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Mission

Ann Martin Center’s mission is to serve children and families in need of psychological, social, behavioral, familial and educational support. The Center makes use of a variety of resources in order to provide services to children and families regardless of their socio-economic status and ability to pay. Throughout Ann Martin Center’s history, the agency has maintained a strong commitment to the ongoing professional education of its staff, by providing monthly in-service training and clinical supervision of its staff, and has developed formal training opportunities for both mental health and educational professionals.

Philosophy of Training

The Clinical Internship is a 2-year, pre- and post-doctoral training program. Ann Martin Center’s training model offers our interns a unique opportunity of engaging in long-term care using a psychoanalytically informed psychodynamic model. All interns are expected to stay the full 2-year term, which will provide invaluable experience and the continuity of care for the clients we serve. Additionally participating in our training program allows for continuous growth which provides the necessary foundation for the postdoctoral fellowship year. Overall, we hope to instill in our candidates the requisite skills and competencies expected of a well-rounded psychologist.

Predoctoral interns play a big part in meeting the agency’s goals and mission by serving a broad spectrum of children, adolescents and families in need of psychotherapeutic treatment, parent guidance and psycho-social support. The training program itself achieves the agency’s mission of advancing, supporting and promoting ongoing professional education of clinical professionals at various stages of their development.

Our Goal

Ann Martin Center is dedicated to improving the lives of at-risk children, youth, and their families in Alameda County by providing psychotherapy, educational therapy, diagnostic assessment, and training. We promote healthy emotional development and effective learning skills. We nurture confidence, resilience, and the ability to make positive choices that strengthen caring relationships, independence, and productivity. The Center is distinguished by its emphasis on both emotional and educational support.

The Clinical Internship Program uses a practitioner-scholar model with the ultimate goal of training child psychologists. Our training program is graded, sequential and experiential in its organization. We provide a series of didactics, supervision and clinical experiences that increase in their complexity over time. Our program is centered on the following five goals:
Internship Training Goals, Objectives, and Competencies:

1. Interns will develop competence in delivering treatment and interventions for children, adolescents, and families with a broad array of psychological disorders and needs.
   a. Interns will be able to understand and evaluate the evidence base for the theories they use.
   b. It is expected that interns will be competent in a range of techniques and psychotherapeutic skills.

2. Interns will understand multiple theories of psychological assessment and consequently develop competence in psychological assessment of children and adolescents.
   a. Focus of training on interviewing skills, administration, scoring and interpretation of multiple psychological tests and measures culminating in written report with recommendations

3. Interns will become competent psychologists who are able to provide consultation with the family, school, community and other systems of care
   a. Competence in consultation with other professionals and systems of care including within agency, outside agency in schools, health care systems, child welfare systems and others
   b. Competence in understanding individual and community differences

4. Interns will demonstrate competency in professional behavior consistent with ethical standards/guidelines as they develop mature professional identities
   a. Full understanding and implementation of APA ethical guidelines and obligations
   b. Develop professional identity
   c. Demonstrate emerging understanding of how to conduct supervision

5. Interns will develop competence in the integration of science and practice
   a. Will seek out and apply scientific knowledge and research to their clinical practices, including case presentations and discussions as well as participating in active research and program evaluation efforts

Interns will be evaluated and provided written feedback about progress on the above goals twice a year. There will also be a focus within supervision on assessing progress toward goals, and regular opportunities to receive and give feedback to the training director throughout the training year including bi-annual opportunities for the interns to provide written feedback about supervision and anonymous feedback about the program.

Contents of Training and Expectations

- 12 months and 2000 hours to complete internship program
- At least 25% time in face to face provision of therapy (on average 12-15 hours weekly is provided)
- 3 hours of individual supervision weekly (at least two of which are provided by licensed psychologists)
- 1 hour of group supervision weekly
- 1 ½ hour case conference weekly
- Completion of at least 1 full assessment battery is required
Over the course of the internship year there will be increasing levels of didactic and training opportunities paired with increasing levels of demonstrated competence on behalf of the intern. Psychology interns will become familiar with child and adolescent development as well as psychodynamic theories of development that focus on the conceptualization and experience of self, other and the self in relation to the other, attachment, relatedness, and psychopathology. Interns will learn to assess cases formally and systematically from a psychodynamic and psycho-social perspective and will become conversant with meta-psychological concepts that aid in the recognition, discussion and understanding of intrapsychic and interpersonal psychodynamics, conscious and unconscious ideation and behavior. These phenomena include: transference and countertransference, ego functioning and defensive activity, internal and external conflict, drive development, psycho-sexual developmental stages and characteristics associated with age and stage-related internal states and external manifestations, etc.

Interns will learn to develop working psychodynamic formulations of cases as a way to understand and guide their work, as well as to think psychodiagnostically in the course of developing treatment goals, objectives and plans. Over the course of the year they will learn to independently initiate, establish and conduct outpatient psychotherapy relationships with children and teens and their parents/guardians, and will have the opportunity to work long-term with a wide variety of cases over the course of their training period.

Children and teens are typically seen separately from their parents and guardians; thus, interns will learn how to work collaboratively with family members and include them in their children’s treatments, while simultaneously establishing and maintaining therapeutic relationships with children and teens. This requires maintaining confidentiality and fostering a sense of safety and privacy, while working actively on important issues with parents like addressing general issues pertinent to the child/teen’s treatment, growth and development.

