

Doctoral Internship Program

Code – 206111

Deadline – November 15

Applicants must complete the AAPI Online with the following elements attached:

- Cover letter describing your goals for internship and how Ryther will help you meet these goals
- Curriculum vitae
- Graduate Transcripts
- Three letters of recommendation – two of which must be from clinical supervisors

Overview

Ryther delivers effective and compassionate treatment for children, adolescents and their families who are facing complex behavioral, emotional, neuropsychological, or substance abuse challenges. Our innovative, caring staff consists of a team of 183 including three full-time psychiatrists, a number of psychologists, master's-level therapists and chemical dependency professionals. Ryther also hosts up to 22 bachelors, masters, practicum and postdoctoral student interns per year to train the next generation of clinical experts. All those involved, from administration to cottage counselors, bear witness to moments of progress every day.

Location

Ryther's tree-shaded 10-acre campus is located in a residential neighborhood of Seattle. The campus comprises four cottages, each housing up to 12 children. Three of the cottages are for children between the ages of 6 and 14, who require sub-acute in-patient care. A fourth cottage serves chemically dependent and mentally ill adolescent boys. The campus also has a K-8 school where our children are taught in self-contained classrooms by Seattle Public Schools teachers and a second classroom for the co-occurring adolescent boys. A covered play area, an experiential challenge course, and a family center where visiting families can spend the night surround a large grassy field. Three additional buildings house administration, conference and meeting rooms, and offices for clinicians. Interns have private offices as well as access to a large seminar room which houses testing materials, computers with scoring programs and tools for play therapy.

Ryther has four additional locations, but at this time interns do not practice in those offices. If in the future this occurs, they will still be centrally located at the main campus and will work with psychologists at the secondary sites on an as-needed basis. The additional sites are located in Bellevue, Mukilteo and Seattle. One is a larger formerly-residential building which is currently under renovation to house our co-occurring CD in-patient program.

Populations served

Ryther serves children, adolescents and their families through several levels of care. Outpatient therapy, psychiatry, co-occurring treatment, and psychological evaluation serve 1200 individuals each year. An experiential program for youth on the autism spectrum or those with social communication difficulties, serves 415 each year, through summer camps, afterschool clubs and social skills training groups. A therapeutic foster care program serves children and their foster families who have been removed from their homes due to abuse and neglect. Sub-acute residential care serves up to 36 children at a time who are not safe in a family or group home to due to behaviors arising from severe

abuse, neglect, or mental illness. Finally, an inpatient CD program for adolescent boys with co-occurring disorders offers treatment and subsequent follow-up to 140 persons annually.

Each of our programs (with the exception of therapeutic foster care) serves both publically and privately funded populations.

Preparation

Candidates for internship at Ryther must have completed all doctoral course work and at least defended their dissertation proposal; preference is given to those candidates who have completed their dissertation or have at least completed data gathering. Additionally, the candidate must have completed no less than 1000 hours of formal supervised clinical experience during their doctoral training. Significant training experience in psychological assessment is highly desired because of the expectation that interns will be honing these skills. Experience working with children and/or adolescents is preferred, but interest and investment in this population is required.

Hours and status

The predoctoral internship is a year-long, full-time (40 hours per week), 2000 hour internship. Interns are expected to be on-site the equivalent of five full days per week. Predoctoral interns will spend no less than 15 hours per week in face-to-face direct service delivery. No exception will be made regarding the full-time status; however, appropriate accommodations will be made in the case of an illness requiring a temporary leave from the internship. If the leave lasts longer than 60 days, the intern may be asked to wait to return until the following fall when new interns begin.

Ryther will select 3 to 5 predoctoral interns, as well as 2 post-doctoral fellows, and 3 to 5 advanced practicum students each year.

Evaluation

Students receive formal evaluations twice yearly in January and July. The evaluation is a compilation of feedback from an intern's supervisors and relevant agency professionals. The evaluations will be shared and discussed with the intern by the Director of Training.

Stipend

Our current stipend is \$12,000.

Training Program Goals

The overarching goal of Ryther's pre-doctoral internship program is to provide excellent training for students who will become conscientious psychologists with entry-level skills to provide psychological services to children, adolescents and their families. Five objectives provide focus for training, practice and supervision. These goals focus on professional identity development, therapy and intervention services, neuropsychological evaluation, understanding of cultural context, and the practice of consultation and supervision.

Objective A: Produce psychologists who conduct themselves in an ethical, thoughtful and professional manner in a variety of settings and with other clinicians from various disciplines.

