Agency Description
The Child Guidance Center of Southern Connecticut is an independent not-for-profit agency that has served southwestern Fairfield County for over 60 years. A staff of over 30 clinicians offers a full array of out-patient mental health services to children, adolescents, and their families. The agency's focus is to thoroughly evaluate each child and family so that treatment services can be matched to specific developmental, social, behavioral, and systemic needs.

Evaluations at the Center include developmental evaluations of preschoolers, psychological and neuro-psychological testing, crisis evaluations, psychiatric and psychopharmacological evaluations, and forensic evaluations of children having disclosed sexual abuse.

The Center provides traditional individual, group and family treatment along with psychopharmacological services. Treatment approaches include an integration of psychodynamic, cognitive-behavioral, interpretative play, systemic, and crisis intervention approaches. The Center also has in place three evidence-based treatments, including Multi-Dimensional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy and Child First.

Additionally, the Center provides consultative services to day care providers, Head Start and Early Head Start, public and private schools, and local police departments. Community education is offered to community groups, parent groups and other professionals in the area.

The Center provides individual, weekly supervision to each member of staff, and a full schedule of seminars and case conferences that all staff and trainees attend. Each clinician also participates in weekly interdisciplinary treatment planning meetings.

Interns will not be expected to provide all the services described above. See Program Descriptions below for additional clarification.

Programs of the Center
The Child Guidance Center of Southern Connecticut provides the following programs:

Child and Family Therapy: The Child and Family Therapy Program offers assessment, consultation, and treatment services to children aged 0-18 and their families. Individual, group and/or family therapy may be offered depending upon the initial family assessment and the joint recommendation of the clinician and the treatment planning team. Parents may also be seen for a variety of services including parental guidance, psycho-education, supportive intervention, and concrete services. Additional assessments including neuro-psychological and psychological testing, psychiatric evaluations, and developmental evaluations are also
available for patients when requested or deemed clinically appropriate. Psychopharmacology is also provided as needed.

**Emergency Mobile Psychiatric Service (EMPS):** The same services that are offered in the Child and Family Therapy Program are available in the Emergency Mobile Psychiatric Service, but the focus and intensity of the services differs. Children are assigned to this program when in a psychiatric emergency (e.g., suicidal, homicidal, traumatized, etc.). Children assigned to the EMPS are seen in the community within 45 minutes of the time of the call to our Crisis-line. The focus of treatment is to assess and to stabilize the patient and family, relieve immediate stressors, avoid unnecessary hospitalization and make decisions concerning the need for further services. To that end, children and families may be seen multiple times per week for no more than 6 weeks. Clinicians dedicated to the Team meet together twice weekly in addition to their weekly supervision meetings.

**Child Guidance-Community Policing Partnership:** This program is a replication of the program prototype developed between the Yale Child-Study Center and the New Haven Police Department. It was the 9th of such sites in the nation. Staff in this program is available to the Stamford Police Department 24 hours a day, 7 days a week. We offer to the police mental health consultation or direct intervention for any police matter affecting a child. Examples of circumstances for which we are called include the suicide of a parent, apparent child neglect, the arrest of a family member, and exposure to domestic violence or violent crime.

**Trauma Focused CBT:** TF-CBT is an evidence-based treatment added to the agency's list of available treatment modalities in 2008. The treatment is offered to children or adolescents who have suffered an aversive event which is thought to be responsible for symptoms and which occurred more than 30 days prior to the start of treatment. It is a short-term treatment that is intended to be completed within six months. The treatment is supported by a clinical team, led by a supervisor trained in this modality.

**Child Sexual Abuse Response Team (SART):** SART is a collaborative formed by this agency along with representatives of the local police departments, child protective services, the Sexual Assault Crisis Center, the State’s Attorney’s Office, and others. This team’s purpose is to ensure that children who disclose sexual assault or serious physical abuse are investigated in a timely, thorough and sensitive manner, and to ensure that they and their families are supported, in whatever ways necessary, throughout their evaluation process. We were the first such program of this kind in the state. The Child Guidance Center is responsible for investigative interviews of children in lower Fairfield County who have disclosed sexual abuse, as well as providing treatment for children who have been victimized and are in need of therapeutic intervention. We also serve a consultative role with police, school systems, the court system, and protective services. Interns do not provide services in this program, but may observe forensic interviews.

