The Doctoral Internship in Professional Psychology at Devereux

The Doctoral Internship in Professional Psychology at Devereux is accredited by the American Psychological Association. 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
750 1st Street, N.E.
Washington, DC 20002-4242
(202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation
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Devereux and the Institute of Clinical and Professional Training and Research (ICPTR)

Devereux was founded in 1912 by Helena Devereux, a schoolteacher from Philadelphia. Today, Devereux is the nation’s largest, private, non-profit provider of behavioral healthcare and special education services. Devereux serves approximately 15,000 clients in eleven states. About 3,000 of these clients are served in campus-based residential treatment centers and psychiatric hospitals. The majority of clients are served in community-based settings. Devereux offers one of the widest arrays of programs, services and clientele in the country. Devereux is headquartered in Villanova, Pennsylvania. The APA-accredited doctoral internships are offered at Devereux’s treatment programs in the greater Philadelphia, Pennsylvania area. More information about Devereux can be found at our website at www.devereux.org.

The Institute of Clinical and Professional Training and Research, or ICPTR, was established in 1957. ICPTR is part of Devereux's national administration and is responsible for all professional training and applied research that is conducted throughout the organization. With a staff of over 30 professionals and support personnel, ICPTR’s mission is to (1) develop model treatment programs, (2) lead Devereux in becoming a data-driven organization, (3) enhance the professional reputation of the organization, and (4) prepare professionals to enter the behavioral healthcare field.

*Devereux, through the Institute of Clinical and Professional Training and Research, has offered doctoral internship training in professional psychology for more than half a century. Continuously accredited by the American Psychological Association since 1956, the doctoral internship training program has acquired a national reputation for intensive supervised training in professional psychology.*

Training Philosophy, Mission and Program Structure

Philosophy

The ICPTR adheres to a developmental model of training in which the intern progresses from an initial closely supervised and monitored state to a more autonomous level of professional functioning by the end of the internship. The training program encourages the continual accumulation of knowledge, refinement of clinical skills, and development of professional identity. Training is individually tailored to meet the needs and interests of each intern.

Mission

The internship at Devereux is consistent with the scientist-practitioner model and reflects a concern for the competent, theoretically informed, and empirically grounded practice of professional psychology. In addition, interns are encouraged to continue to develop their research and analytical skills in combination with their clinical competencies. The overarching mission of the program is to prepare the intern for entering the independent
practice of psychology. Training experiences and supervision are carefully orchestrated to provide a hierarchical and cumulative experience that Devereux, through the ICPTTR, has offered doctoral interns in professional psychology for more than 50 years.

**Program Structure**

Devereux has adopted a training model that maximizes benefits to interns as well as Devereux clients. Each intern selects and is appointed to a treatment program that is consistent with the intern’s training needs, professional goals, and personal interests. This full-year assignment is the cornerstone of Devereux training and provides a number of advantages:

- The model allows the intern to become fully integrated within the clinical treatment team and the program ecology.
- The model enables the intern to carry cases throughout the year and, thereby, ensures that the intern gains experience with all phases of the behavioral intervention.
- The model allows for the development of a close and consistent relationship with the supervising psychologists.
- The model facilitates the development of clinical expertise and enhances the intern’s sense of competence and accomplishment.

At each of the training sites there is a wide range of client abilities and diagnoses, and the supervising psychologists are careful in selecting an intern’s case load to provide a variety of clinical experiences. Breadth of exposure to a variety of clinical populations is further enhanced through the Seminar Series (see Didactics).

Since its inception, the doctoral internship program at Devereux has been administered by the ICPTTR. Housing the internship within a national department has many advantages to the intern. First and foremost, it preserves and protects the training mission of the internship. Second, it provides access to resources beyond those of the assigned training program, such as the Devereux Professional Library, continuing education programs and the research staff at ICPTTR. Third, it broadens the interns’ exposure to organizational dynamics and national behavioral health care issues.

**Didactics/ Clinical Seminars**

A strong didactic training component complements the supervision and clinical experiences of senior clinical staff. Each seminar lasts approximately 1½ hours and runs throughout the year. The *Treatment Methods Seminar* is broad-based in that it combines didactic and skill-based training in assessment and intervention procedures specifically intended for the populations served by Devereux. Specifically, the *Treatment Methods Seminars* are focused on evidence-based practices and include the following topics: Behavioral assessment, function-based intervention, academic skills assessment and intervention, cognitive behavior therapy, trauma-focused cognitive behavior therapy, cultural competency (self-awareness, clinical issues, systemic strategies), psychopharmacology and Parent Management Training. The *Special
Topics Seminar provides interns with exposure to topics of related or special interest. Examples include grant writing, parenting children with special needs, licensure, and securing a post-doc.

**Training Goals, Objectives and Competencies**

**Program Goals**

The goals of the Professional Psychology Internship Program include:

1. To develop core clinical competencies for entry level practice in professional psychology;
2. To apply clinical competencies across a variety of service systems;
3. To refine skills of scientific scholarship and investigation; and
4. To prepare interns for the role of behavioral health professional in a variety of settings.

**Objectives of the Training Program**

Each intern, regardless of the training track chosen, is provided with core training experiences that ensure broad and general preparation for professional practice. Across these experiences, culturally sensitive and empirically supported practices are emphasized.

**Objective 1. Interns will become proficient in psychological assessment**

Interns receive supervised experience in psychological assessment. Initially, interns begin the training year implementing more traditional assessment protocols that are typically trained in graduate programs. These may include the assessment of cognitive ability and achievement. As the intern progresses, more specialized assessments are trained and added to the interns repertoire of skills. Depending on the site, specialized assessments include functional behavioral assessment, functional analysis, curriculum-based measurement and, in some cases neurological assessments. Supervision for the assessment competency is intended to gradually shape the intern’s skill in integrative report writing, generating recommendations that are linked to the assessment, incorporating multicultural factors into the selection and administration of assessments and providing feedback. Specific competencies include:

- Administer, score and interpret a cognitive measure
- Administer, score and interpret a social/emotional measure
- Conduct and interpret a functional behavioral assessment
- Administer, score and interpret a measure of achievement (including curriculum-based and standardized)
- Conduct clinical interviews
- Integrate data from assessment into a cohesive report
- Generate recommendations in a report based on assessment
- Communicate assessment results to families and interdisciplinary team members
• Conceptualize a diagnostic formulation
• Incorporate knowledge of multicultural factors into assessment.

**Objective 2. Interns will become proficient in evidence-based intervention**

At each site, interns begin the training year by observing the activities of other psychologists. After the first few weeks, and once the intern is accustomed to and comfortable with the intervention procedures employed at the site, he or she is assigned a small caseload of clients. During this time the intern is closely supervised and required to report on or submit to the supervisor a clear plan with goals for intervention and anticipated client outcomes. Over time, interns gradually progress from working with clients at the individual level, including family intervention, to working with groups of clients. Interns receive supervised training in a number of evidence-based practices (EBPs) including cognitive-behavioral intervention. Training and supervision in more specialized EBPs is offered later in the training year, including dialectical behavior therapy, the picture exchange communication system, and parent management training. Training in specialized interventions may vary depending on the training site. One of the capstone requirements of the internship occurs at the end of the training year when interns are required to conduct a formal case presentation to peers, training faculty and other clinical staff. Specific competencies include:

- Demonstrating familiarity with evidence-based practices
- Incorporating evidence-based practices in intervention
- Establishing rapport with individual clients
- Ensuring that intervention follows from (is linked to) assessment
- Developing contextually appropriate interventions
- Writing measurable goals
- Planning for therapeutic sessions
- Monitoring treatment progress
- Conducting effective terminations of therapeutic intervention
- Writing progress notes, progress summaries and discharge/termination summaries.

