The Multicultural Psychology Internship Program (MPIP) is a training site based in a community mental health clinic, the School Street Counseling Institute (SSCI). The site is centrally located in downtown Springfield, Massachusetts, within half-an-hour of the “five college area” (University of Massachusetts, Smith College, Mount Holyoke College, Amherst College, and Hampshire College). SSCI provides outpatient psychotherapeutic clinical services to children, families, and adults. We serve clients with a wide variety of mental health and substance abuse problems. Our staff includes professional psychologists, social workers, school counselors, and psychiatrists. SSCI offers linguistically and culturally-competent services, as our staff offer services in Spanish, Russian, Polish, and Hebrew.

The MPIP Training Program began in 1996. We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and are currently preparing to apply for accreditation by the American Psychological Association (APA). The Training Program offers a full-time Doctoral Internship in Multicultural Clinical/Community Psychology. The Internship involves providing direct clinical services to children, families, and adults on an outpatient basis, primarily individual and family psychotherapy. The primary focus of our Internship is to provide high quality mental health services in a community setting.

The School Street clinic is part of a larger behavioral health care organization, Behavioral Health Network, Inc. Behavioral Health Network is a non-profit community behavioral health agency that has been providing services to children, adults, families, and communities in
Western Massachusetts since 1939. Behavioral Health Network is a system of care for people of all ages who experience life challenges associated with mental illness, behavioral challenges, developmental disorders, and abuse of substances. This organization offers a wide variety of services such as crisis and support services, forensic mental health services, early intervention, community wraparound services, day treatments, partial hospitalization, school programs, post homicide family support programs, outpatient services, MR and residential services, and advocacy programs among others. To learn more about BHN please log in at: www.bhninc.org.

Program Philosophy
Our goal is to provide high quality mental health services in a community setting that faces many social, economic, and psychological challenges.

Educational Model and Goals
The MPIP has as a primary goal the preparation of culturally-sensitive psychologists who have a broad-based psychodynamic knowledge and who can apply their professional skills in a community setting. The core of this model lies in the mentor-apprenticeship supervisory relationship. Applying a broadly defined psychodynamic theoretical base– with a particular emphasis on trauma– our internship provides the doctoral student with seminars in other clinical models such as Cognitive–Behavioral, DBT, TF-CBT, and Family Systems. In addition, the Intern has the choice to practice diverse modalities such as residential and group treatment. In order to better serve the clinical needs of a diverse population within a community mental health system, an educational curriculum that exposes the Intern to psychosocial approaches that take into account poverty–related problems such as chronic unemployment, domestic and community–related violence, and substance abuse are included.

Our model assumes a developmental perspective in professional development. We recognize that doctoral interns come from a variety of
educational and cultural backgrounds as well as diverse life experiences. During the Orientation Period (two weeks at the beginning of the Internship), each student meets with each supervisor to discuss specific training needs and preferences for the training year. The Internship Committee (see Selection Process) then meets to design an individualized plan for each student.

Our second goal focuses on the intern’s research interests and objectives. The Intern is expected to present her/his dissertation project at our weekly seminar. We actively encourage interns to integrate the Internship’s experience with their intellectual/academic interests.

The Doctoral Internship in Multicultural Clinical/Community Psychology

MPIP Goals and Objectives

The goals of the MPIP are the following:

(1) To integrate clinical theory with practice in a community mental health setting.

- The intern will learn to successfully negotiate the unique challenges of working within a community mental health model.

(2) To develop specific cultural competencies and provide a high degree of responsiveness, primarily geared to the Latino/a population.

- The intern will heighten his/her awareness and increase his/her knowledge of culture–based concerns.
- The intern will be able to select and provide empirically validated interventions to address culture–based concerns; such concerns are frequent phenomena in the community our site serves.

(3) To offer further socialization in the field of professional psychology.
• The intern will be exposed to a range of clinical roles and experiences.

(4) To explore and integrate culturally responsive practices in clinical work, particularly with Latino/as.

• The intern will be able to select and apply culturally appropriate interventions.

(5) To learn the basic concepts of psychodynamic theories with a special emphasis on trauma.

• The intern will attend supervision and seminars and prepare required presentations.
• The intern will provide feedback to peers.
• The intern will accept and apply supervisory feedback.

(6) To reflect on the role and function of a psychologist/psychotherapist, with a focus on community mental health.

• The intern will gain knowledge on the broad role and functions of psychologists who work in the community mental health field, particularly as related to the needs and challenges that our population faces.
• The intern will learn the importance of education and advocacy when working with minorities.