**Intensive In-Home Treatment Program:** The In-Home Program has been in existence since 2003. The program is designed for the intensive treatment of adolescents with multiple and severe behavioral problems including substance use, violence and school failure. Multi-Dimensional Family Therapy is the evidence-based treatment modality employed. Children are seen individually and with their families and extended family members, both in their homes and at the Center three times per week. Treatment involves the provision of concrete services, as
well as family systems oriented therapy. Psychology interns do not provide services in this program.

Child First: The Child First Program is an evidence-based intervention for children under 6 years of age. It is a relationally based dyadic treatment for primary caregiver and young child. Treatment is provided in-home, one or more times per week. A clinician and care coordinator visit together and work jointly to provide clinical intervention along with concrete services for the child and family. The model has its roots in attachment, trauma, and developmental theories. Interns do not provide services in this program.

Internship Prerequisites
The Center requires that all internship applicants have completed their pre-doctoral course work in an area of psychology related to clinical work with children, adolescents and families. More specifically, we ask that applicants have prior clinical experience providing psychotherapy and psychological testing and that they have received close clinical supervision in each of these areas.

Internship Program Philosophy and Goals
The goal of the Child Guidance Center internship is to provide a varied, high quality training experience that will support interns in the development of their base of knowledge, their clinical skills, and their professional identity as clinical psychologists. Interns will receive training in individual, family, and group psychotherapy. As we are a community-based agency providing service to all segments of society, our interns will gain experience working with a patient population that is diversified with regard to ethnicity, socio-economic status, diagnosis, and level of behavioral and cognitive functioning. Training therefore includes emphasis on the broad-based skills involved in listening and communicating with child, adolescent and adult patients. Training also includes a focus on diagnostic and treatment issues that may be specific to diagnostic groups. All aspects of training include emphasis on the development of cultural competence.

The program includes comprehensive training in clinical and developmental assessment with a strong emphasis placed on the synthesis of dynamic, systemic, cognitive-behavioral, biological, environmental and cultural influences. Interns will gain experience in cognitive, educational, personality, and neuro-psychological testing. The focus will be on integration of all aspects of the testing process into a comprehensive and meaningful report. Interns will also participate in treatment planning teams, staff seminars, and formal case conferences. All interns will be required to present either their dissertation research or a case conference before the end of the internship year. Interns will also participate in a crisis assessment and intervention rotation; Crisis Track interns will receive additional crisis training and experience throughout the year. Interns may have the opportunity to gain exposure to various specialty areas such as sexual abuse investigations, premeditated school violence assessments, and postventions to traumatic community events. Consistent with our interest in community education, interns may have the opportunity to conduct community workshops, consult with other agencies and schools, participate in interagency collaborations, and play an advocacy role on community resource teams. Every attempt will be made to provide interns with as well-rounded an experience as possible. Supervisors will also make efforts to design an experience that meets the specific interests of each intern whenever possible.
The staff and supervisors at the Center are expected to treat interns as they would any other professional: respectfully, supportively, and empathically. Supervisors are additionally expected to demonstrate their regard for the importance of the supervisory relationship. Likewise, Interns are expected to behave professionally; act respectfully toward all staff and patients, be interested in learning, prepare for supervision, observe boundaries and ethical codes of the profession, and be motivated to work on the behalf of their patients. Interns are not expected to know everything, but are expected to be interested in trying to learn as much as possible about what they are unsure of or do not know. Interns are expected to be willing to try and understand not only about their patient's role in the therapeutic process, but their own as well.

Training will take place through a variety of modalities including individual supervision for treatment cases and participation in all staff and psychology seminars, case conferences, and administrative meetings. Additionally, interns will attend interdisciplinary trainee seminars or group supervisions in topics including initial assessments, play therapy, group therapy, community consultation, working with parents, and neuro-psychological and psychological testing. Opportunities for attending relevant conferences and seminars at other sites will also be available and encouraged. Supervisory sessions will provide the opportunity for interns to make use of audio recordings of sessions and selected readings in order to add depth to their supervisory experience.