**Objective 3. Interns will become proficient in consultation and behavioral intervention**

Interns are trained in a behavioral consultation model that includes four phases: (a) problem identification; (b) problem analysis; (c) plan development and implementation; and (d) evaluation. Initially, interns are introduced to the various professional roles responsible for client treatment. As the intern progresses during the year, he or she is required to assume a more indirect service delivery role, facilitating client progress by working with other professionals, in a consultant-consultee relationship, across a variety of settings. Consultation may include working with direct care professionals in the residential environment, treatment foster parents in the foster home environment and teachers in the school and classroom environment. Specific competencies include:

- Working effectively with staff of different disciplines
- Working effectively with representatives of outside agencies
- Conducting a problem identification interview
- Formulating an intervention plan linked to assessment
- Creating a contextually pragmatic plan with clear procedures
- Training others to implement the plan
Objective 4. Interns will become proficient in delivering services as part of a system (system service delivery)

As the primary therapist, interns are integrally involved in planning and coordinating services for their assigned clients. In the process, interns must learn to successfully work with a variety of professionals, representing a variety of agencies (including Devereux), while assuming responsibility for reporting on and ensuring cooperation with the client’s course of treatment. This is an advanced experiential learning opportunity that is introduced several weeks into the internship. Specific competencies include:

- Planning for team meetings
- Facilitating team meetings
- Communicating clinical information succinctly and accurately
- Planning for contextually-appropriate services

Objective 5. Interns will become proficient in implementing an applied research study or program evaluation

Consistent with Devereux’s scientist-practitioner philosophy of training, each intern is expected to complete one research or treatment outcome study during the internship. Interns are encouraged to participate in an existing research study (for interns not previously trained in a scientist-practitioner model), in collaboration with another member of the training site, or to develop an independent research idea. As an alternative to an experimental design, interns may choose to participate in a treatment outcome study on a topic that is germane to the program site and will aid Devereux’s treatment outcome initiative. Interns are required to present their research/treatment outcome findings in a formal presentation to peers and other clinical staff and training faculty at the end of the training year. Specific competencies include:

- Conceptualizing and designing research
- Implementing a research study (or treatment outcome study)
- Interpreting findings from research
- Presenting research findings
- Communicating research findings in writing

Objective 6. Interns will demonstrate cultural competency in service delivery

Interns are provided with training and supervision on issues of cultural and individual diversity. Cultural dynamics are not only relevant, but crucial to the understanding of the client and in planning the client’s overall treatment. Training in diversity is accomplished through specific didactic sessions on multi-cultural competency, in group supervision during discussions of clinical cases, and in individual weekly supervision as interns discuss client progress and other concerns in working in a large, multi-cultural organization with their respective supervisors. Formal training in cultural competency occurs at the very beginning of the training year with a didactic session on self-
awareness, and progresses to address cultural competency in clinical issues as well as systems-level issues by the end of the training year. Specific competencies include:

- Assessing cultural issues of both individual client and family
- Demonstrating an understanding of cultural issues of both client and family
- Incorporating issues of diversity into treatment and intervention

**Objective 7. Interns will develop independence through supervision**

Devereux recognizes that quality supervision is the absolute essential of internship training. Each intern is assigned a primary supervising psychologist who acts as his or her mentor during the year. The primary supervisor is a licensed, doctoral-level psychologist who will provide a minimum of two hours of individual face-to-face supervision weekly. Interns also receive a minimum of two additional hours of supervision each week from supplemental supervisors. The primary and supplemental supervisors complement each other and ensure intensive supervision that fosters professional and personal growth. In addition to individual supervision, group supervision occurs on a bi-weekly basis. The focus of group supervision is on case conceptualization and intervention. On a rotational basis, interns present their assigned cases and benefit from the input of other interns. Group supervision is offered by a licensed psychologist. Finally, interns have the opportunity to meet with the Director of Training on a quarterly basis to review progress and discuss future plans for employment, licensure, and/or post-doctoral options. Specific competencies related to supervision include:

- Actively participating in the supervision process
- Remaining open to learning and supervision
- Seeking out supervisory input for professional development
- Implementing supervisory input
- Working toward “self-sufficiency”
- Utilizing supervisory sessions to generate alternative hypotheses

**Objective 8. Interns will develop as professionals**

The primary function of internship is to assist the intern in making the transition from graduate student to professional. Training in professional behavior occurs across all aspects of the internship experience, but is most specifically the focus of supervision and didactic training. Throughout the year, interns receive feedback regarding the development of their overall professional behavior. Feedback includes information on their dependability; decision-making abilities; time management; ability to interact with co-workers and clients in a respectful, positive, customer-focused manner; understanding and adherence to ethical standards; as well as knowledge of standards and regulations pertinent to the intern’s training site. Professional behavior is carefully supervised throughout the internship, with higher expectations for the intern as the internship comes to a close. Specific competencies related to developing professionalism include:

- Being dependable in meeting goals
- Being prompt in meeting deadlines
- Improving time management and the timeliness of documentation
- Adhering to ethical standards
- Using good judgment and decision-making ability
- Knowing standards and regulations related to the profession
- Demonstrating professionalism in professional meetings and other congregations
Ongoing Evaluation and Mentoring

The goal of the developmental model of internship training is for the intern to develop his/her skills throughout the course of the year and work towards increased competence and independence. Each quarter, doctoral psychology interns and their respective primary and supplemental supervisors complete an evaluation of the intern’s competencies. This quarterly evaluation is comprised of three segments:

1.) The intern’s self-evaluation of competency
2.) The supervisor’s evaluation of the intern’s competency
3.) The intern’s evaluation of supervision

Generally, the intern/supervisory relationship should be an open and synergistic one that prevents the possibility of a less-than-expected performance evaluation review at the end of each quarter. Interns and supervisors meet on a weekly basis and it is anticipated that any areas of difficulty will be addressed during those meeting times. For interns who are performing as expected, three evaluations are required across the year, one each during the months of October (1st quarter review), January (2nd quarter review) and July (4th quarter review). For interns who are not meeting required competencies by the second quarter review and/or who may need a plan of remediation, a third quarter evaluation is also expected during the month of April.

As stated, the goal of the internship program is to develop beginning professional-level competence and independence in all interns. The quarterly evaluation ratings are designed to reflect the level of competency. It is not anticipated that interns receive a perfect rating in all areas during or at the end of the internship. Beginning, professional-level readiness is determined by an average competency rating reflecting entry-level professional skills and a moderate need for supervision.

Once exiting the program, Intern graduates will be contacted for one year following the internship in order to provide feedback on the effectiveness of the training program. The Internship Training Program will be revised based on the Intern’s response regarding his/her preparation for the practice of psychology.

Training Faculty

Director of Training

Barry McCurdy, Ph.D., BCBA-D
Director of Training
Institute of Clinical and Professional Training and Research
Lehigh University, 1990
Concentrations: Disruptive behavior disorders, applied behavior analysis, systems-level intervention, school-based academic and behavioral intervention

Primary Supervisors

Michelle Herrigel, Psy.D.

