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*Community Services Institute, Inc.*

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# Doctoral Psychology Internship

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**2026-2027**

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## ***Overview of CSI's Doctoral Internship***

The Doctoral Psychology Internship at Community Services Institute is accredited by the American Psychological Association (APA) and offers up to 4 full-time positions at its Springfield, MA location. These funded positions begin during the last week of June or first week in July and extend through the second week of July the following year, for a total of 2000-Internship hours (a 54 week, 40 hour per week commitment). The first two of these weeks are designated for orientation. After the orientation phase, Interns begin building a caseload and participating in assessments, supervision, and didactics. Supervision is geared not only to supporting clinical learning, but administrative demands as well.

Additionally, all Interns participate in 4 hours of didactic training every Wednesday. Didactics are divided into four seminars, each with a different focus. These four seminars are: Becoming a Trauma-Informed Therapist, Practical Application of Psychological Theory, Psychodiagnostic Assessment, and Integrating Social Justice in Community Mental Health. Topics are chosen specifically to support the learning needs of the Interns beginning with instruction on basic safety and the unique challenges of outreach therapy, telehealth, and advancing into case conceptualization and differential diagnosis. Overall, didactics are designed to support the primary goal of the Internship- professional practice of child, adolescent, adult and family psychology in a variety of community settings (i.e., outreach psychotherapy, and community mental health centers as well as school settings). As such, the Internship is directed at personal growth and is not directed at specialization.

Interns will be introduced to the unique challenges of outreach and tele-therapy while working with ethnically diverse and economically disadvantaged children, adolescents, adults, and families. Most CSI clients have experienced psychological trauma related to child maltreatment, domestic violence, or exposure to community violence. By the completion of the training year, Interns are expected to have developed competence in working with the complex issues engendered by the above issues, and their impact on clinical services.

CSI's philosophy embraces the local clinical scientist model of training (Stricker & Trierweiler, 2006), aiming to integrate current research and best practices with community-targeted clinical services. CSI maintains a commitment to diversity and recognizes that multicultural competence is vital to the practice of psychology.

Since its inception, CSI has been committed to innovative treatment approaches such as outreach work and currently telehealth services. Continuing in that tradition, CSI has made a commitment to train all Interns in EMDR. This innovative technique can help individuals with depression, anxiety, PTSD and other forms of affect dysregulation learn to better control their emotions.

We are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participate in the APPIC Matching Program and abide by their policies. Additionally, if you have any questions about the accreditation process for doctoral internship programs, you can contact the APA Commission on Accreditation at:

American Psychological Association  
Office of Program Consultation and Accreditation/Commission on Accreditation  
750 First Street, NE  
Washington, DC 20002-4242

Phone: (202) 336-5979  
TDD/TTY: (202) 336-6123  
Fax: (202) 336-5978  
apaaccred@apa.org  
apa.org/ed/accreditation

### ***The CSI Internship Mission***

The mission of the Doctoral Psychology Internship at CSI is to prepare Interns to be psychologists who can function independently, effectively, and flexibly in a variety of community settings. CSI was an early pioneer in providing child-focused family support for multi-problem families, particularly those involved with child welfare, juvenile justice, and the Courts and continues this mission.

The treatment of mental health has undergone a radical shift in the way services are delivered to the disenfranchised, a population often poorly served by a clinic-based model. CSI provides a structured training program for delivering a wide range of clinical services including psychological testing, clinical interviews, diagnostic assessment, play therapy, and individual and family psychotherapy. Many of our Interns have familiarity with the office setting; however, CSI prepares Interns for effective practice in the community—particularly at home and in school.

The focus of the training year is on effective service delivery of outreach psychotherapy treatment and telehealth services. We believe that this training has broad applicability, with transferable clinical skills and roles, to virtually any community or hospital-based healthcare setting, private practice, and residential or public/private school. Additionally, outreach psychotherapy is a growing field of service. Once viscerally familiar with the challenges of outreach psychotherapy with this demanding population, Interns may choose to pursue further training using outreach psychotherapy services as doctoral-level psychology supervisors, clinical program administrators, grant writers or program innovators. Further, the COVID-19 pandemic has helped open the door for greater access to care for clients through telehealth. Services provided over telehealth can help to establish more consistent care and has been referred to as the “next frontier” of therapy.