The internship training year will extend from September through August. A flex-time schedule will be developed to suit the needs of interns and the Center. Interns will be expected to work a total of 2000 hours based on a 12 month/40 hour a week work schedule, including a minimum of six evening (after 5:00 p.m.) hours per week. Interns see at least 13-18 cases, one group and one intake weekly, with variability in caseload reflecting additional track-specific responsibilities. They are entitled to 15 days of vacation, 10 paid holidays, 10 sick days and 4 personal days per year. In accordance with our personnel policy, no vacation can be taken prior to completing 18 weeks of service, at which point 1 week may be taken.

Core Internship Training Experiences
The Child Guidance Center offers three internship tracks:
- Child and Adolescent Track (APPIC program code 160511)
- Early Intervention Track (APPIC program code 160512)
- Crisis Assessment and Intervention Track (APPIC program code 160513)

Treatment Services
Approximately 40% of each intern's time will be spent providing direct clinical services to patients. Patients seen range in age from 3 years old to adult (although dyadic sessions and parent guidance are offered to parents of younger children as well), and are diverse with regard to socio-economic status, race, ethnicity and diagnosis.

- Interns will be expected to conduct at least one initial assessment of incoming patients weekly. These assessments will include family and developmental histories, and all pertinent information necessary for making a diagnostic formulation. Interns will be asked to collaborate with families to formulate treatment plans and will also participate with clinical staff as part of an interdisciplinary treatment planning team.
Interns in the Child and Adolescent track are expected to see at least 16 patients/families weekly; interns in the Crisis track are expected to see at least 13 patients/families weekly; and interns in the Early Intervention track are expected to see at least 15 patients/families weekly. These will be face-to-face contacts for treatment or testing. Child and adolescent patients, across age groups, will be seen on either a once or twice weekly basis. Parents may also be seen for parent guidance. The Early Intervention intern’s caseload will have approximately one-third of their cases less than 6 years of age and/or with developmental and/or intellectual disabilities. The Crisis intern’s caseload will include approximately half crisis cases. Caseloads may be altered to meet the intern’s training preferences or needs, and will be gradually built over the first months of the training year.

Interns will develop and co-lead one or more time-limited or long-term groups during the course of the academic year. Group size will typically range from 6-10 patients. The Early Intervention intern’s group will be for children under age 6 and/or their parents.

Interns will be expected to administer, score, analyze and write reports for up to one psychological or neuro-psychological test battery approximately every 3 months (average is 2-3/year).

Interns will be given the opportunity to observe sexual abuse investigations.

Every attempt will be made to provide interns interested in learning Trauma Focused Cognitive Behavioral Therapy the opportunity to do so, with at least 2 simultaneous cases utilizing that modality. (Scheduling may preclude tracks other than CFT from participating.)

Interns in the Early Childhood track will be trained to conduct developmental evaluations of children under age 6. Other interns will be given the opportunity to observe these evaluations.

Interns will be required to do one formal presentation of either their dissertation research or a case to the staff before the end of their internship year. Guidance and supervision are provided on this activity.

The Crisis track intern will participate in Crisis meetings, supervisions, and trainings. Child and Adolescent and Early Internship track interns will have a 4-month rotation in the Crisis Program, with the opportunity to extend their participation. During the rotation, interns will be on-call with a staff person for 1 shift and will carry 1-2 crisis cases at a time.

Interns will be required to provide consultation to at least two Head Start sites during the course of the internship year.

Interns will be required to attend all staff seminars, case conferences, and didactic seminars during the course of the internship year.

**Supervision**

Each intern will be provided with a minimum of two individual supervisory sessions per week. These supervisory hours will focus on individual, group and family treatment. An additional hour of weekly group supervision that will focus on psychological and neuro-psychological testing will also be provided. The neuro-psychological testing seminar will also have a didactic
component to it. These testing seminars are required for all psychology interns. Individual supervision of testing cases will also be provided weekly while the intern is involved in the assessment. Interns will also participate in weekly supervision groups for group therapy and TF-CBT (if opting to provide TF-CBT). Group co-leaders will attend supervision groups together.