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Clinical Director
Poconos Programs and Services
Immaculata University, 2007
Concentrations: Intellectual and developmental disabilities, behavior/cognitive behavior therapy, applied behavior analysis

Patricia Hillis-Clark, LCSW, Psy.D.
Clinical Director
Children's Behavioral Health Services
Chestnut Hill College, 2007
Concentrations: Psychological assessment, biological bases of behavior, trauma informed care

Carol Anne McNellis, Psy.D.
Clinical Director
Children's Intellectual & Developmental Disabilities Services (CIDDS)
Immaculata University, 2000
Concentrations: Intellectual & developmental disabilities, behavior/cognitive behavior therapy, applied behavior analysis

Stewart Shear, Ph.D.
Clinical Director
Adult Services
Lehigh University, 1994
Concentrations: Functional behavioral assessment, curriculum-based assessment, program development

Lisa Thomas, Ph.D.
Clinical Director
Devereux Center for Effective Schools
Lehigh University, 2012
Concentrations: Disruptive behavior disorders, systems-level interventions (SWPBIS, RtI), school-based academic and behavioral assessment and intervention

**Supplemental Supervisors**

Richard Allen, Psy.D., NCSP, BCBA-D
Psychologist
Community Services
Philadelphia College of Osteopathic Medicine, 2013
Concentrations: Emotional/behavioral disorders, intellectual & developmental disabilities, applied behavior analysis, cognitive behavior therapy

Kristen Bielecki, Ph.D.
Psychologist
Children's Behavioral Health Services: Brandywine
Columbia University, 2011
Concentrations: Adjudicated youth, cognitive behavior therapy for trauma, positive behavioral support in RTF settings

Amara Haber, Psy.D.
Psychologist
Adult Services
Chestnut Hill College, 2010
Concentrations: Psychological assessment, intellectual/developmental disabilities, autism spectrum disorders, quality of life

Juan Carlos Lopez, Ph.D., BCBA-D
Research Psychologist
Center for Effective Schools
University of Kansas, 2004
Concentrations: Applied behavior analysis, autism, intellectual & developmental disabilities, systems-level intervention, functional behavior assessment

Patricia Miron, Psy.D.
Psychologist
Children’s Behavioral Health Services: Mapleton
Chestnut Hill, 2008
Concentrations: Children with challenging behaviors (autism spectrum disorders, trauma-related, ADHD, anxiety/depression disorders), family therapy.

Pamela Najera, Psy.D.
Psychologist
Children’s Intellectual & Developmental Disabilities Services (CIDDS)
LaSalle University, 2010
Concentrations: Autism, intellectual and developmental disabilities, diagnostic assessment

Sandra Powell, M.S.
Behavior Treatment Coordinator
Adult Services
West Chester University, 1990
Concentrations: Clinical psychology, intellectual & developmental disabilities, behavior treatment

Laura Rutherford, Ph.D.
Research Psychologist
Devereux Center for Effective Schools
Lehigh University, 2009
Concentrations: School-based academic and behavioral intervention, systems-level intervention, emotional/behavioral disorders

Bethanne White, Psy.D.
Psychologist
Children’s Intellectual & Developmental Disabilities Services (CIDDS)
Widener University, 2001
Concentrations: Neuropsychological assessment, conduct-disordered adolescents, trauma-informed care.

Tamra Williams, Ph.D.
Corporate Director of Clinical Operations
Institute of Clinical and Professional Training and Research
University of South Florida, 2002
Concentrations: Cognitive behavioral therapy for depression/anxiety, dialectical behavior therapy, dual diagnosis (substance use and mental health), clinical workflow and business efficiency

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Salary and Benefits

Salary

Interns receive a stipend of $24,000 distributed evenly across the internship year in bi-weekly checks, and are paid in accordance with Devereux’s regular payroll schedule.

Time Off Benefits

All Interns will receive 19 days of Time–Off Benefit (TOB) (i.e., vacation and holidays). In addition, up to 8 paid sick days are provided.

Given that Devereux has a diverse workforce, we do not recognize specific holidays. In the event that an Intern wishes to request time off in order to celebrate a specific holiday, or to use TOB to attend to personal business that cannot be addressed outside of the work schedule, the Intern should submit their time off request as soon as possible. All efforts will be made to accommodate an Intern’s request; however, the needs of the treatment program and the internship training program may take precedence. All TOB requests must be submitted in writing and must be approved in advance by the Intern’s Supervisor and Director of Training.

Continued University Contact/Fellowship or Employment Interviews

An additional 4 days per year are provided the Intern for continued university contact or fellowship/post-internship employment interviews. Time off is arranged by mutual agreement between the Intern, the training supervisor, and the Director of Training.

Medical and Prescription Benefits

Interns and their qualified dependents may elect to enroll in a medical insurance program offered through Independence Blue Cross, and / or a Prescription Drug plan offered through Caremark. The amount of the Intern’s contribution toward the plan depends on the level of coverage elected, and is the same rate as is paid by eligible full-time Devereux employees. More detailed information regarding plan options will be provided to you by Corporate Human Resources.

How to Apply

Important Dates

- The application deadline is November 1st
- The interview notification date is December 15th
- Interviews are conducted in January
- Internship begins on August 1st and ends on July 31st of each year
Application Process

Devereux is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). If you are interested in applying to Devereux for an internship, use the APPI Online application process.

Although Devereux offers several training tracks, it is understood that the alignment between applicants’ training, preferences, and the features and expectations of the individual programs will vary. Therefore, in completing your application for Devereux, it is recommended that applicants select no more than two tracks of interest. Applicants must identify their preferred tracks on the APPI Online Application as well as in the cover letter.

Devereux does not require that supplemental materials accompany the application.

Application Review

Prior to submitting an application, prospective intern candidates should visit the Devereux website to obtain an overview the Professional Psychology Internship Training Program. While on the site, prospective candidates should carefully read the description of each training track to determine interest and compatibility.

If the decision is to complete an application to Devereux, applicants are advised to identify no more than two (2) tracks of interest. Applicants should submit an application using the APPI Online Applicant Portal by November 1st and carefully coordinate their track selection from the Devereux website with the APPI request to select programs or tracks. Candidates will be considered for an interview for one or both tracks. Prospective candidates should then download the brochure describing the internship.

Following the November 1st deadline for applications, the APPI Selection Portal is made available to all members of the Devereux Internship Selection Committee. The Selection Committee is comprised of primary supervisors from each of the training tracks. Each member of the Selection Committee will review applications for his or her particular track (based on the candidate’s preference). A final list of approximately 12 to 15 candidates is prepared by each track supervisor and submitted to the Director of Training for review. Each list if further refined by the Director of Training and approximately 8 to 10 candidates per track are invited for a formal interview.

Notifications of interviews are sent to candidates by email no later than December 15th. Once notified, candidates must contact the Administrative Assistant for the internship program, Ms. Bernice Belger, by phone (610-542-3057) to arrange an interview date. All interviews are conducted in January. In-person interviews are highly recommended however, in some limited emergency situations, we will allow phone interviews. Candidates not selected for an interview will be notified by email within 10 days after the December 15th deadline.

Approximately 8 days (Wednesdays and Fridays) are set aside for interviews during the month of January. On the day of the interview, intern candidates will meet as a group with the Director of Training for an overview of the internship program. Following the overview, intern candidates will travel by car (30 minutes or less) to their sites of interest for an interview with the Primary Supervising Psychologist and a tour of the program. At that time, the candidate will have an

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opportunity to meet with supplemental supervisors as well as the current Intern. Some interns may be scheduled for interviews at more than one site. If that is the case, when the interview concludes at the first site, the intern will travel to the second site for an interview and tour. MapQuest Directions are provided to candidates to facilitate the travel to the various sites. It is recommended, however, that candidates prepare for the interview day by bringing a GPS unit as well.