- Competency 1: Demonstrate understanding and application of ethical codes and laws governing the professional practice of psychology.
- Competency 2: Practice appropriate record keeping and other required administrative duties.
- Competency 3: Demonstrate collegial communication with agency line-staff, therapists, social workers, psychiatrists and administrators
- Competency 4: Demonstrate the regular use of scientific literature to inform practice.
- Competency 5: Exhibit self-reflective, thoughtful processes in all agency activities

Objective B: Produce psychologists who provide clinically competent therapeutic and treatment interventions which are inclusive of developmental considerations, cultural context of the client, and informed by treatment efficacy research.

- Competency 1: Demonstrate proficiency in providing individual therapy to children and adolescents
- Competency 2: Demonstrate proficiency in providing family therapy
- Competency 3: Demonstrate proficiency in providing group therapy
- Competency 4: Provide appropriate parent training and coaching
- Competency 5: Provide consultation to sub-acute care staff in designing individual and group milieu behavioral programming

Objective C: Produce psychologists who are proficient in performing neuropsychological evaluations.

- Competency 1: Demonstrate knowledge of psychometrics of various instruments which informs test selection and understanding of utility and limitations of an instrument, including cultural bias
- Competency 2: Demonstrate standardized administration of test instruments
- Competency 3: Demonstrate accurate scoring and interpretation of tests and measures
- Competency 4: Demonstrate ability to conduct an intake interview
- Competency 5: Demonstrate ability to integrate information from interview, observations, collateral reports and tests to produce a diagnostic case formulation using DSM-5 criteria
- Competency 6: Produce a well-written report of the evaluation.
- Competency 7: Provide feedback to a family, social workers and other treating clinicians as indicated that is targeted to knowledge level and with sensitivity to the response of the audience.

Objective D: Produce psychologists who thoughtfully consider and are informed by cultural context whenever working with a client or other providers.

- Competency 1: Include cultural context in all diagnostic and case formulations
- Competency 2: Demonstrate an awareness of one's own cultural context and how that intersects with clients and other professionals
- Competency 3: Understand cultural bias in testing instruments, treatment interventions and even in the normative experience of clients seeking out services.

Objective E: Produce effective psychologists who provide proficient clinical supervision and psychological consultation

- Competency 1: Demonstrate an understanding of the role of supervisor and the methods of clinical supervision
- Competency 2: Demonstrate effective supervision with a practicum level predoctoral student, which is inclusive of consideration for cultural context, professional developmental level, and personality characteristics.
- Competency 3: Demonstrate effective consultation with sub-acute care staff and clinicians, addressing vicarious trauma, behavioral concerns, and educational accommodations, while encouraging engagement and understanding of the child's specific needs and goals.

Training Curriculum

Utilizing a developmental approach, Ryther's training model assumes that the student brings completion of comprehensive coursework in theory, intervention, assessment, ethics and cultural diversity. The continued development of clinical skills in the areas of psychological interventions, therapy, diagnostic assessment and psychological evaluation will be accomplished through formal didactic training, observation of senior clinician's clinical work; demonstration of test administration skills prior to client contact; and closely supervised direct clinical activities. Increasing independence over the course of the year will ensure the interns' preparation to provide clinical services in an independent practice, in a hospital or at an agency.

Exposure to professional research and literature occurs throughout the training experience. Core areas always covered in didactic trainings include topics in neuropsychological assessment, evidence-based interventions for children and adolescents, childhood mental illness with a focus on complex developmental trauma, suicide risk assessment and intervention, in-patient milieu treatment, ethical issues, and delivery and documentation of services within a community mental health agency. Interns are asked to provide orientation training to new agency staff on common diagnoses and interventions. Additionally each intern is expected to develop and present training in an area of interest to him or her, and regularly participate in case conferences, seminars, in-service training, and grand rounds.

Clinical Services

Psychological Assessment

Interns will complete between 10 and 15 fully integrated assessments. While there is an expectation that incoming interns will have training and some administration and interpretation of psychological tests and measures, each intern's expertise will be assessed as the start of internship to determine a specific training plan to gain expertise in test administration, scoring and interpretation. A combination of didactic, observation of senior clinicians, and practice administration will comprise initial skill development.

Each intern will present test results, initial diagnostic formulation and treatment recommendations at a weekly meeting with all trainees, agency psychologists, and psychiatrists several times a year. This "case-consultation" format will provide feedback to the student regarding their formulation including questions about instrument selection, limitations of instruments, and differential diagnoses. Additional treatment recommendations and feedback strategy will be discussed.

Written psychological evaluations are reviewed closely by supervisors to ensure accurate and professional documentation of findings. Toward the end of the internship year, edits and corrections should be minimal and the report should be ready for delivery.

