



## UNIVERSITY OF MICHIGAN INSTITUTE FOR HUMAN ADJUSTMENT

The Institute for Human Adjustment was founded in 1936 as a unit of the University's Rackham School of Graduate Studies. The Institute's agencies have provided clinical services and related graduate training and research since that time. The internship program is based in two of the Institute's units: the Psychological Clinic and the University Center for the Child and the Family (UCCF). The Psychological Clinic and the UCCF are housed next to each other in modern facilities in East Hall, near the Psychology Department.

## INTERNSHIP PROGRAM OVERVIEW

### *Educational Model and Professional Training Goals*

#### **Training Program Model**

Our program was developed in keeping with a clinician-scholar model and has evolved to be more in keeping with a scientist-practitioner model. The program emphasizes the importance of honing critical thinking skills, reading and evaluating the current empirical literature, integrating scientific attitudes and methods into clinical work and continuing to engage in scholarly inquiry. We believe that professional development is best served by immersion in clinical service and intensive training and supervision, combined with intimate familiarity with the empirical literature. In our view, well-trained clinicians are prepared to be sophisticated consumers of, and possibly contributors to, psychological research literature. Thus, the scientific bases of professional psychology are an inherent part of our rotations and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings.

We believe that a broad training in psychology is necessary for competence as a practicing psychologist. We assume that interns enter our program with a solid background in a variety of clinical settings, and some experience in psychological research. Our goal is to serve as a bridge between graduate training and professional practice. We accomplish this by providing clinical experiences with a wide variety of patients, treated with a number of different intervention techniques, clinical and theoretical presentations that vary widely in approach, and by providing intensively supervised experience in a high-quality, multi-disciplinary behavioral health organization.

We view our primary responsibility as training highly competent clinicians who will be able to provide a full range of evidence-based, outcomes-informed professional psychological services to a clinically diverse patient population.

We emphasize an individualized, personal and collaborative approach to training that blends immersion in the clinical setting with appropriate guidance and structure. Interns are viewed as integral members of a highly experienced, multi-disciplinary treatment team, and are included in case discussions. We strongly encourage interns to take an active role in program and curriculum development, and have worked hard to cultivate an atmosphere in which interns' suggestions and observations about our service delivery system are seriously considered. Training must serve interns' professional development, not only by fostering the development of clinical competencies basic to professional psychology, but by instilling trainees with the skills and attitudes expected of well qualified, humane and ethical professional psychologists

#### **Commitment to Training**

The Institute for Human Adjustment's Internship Program is a significant expression of the Institute's ongoing, central commitment to training graduate students in clinical fields. An important feature of our internship is that while service is a key part of the internship program, the program's first commitment is to training.

#### **Overall Goals of Internship Program**

Goal 1: Interns will gain the clinical knowledge and skills needed for entry-level positions as professional psychologists.

##### Objectives:

- Interns will be able to conduct assessments using a variety of information sources, develop a comprehensive formulation of the client's difficulties, and make appropriate treatment recommendations;
- Interns will be able to maintain a treatment relationship that facilitates effective client outcomes;
- Interns will be able to implement several types of evidence-based psychotherapy and psychological

- interventions, at a level consistent with beginning professional practice;
- o Interns will be familiar with concepts of consultation, and demonstrate beginning skills in this area;
- o Interns will be familiar with concepts of supervision, and demonstrate beginning skills in this area.

Goal 2: Interns will demonstrate knowledge and skills for professional, ethical and culturally sensitive practice as psychologists.

Objectives:

- o Interns will demonstrate professionalism in all aspects of their role.
- o Interns will demonstrate ethical and culturally sensitive knowledge and skills.

*Further Description of Internship Program*

**We emphasize the use of multiple key approaches to conceptualizing and treating clinical problems:**

Our supervisory faculty vary in their primary theoretical orientations, and include clinicians with expertise in cognitive-behavioral approaches (CBT), Family therapy, Interpersonal Psychotherapy (IPT), Psychodynamic therapy, etc. Many have specific assessment and diagnostic skills (e.g., educational assessment). We all have found, however, that the complexity of the issues that our clients face, and that our trainees will contend with in their future roles as psychologists, require awareness of and the ability to use a range of perspectives and evidence-based methods. The overall position of the internship program and its supervisory faculty is integrative. We take this approach in our seminar program, our work with case evaluation, formulation and treatment planning, and our clinical meetings, at which multiple points of view are encouraged and taught.