Once the interviews conclude, Primary Supervising Psychologists submit a ranking of interviewed applicants to the Director of Training. In collaboration with the Supervising Psychologists, a final Rank Order List of applicants is prepared by the Director of Training for the National Matching Service (NMS). The final Rank Order List is submitted to the NMS by the submission deadline. In addition to the goodness of fit between the applicant’s preparation, goals and training experiences, other factors to be considered in rank ordering candidates are:

- Enthusiasm for internship training
- Openness to new learning experiences
- Openness to supervision
- The candidate’s candor, insight, sense of humor, and interpersonal skills demonstrated during the interview
- The consideration and support shown to other intern candidates during the interview day.

In all respects, the internship selection procedures shall comply with APPIC guidelines.

Qualifications and Entrance Criteria

Applicants must have a broad academic base of training, be admitted to doctoral candidacy, and have at least 500 hours of supervised practicum experience appropriate to the applied practice of professional psychology, including assessment (200 hours) and intervention (300 hours). Preference is given to applicants who are enrolled in APA-accredited university training programs in professional psychology, including clinical, school and combined professional scientific.

Non-Discrimination Policy

Devereux is an equal opportunity employer. It is the policy of the Devereux Foundation to admit and treat all patients, hire staff and appoint interns without regard to race, religion, creed, color, sex, marital status, citizenship status, veteran status, disability, communication ability, sexual orientation, age, national origin or ancestry.
The Internship in Professional Psychology
Training Tracks

Adult Services

Center for Effective Schools

Children's Behavioral Health Services: Brandywine

Children's Behavioral Health Services: Mapleton

Children with Intellectual & Developmental Disabilities Services (CIDDS)

Community Services

Poconos Programs and Services
Adult Services

Client Population

Devereux PA Adult Services provides programs and supports for adult individuals with intellectual and developmental disabilities, autism spectrum disorders, mental health disorders, dual diagnoses and brain injuries. Individuals receiving services range from transition age-olds to the aging. Interns have the opportunity to work with a variety of individuals, clinical conditions and age ranges.

Treatment Program Overview

Our mission for the doctoral internship is to provide a training experience that will prepare the intern for beginning independent practice in psychology. Devereux PA Adult Services provides a model for clinical interventions and supports using identified evidence-based practices. Core components of this model include functional and behavioral assessment methods, clinical hypothesis formulation related to specific assessment data, evidenced based interventions linking to the clinical hypothesis, and progress monitoring that informs data-based decision making.

Clinical services are provided in campus-based homes, community group homes, apartment programs and in other community settings. In addition, prevocational services and specialized work skills training programs are provided for those individuals involved in the vocational/work programs.

Training Activities

Assessment. Interns are provided an array of assessment opportunities including functional behavior assessment, intellectual assessment, adaptive assessment and clinical behavior assessment. The intern will also have opportunity to conduct limited neuro-psychological assessments.

Intervention. Interns use the assessment process to formulate a clinical hypothesis. This hypothesis is then used to select evidenced based interventions that are relevant to the presenting problems. A key aspect of clinical intervention is the teaching of alternative or functionally equivalent skills that relate directly to shaping more socially acceptable responses in place of the individual's challenging behaviors. Some of these interventions may include: identifying specific coping strategies, problem solving approaches, anger management training, relaxation technique training, and cognitive-behavioral approaches.

Consultation/ Behavioral Intervention. Clinical consultation is widely used in the delivery of services. Interns gain experience in both direct and indirect consultative approaches when working with individuals and their interdisciplinary teams. A behavioral consultative model is utilized at Devereux PA Adult Services.

Applied Research/ Program Evaluation. Interns are required to complete a research project during their internship experience at Devereux. Based on a topic of interest, interns are guided throughout the process, from conducting a literature review to developing the methodology for implementation, analyzing the results and discussing the findings. Interns also participate in the Center’s Applied Research program and participate in the planning, implementation and presentation of research. In addition, there are
opportunities to join other various program projects that serve to evaluate the quality of service delivery and enhance the system of care.

**Diversity/Cultural Competency.** Cultural issues and concerns are interwoven into all clinical applications. This includes selecting assessments, interventions and training methods that have cultural relevance and impact on the individual’s care. Additionally, interns are exposed to collaborative, culturally sensitive consultation practices.

**Supervision.** At mid-year, the intern has the opportunity to provide clinical supervision to the clinical team members who are assisting on the intern’s research project. The experience includes scheduling supervision times, coordinating clinical activities related to the research project and formal documentation of the supervisory sessions.

**Professional Skills and Development.** Professional skills and development begins during the first week of the internship and is evaluated throughout the year. After an initial self-assessment of skills is completed by the intern, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

**Training Supervision**

Supervision of interns is provided in both individual and group formats. Devereux PA AdultServices uses a developmental competency-based model that builds clinical skills over the course of the internship. Group supervision is provided weekly through participation in the clinical teams. Clinical issues, case reviews, in-service training, individual issues and organizational information are some of the common topics at the group supervision meetings. Additionally, didactic center-based training experiences are possible.

**Desired Intern qualifications and competencies**

The ideal intern candidate will have the following characteristics:

- Strong interest in working with adults with intellectual disabilities, autism, dual diagnoses, and brain injury.
- Interest in working in a Social Learning/Behavioral model for clinical service delivery.
- Experience participating in applied research and willingness to learn and participate in research projects and related program development initiatives
- Experience in working in an interdisciplinary team process

**Outcomes of Training**

Over the course of the training year, the intern will develop competencies in providing clinical services using a best practices model where clinical formulation, intervention and analysis are supported by relevant clinical data. Specific skills will be developed in the
areas of functional behavioral assessment, individual therapy, psychological assessment, group therapy, research methodology, and the consultative process.

Upon completing the training year, interns are employed in residential programs, clinics, hospitals, community programs and as consultants for specialized populations.
Center for Effective Schools

Client Population

The Devereux Center for Effective Schools (CES) serves students with, and at risk for developing, antisocial patterns of behavior within public schools (located primarily in urban communities) as well as within other child serving institutions, including private day schools, residential treatment centers and hospital programs.

Treatment Program Overview

The CES is an applied research and technical assistance center specializing in bringing evidence-based practices to schools, districts and other child-serving programs through training/technical assistance, consultation, and model program development. The CES utilizes an integrated three-tiered (universal, secondary, tertiary) approach to prevention and intervention.

At the universal level, targeting all students in the school (or program), the emphasis is on developing strategies to prevent or minimize the occurrence of problem behavior while improving academic performance. Training and technical assistance activities focus on developing schoolwide interventions (e.g., schoolwide positive behavior support [SWPBS], response-to-intervention [RtI], school-based parent training), class-wide interventions (e.g., behavior and instructional management strategies) and strategies for non-classroom settings within the school (e.g., The Lunchroom Behavior Game).

At the secondary level, targeting students at risk for behavioral and academic difficulties, training and technical assistance activities include assisting teams in the implementation of efficient, function-based strategies to prevent worsening problem behavior and academic performance (e.g., check-in/check-out interventions and study/social skills interventions).