### ***Training Model and Underlying Values***

*“According to the National Institute of Mental Health (NIMH), one-half of all mental illnesses begin by the age of 14, but most are not diagnosed until 10 years after symptoms appear” (Van Pelt, 2011).*

*“Home-based care is taking us back to the root of human coexistence. It reminds us that we all have the responsibility to one another.”*

*-Joy Phumaphi, Minister of Health, Botswana.*

CSI’s Intern training model emphasizes the importance of understanding the eco-psychological context that impacts families, including prejudice and oppression. The field of psychology uses the term *biopsychosocial* in recognition that individuals’ struggles are nested within several levels that intertwine and interact. While many programs talk about this, *we live it*. By going into the community or providing teletherapy, Interns gain a visceral understanding of some of the challenges facing our clientele. Interns

are faced with tasks as fundamental as establishing a “safe space” for therapy including planning how to meet needs such as food and shelter. Interns simultaneously are tasked with forming case conceptualizations that may include interventions such as EMDR. Interns are engaged in the integration of care through interdisciplinary collaboration & consultation (both inside and outside our Institute) with psychiatrists, pediatricians, social workers, mentors, school personnel, parents, caregivers, and the Department of Children and Families. Our trainers and supervisors are intentionally eclectic in theoretical orientation to create a stimulating learning environment. Trainers aim to be supportive, emotionally available, and model honesty and directness. CSI expects Interns to grow as people, and to tolerate the ambivalence generated by working with this multi-challenged population. We expect Interns to function as professionals who are integral to our clinic. Interns are granted significant autonomy and are expected to manage their own caseload.

We expect Interns to advocate not only for their clients but also for themselves, in an effort to meet their learning needs. Our goal is to graduate client-oriented, self-reflective, emotionally intelligent, and humble psychologists who are multi-culturally competent and sensitive to ethno-cultural counter-transference.

Modeled in accordance with guidelines established by the American Psychological Association, the program requires Interns to work directly with clients (in both clinical and assessment capacities), participate in weekly seminars and didactic trainings, and gain professional experience. In addition, CSI’s training staff provides individual and group supervision of Interns on a weekly basis.

Overall, CSI’s context for training is broad rather than narrow, based on principles rather than particular techniques. Our goal is to train well-rounded and compassionate psychologists who maintain high standards of practice, clinically, ethically, and in their personal conduct.

### ***To Apply***

Interns must complete APPIC’s online application with all requested materials available no later than the deadline date. Online application instructions and specific application criteria are available from the APPIC website, [www.appic.org](http://www.appic.org). The internship conforms to all APPIC selection policies (please see the APPIC website at [www.appic.org](http://www.appic.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. If you have any questions about the accreditation process for doctoral internship programs, you can contact the APA Commission on Accreditation by mail at the Office of Program Consultation and Accreditation/Commission on Accreditation, 750 First Street NE, Washington, DC 20002-4242, by phone at (202) 336-5979, by fax at (202) 336-5978, by email at [apaaccred@apa.org](mailto:apaaccred@apa.org), or at [apa.org/ed/accreditation](http://apa.org/ed/accreditation).

## *Nomothetic and Idiographic Approaches to Clinical Practice*

### *The Local Clinical Scientist Model*

We hew closely to evidenced-based practices; however, we recognize that the evidence base is always inadequate to address specific problems. As such, "...it is likely that the practitioner always will be required to go beyond firm and available scientific knowledge" (Stricker & Trierweiler, 2006, pg. 39). For this reason, we ascribe to the Local Clinical Scientist model, which stipulates that local observations and local solutions to problems benefit from the scientific attitude of the clinician. We believe there is a dialectical tension between two approaches: the nomothetic (the tendency to generalize) and the idiographic (the effort to understand the unique and subjective phenomena of the individual). We teach the value of developing an understanding beyond (a) a textbook grasp of psychological disorders; (b) a rigid application of evidence-based interventions or; (c) a singular "true" systems of scoring and interpreting and synthesizing assessment results. The local clinical scientist model emphasizes ecological factors that impact real people and strives to include in situ research components. Our Interns work with clients in the direst of human predicaments. Working in the poorest neighborhoods of a culturally diverse city, Interns learn to be sensitive to cultural and environmental factors and be ever vigilant to integrate these influences in their diagnostic and clinical assessment. Rather than strict theoretical beliefs, we teach the value of an integrative, eclectic and pragmatic approach.