We strive to conceptualize cases along the following dimensions:

- a) Developmental /Biological/Medical (e.g., genetic, constitutional, temperament, medical and/or developmental factors contributing to the presenting problems)
- b) Psychodynamic (e.g., internal conflicts, relational patterns, reactions to trauma)
- c) Cognitive/Behavioral (e.g., maladaptive cognitions and behaviors, learning via conditioning and role-modeling, and affect-based schemas)
- d) Family and Relational Structures (e.g., family

structure, boundaries, roles, intergenerational issues, relational patterns; support systems)

- e) Relationship/alliance with the evaluating/treating clinician
- f) Individual and Cultural Differences/ Social Systems (e.g., culture, race, ethnicity, socioeconomic status, community, gender & religion).
- g) The person's strengths and capabilities.

Our evaluation and treatment planning conferences play a key role in implementing this approach to case conceptualization. In these conferences, the multiple points of view generate a biopsychosocial portrait of the patient(s), and provide information for making clinical decisions that are based on clinical judgment and core findings in psychotherapy research regarding therapeutic relationships and effective interventions.

**We emphasize the utilization of research/empirical bases for psychotherapeutic assessment and intervention in several ways:**

Interns use the research and clinical literature to consider and implement the conceptual/clinical approaches listed above. They also become familiar with the principles and practices of integrative, evidence-based therapy approaches. They use the Evidence Based Medicine model for clinical decision making (APA, 2005), with the goal of matching treatments to the particular needs of the patient. And, they actively participate in empirical assessment of the effects of utilized treatment interventions, including empirical measurement of therapy alliance and/or effectiveness.

Depending on the results of the above considerations, treatments at the IHA centers may integrate more than one type of therapy, either in combination or sequence. In cases where CBT and family systems approaches are well-supported for the presenting problems, these methods may be used almost exclusively (e.g., for anxiety disorders, some depressive illnesses, couples problems). Experience in couples treatment, group work and consultation is an integral part of the internship program. In addition, when required, patients receive practical, psychoeducational and/or supportive interventions. As a result of this approach, we expect our interns to gain substantial beginning-professional competence in the core domains of assessment and intervention that we teach, and useful knowledge in areas that we offer exposure to.

**We emphasize a wide range of professional competencies necessary for successful professional practice:**

Our Competency Goals form describes and measures key professional competencies at the start, during the course of, and at the conclusion of the internship program. Desired

outcomes are specifically established at the start of training and evaluated during the training process. Some examples of these competencies include: Knowledge and use of ethical practices within psychology; Cultural competence in treatment decisions and interventions; An ability to work professionally and collaboratively as a member of a multidisciplinary clinical team; An ability to maintain professional and collegial relationships; The ability to self-monitor skills and difficulties; Effective use of supervision and consultation.

Testing competencies are also valued. Interns develop proficiencies in the use of appropriate psychological measures to assess psychological functioning across a range of domains within both child and adult populations. They become knowledgeable regarding the psychometric properties and the standardization samples that support the use of these instruments with particular groups. Proficiency is developed in the ability to administer these tests in a standardized manner, to synthesize the results of testing in written testing reports, and in providing written and verbal testing results feedback to clients and consultants.

Equipped with these competencies, we expect our internship graduates to be able to function effectively as psychologists in a range of contemporary settings, including clinical/ institutional (group practice, counseling and family agencies, schools), private practice, and academic settings.

### **Monitoring Program Effectiveness**

An important part of our educational model is evaluation of program effectiveness. The faculty of our units receive and monitor feedback from students on the training program and its effectiveness, and make plans to modify programs accordingly.

### **The Contribution of Interdisciplinary Training**

The Institute for Human Adjustment trains students at many levels and from several disciplines. These include practicum, internship and post-doctoral psychology trainees and pre- and post-masters social work trainees, speech language pathologists, psychiatry residents and often pediatric residents. Many opportunities for informal consultation and sharing occur in the training-focused environments of the IHA internship, among trainees at different levels, and with faculty. We believe that the continual formal and informal interaction among trainees at different levels and from different disciplines provides a rich and supporting learning setting that is key to our program. Although there are seminars oriented specifically to the needs of beginning psychology interns, all students participate in the major meetings together. We believe that, in addition to experiences shared across disciplines, disciplinary differences in training provide diverse, mutually enhancing perspectives that enrich the experience of all concerned.