At the tertiary level, efforts are made to increase school or institutional capacity to effectively impact students with severe and chronic behavior and/or learning difficulties through consultation and technical assistance. In addition, systematic efforts are made to help improve comprehensive behavior support by utilizing a wraparound model involving key individuals in the child’s life at school, home, and the community.

All programs are implemented with an applied research focus. Formative evaluation and treatment integrity are cornerstones of service delivery.

Training Activities

Assessment. Interns have the opportunity to conduct assessments at multiple levels from school-wide, to class-wide, to individual students. Assessments are conducted for academic concerns, behavioral concerns, or both.

Intervention. Interns will have the opportunity to engage in intervention planning, implementation, and evaluation within the consultative framework. The planning, implementation, and evaluation will occur at multiple levels, including working with leadership teams to develop school-wide interventions, working with an individual
teacher to implement a class-wide intervention, or assisting school staff to design a function-based behavior intervention plan for an individual student.

**Consultation.** Service delivery at CES is indirect in nature and thus, relies heavily on consultation - in particular, a behavioral model of consultation. Consultative focus occurs at multiple levels ranging from school-wide, to class-wide, to the individual student or groups of students. In addition to the basic problem-solving steps of problem-identification, problem analysis, plan implementation and evaluation, CES consultants facilitate team meetings, provide team-based training and provide technical assistance and feedback on intervention implementation.

**System Service Delivery.** Much of the work of the CES intern will be at the systems level. The CES intern will have the opportunity to train and consult with teams in an effort to improve system capacity for serving youth with, or at risk for developing, emotional and behavioral disorders.

**Research/Program Evaluation.** CES is an applied research institute and the majority the project sites operate under a research framework. Interns have multiple opportunities to engage in formative and summative evaluation. In addition, an internship requirement is to complete a research project. Interns at CES are typically well-versed in research methodology so this requirement is an opportunity to showcase their skills. Past interns have presented their projects at national conferences and have published their results in refereed journals.

**Diversity/Cultural Competency.** Given the urban focus of CES and the wide range of organizations with which we consult, cultural issues and concerns are woven into all aspects of the training program. Interns are exposed to culturally competent practices through the seminar series as well as in weekly supervision sessions.

**Supervision.** Interns will have the opportunity to provide supervision to masters-level psychologists or therapists in the CES department or in other Devereux programs. Supervision activities may range from supervising a training/technical assistance activity to providing oversight on an individual clinical case, including the conduct of a functional behavioral assessment and individual behavior support plan.

**Professional Skills and Development.** Professional skills and development begin during the first week of the internship and are continuously evaluated throughout the year. After an initial self-assessment is completed, specific goals and objectives will be established. Professional skills include time management, dependability, ethical standards, judgment and decision-making ability, among others. These targeted areas will be reviewed and discussed during individual supervision.

**Training Supervision**

Supervision is provided by the primary supervisor, a licensed psychologist and certified school psychologist. Supplemental supervision is provided by other members of the CES team who are coordinating projects that include the intern. Supplemental supervisors may include other licensed psychologists, school psychologists or certified behavior analysts.

Individual supervision with the primary supervisor is accomplished through weekly scheduled 2-hour face-to-face meetings, in addition to informal contacts and in-vivo
observations that occur throughout the course of a week. Supervision from supplemental supervisors consists of a combination of formal meetings and on-site observations. A combination of peer and professional supervision is also offered through the bi-weekly roundtable seminars.

**Desired Intern qualifications and competencies**

CES is an excellent nontraditional training opportunity for candidates with training in school psychology, strong knowledge in applied behavior analysis and research design, and experience in academic and behavioral assessment, intervention, and school-based consultation. An interest in working with students with behavior disorders, educators, and parents in an urban setting is required. Knowledge of the basic tenets of school-wide positive behavior support is preferred.

**Outcomes of Training.**

The CES provides an opportunity to train within a research institute dedicated to providing a continuum of services to public schools and other child-serving systems. Due to the indirect nature of service delivery, this is a unique training opportunity within the Devereux organization for interns seeking a non-traditional experience. During the training year, interns develop and refine skills in consultation, training, and technical assistance along with skills in clinical services including academic and behavioral assessment and intervention. At times, there are additional opportunities to develop grant writing skills (although not a required component of the internship). Upon successful completion of the training year, CES interns typically accept employment positions as school psychologists in a school district, as college or university faculty members, or as training/consultation or research professionals for state departments of education or applied research centers.
Children’s Behavioral Health Services: Brandywine Programs

Client Population

The Devereux Brandywine Programs serves approximately 140 boys between the ages of 7-20. Clinical diagnoses vary widely, but generally are encompassed in one of the following categories: Post Traumatic Stress Disorder, Mood Disorders, Disruptive Behavior Disorders, and Pervasive Development Disorders.

Treatment Program Overview

The guiding treatment philosophy is Trauma Informed Care. Brandywine is certified by the Sanctuary Institute (www.sanctuaryweb.com/institute.php) and adheres to Principles of the Sanctuary Model (Bloom, S. L., 1997) in our organizational culture and approach to treatment. A combination of Cognitive-Behavioral therapy (CBT), Collaborative Problem Solving and Motivational Interviewing is used to assist the client to identify dysfunctional beliefs, learn alternative strategies, and increase their readiness to change. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) interventions are employed as a module based approach to help clients understand their behaviors and beliefs as responses to trauma, learn skills in relaxation, increase affect tolerance, and learn connections between thoughts, feelings, and actions. Gradual exposure is used to facilitate processing of the traumatic experiences and installation of more adaptive beliefs. Family therapy features an emphasis on parent management training and dealing with resistance to consultation on parenting practices using strategic and trauma informed approaches.

Training Activities

Assessment. Interns are required to demonstrate competency in assessment during the training year. Interns are expected to have developed competence in administration of psychological tests prior to internship. Assessment assignments provide an opportunity for the intern to develop competency:
- tailoring assessment batteries to address referral questions
- mastering resolution of discrepant results
- developing clear conclusions that are responsive to the referral question(s)
- writing individualized recommendations that follow rationally from the results and provide user friendly guidance to the clinical team.
Types of assessment opportunities include assessment of cognitive functioning, academic skills, functional skills, diagnostic evaluations, functional behavioral assessments, intake evaluations and personality functioning.

Intervention. Interns carry a caseload of approximately 4-6 clients. Interns meet with clients individually for at least 1 hour per week and with the client’s family for 1 hour per week. Additionally, the intern also provides group therapy for 1 hour per week. Interns are expected to be available for crisis intervention as needed for their clients.

Consultation. Interns provide consultation during team meetings and on an individual basis with all disciplines within the therapeutic milieu.
System Service Delivery  Interns are responsible for the case management activities associated with clients. Case management typically involves collaboration with delinquency and dependency court systems, managed care organizations, resource coordinators and educational settings. Case management includes planning for visitation and securing aftercare services.

Research/Program Evaluation.  Interns complete a research project or program evaluation during their training year. The projects may be part of an existing research project or the intern may develop his or her own research initiative.

Diversity/Cultural Competence.  Interns work with a culturally diverse population. Therefore, the ability to provide culturally sensitive interventions is essential to the treatment of the population.

Supervision.  Interns work with a multidisciplinary team and provide supervision to members of the team on the implementation of behaviorally-based intervention. In some cases, interns may have the opportunity to supervise a practicum student.