Curriculum and Training Activities

We have identified supervised experience as one of our primary modes of learning. In addition to supervised experience, we have designed the training experience around the following didactic activities: Seminar in Clinical Theory and Practice, Case Consultation Conference, Group Supervision, Seminar in Clinical Assessment, and Family Reflective Team.
Individual Supervision

Each Intern is assigned two licensed psychologists as primary supervisors who are members of the training staff/faculty. The intern receives one hour of individual supervision per supervisor on a weekly basis. The primary supervisors share the clinical responsibility for the intern’s clinical cases and are accessible for emergency supervision on an as needed basis. In addition, a third supervisor is assigned to guide the intern’s development and application of clinical assessment/psychological testing.

The Training Director does in vivo supervision at least once during the year in order to provide immediate feedback to the intern and model therapeutic techniques. This is done with the client’s permission and the intern has the opportunity to choose which client may be part of this experience. Supervisors not only use case discussion to provide feedback to interns but also focus on interns’ process and reactions to the work they are doing as we recognize that they are also impacted by clients’ problems and needs. With this in mind, we examine self-care practices, case load management, and analyze transference and counter-transference during the therapy process. Supervisors offer didactic instructions, engage in role playing, and assign and discuss readings that are appropriate to specific problems to foster theoretical understanding and clinical competence.

Formal evaluations of the intern, the supervisor(s), and the program are conducted twice a year. At the same time, informal feedback is actively encouraged throughout the training year. If the intern is attending a specialized rotation such as placement at a residential program, a secondary supervisor is assigned. The secondary supervisor is expected to attend the Internship Committee meetings in order to discuss the intern’s progress and performance.
Seminar in Clinical Theory and Practice

The core of the didactic component of our Internship Program is the weekly seminar in clinical theory and practice. The seminar meets for an hour and a half every week throughout the training year. The seminar is divided into ten units or modules: (1) Orientation Period, (2) Community Psychology: Poverty, Culture, and Mental Illness, (3) Contemporary Psychodynamic Models, (4) Approaches to Trauma, (5) Family Therapy, (6) Developmental Perspective: Child and Adolescent Psychotherapy, (7) Psychotherapy of Substance-Related Disorders, (8) Migration and Identity, (9) Open Forum: Controversies in Clinical and Community Psychology; Trainees' Research Topics, and (10) Ending.

Orientation Period: During the first two–week period of the Internship, the interns are expected to attend administrative and policy and procedures training meetings. In addition, a “tour” and introduction to the main clinical programs are conducted. The didactic seminar meetings focus on review and discussion of APA’s Ethical Principles and Risk Management protocols for the respective agencies. Critical community resources are identified and visited.

Community Psychology: Poverty, Culture, and Mental Illness: This module discusses the relationship between poverty, culture, and mental illness. Special emphasis is placed on psychosocial factors affecting assessment (including testing), diagnosis, and psychotherapy. We present research on the development of minority children, adolescents, and adults.

Contemporary Psychodynamic and Interpersonal Models: The Internship Program expects the intern to acquire a broad knowledge base on contemporary models such as object relations/relational theories as well as ego psychology. Key psychoanalytic concepts such as the importance of building a therapeutic alliance and transference/counter–transference are emphasized. Briefs versus long–term therapeutic goals are outlined. In particular, the student is expected to develop a degree of self–awareness and sensitivity to diversity. Transference and counter–
transference dynamics in the therapeutic relationship are discussed in light of differences/similarities in socioeconomic status, race, ethnicity, sexual orientation, and disability. In addition, the interpersonal approach to depression is highlighted.

**Approaches to Trauma:** A review of approaches related to trauma is presented in this module. Particular emphasis is placed on the treatment of borderline conditions. Psychodynamic and cognitive–behavioral (e.g. DBT) theories and practices are contrasted. Given the amount of violence and trauma in our urban communities, the Internship Program attempts to present relevant psychological research on these topics. Application to clinical practice is underscored.

**Family Therapy:** A variety of family therapy approaches are discussed in this unit such as systems and strategic models. The intern is expected to observe and participate in the family reflective team.

**Developmental Perspective: Child and Adolescent Psychotherapy:** Approaching diagnosis and treatment using a developmental lens is emphasized. The contrast between child (e.g. play therapy) and adult psychotherapy is magnified for didactic purposes. Bilingual and migratory factors are integrated in this section.

**Psychosocial Approaches to Substance–Related Disorders:** Etiology, incidence, and treatment for addictions are discussed with special emphasis on their relevance to minority communities. Assessment, design, and implementation of an integrated treatment strategy are critical in serving this population. One of our staff psychiatrists provides updates on psychopharmacological treatments in this section of the didactic seminar.