Reference: American Psychological Association (2005). Policy statement on evidence-based practice in psychology. Available online at: <http://www2.apa.org/practice/ebpstatement.pdf>

### ***Accreditation History, Links to University of Michigan***

The Institute for Human Adjustment's Clinical Psychology Internship Program has been re-accredited by the American Psychological Association for a seven year period until 2017. The Psychological Clinic and the UCCF are also members of the University of Michigan's Internship Consortium, and interns from Michigan's Clinical doctoral program are located at both sites. The seminars and other group activities are fully integrated between these two internship programs, except for periodic meetings with the Director of Training to address issues unique to the IHA internship program, and one professional development seminar series.

Staff and students at the Institute for Human Adjustment participate actively in a wide range of activities at the University of Michigan, including lectures and colloquia, scholarly and research collaborations, clinical meetings and exchanges with the Department of Psychiatry, and recreational sports and cultural events.

### **INTERNSHIP PROGRAM**

The Institute's Clinical Psychology Training Program offers a full-time internship, with time divided between the Psychological Clinic and the University Center for the Child and the Family.

### **DESCRIPTION OF INTERNSHIP COMPONENT SITES**

The IHA internship integrates activities in two IHA units, one focusing on work with adults, the other on work with children and families. These are respectively the Psychological Clinic and the University Center for the Child and the Family.

#### **Adult Component: Psychological Clinic**

The Psychological Clinic, founded in 1938, was the original locus of the Clinical Psychology program at the University of Michigan. The Clinic began its modern existence (beginning in 1954) as a psychoanalytic training center. Over the years, the clinic has evolved significantly in the integration of science and practice. We have expanded our perspectives to include both the widening scope of psychodynamic practice as well as interpersonal, couples/systems, biological /psychiatric and cognitive-behavioral approaches; an overall multicultural perspective infuses all of our work. We bring these perspectives to bear in our initial assessment and treatment planning for our clients, and seek to teach the fundamentals of these approaches through supervision, seminars and staff meetings.

Interns receive careful supervision of their work with

individuals and couples, beginning with the initial interview and objective testing. Cases are initially reviewed in Evaluation, Treatment Planning and Follow-Up Groups, where treatment plans are developed with consideration of available empirical evidence; follow-up on cases through systematic monitoring is conducted. Supervision covers treatment in individual, couples and group modalities, in both short and longer term treatments. Interns are exposed to a wide range of outpatient problems and to clients of varying cultural and economic backgrounds in our diverse university community. Interns participate in a wide variety of seminars and meetings, and have multiple opportunities to present their clinical work in formal and less formal meetings.

**Child and Family Component: University Center for the Child and the Family (UCCF)**

The Center is a well established and respected center for training and research, founded in 1988. A wide range of theoretical and evidence-based perspectives is represented at the Center (biological, behavioral, cognitive, psychodynamic, family systems, and community/cultural). We are committed to bringing all of these perspectives to bear on each case, in a broadly integrated fashion. We work with a very wide group of clients.

Interns receive closely supervised experience in all of the basic areas of child and family work. These include psychosocial assessments; empirically-based psychological testing; individual, conjoint, parent and family treatments (both short and long-term); therapy and psychoeducational groups; community consultation; report writing; and formal presentations.

**SUPERVISION AND TRAINING**

A substantial part of each student’s internship time (about 30%) is spent in supervision and/or training activities. All interns have individual and group supervisions for their adult and child/family caseload. They receive additional supervision for all specialty activities in which they are engaged (e.g. psychological testing, couples work, therapy and/or psychoeducational groups, consultations, work with special populations, etc.). Interns also attend weekly meetings, case conferences and seminars (described below). Interns meet periodically with the Institute Director, and regularly with the Training Director. Interns prepare and monitor their training plan with their supervisors and Training Director. A Joint Internship Training Committee, composed of the directors of the Clinic and the UCCF, review the training plans and help fine-tune the internship experience. Evaluations of the intern’s work is prepared by each unit, to be reviewed by the Training Committee, which also receives feedback from interns evaluating the internship.