Professional Skills and Development.  Professional skills and development begin during the first week of the internship and are continuously evaluated throughout the year. After an initial self-assessment is completed, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

Training Supervision

The intern is provided with four hours of individual and group supervision each week throughout the training year. The intern will be assigned to work with a primary supervisor and a supplemental supervisor. The primary supervisor will supervise the intern on individual and group therapy, assessment, the research project and general internship issues. The secondary supervisor will supervise the intern on family therapy and case management.

Desired Intern Qualifications and Competencies

The ideal intern candidate will have experience in providing evidenced based practices to children and adolescents, the ability to conceptualize a case from a CBT frame work, and experience in administering a variety of assessments to children and adolescents. The ideal candidate will be trained in behavioral principles and have the ability to apply behavioral interventions. Intern candidates should have strong consultation skills and be able to work collaboratively with a multidisciplinary team. Additionally, intern candidates will be able to conduct independent research (e.g., conceptualization, methodology, and analysis).

Outcomes of Training

During the training year the intern will develop a proficient clinical acumen. As a member of the treatment team, the intern will be exposed to multiple theoretical approaches for individual, group and family therapies with diverse clientele. Throughout the training year, the intern will become skillful in managing crisis situations and will develop and implement long term treatment objectives. Additionally, the intern will
become adept at working as a part of a multidisciplinary team and in navigating complex systems and collaborating with outside agencies. Upon successful completion of the training year, interns may elect employment in acute and sub-acute settings. Many Interns also secure faculty and research-based positions.
Children’s Behavioral Health Services: Mapleton Programs

Client Population

The Devereux Mapleton Programs serves approximately 90 adolescents between the ages of 12-18. About 80% of the client population is female. Clinical diagnoses vary widely, but generally are encompassed in one of the following categories: Post Traumatic Stress Disorder, Mood Disorders, Disruptive Behavior Disorders, and Pervasive Development Disorders.

Treatment Program Overview

The guiding treatment philosophy is based on a cognitive behavioral/behavioral approach. A combination of Cognitive-Behavioral therapy (CBT) and Dialectic Behavioral Therapy (DBT) is used to identify dysfunctional beliefs about the self, others, and the world. Unhealthy belief patterns are challenged and replaced with more functional ideas and thinking that assists individuals with everyday problem solving. Clients learn skills in relaxation, challenging upsetting thoughts, and social problem solving. These problem solving skills along with behavioral principles such as rewards and natural consequences are woven into milieu interventions. In addition to the overarching framework, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) interventions are employed. TF-CBT is an evidence-based treatment approach designed to help clients and their families overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events.

Training Activities

Assessment. Interns are required to demonstrate competency in assessment during the training year. Assessments are tailored to meet the referral questions and encompass many forms such as the assessment of cognitive functioning, academic skills, functional skills, diagnostic evaluations, functional behavioral assessments, intake evaluations and personality functioning.

Intervention. Interns carry a caseload of approximately 8 clients. Interns meet with clients individually for at least 1 hour per week and with the client’s family for 1 hour per week. Additionally, the intern also provides group therapy for 1 hour per week. Interns are expected to be available for crisis intervention as needed for their clients.

Consultation. Interns provide consultation during team meetings and on an individual basis with all disciplines within the therapeutic milieu.

System Service Delivery. Interns are responsible for the case management activities associated with clients. Case management typically involves collaboration with delinquency and dependency court systems, managed care organizations, resource coordinators and educational settings. Case management includes planning for visitation and securing aftercare services.

Research/Program Evaluation. Interns complete a research project or program evaluation during their training year. The projects may be part of an existing research project or the intern may develop his or her own research initiative.
**Diversity/Cultural Competence.** Interns work with a culturally diverse population. Therefore, the ability to provide culturally sensitive interventions is essential to the treatment of the population.

**Supervision.** Interns work with a multidisciplinary team and provide supervision to members of the team on the implementation of behaviorally-based intervention. In some cases, interns may have the opportunity to supervise a practicum student.

**Professional Skills and Development.** Professional skills and development begin during the first week of the internship and are continuously evaluated throughout the year. After an initial self-assessment is completed, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

**Training Supervision**

The intern is provided with four hours of individual and group supervision each week throughout the training year. The intern will be assigned to work with a primary supervisor and a supplemental supervisor. The primary supervisor will supervise the intern on individual and group therapy, assessment, the research project and general internship issues. The secondary supervisor will supervise the intern on family therapy and case management.

**Desired Intern Qualifications and Competencies**

The ideal intern candidate will have experience in providing evidenced based practices to children and adolescents, the ability to conceptualize a case from a CBT frame work, and experience in administering a variety of assessments to children and adolescents. The ideal candidate will be trained in behavioral principles and have the ability to apply behavioral interventions. Intern candidates should have strong consultation skills and be able to work collaboratively with a multidisciplinary team. Additionally, intern candidates will be able to conduct independent research (e.g., conceptualization, methodology, and analysis).

**Outcomes of Training**

During the training year the intern will develop a proficient clinical acumen. As a member of the treatment team, the intern will be exposed to multiple theoretical approaches for individual, group and family therapies with diverse clientele. Throughout the training year, the intern will become skillful in managing crisis situations and will develop and implement long term treatment objectives. Additionally, the intern will become adept at working as a part of a multidisciplinary team and in navigating complex systems and collaborating with outside agencies.

Upon successful completion of the training year, interns move on to work in acute and sub-acute settings. Many Interns also secure faculty and research-based positions.
Children’s Intellectual and Developmental Disabilities Services (CIDDS)

Client Population

CIDDS serves approximately 280 children and adolescents in campus-based and community-based residential treatment facilities, treatment foster care homes, and approved private school educational placements. The primary age range is 6 to 21; however, CIDDS may accept children younger than age 6 to a treatment foster care home or continue to serve individuals over the age of 21 until an appropriate adult placement can be obtained for that individual. The individuals served by CIDDS have intellectual and/or developmental disabilities and concomitant psychiatric and behavioral challenges. Intellectual functioning of the clients ranges from the severe range of intellectual disability to the borderline range of intellectual disability. Over half of the client population also has an autism spectrum diagnosis. Referral problems include the full range of psychiatric disorders, behavioral concerns such as aggression and self-injurious behavior, and juvenile justice concerns such as sexual offending behaviors and drug and alcohol abuse.

Treatment Program Overview

CIDDS provides services under Devereux’s Philosophy of Care model. In the CIDDS programs, a positive behavioral support environment is developed within the residential milieu and school programs that teaches and reinforces appropriate, communicative, pro-social, and other adaptive behaviors. Further, each client is surrounded by a team of interdisciplinary professionals working to provide specialized assessments and interventions that build on client strengths and assist with remediating client needs. Psychological interventions are grounded in behavioral and cognitive-behavioral theory, and the psychology staff works very closely with medical, psychiatric, residential, educational, and social services staff to provide a comprehensive and integrated system of care. For the individuals served, improvements in communication, self-regulatory, and other adaptive skills lead to more appropriate and enjoyable social relationships, more personal independence, and opportunities for movement to less restrictive settings such as re-integration to home or transfer to community living arrangements.