**Migration and Identity:** Migration is one of the most common experiences affecting both Latino psychologists as well as clients. We explore the psychological and social dimensions of migration on the clinical process.
Open Forum: In this module we touch on certain critical clinical controversies such as “false memory” controversy, and issues regarding the use of medication with young children. In addition, we expect each intern to present his/her research (dissertation) topic to the group.

Ending: The last module focuses on the process of termination. In addition, we actively promote group evaluation of the training program as well as discussion and exploration of the interns’ future professional plans and goals.

Case Consultation Team

The team coordinators conduct a case conference (1 hr.) on a weekly basis, which is attended by clinical staff as well as the interns. The main goal of the case consultation is to present and review challenging clinical cases and/or ethical dilemmas in front of a multidisciplinary team. These meetings offer a significant opportunity for the intern to integrate approaches as well as to collaborate with other professionals.

Seminar in Clinical Assessment

The Internship Program considers psychological testing under the general category of assessment. The seminar on clinical assessment takes place once a week (1.5 hrs.) and is conducted by Dr. Brunilda De León. Dr. De León is also the primary supervisor for the assessment rotation. The seminar gives special attention to the impact of bilingual and bicultural factors on the assessment process. The intern is expected to complete (administer, score, interpret, and write–up) three full batteries. Interns also gain valuable experience in providing feedback to caregivers and/or the referral source. In addition, the interns have the opportunity to do four Clinical Diagnostic Assessments per week approximately.
**Group Supervision**

All interns are expected to attend a weekly group supervision meeting. In this meeting (1 ½ hrs.) the intern has the opportunity to present cases in a more formal manner and to receive feedback by peers. Each student is expected to give a presentation– case conceptualization– based on a theoretical approach of choice to the group twice a year (verbal and written).

**Family Reflective Team**

In the Reflecting Team approach to family therapy, a team of therapists observes an interviewer’s conversation with the members of a family. About half an hour through the exchange, the interviewer asks the family for a pause in the conversation and asks the team members to reflect on their perceptions of what went on during the interview. After the team’s reflections, the interviewer asks the family members to comment on what they have heard from the team. Toward the end of the interview, the team reflects again, this time with the focus on processing how the session went, and the family is then invited to do some processing as well.

The interns join the reflecting team from the beginning of the internship and stay with the team until the completion of their internship program. This process gives the interns the opportunity to follow the families for a year, and the unique experience of witnessing other therapists interview families, while being active participants in the treatment. In sharing their ideas with the team and seeing the impact that those have on the families, they learn to re-examine their values and assumptions of what constitutes therapy, develop their capacity to reflect and verbalize their thoughts in a therapeutic manner, and gain confidence in their value as therapists.

The team is led by a Licensed Psychologist who interviews and leads the reflections. The team meets weekly for an hour and a half and families
are scheduled monthly. The interns have the opportunity to interview families if they choose to, alone or with the Psychologist as a co-interviewer.

**Case Assignment and Population Served**

At MPIP, interns are assigned clients with a broad spectrum of psychopathology and also representing different developmental stages. We try to match interns’ particular interests with the clients we assign. On the other hand, we also expose interns to less familiar territories to test and challenge their skills. It is also a way to help them meet their full potential and for interns to learn their own limits when working with different populations. Most of our clients are Latino/a (91.5%) therefore our training is tailored to the needs and challenges of this particular population.

**Psychotherapy**

All interns gain experience with a population that presents multiple history of trauma, poverty-related problems, mild, moderate, or severe psychopathology, substance abuse issues, acculturation difficulties, some personality disorders, legal problems, and several medical issues. Because of the variety of issues clients present, interns are exposed to a variety of theoretical viewpoints and treatment modalities. Some examples of training models we use are Psychodynamic Therapy, System Theory, DBT, Motivational Interviewing, TF–CBT, Play Therapy, Interpersonal Therapy, Cognitive–Behavioral Therapy, Relational Therapy, and Solution–Focused treatment. Interns have the opportunity to co-lead a group therapy during their internship year. This group can be one of our ongoing groups or one in which they have a particular interest.

**Rotations**

Depending on the Intern’s interests there are opportunities: (a) to acquire specialized training such as school testing, (b) to gain experience
in a variety of community programs such as substance abuse counseling and primary care consultation, and (c) to include rotations in more intensive treatment settings such as inpatient, residential units and acute care settings, i.e., medical psychiatry. This comprehensive clinical experience is further contextualized in a bilingual/bicultural community framework, Springfield. The city has a sizeable minority population, primarily Latino/a.