**Approximate Breakdown of Activities**

Client Contact (Child/Family)	7
Client Contact (Adults)	9
Individual Supervision	2-3
Group Supervision	3-5
Special Projects & Supervision	2.5
Testing & Supervision	1.5-3.5
Interns Seminars	2.5
Disposition Conference (C/F)	1.5
Evaluation, Treatment Gps (Adult)	1.5
Staff Conference/Meetings	2
Paperwork/Preparation	10
Administration/Reading	3
<b>Total</b>	<b>45-50</b>

**Seminars & Conferences**

- Unless otherwise noted, the conferences and seminars listed below are required for all interns.

**Adult Training Staff and Trainee Meeting (Psych Clinic; 1 hour 2/month):** This is attended by all staff and trainees, and serves multiple functions. Interns are exposed to outside speakers, who discuss a wide range of topics, including approaches to short term therapy; issues of African-American English; specific areas of concern such as shame and guilt. We have had several speakers who are actively involved in managed care issues -- the Chair of the Insurance Committee of the Michigan Psychological Association (a Clinic graduate); the Medical Director of the University’s Psychiatric Managed Care company, with which we have a contract to provide managed care services; and the Director of a managed care clinic. Clinic staff members also present regarding assessment methods used for evaluation of clinical progress, research relevant to psychotherapy and diagnosis, and other topics. This staff meeting also provides a forum for presenting reports on ongoing clinical work conducted by the entire Clinic staff. Psychology interns as well as senior staff, post-doctoral fellows, and social work interns present detailed reports on clinical work in progress at this meeting. Interns are required to present a case or a panel on a clinical theme, and lead the following discussion. These discussions cover a wide range of issues raised by the individual cases. This exposure to clinical work and issues related to it helps sharpen and deepen the intern’s understanding of the field, of professional behavior and judgment, and of the variety of clinical approaches.

**Child Training Staff and Trainee Meeting (UCCF; 1 hour 2/month):** This is attended by all staff and trainees, and

serves three purposes. First, this meeting provides in-service training from outside presenters on advanced topics (e.g. substance abuse evaluation, trauma-focused CBT; evaluation and treatment of aggression in preschool children) relevant to clinic services and training needs. Second, this meeting provides interns with training in the development of professional presentations. During their internship, every intern is required to make a professional level presentation based upon an integration of their clinical work at the Center with contemporary research and theory. Third, this meeting is used to identify and address intern generated topics in a timely manner. Several times during the year, the meeting addresses clinical and professional topics raised by the interns.

**Adult Training Consultation Groups (Psych Clinic; 1.5 hrs weekly):** For their adult training at the Clinic, interns are assigned to one of three weekly Consultation Conferences. These meetings are co-led by a senior psychologist and senior clinical social worker, and attended by psychology and social work interns and post-doctoral and post-MSW fellows. Interns present their ongoing (typically 2-3 sessions) initial consultations with new clients at these meetings, using a presentation format that parallels the consultation summary form that is completed at the end of the consultation. For each new client, the psychological tests and other information gathered at the start of the consultation are reviewed. A wide array of issues are raised and discussed at the Consultation Conference in conjunction with cases that interns present. These include interviewing techniques, diagnostic questions, medical/psychiatric issues related to the client's problems, medication issues, cultural and diversity issues relevant to the client and to our efforts to engage and help the client, ethical issues (e.g. regarding confidentiality, multiple relationships), consideration of alternative treatments, research issues related to diagnosis and treatment, theories of psychopathology, scientific basis for case formulation and/or treatment approach proposed, and others. Each case is then followed at 6 week intervals, and progress is reviewed, and alternate approaches considered, all in the context of the original formulation and goals, and using monthly follow-up questionnaires. All Psych Clinic clients are tracked on a monthly basis using Lambert's Outcome Questionnaire (OQ45) and the Working Alliance Inventory. These questionnaires are scored and tracked over time to examine shifts in the alliance and to track patient reported change. The results are kept by the intern, and discussed in individual supervision as well as in the Consult Groups.