We attempt to instill an ideological flexibility and tolerance (as opposed to "sloppy thinking"), while incorporating research and an attitude of scientific inquiry (Peterson, 1991; Stricker & Cummings, 1992). We are more tolerant than narrow in our thinking about what can be considered "acceptable methodology," while at the same time placing the need to protect the public as paramount. We agree with Stricker and Trierweiler (1995, 2006), that science is an attitude to approaching one's work, and can function in any area of experience:

A major task for the local clinical scientist is to generate evidence that either supports or questions the applicability of scientific conclusions in particular cases. From this perspective, despite frequently heard arguments about practice being nonscientific, overgeneralization of research findings without due heed to case particulars it is inappropriate and misleading. (Stricker & Trierweiler, 2006, p.40)

While we sometimes ask our Interns to "think outside the box" when necessary to serve their clients, we in no way doubt that the "box" (scientific inquiry) does, in fact, exist.

CSI assumes Interns will engage in a degree of ongoing scholarly activity, such as literature review when they encounter an unfamiliar psychotherapeutic disorder. We expect Interns to bring critical thinking, and the appropriate application of this learning to their therapy practice. We have created

opportunities for them to practice the skill of applying evidence-based treatment to their current cases. In addition, they may take part in ongoing research.

### ***Diversity***

Respect for, and understanding of, cultural and individual diversity is easy to say and harder to do when a client's behaviors and values are frightening, objectionable, and harmful to themselves or to others.

Didactic and experiential training that fosters an understanding of cultural and individual diversity demands self-reflection and an examination of deeply held beliefs. Clinical practice necessitates ongoing vigilance to impede the rise of judgmental or punitive attitudes toward clients and to examine them when they happen. This effort is essential for effectively treating this population with compassion and understanding.

Respect for diversity is integrated throughout the training experience, as Doctoral Psychology Interns explore counter-transference in supervision, group discussion, and didactic seminars and in assigned readings. In addition, we expect that all medical documentation of mental impairments be informed by contextual considerations and reflect this respect for diversity.

We are particularly sensitive to contrasting values in social class, as our trainers come from diverse socio-economic class backgrounds.

### ***Ecological Contextual and Systemic Approaches***

We are informed by Bronfenbrenner's Ecological Model (Bronfenbrenner, 1997) and Maslow's Hierarchy of Needs (Maslow, 1943, 1962). In this framework, we view individuals as striving to meet their needs within nested ecological structures. Clinical assessment and treatment approaches are guided by an understanding of the ecological context of the child and family. Within a community atmosphere of ongoing violence, our clients have been exposed to severe stressors that are repetitive or prolonged, involving harm or abandonment by caregivers and other ostensibly responsible adults, and occurring at developmentally vulnerable times. Clients often present with a combination of multiple diagnoses, both psychological and physical. For us, regardless of the specific diagnoses, assessment, or treatment methodologies in use, professional discipline or theoretical framework, the foundation of good clinical work with this difficult, multi-problem population involves working with five core foci:

- Affect dysregulation.
- Dissociation—structural and continuous.
- Somatic dysregulation.
- Impaired self-development.
- Disorganized attachment patterns.

Within this framework, treating families with complex problems is neither short-term nor solely problem-focused. It is long-term and relationally-based, with incremental changes occurring over time. Institute engagement with our clients sometimes happens over multiple generations.

### ***Direct Service as a Powerful Teacher***

We challenge our Interns to be single-mindedly obsessed with clients as a clinical discipline, and constantly focused on improving a family's inner strength, self-concept, and cohesion. This requires an Intern who is capable of "playing ball on running water" (Reynolds, 1984), and an emotionally available training faculty, who are responsive to the emotional upheavals that our Interns may experience.