Assessments of Autism, ADHD, Learning Disabilities, Trauma, Mood and Anxiety Disorders, or Disruptive Behavior Disorders are the most common types of evaluations conducted at Ryther. Interns are expected to achieve proficiency with the following types of instruments and measures as well as a sampling of specific products:

- Cognitive (e.g. WPPSI-III, WISC-IV, (V in Fall), UNIT,)
- Achievement (e.g. WIAT, GSRT, GORT, ROWPVT-4, EOWPVT-4)
- Neuropsychological (e.g. NEPSY, NABS, RCFT, CPT, CVLT-C, Bender Gestalt, BRIEF)

- Behavioral & Adaptive Measures (e.g. BASC, Conners, ABAS II, Vineland)
- Autism Measures (ADOS II, ASRS, SRS, GARS, CARS)
- Objective Personality Measures (MPACI, MACI, PAI-A)
- Projective Personality Measures (HTP, Kinetic Family Drawing, Rorschach, TAT, RAT)

Psychological Interventions

Training and observation of initial intake interviews and treatment planning will occur early in the year. Interns will demonstrate their competency in this area through on-going review and approval of documentation of services in the electronic medical record as well as review of video and/or audio recordings of initial sessions.

Interns will receive didactic training and supervision in providing therapy in several evidence-informed modalities. These will include:

- Trauma-Focused CBT
- Play Therapy
- CBT +
- Interpersonal
- Milieu Behavioral Therapy
- Dialectical Behavioral Therapy
- Parent Coaching
- Motivational Interviewing

Interns will present several times during the year at a weekly case consultation meeting with all trainees, agency psychologists, and psychiatrists. In addition to demonstrating their competency at presenting a brief and accurate picture of clinical work with a child and/or their family, the intern will be expected to focus their presentation on a question or concern about the case, which their colleagues can address.

Psychology Department Staff

Training Director

Rochelle Coffey, PsyD is the Director of Clinical Services and Training. She is licensed in Washington State as a Clinical Psychologist. She is present at the agency for a minimum of 30 hours a week. Her duties as related to training include:

- Selection of practicum students, interns, and post-doctoral fellows.
- Selection, supervision and evaluation of training psychologists
- Coordination of training, clinical supervision, consultation and evaluation for trainees.
- Coordination with Ryther program directors to ensure trainees are appropriately integrated into service provision, and to receive feedback about their performance
- Ensuring that all services provided by staff and students in Psychological Services adhere to legal and ethical standards as well as to Ryther's policies and procedures. This will include coordination with the Director of Human resources.
- Responsibility for creating a departmental culture which encourages staff and students to perform their duties in a professional manner that is inclusive of awareness and responsiveness to diversity, adherence to scientifically informed practice, and values self-reflection and generosity with colleagues.

Training Staff

Each intern receives no less than 2 hours of individual supervision each week. These are regularly scheduled weekly meetings with one of the training staff, who are all licensed clinical psychologists. Interns receive direct supervision from three on-site psychologists: Mary Lieberman, PsyD in Clinical Psychology and licensed in the State of Washington; Jenna Yung, PsyD in Clinical Psychology and licensed in the State of Washington; Skye Camphouse, PsyD in Clinical Psychology and licensed in the State of Washington. Occasionally, an outside licensed clinical psychologist may be contracted with Ryther to provide supervision. The supervisor holds clinical responsibility for the services provided to clients by the intern.

Interns also work with line staff, social workers, case managers, master-level therapists, program administrators, and three full-time psychologists.

Due Process

Ryther seeks to provide a high quality training experience for trainees who are well-prepared and committed to continued professional development. Should problems arise due to trainee behavior or if a trainee has concerns about supervision, Ryther's process for responding to these situations is summarized below:

Introduction

This document provides Ryther practicum students, pre-doctoral interns and post-doctoral fellows (from this point forward referred to as "Trainees") with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this can not occur, this document was created to provide a formal mechanism for Ryther's Department of Psychological Services to respond to issues of concern.

Due Process Guidelines

- During the orientation period, trainees will receive in writing Ryther's expectations related to professional functioning. The Director will discuss these expectations in both group and individual settings.
- The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
- The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
- Ryther will communicate early and often with the trainee and, when needed, the trainee's home program if any suspected difficulties that are significantly interfering with performances are identified.
- The Supervisor and/or Director will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program's action.
- Ryther's due process procedures will ensure that trainees have sufficient time (as described in the due process document) to respond to any action taken by the program before the programs implementation.
- When evaluating or making decisions about a trainee's performance, Ryther staff will use input from multiple professional sources.
- The director will document in writing and provide to all relevant parties, the action taken by the program and the rationale for all for all actions

Procedures for Responding to a Trainee's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

Grievance Procedures: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by Ryther of the trainee.

Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- Failure to acquire and integrate professional standards into one's repertoire of professional behavior;
- Failure to acquire professional skills in order to reach an acceptable level of competency; and/or
- A failure to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional function.

It is a professional judgment when a trainee's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior is typically identified when one or more of the following happens:

- The trainee does not acknowledge, understand, or address the problem when it is identified
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
- The quality of services delivered by the trainee is sufficiently inadequate
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required; and/or
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

I Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the Training Director will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.
2. Once the Training Director has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
3. If the staff member who brings the concern to the Training Director is not the trainee's supervisor, the Training Director will discuss the concern with the supervisor(s).

4. If the Training Director and the supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
5. The Training Director will meet with the Supervisors Committee to discuss the concern.
6. The Training Director will meet with Ryther's Chief Clinical Officer and/or Medical Director when necessary, to discuss the concerns and possible course of action to be taken to address the issues as listed below.

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee's training group, the training staff, or other agency personnel, and the Ryther community. All evaluative documentation will be maintained in the trainee's file. At the discretion of the Training Director in consultation with the direct Supervisor, the trainee's home academic program will be notified of any of the actions listed below:

1. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion
2. Written Notice to the trainee formally acknowledges:
 - a. A description of the trainee's unsatisfactory performance;
 - b. Actions needed by the trainee to correct the unsatisfactory behavior;
 - c. Timeline for correcting the problem;
 - d. What sanction(s) may be implanted if the problem is not corrected; and
 - e. Notification that the trainee has the right to request an appeal of this action (see Appeal Procedures)

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (see Appeal Procedures)

II. Remediation and Sanctions

The implantation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the training staff and the Training Director. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the internship. This period will include more closely scrutinized supervision in consultation with the training team. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

1. Increasing the amount of supervision, with with the same or additional supervisors;
2. Change in the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy
4. Reducing the trainee's clinical or other workload.

The length of a schedule modification period will be determined by the Training Director in consultation with the training team. The termination of the schedule modification period will be determined, after discussion with the trainee, by the Training Director in consultation with the training team.

Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the internship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the Training Director systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:

1. The specific behaviors associated with the unacceptable rating
2. The remediation plan for rectifying the problem;
3. The time frame for the probation during which the problem is expected to be ameliorated, and
4. The procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the trainee's behavior to remove the probation or modified schedule, then the training team will discuss possible courses of action to be taken. The Training Director will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. The following actions may follow:

1. The trainee will be told she or he will not successfully complete the training program.
2. The trainee will be notified of a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Failure of the trainee to meet requirements will mean that the trainee will not successfully complete the training program.

Suspension of Direct Service Activities requires a determination that the welfare of the trainee's client(s) or the Ryther community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the training committee. At the end of the suspension period, the trainee's supervisor(s) in consultation with the Training Director will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at Ryther. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be

noted in the trainee's file and the trainee's academic program will be informed. The Training Director will inform the trainee of the effects the administrative leave will have on the trainee's stipend.

Dismissal From the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the training team the possibility of termination from the training program and dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor or the trainee is unable to complete the training program due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal.

Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the Ryther community by an action(s) which generates grave concern from the supervisor(s), the Training Director may immediately dismiss the trainee from Ryther. This dismissal may bypass steps identified in notification procedures and remediation and sanctions alternatives. When a trainee has been dismissed, the Training Director will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions the trainee can implement *Appeal Procedures*.

III. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing, with all supporting documents, with the Training Director and the Chief Clinical Officer. The trainee must submit this appeal within five work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three work days of the receipt of a formal written appeal from a trainee, the Training Director and Chief Clinical Officer will consult with members of the training committee and then decide how to respond.

IV. Grievance Procedures

In the event a trainee encounters difficulties or problems other than evaluation-related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his/her training program, a trainee can:

1. Discuss the issue with the staff member(s) involved;
2. If the issue cannot be resolved informally, the trainee should discuss the concern with the Training Director who may then consult with the training team. If the concerns involve the Training Director, the trainee can consult directly with the Chief Clinical Officer.
3. If the Training Director cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing, with all supporting documents, with the Training Director and Chief Clinical Officer.

When the Training Director and/or Chief Clinical Officer has received a formal grievance, within three work days of receipt, the Chief Clinical Officer will have final decision making authority to determine whether action steps will be taken and inform the trainee of any action taken.