**Faculty 2012–2013**

**Deborah Manzano, Psy. D.** MPIP Training Director and SSCI Program Director. Graduated in Clinical Psychology from Carlos Albizu University in 2001. Has been working at SSCI for fifteen years. Specialty in Trauma (DBT, EMDR certifications) and (trained in TF–CBT). Bilingual (English/Spanish) Psychologist. Current interests in working with Latino/a population with multiple history of trauma; psychopathology; personality disorders; mind and body connection; and spirituality.

**Lourdes Mattei, Ph. D.** MPIP Faculty Member. Bilingual (English/Spanish) Psychologist. Graduated in Clinical and Developmental Psychology from UMASS, Amherst, MA in 1983. Associate Professor at Hampshire College. Clinical Associate Professor at Smith College. Expertise in Psychodynamic Theory with Special Emphasis on Trauma. Interests in ethnic minority issues and psychoanalytic psychology.

**Maria Del Mar Rivera–Castro, Ph. D.** MPIP Supervising Psychologist. Bilingual (English/Spanish) Psychologist. Graduated from Carlos Albizu University (2010). Member of BHN Trauma Response Team. Trained in TF–CBT. Interests in family and couple’s therapy; trauma; adult ADHD; interpersonal therapy; clinical research on evidenced–based approaches when working with Hispanics; and DBT.

Professor (Retired in 2003) in the APA approved Counseling Psychology & School Psychology programs at UMASS, Amherst. Licensed as a Psychologist as well as a School Psychologist in Massachusetts. Expertise in educational and clinical work with children, adolescence, and adults and psychological assessment including cognitive, educational, disabilities, developmental, parenting skill, and custody evaluations. Other areas and interests include: assessment and clinical interventions for young and pre-school children and families, neuro-psychological assessment, and clinical work with children with socio-emotional, behavioral, and mood-related disorders.

**Application Procedure**

In order for your application be considered, you must utilize the online APPIC (www.natmatch.com/psychint) to apply for our internship program. MPIP adhere to APPIC policies and participates in the national computer matching program. If you are interested in learning more about our program please log on http://bhninc.org/content/internships. It is important to mention that in addition to your A.P.P.I.C. application, the following supporting documents are required (effective as July 1, 2012):

- Psychodiagnostic report
- Case Conceptualization or Treatment Summary

Please submit all documentation by December 15th. We ask that you indicate your primary language and specify any other languages spoken fluently; please note that speaking Spanish is a requirement.

**Intern Candidate Requirements**

Applicants must be enrolled in a doctoral program in Clinical or Counseling Psychology at an accredited university or professional school and be approved by the school training director for the internship. You should have a billable master’s degree in the state of Massachusetts, all
course work and comprehensive examinations completed by the time of application submission. A minimum of 1,000 hours of practicum experience is *required*. The internships are full time for 12 months beginning in September with a stipend of $22,000. We require a total of 2,000 hours for internship completion. Psychology trainees (interns) spend 45% of their time delivering direct mental health services. There is an expectation of meeting 18 hours of productivity (face to face) per week. We also require a completion of three full psychological batteries by the end of internship, two formal clinical case presentations (oral and written), and research presentation (dissertation topic).

**Intern's Benefits**

- A stipend of $22,000 a year
- Health Insurance through Health New England. Single coverage only with employer contribution.
- Dental Insurance through Delta Dental. Single coverage only, with employer contribution.
- Voluntary Vision insurance through VSP. Voluntary plan with no employer contribution.
- Vacation Days: 4 weeks vacation per year.
- If a doctoral intern was a BHN employee for at least one year, he/she can retain his/her Life, AD&D and LTD insurance benefits. All other doctoral interns are not eligible for these benefits.

**Intern Selection Process**

The MPIP offers an intensive 12–month doctoral internship experience in a community mental health setting. Our clients come primarily from
poor, minority, and urban communities. Given the sizable Latino population served bilingual (Spanish/English) skills is a requirement. We prefer doctoral students who have either experience with, or have demonstrated an interest in, this population. Opportunities for a two-year half time internship are possible depending on the student’s interests and experiences as well as the Internship Committee’s recommendations (ranking). Decisions are made on a case by case basis. During the month of January, the Internship Committee meets to review and rank applications to the program for the following academic year. Ranking is submitted to APPIC according to the designated timeline.

All offers of internship positions are contingent upon the applicant fulfilling the eligibility requirements of Behavioral Health Network, which includes a criminal offender record information (CORI) check.

For further training program Information, contact:

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Program Director/MHIP
School Street Counseling Institute
110 Maple Street
Springfield, MA 01105
FAX: (413) 846–4311

For inquiries and further information, please call (413) 304–2948 and/or e-mail Deborah.Manzano–Sickler@bhninc.org.

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

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