While interactions between Interns and professionals in our clinic are often informal, and humor is occasionally used to modulate tension, the Intern is sometimes surprised by how serious their trainers become when issues of a client's well-being becomes the focus of discussion.

### ***The Best Interest of the Child***

We remain dedicated to the "Best Interest of the Child" (Goldstein, Freud & Goldstein, 1986) and teach an understanding of this concept in clinical practice. The term refers to the process of deliberating what type of services, actions, protections, and caretaker(s) will serve the best interests of a child.

A "Best Interest" framework considers as paramount the child's ultimate safety and well-being.

The overarching goals, purposes, and objectives that shape the treatment use many of the following guiding principles:

- Emphasizing the importance of family integrity and a preference against removing the child from their home.
- The centrality of emotional and relationship ties between the child(ren), and her or his parents, siblings, family, and household members of other caretakers.
- The mental and physical health, safety, and/or protection of the child.
- The capacity of the parents to provide a safe home, adequate food, clothing, and medical care.
- The mental and physical health, safety, and/or protection of the parent(s).
- The expectation that a child removed from his/her home will be given care, treatment, and guidance that will assist the child in developing into a self-sufficient adult.
- The immediate end of domestic violence in the home.

Psychologists have a responsibility to:

- Define a clinician's decision-making roles clearly but narrowly.
- Engage in timely actions and decisions (as children grow quickly and have immediate needs).
- Distinguish between personal values and professional knowledge.
- Recognize the complexity of the decision-making processes.
- Accept that decision-making should be a shared process between children, parents and professionals.
- Acknowledge that 'the best interest of the child' is always contingent, depending on the particular position and assumptions of the person expressing them, as well as the objective circumstances.

At CSI, our clients are excellent teachers, and learning occurs within the context of caring, where clients' needs remain primary. We emphasize the value of developing a collaborative relationship between families and clinicians. Despite the many challenges that our clients face, our approach stresses a strengths-based frame.

### *Areas of Conceptual Knowledge and Applied Skills*

Primary objectives for Interns include developing conceptual knowledge and applied skills in most of the following areas:

- Early Childhood and Children's Mental Health.
- Family Preservation.
- Family-focused Psychotherapy.
- Parent Guidance and Skills Training.
- Complex Traumatic Stress Disorder Treatment (includes physical, sexual, verbal, and ongoing abuse).
- Psychotherapy interventions (individual, play therapy, and family therapy).
- EMDR
- Psychodiagnostic Assessment.
- Inter-professional, multi-disciplinary consultation and collaboration with mentors, teachers, social workers, and other mental health care professionals.

The Internship Program is dedicated to developing clinicians who are able to apply a wide range of theoretical and clinical strategies in the assessment and treatment of children, adolescents, adults, and families. We aspire to create a learning environment that enables our Interns to use new training experiences to grow as people, as well as skilled professionals.

## ***Summary of Internship Training Aims and Competencies***

CSI's Internship training aims are four-fold:

***Aim One: To develop mature, self-reflective professionals, who, through a local clinical scientist model, conform to ethical, legal, and policy standards, embracing both individual and cultural diversity, and practicing effectively within an interdisciplinary behavioral health clinic framework. Utilizing the local clinical scientist model, we seek to train interns to...***

### ***Five competencies in aim one:***

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- A. Transition from a student role to that of an entry-level professional.
- B. Embrace attitudes that contribute to effective professional functioning.
- C. Become proficient in integrating science into practice and to generate clinically relevant research that contributes to clinical understanding.
- D. Become proficient in understanding and implementing ethical principles and laws that govern the practice of psychology and apply them to clinical work.
- E. Become proficient in clinical issues of diversity and apply them to clinical work.

We consider these five competencies to be essential competencies in the traditional core skill set of professional psychology.