**Child/Family Treatment Disposition meeting (UCCF; 1.5 hrs weekly).** This weekly conference provides an interdisciplinary (psychology, social work, psychiatry, pediatrics, speech and language pathology) review of all new cases evaluated and/or treated at UCCF. Interns present client case material and must then offer an integrated multi-axial formulation. The presentation must be informed by contemporary practice, theory and research, and include empirically supported treatments that were consulted in the development of the treatment plan.

**Professional Development & Training Program Seminar (1 hour, 1/month).** Dr. Cheryl King, Director of the Institute, leads the professional development topics in this seminar, and Dr. Van Etten Lee, the internship Training Director, leads discussion of training program policies. Professional development topics include: Applying for a 1<sup>st</sup> Professional Position or Postdoctoral Fellowship, Legal Issues and Clinical Documentation, Clinical Supervision, Assessment and Management of Suicidal Individuals, Integration of Science and Practice, Career Pathways involving Administration, and the APA Ethics Code, among others. This seminar involves active discussion with the interns with ample opportunities for tailoring to individual intern's specific interests and training needs.

**Adult Training Seminar (Psych Clinic; 1 hr weekly for 7-8 months).** This seminar series focuses on important issues in clinical work with adults for beginning therapists. These seminars are planned and scheduled in a cumulative, graded fashion to meet the needs of beginning clinicians as they learn to do and think about diagnosis and treatment. Early topics include interviewing skills for initial evaluation sessions, effective documentation, suicidality assessment; later topics are more advanced and include specialized, evidence-based intervention series (e.g. Interpersonal Psychotherapy [IPT], Cognitive Behavioral Analysis System of Psychotherapy [CBASP], Brief Psychodynamic psychotherapy; Motivational Interviewing, Acceptance and Commitment Therapy [ACT], Couples Therapy) and other topical series (e.g. Issues related to Sex and Sexuality). Multiple faculty members and guest speakers with topical expertise present and lead discussions.

**Cognitive Behavioral Therapy Seminar (Optional; 1 hr weekly, fall only).** Dr. Van Etten-Lee, Training Director, leads this introductory seminar which is optional for interns. This seminar reviews CBT theory and practice for a variety of anxiety and depressive conditions. Following the seminar, group consultation on CBT interventions with

clients is available.

**LD/ADHD & Testing Seminar (Tuesdays, 2 hrs, first 3-4 weeks).** This seminar is led by a neuropsychologist and provides comprehensive training around the research, theory and assessment of adult and child ADHD/LD. In conjunction with this series, interns additionally receive training in test administration, scoring, and interpretation of various testing batteries. This series also includes a segment provided by UCCF's speech language pathologist on training in dealing with educational and learning issues in children, and basic consultation to clients, families and schools about these issues. Individual supervision of testing follows.

**Child Training Seminar (UCCF; 1 hr weekly for 7-8 months).** This seminar series focuses on important issues in clinical work with children, adolescents and families. Early topics include basic interviewing skills for evaluating children, adolescents, and families (3 sessions), effective documentation, and suicidality assessment (2 sessions), and psychiatric consultations (4 sessions); later topics are more advanced and specialized, covering various Evidence Based Treatment series (each 2-3 sessions, including series on treatment of childhood anxieties, depression, affect regulation interventions, and parent guidance interventions). These EBT series begin with an overview presentation followed by additional sessions focused on advanced case illustrations. Multiple faculty members present and lead discussions.

#### **SUPERVISING FACULTY/AREAS OF SPECIAL INTEREST**

**Eileen Bond, MSW (Faculty, UCCF).** Clinical Social Worker with expertise in mind/body approaches to behavioral health including: imagination training, relaxation training, and stress management; parent education; family therapy; and the utilization of spirituality in psychotherapy.

**Barbara Cain, MSW, ACSW (Faculty, Clinic).** Social worker with expertise in adult psychotherapy. Special interests in divorce and supervision.

**Kristin Chapman, M.A., CCC/SLP (Faculty, UCCF).** Speech & language pathologist specializing in disorders of speech, language, learning, social functioning and attention; expertise in consultation with education systems on behalf of children with these disorders.

