topics. CE presentation, Pasadena, CA.

Chege, C., **Jenks, E.**, Bustrum, J., Fu, M. (2014, May). The Worldview Genogram: A process model for enhancing diversity competency and responsiveness in education, training, and clinical supervision. Poster presented at the Association of Psychology Postdoctoral and Internship Centers (APPIC) Biannual Conference, Austin, TX.

Fairhurst, S., Li, C., Chege, C., **Jenks, E.**, Golden, D., White, L, Andreassen, A., Scott, S., Souris, M., & Schmitt, S. (2014, May). Putting our cards on the table: Addressing preferences in clinical supervision. Poster presented at the Association of Psychology Postdoctoral and Internship Centers Biannual Conference, Austin, TX.