Training Activities

Assessment. Functional behavioral assessment is a key component for understanding why challenging behaviors occur. Interns are provided with treatment method seminars to introduce them to different functional behavioral assessment tools and interpretation of assessment results. Supervision is also provided at CIDDS for functional behavioral assessment, development of functional hypotheses, and developing positive behavior support plans which link to the results of the functional behavior assessments. Interns also receive training and supervision in psychological and neuropsychological assessments designed to answer specific diagnostic questions. Interns at CIDDS gain experience administering a wide array of cognitive assessments, adaptive behavior assessments, social-emotional assessments, forensic risk assessments, and neuropsychological assessments. Assessment supervision and training also focuses on integration of assessment data, clinical formulation, and provision of meaningful recommendations and feedback.
**Intervention.** Clinical case assignments are selected to give the intern a diverse group of clients to broaden his/her expertise with the presenting problems of IDD children and adolescents. However, if the intern has a particular interest in a special clinical population, the case assignments can also be modified to reflect this interest in the latter portion of the internship. Clinical interventions can take an individual, group, or family focus. Interventions range from skill training, positive behavior support planning, cognitive-behavioral therapy, and parent training and therapy. Supervision is provided in clinical formulation, treatment planning, and progress monitoring. The intern will also have opportunities to observe supervisors or senior clinical staff as they conduct interventions, and the intern will also experience live supervision when conducting his/her own interventions. Further, all Devereux interns have the opportunity to participate in treatment methods seminars on alternate Fridays.

**Consultation.** Given the different treatment settings that comprise CIDDS, a significant part of the role of all clinicians is providing staff consultation. Interns have the opportunity to consult with school, medical, psychiatric, and residential staff regarding successes or challenges that an assigned client might experience. Consultation may involve assessment, observation, and/or interviews to formulate hypotheses. From the hypotheses, the intern will formulate both informal and formal recommendations. In cases where a specific training or a behavior support plan may be recommended, the intern will provide training and follow-up to ensure treatment integrity.

**System Service Delivery.** As a part of a multidisciplinary team, the intern is responsible for the clinical needs of assigned clients. Each team has an assigned social services coordinator who is responsible for general case management duties such as arranging home visits and setting up discharge resources. Interns and clinical staff are responsible for any clinical case management that involves reports to behavioral health care funders on client progress and requests for additional authorization of clinical services.

**Research/ Program Evaluation.** Each intern is expected to complete one research or treatment outcome study during the training year. Interns are encouraged to participate in an existing research study in collaboration with another clinician at CIDDS or to develop a new project. As an alternative to an experimental design, interns may choose to participate in a treatment outcome study on a topic that is relevant to the center and will aid Devereux’s treatment outcome initiatives. Interns present their research/treatment outcome findings at a formal presentation to peers and other clinical staff. Interns are supported in their research by the Devereux Behavioral HealthCare Library, staff at ICTR, and the intern supervisory staff at CIDDS.

**Diversity/Cultural Competency.** Interns are provided training and supervision surrounding issues of cultural and individual diversity. Diversity dynamics are integrated in all parts of training, including assessment, intervention, consultation, case management, research, and supervision. These dynamics are crucial to the understanding of the individual and in planning and delivery of treatment. The interns have the opportunity to work with culturally and individually diverse clients as well as staff. CIDDS recruits staff internationally and supports cultural and individual diversity in the workplace. English-only speaking interns and psychology staff have access to an interpretation service for working with clients and families whose primary language is not English.
Supervision. Interns have the opportunity to learn about the process of the supervision of others during the training year. In their role as consultants, interns may need to supervise direct support staff in carrying out treatment recommendations and treatment protocols. Goal-setting, coaching, mentoring, and providing performance feedback are all skills that the intern develops to improve his/her competence as a supervisor. During some training years, interns may have opportunities to also supervise clinical pre-professional trainees.

Professional Skills and Development. Professional skills and development begin during the first week of the internship and are continuously evaluated throughout the year. After an initial self-assessment is completed, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

Training Supervision

The intern is supervised by three licensed, doctoral level psychologists who provide four hours of individual, face-to-face supervision each week. The intern also participates in a weekly hour of group supervision with the other clinical staff. Live supervision is provided by supervisors participating in meetings, assessment and intervention sessions, and consultation sessions with the intern. Additional mentoring may be provided by senior clinicians and consultants who have specialized clinical expertise.

Desired Intern qualifications and competencies

Intern candidates should have a strong professional interest in working with children and adolescents with intellectual and developmental disabilities. Ideal candidates will have a strong foundation of assessment and intervention experiences with child and adolescent IDD populations by the time they apply for internship. A background and preference for behavioral/cognitive behavioral theory and its application is desired. Intern candidates should also enjoy working with a multidisciplinary team.

Outcomes of Training

Over the course of the training year, the intern will develop competencies and independence in providing clinical services using a best practices model where clinical assessment, formulation, intervention, and analysis are supported by relevant clinical data. After completing the internship, interns most commonly continue their training in formal post-doctoral fellowship placements in clinical setting such as hospitals and residential treatment facilities. Past interns have also taken positions in clinical settings that provide them with the necessary post-doctoral supervision to obtain professional licenses. Additionally, some interns have accepted academic appointments upon completion of internship.
Community Services

Client Population
Devereux PA Community Services provides programs and supports to children and adult individuals with intellectual and developmental disabilities, autism spectrum disorders and mental health disorders. Individuals receiving services range from young children to older adults. Interns have the opportunity to work with a variety of individuals, clinical conditions and age ranges.

Treatment Program Overview
Our mission for the doctoral internship is to provide a training experience that will prepare the intern for beginning independent practice in psychology. Devereux PA Community Services provides a model for clinical interventions and supports using identified evidence-based practices. Core components of this model include functional and behavioral assessment methods, clinical hypothesis formulation related to specific assessment data, evidenced based interventions linking to the clinical hypothesis, and progress monitoring that informs data-based decision making.

Clinical services are provided in home, school and community settings. In addition, community-based prevocational services and specialized work skill programs are provided to assist adults with disabilities to secure competitive employment in the community.

Training Activities

Assessment. Interns are provided with an array of assessment opportunities including functional behavior assessment, intellectual assessment, adaptive assessment, clinical behavior assessment and neuropsychological assessment.

Intervention. Interns use the assessment process to formulate a clinical hypothesis. This hypothesis is then used in developing positive behavior support plans based on evidence-based interventions. A key aspect of clinical intervention is the teaching of functionally equivalent skills that relate directly to shaping more socially acceptable responses in place of the individual’s challenging behaviors. Some of these interventions may include teaching specific functional communication skills, social skills, coping strategies, problem-solving approaches, anger management training, relaxation technique training and cognitive-behavioral approaches.

Consultation. Clinical consultation is widely used in the delivery of services. Interns will gain experience acting as a consultant to community-based treatment teams including staff, family and/or school staff.

Research/ Program Evaluation. Each intern is expected to complete one research or treatment outcome study during the training year. Interns are encouraged to participate in an existing research study in collaboration with another clinician at Community Services or to develop a new project. As an alternative to an experimental design, interns may choose to participate in a treatment outcome study on a topic that is relevant to the program and will aid Devereux’s treatment outcome initiatives. Interns present their research/treatment outcome findings at a formal presentation to peers and other clinical staff. Interns are supported in their research by the Devereux Behavioral HealthCare Library, staff at ICTR, and the intern supervisory staff at Community Services.
Diversity/Cultural Competency. Cultural issues and concerns are interwoven into all clinical applications. This includes selecting assessments, interventions and training methods that have cultural relevance and impact on the individual’s care. Additionally, interns are exposed to collaborative, culturally sensitive consultation practices. Devereux’s community based programs span multiple counties within PA including urban, suburban and rural communities. Thus, intern will have opportunities to address treatment and assessment issues (under supervision) across client populations which vary markedly across numerous cultural dimensions.