***Aim Two: To produce entry-level psychologists who possess the knowledge and skills necessary for professional practice. This includes training interns to...***

### ***Four competencies in aim two:***

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- A. Become proficient in clinical assessment and diagnosis
- B. Become proficient in clinical interventions from multiple theoretical orientations.
- C. Become proficient in consultation, supervision, and/or teaching
- D. Become proficient in understanding the elements of effective management and administration involved in health care organizations and program evaluation

We seek the compassionate and curious apprentice and aim to assist his or her evolution into a humble, adaptive, and more effective local clinical scholar-practitioner. Our hope is to point out both the power as well as the limitations of science. We assume that our Interns hold themselves to high ethical standards and accept the responsibility to apply that knowledge judiciously and responsibly in their role as psychologists.

***Aim Three: To produce trauma-informed psychologists prepared to work in community settings where complex, developmental trauma is the norm. In this regard, we seek to train interns to...***

***Four competencies in aim three:***

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- A. Assess for history of trauma exposure in a sensitive, client-centered manner.
- B. Understand the types of traumatic exposures and the differential impacts (adaptations) on individual clients.
- C. Become proficient with theoretical models for the treatment of complex trauma including issues of engagement, pacing, and specific interventions.
- D. Understand vicarious traumatization and engage in self-care practices to avoid “burnout.”

***Aim Four: To prepare new psychologists for the complexities of working in multiple settings in the community. In this regard, we train interns to...***

***Three competencies in aim four:***

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- A. Recognize the difference between a “boundary violation” and a “boundary crossing.” Utilize appropriate boundary crossings to facilitate work.
- B. Assess and determine when community-based work is appropriate and when systemic factors prevent effective functioning. Determine when a community setting may be inappropriate for a clinical problem.
- C. Effectively maintain the “therapeutic frame” when entering a client’s home.

CSI’s Internship is primarily practice-oriented. We embrace the local clinical scientist model (Stricker & Trierweiler, 1995, 2006). This model acknowledges that clinical research findings may not generalize well to every clinical environment, (particularly ones like ours which are dominated by clients suffering complex traumatic stress disorder), and acknowledges the "decay" that takes place in the generalization process (Cronbach, 1982).

The local clinical scientist model holds that it is necessary to develop local norms and knowledge in order to increase the utility and effectiveness of assessment and intervention strategies. It warns against dogma and rigidity and instead encourages clinicians to develop the capacity for critical judgment while remaining aware of personal biases.

## ***Components of the Internship Program***

### ***Requirements for Successful Completion***

1. Interns will maintain an active caseload (determined in collaboration with the supervisor) of individual therapy sessions, collateral contacts, assessments, and EMDR performed as an adjunct service to other clinicians.
  - a. Interns must meet competency in documentation. This includes completing all progress notes, assessments, and therapeutic updates (for the psychiatry department) within the timeframes provided. Interns must meet a 90% timeliness rate during the final quarter of the program.
2. Interns will complete a *minimum* of three (3) psychological assessments. The first draft of the assessment report must be completed within two weeks of the date of testing, with the finalized report completed within one month of the testing date. Interns are expected to schedule a feedback session with the client/referral source.
3. Interns will complete a *minimum* of 15 comprehensive assessments and individualized action plans.
4. Interns will attend all staff meetings and didactic sessions. If an Intern misses more than two (2) sessions of either staff meeting or didactics, this will be grounds for remediation. The Internship staff will determine appropriate remediation.
5. Interns are required to complete the online EMDR training course.
6. Interns are required to complete 20 sessions of EMDR. This can include work with their clients, other clinicians' clients, and/or colleagues.
7. Interns are required to serve as the hub for a Therapeutic Mentor on at least three (3) cases.
8. Interns provide secondary supervision to a pre-masters mental health counseling (MHC) intern throughout the MHC intern's internship period
9. Interns are required to participate in the shadowing for the next year's class. (Interns are not allowed to use vacation time for the last three days of the program.)
10. Interns must meet all competencies (as defined in the section "Evaluation and Feedback") by the end of the year evaluation.