Psychology interns will also be trained in and assigned child and adolescent cases for psychological testing. They will learn to administer a variety of cognitive and projective batteries, score and interpret data, professionally write up their findings and recommendations, and provide feedback to parents and other professionals.

Clinical cases will be presented and discussed in individual and group supervision, as well as discussed in the various training seminars.
List of Seminars

- Beginning Treatment (Fall)
- Advanced Intervention Techniques (Spring)
- Introduction to Child Psychotherapy
- Techniques of Psychotherapy
- Thinking about Differences
- Intake, Diagnosis and Treatment Planning
- Working with Parents, Guardians and Caretakers
- Psychology Testing Seminar
- Foundations of Psychoanalytic Psychotherapy with Children (Fall)
- Professional Development

Population Served

Ann Martin Center's target population is children, adolescents and families. Approximately 85% of cases are made up of this population, while 15% of the target population are adults. Many of the adults and couples seen are parents of children and teens whose issues are affecting parenting capacity and family stability. The populations we serve in our outpatient clinic present with a broad range of issues, diagnoses, and levels of functioning. The impact of problems upon the individual children can range from moderate and acute to chronic and severe. Typically there are multiple factors that play a part in the referral of clients: major environmental disruption, including divorce and custody disputes, separation, death or chronic illness of a family member, neglect, abuse and/or abandonment resulting in out of home placement (foster care or kinship care), a broad range of family conflicts, difficulties at school (academically, behaviorally and/or socially), learning problems or disabilities, multiple emotional and/or relational difficulties including depression, anxiety, attachment or separation difficulties, developmental difficulties/disabilities (e.g. pervasive developmental disorders, autistic spectrum functioning, non-verbal learning disability, medical problems, etc.), trauma, abuse, poverty, family instability and high conflict, separation, divorce and blended family dynamics, direct and/or indirect exposure to violence, etc. We serve a highly diverse population in terms of multiple social factors like race, family composition and economic status.

Multiculturalism

One of the required seminars, "Thinking about Differences," focuses on issues that arise in the clinical setting and between clinician and clients that have to do with all kinds of differences. While race and culture are commonly discussed, all sorts of differences are incorporated into the readings, discussions and clinical presentations. Examples include: gender, sexual identity and sexual partner orientation, LGBT parenting, cross-racial adoption, alternative reproductive technologies/methods (e.g. surrogacy) and their impact upon identity, "the birth story," and familial relationships, etc. White privilege,
intersectionality and oppression are also topics that are extensively explored. This class incorporates readings as well as clinical presentations; encourages sharing personal experiences; and promotes discussion about and increased awareness of and sensitivity to one's own and the others' "differences." Issues of cultural formulation and multiculturalism are found not only in this class, be throughout our supervision and other didactics.

**Required/Desired Experience**

- Prior child/adolescent clinical experience is preferred. Some experience with and exposure to children and families is required (e.g. prior teaching experience, being a parent of children, working with children in a non-clinical setting, etc.). This experience is essential because one must know one is compatible with and temperamentally suited to working with children and families.
- Must have prior individual psychotherapy experience, preferably some outpatient psychotherapy experience.
- Must be genuinely interested in psychoanalytic theory and psychodynamically-informed clinical work and training.
- Must have psychological testing experience; coursework and experience in child as well as adult testing preferred.
- Coursework: Child and Adolescent Development (required), Psychological Testing (required), Psychodynamic Theories and Treatment (required), Child Psychological Testing (preferred)

**What We Are Looking For**

- We want clinicians who are genuinely interested in psychodynamic/psychoanalytic thinking and treatment, and who enjoy working with children, adolescents and families.
- It is important that applicants want to participate in a two-year training experience (internship following by post-doc) and are interested in working long-term.
- A sincere interest in learning and growing, and the capacity to tolerate ambiguity and uncertainty, is more important than having had a lot of experience already. Competitiveness is not conducive to creating a safe and productive learning environment for anybody.
- Being in psychotherapy or analysis is a plus. It is essential to be as self-aware as possible in our field as well as familiar with the process of being in therapy from a personal perspective.
- Clinicians who can both handle a lot of responsibility, work well independently as well as ask for help, and follow the directions and guidance provided by their supervisors and training staff are ideal.
- Individuals who are mature, warm, kind-hearted, down-to-earth, easy to get along with, team players, enjoy collaborating with others, don't take themselves too seriously, have a sense of humor, and have the ability to laugh and maintain balance in their lives tend to do well at Ann Martin.
How to Apply

- For internship positions in the 2017-2018 internship year we will only be taking students from the Wright Institute and Alliant University-SF Bay Area as we are becoming a sponsored site.
- For the 2017-2018 internship year a stipend of $22,500 will be offered.
- Ann Martin Center has been granted full APPIC membership as of November 2014 and will be participating in the upcoming match process.
- **Important:** Our application deadline is December 1, 2016.
- Ann Martin has received contingent APA approval.

- **Applications should include:**
  - Cover letter
  - Resume/curriculum vita
  - 3 letters of recommendation
  - Written sample of your clinical work (e.g. a treatment summary, case report, etc.)
  - Psychological testing report (for Psychologist applicants)
  - Transcript