**Cindy Foster, Ph.D. (Director, UCCF).** Clinical Child and Adolescent Psychologist with expertise in a variety of evidence-based psychotherapies for children and

adolescents (e.g., parent behavior management training, cognitive-behavioral therapy for depression and anxiety, suicide risk assessment and management) as well as the development of family, community, and school supports for young people with emotional, behavioral, and learning problems.

**Todd Favorite, Ph.D. (Director, Psychological Clinic).** Clinical Psychologist with expertise in a variety of evidence-based psychotherapies for adults; interest and expertise in trauma research and psychotherapy; certified in Cognitive Behavioral Analysis System of Psychotherapy (CBASP).

**Polly Gipson, Ph.D. (Faculty, UCCF).** Clinical psychologist with specialty expertise in a variety of evidence-based psychotherapies for children and adolescents, in addition to depression and suicide risk assessment for adolescents.

**Joseph Harvey, M.D. (Faculty, UCCF).** Child and Adolescent Psychiatrist with expertise in both biological and psychotherapeutic treatment of adolescents and children. Particularly interested in the integration and use of appropriate medications with ongoing psychotherapy.

**Elise Hodges, Ph.D. (Faculty, Clinic and UCCF).** Neuropsychologist with expertise in psychological testing of adults, adolescents and children.

**Jody Hoffman, Ph.D. (Faculty, Clinic).** Clinical Psychologist with expertise in CBT, Acceptance and Commitment Therapy (ACT) & Interpersonal Psychotherapy (IPT).

**Cheryl King, Ph.D. (Director, IHA; Faculty, UCCF).** Clinical Child and Adolescent Psychologist with expertise in developmental psychopathology, family systems, parent behavioral management training, cognitive-behavioral therapies for child/adolescent depression and anxiety, social skills training, family interventions for parents and adolescents, suicide risk assessment, and suicide risk management.

**Fiona Miller, Ph.D. (Faculty, UCCF).** Clinical Psychologist with expertise in the diagnosis and treatment of Autism Spectrum Disorders, developmental assessments, parent consults, parent behavioral management training, and interventions for aggression and fire-setting in young children.

**Jeffrey Urist, Ph.D. (Faculty, Clinic).** Clinical Psychologist with expertise in adult psychotherapy and assessment, short term psychotherapy, and therapy with adolescents.

**Michelle Van Etten Lee, Ph.D. (Director of Psychology Training, IHA; Faculty, Psychological Clinic).** Clinical

Psychologist with expertise in adult psychotherapy and assessment, with a focus on CBT and anxiety disorders.

**Susan Watts, MSW** (*Faculty, Clinic*). Social worker with expertise in individual, couples and group therapy, and treatment of substance abuse.

**Teri Wolf, MD** (*Faculty, Clinic*). Adult psychiatrist with interest in influence of medical conditions on mental health.

### INTERNSHIP STIPEND AND BENEFITS

The annual internship stipend for the coming training year is \$21,000. Benefits include medical insurance, two-weeks vacation plus December-January holiday week break, 15-day sick leave and up to five days professional leave.

### INTERNSHIP QUALIFICATIONS

Prospective interns must:

1. Be enrolled in a clinical or counseling psychology doctoral program;
2. Have satisfactorily completed all required coursework in preparation for their doctorate; and
3. Have satisfactorily completed required practicum assignments, with training relevant to the IHA internship.

### INTERNSHIP APPLICATIONS

**The deadline for application is NOVEMBER 1. ALL MATERIALS SHOULD BE SUBMITTED THROUGH THE APPI ONLINE PORTAL, AT:**  
**[http://www.appic.org/match/5\\_3\\_match\\_application.html](http://www.appic.org/match/5_3_match_application.html).**

The following items are required:

1. Completed online APPIC application
2. Letter of interest;
3. Curriculum vitae;
4. Three letters of recommendation;
5. Graduate school transcript.

Check our website for additional information at [www.umiha.org](http://www.umiha.org). Applicants will be notified of their interview status by December 1st. Two or three individual interviews

with staff members from the sites will be arranged. You will also be invited to attend team meetings, case conferences and/or seminars.

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.

### Questions:

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### ACCREDITATION

The Institute for Human Adjustment's Psychology Internship program is accredited by the *Committee on Accreditation, of the American Psychological Association*.

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### THE REGENTS OF THE UNIVERSITY

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(updated 10/24/2011,  
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