### ***Typical Work Week***

#### **Interns' Schedule (approximate):**

20	hours	Face-to-face Direct Service Contact (Client Appointments, Collateral Contacts w/ Providers and Families)
9	hours	Clinical Writing/Progress Notes/Chart Review/Case Management
4	hours	Seminars/Didactic Training
3	hours	Test Administration/Structured Interviews/Report Writing
2	hours	Group Supervision
<u>2</u>	<u>hours</u>	<u>One-to-One Supervision</u>
40 hours total		

A “typical” work week may vary, however, interns should anticipate that about half of their time on average will be spent providing direct services, which includes, but is not limited to, client appointments, collateral contacts, and EMDR sessions for clients being seen by clinicians at CSI who are not trained in EMDR. Additionally, about 9 hours on average each week will be for case management and clinical documentation, 4 hours on average will be for didactic training, 3 hours on average will be for psychological testing (structured interviews, test administration, scoring, report writing, etc.), 2 hours on average will be for individual supervision, and 2 hours on average will be for group supervision.

As caseloads will include children and adolescents who will be in school until 2-3:30 depending on their age, interns should anticipate having 1-2 late afternoons/early evenings available for sessions to accommodate their client’s school schedules. Interns are allowed to adapt their schedules to offset the later days. For example, if an intern were to choose to see clients until 7 p.m. on a Tuesday evening, the intern could then choose to start at 11 a.m. on that Tuesday or another day during that same week or choose to split the time between multiple days (i.e. start at 10 a.m. on two days or start at 9:30 a.m. on four days that same week). Interns must attend all supervisions and didactic trainings and should adapt their schedules around these weekly events.

### *Supervision*

Supervision is an essential facet of the Internship at CSI. Each Psychology Intern will receive no less than 2 hours of weekly individual, face-to-face supervision with a doctoral-level psychologist, who is also licensed as a health service provider in the State of Massachusetts. Additionally, Interns will receive at least 2 hours of face-to-face group supervision weekly. There are two supervision groups weekly: a process-oriented group, and a group supervision focused on play therapy.

The therapeutic relationship is powerful and complex. The main “instrument” in therapy is the "person-of-the-therapist." Interns develop this “instrument” through reflecting upon, and sharing the ways in which their personal qualities, reactions, and experiences influence, and are in turn impacted by their clinical work. This supervisory exploration, while potentially therapeutic, is not therapy and is not intended to be. The aim is to enhance self-observation, increase self-awareness and therefore enhance the Intern’s ability to function effectively in their therapeutic role.

Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner, within the context of a safe and supportive professional relationship.

CSI values mutual honesty, openness, and appropriate disclosure between Intern and Supervisor. The Intern is encouraged to be explicit about their training goals over the year and to understand the Supervisor(s) approach and philosophy toward supervision. Should any difficulties arise, ethical standards encourage the psychologist, whenever possible, to bring these concerns first to the individual(s) who are the source of the concern, and, if this cannot be satisfactorily resolved, refer to the Grievance policy (included in the Internship Handbook).

Interns should expect a warm, collegial, and supportive relationship with CSI’s entire Internship faculty and staff. That is our goal. In addition, the Intern should recognize that it is in their best interest for Internship staff to regularly consult with each other about the Intern’s progress and professional

challenges. It is our aim to bring any areas of concern to the Intern as quickly as possible, and to work collaboratively to facilitate a successful resolution.

A prime emphasis of supervision, at the start of the Internship, is to develop the Intern's capacity for engagement, assessment and diagnostic skills, as well as the effective use of the DSM 5 and ICD 10. This is strongly emphasized. Interns are expected to read, research, and become familiar with the diagnostic criteria for the most commonly presented psychological disorders. In addition, Interns will encounter the need for multi-disciplinary consultations with psychiatric prescribers, and therefore will benefit from a working familiarity with commonly prescribed psychotropic medications, both their generic and brand name.

Supervision will be scheduled in 1-hour blocks of time; however, Interns are actively encouraged to seek regular consultation with their supervisors throughout the week as the need arises, even if the supervisor is not in-house. Interns are never "alone" in managing their caseload. They have access to Senior Staff who act as adjunct supervisors and, during nighttime and weekends; they also have access to 24 hour, 7 day a week phone support, back-up psychiatric evaluation, and medication management. In addition, "Mobile Crisis" is a community-based, 24-hour, 7-day a week, assessment team who evaluate the need for hospitalization. Mobile Crisis can be reached by calling: 413-736-6661.