Supervision. At mid-year the intern has the opportunity to provide clinical supervision to the clinical team members who are assisting on the intern’s research project. The intern will also have the opportunity to supervise behavior therapists working in community behavioral health programs in home and school settings. Supervision experiences include, scheduling supervision times, coordinating clinical activities related to research and treatment, and formal documentation of supervision times.

Professional Skills and Development. Professional skills development begins during the first week of internship and is evaluated throughout the year. After an initial self-assessment of skills is completed by the intern, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

Training and Supervision

Supervision of interns is provided in both individual and group formats. Devereux PA Community Services uses a developmental competency-based model that builds clinical skills over the course of the internship. Group supervision is provided weekly through participation in the clinical teams. Clinical issues, case reviews, in-service training, individual issues and organizational information are some of the common topics at the group supervision meetings. Additionally, didactic center-based training experiences are possible.

Desired Intern qualifications and competencies

The ideal intern candidate will have the following characteristics:

- Strong interest in working with children with emotional/behavioral disorders, autism and other developmental disabilities as well as with adults with intellectual disabilities and autism;
- Interest in working in a social learning/behavioral model for clinical service delivery;
- Experience conducting psychological and neuropsychological testing, interpretation and consultation;
- Interest in and willingness to participate in applied research and related development initiatives.

Outcomes of Training

Over the course of the training year, the intern will develop competencies in providing
clinical services using a best practices model where clinical formulation, intervention and analysis are supported by relevant clinical data. Specific skills will be developed in the areas of functional behavioral assessment, individual therapy, psychological and neuropsychological assessment, group therapy, research methodology, and the consultative process. Upon completing the training, interns may be employed in residential programs, clinics, hospitals, community programs and as consultants for specialized populations.
Pocono Programs and Services

Client Population

The Devereux Pocono Programs and Services serves approximately 86 adults (in residential programs) aged 18 through the lifespan with intellectual and developmental disabilities, co-occurring diagnoses (i.e., intellectual disability and mental illness), mental illness only, and Traumatic Brain Injury. Individuals have a variety of psychiatric, medical and behavioral needs that are met through an interdisciplinary team process. Individuals are served in residential, community-based group homes, prevocational settings, and Life Sharing. Life Sharing provides individuals with the opportunity to live in a natural family setting while receiving support, treatment and services to improve their quality of life, and increase their independence. In addition, the Pocono Center provides children’s Behavioral Health Rehabilitation Services, which provides Therapeutic Support Staff, Mobile Therapy and Behavioral Support Coordination services to children with a variety of disabilities and diagnoses.

Treatment Program Overview

The purpose of the internship program is to provide a variety of clinical, assessment and consultation experiences with children (through the BHRS program), and adults with intellectual and developmental disabilities and mental health challenges across settings utilizing an interdisciplinary approach to treatment. Within this setting interns progress from an initial, closely supervised and monitored experience to a more autonomous level of professional functioning by the end of the training year. The overarching goal of the program is to prepare the intern for entering the independent practice of psychology.

The internship is consistent with the scientist-practitioner model and reflects a concern for the competent, theoretically informed, and empirically grounded practice of professional psychology. In addition, interns are encouraged to continue to develop their research and analytical skills in combination with their clinical competencies.

Training Activities

Assessment. Psycho-educational and psychological assessment and diagnosis are an important part of serving individuals with intellectual and developmental disabilities. Evaluations are conducted to determine eligibility for funding and placement and treatment decisions. Each intern is required to attain competency. Assessments will include psychological evaluations, functional behavioral assessments, mental status examinations, dementia screenings, and other assessments, as necessary. The administration, report writing, and feedback of assessments are supervised by the clinical director. In addition, interns are responsible for clinical aspects of annual reports for their assigned caseload and to develop positive behavioral support plans as needed.

Intervention. Interns have the opportunity to carry between 4 and 6 individual therapy cases, participate in program implementation, and provide informal supportive counseling. Interns facilitate one or two groups either alone or with a co-facilitator (examples of groups are anger management, social skills, advocacy, etc). Experience in family therapy can be provided in certain circumstances; however, this is not a commonly provided service at the Pocono Center. At the end of the training year, interns present a formal case review to Devereux faculty and staff.
**Consultation.** Each intern has the opportunity to serve as a consultant, which includes consultation to staff participating in one of the ongoing model programs. In addition, the intern attends weekly team, clinical team, and medication review meetings. Interns also serve as consultants to train direct support professionals on implementation of Social Emotional and Environmental Support Plans and other behavioral interventions. Interns have the opportunity to provide training to staff for modules such as Introduction to the Individuals We Serve, Positive Approaches, Traumatic Brain Injury, New Directions, and Preventing Sexual Incidents.

**System Service Delivery.** While the intern training does not specifically include experience in case management, there will be opportunities to interact with support coordinators from outside agencies and families to provide support and occasional coordination of visits and other services.

**Research/ Program Evaluation.** The intern is required to conduct a research project that contributes to the work of the Pocono Center. At the beginning of the internship year, interns and supervisors discuss an appropriate study to conduct. Interns conduct a literature review, submitting an IRB approval form, collecting data on the identified variable or intervention, conducting appropriate statistical analysis, interpreting the data, and writing up the study. The final research projects are presented to Devereux faculty and staff.

**Diversity/Cultural Competency.** Devereux believes that cultural competence and diversity are an important aspect of any integrated training experience. Training and opportunities to work with diverse populations and staff are provided on a regular basis throughout the training year.

**Supervision.** Interns provide supervision to pre-professional trainees and other practicum students. The supervision is overseen by the primary supervisor at the site.

**Professional Skills and Development:** Professional skills and development begin during the first week of the internship and are continuously evaluated throughout the year. After an initial self-assessment is completed, specific goals and objectives will be established. These targeted areas will be reviewed and discussed during individual supervision.

**Training Supervision**

Each intern receives 2 hours per week of individual supervision from the Director of Clinical Services in the area of individual/group therapy, assessment, and consultation. Consultation with other licensed staff (LPC, LSW) is available as well to enhance the training experience.

At the start of the training year, the intern and primary supervisor will discuss the intern’s goals for obtaining clinical skills in their area of primary interest. Devereux’s diverse client population provides opportunities to tailor the internship experiences to meet the needs and interests of the interns.

Interns receive 2.0 hours of group supervision weekly at group clinical supervision meetings. In addition to on-site supervision, interns are required to travel every two weeks to the Institute of Clinical Training and Research in Villanova, PA (approximately 2 hour drive) to participate in didactic training and socialization experiences with the other interns.
Desired Intern qualifications and competencies

The ideal intern candidate will possess prior experience in working with individuals with Autism Spectrum disorders, or intellectual and developmental disabilities, with a goal of further developing competencies to serve this target population. In addition, some prior experience or foundational knowledge of Functional Behavioral Assessment and/or Positive Behavioral Support is desirable.

Outcomes of Training

At the end of the training year, interns will demonstrate competence in the practice of psychology. This includes competence in performing assessments, treatments and consultation in an ethical and professional manner. In addition, interns will demonstrate cultural competence in working with varied populations and serving as a member of treatment teams. The intern also will be able to demonstrate an understanding of the research and literature relevant to the populations served. All aspects of the training year will be conducted in adherence with the ethical standards set forth by the American Psychological Association and the Commonwealth of Pennsylvania.