Additional learning opportunities will be offered in the form of collaboration with senior staff involved in the various specialized programs of the Center including sexual abuse investigations and developmental evaluations. Interns will also receive supervision for any community service they provide (e.g., presentations to community groups, attendance at school meetings, etc.).

**Didactic Seminars and Treating Planning Team Participation**

Each intern will participate in one or more of the Treatment Planning Teams that meet weekly at the Center. Team meetings are all interdisciplinary and meet for approximately 90 minutes, once each week. Active Teams at the Center include those for Child and Family Therapy, the Crisis Program, the Intensive In-Home Treatment Program (MDFT) and the Child First Program. Early Intervention track interns will also participate in weekly meetings of the Developmental Team. Crisis track interns will attend a second weekly crisis team meeting.

Interns will be included in all in-service didactic staff training that takes place at the Center. Didactic staff seminars occur approximately twice monthly throughout the academic year with speakers from outside the agency and within the agency who present on topics selected by a staff committee that meets during the summer months. Topics include areas of training that the staff and senior supervisors of the Center feel most relevant to the work being done at the Center and to programs being developed.

There is a menu of additional didactic seminars specifically designed for trainees. These are seminars in group therapy, play therapy, consultation, initial assessments, psychological testing, neuro-psychology, and consultation/work with parents. All interns are strongly recommended to participate in a monthly professional seminar/focus group. This hour is spent with a member of the clinical staff who is outside of the agency’s management group and who has no supervisory responsibilities other than this support group. It is a time meant to allow interns the opportunity to discuss their internship experience and challenges, along with issues of professional concern.

Each intern will also be invited to attend, at no cost, conferences and seminars sponsored by the Connecticut Association of Mental Health Clinics for Children, a consortium of all the independent Child Guidance Centers throughout the state. Interns providing TF-CBT are also invited to conferences of the statewide TF-CBT training collaborative, at no cost. Additionally, each intern receives a $200 allowance to offset the tuition costs for attending professional conferences outside of the agency. Their attendance at any of these conferences requires the approval of the Director of Clinical Training. Additionally, interns will attend formal case conferences held bi-monthly at the Center.

**Psychological Testing**

Psychological Testing is considered an important component of the assessment services offered at the Center, as well as a core component of the internship training experience. Interns will receive extensive training in psychological and neuro-psychological testing.
Individual testing supervision and weekly testing seminars will be offered to all interns. Supervision will focus on the integration of cognitive, developmental, behavioral, personality and neuro-psychological findings. Testing is used to assist with diagnosis, render educational and other remedial recommendations, and assist with decisions regarding psychotropic medications. Supervisions will also accentuate report writing and feedback with patients, parents and schools. Because of Connecticut Medicaid regulations, interns may be limited to testing patients with commercial insurance coverage or those that are willing to pay out-of-pocket for the service. Due to the Early Interventions track intern’s involvement in Developmental Evaluations assessing children less than 6 years of age, s/he typically conducts fewer psychological testing batteries.

Research
Interns and staff are encouraged to propose research ideas and will be supported in efforts to conduct approved research at the Center. Interns may be asked to assist with any research that is conducted by members of the clinical staff. Interns may be asked to participate in research being conducted in the service of program development and/or program assessment.

Evaluations
Interns will be formally evaluated midway through the internship year, and at the end of the internship. Written evaluations will be reviewed with interns before being forwarded to the Director of Training of the intern’s university.

Application Process
Applications are to be submitted using the AAPI Online process, including:
- Cover letter indicating the track(s) for which the application is intended
- Curriculum vitae
- APPIC application packet
- A fully-redacted psychological or neuro-psychological test report (preferably for child or adolescent patients, preferably including projective measures)
- A case study
- A letter of recommendation from a clinical supervisor outside of their university
- A letter of recommendation from a supervisor or professor within their university

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

To gain further information about our internship and postdoctoral training programs for graduate and post graduate students in psychology please visit www.appic.org.