### ***Overview of Didactics & Group Supervision***

The didactic day is Wednesday and is mandatory for all Interns. The schedule for didactics is generally 10 AM-12 PM and 1 PM-3PM. These times will generally be divided into four seminars: Becoming a Trauma-Informed Therapist, Practical Applications of Psychological Theory, Psychodiagnostic Assessment, and Integrating Social Justice in Community Mental Health.

### ***Description of Weekly Seminars***

***Becoming a Trauma-Informed Therapist.*** This course is intended to prepare Interns for working with complexly traumatized children, adolescents and adults. Topics will include: introductions to developmental trauma; neurobiology of PTSD; what trauma reactions look like in children; working with schools to understand fear reactions; assessment approaches; phase-oriented treatment; Attachment, Self-Regulation and Competency; Trauma-Focused CBT; Internal Family Systems; structural and continuous dissociation; and other topics.

***Practical Application of Psychological Theory and EMDR.*** The seminar is grounded in the Local Clinical Scientist Model, which emphasizes integrating research, clinical expertise, and contextual factors to guide psychological practice. This seminar covers a broad range of therapeutic issues and techniques, emphasizing practical skills and real-world application. Throughout the year, interns explore key aspects of psychological practice, including clinical supervision, consultation, case management, differential diagnosis, professional identity, cultural humility, and evidence-based treatment approaches. The seminar also introduces and integrates concepts related to Eye Movement Desensitization and Reprocessing (EMDR), supporting interns in translating their external EMDR Basic Training into their work within community mental health.

***Psychodiagnostic Assessment Seminar.*** The Assessment Seminar has two components: Formal training in psychological assessment and group discussion/formulation of assessment cases presented by the Interns. Each Intern will have the opportunity to present the test data from each of their three assessment cases. The didactic portion includes: Psychological Assessments including Interviewing, Intellectual and projective & Personality; Court-involved & Forensic Assessments; Trauma and Risk Assessments; Parenting Evaluations; Disability Assessments; and Assessment of Childhood Intellectual Functioning Including the Evaluation of Young Children, Children from Different Cultural Backgrounds, and Non-verbal Tests of Intelligence

The group discussion/presentation of test data is intended to help develop the Interns' skills in synthesizing test data and formulating hypotheses. As such, this section is oriented around actual psychodiagnostic testing material, the interpretation of which is first modeled by the supervisor, and later by the entire group collectively. Testing data should be scored, including the Rorschach (using the Comprehensive System [Exner, 2003]), prior to presenting this material to the group. The supervisors and group members will make hypotheses and test them against the collected data in order to arrive at a clinical formulation.

***Integrating Social Justice in Community Mental Health.*** This seminar prepares psychology interns to address social justice issues in clinical practice. Interns develop knowledge, awareness, and practical skills to understand how systemic inequities impact mental health at individual, community, and policy levels. The seminar integrates foundational theory with applied learning, supporting interns in incorporating social justice principles into therapy and advocacy. A key component is the Community Impact Project, in which interns design and implement initiatives focused on advocacy, prevention, or community wellness, with the goal of making a meaningful impact in the Springfield, MA community.

***Monthly Staff Meetings.*** Monthly staff meetings are scheduled on the second Monday of the month from 10:30-12:00, are mandatory for all clinical staff, and are an opportunity for Interns to meet clinicians who might otherwise be out in the field.

### ***Research Opportunities***

***Clinical Data.*** At CSI, we don't expect participation in research protocols during the doctoral psychology Internship year, yet we do require ongoing scholarly activity, such as literature review, and we expect Interns to bring critical thinking, and the appropriate application of scientific learning to their therapy practice. We embrace the National Council Of Schools And Programs Of Professional Psychology (NCSPP) educational model of the practitioner who engages "the challenge of the human condition directly." (R. L. Peterson, D. R. Peterson, Abrams, Stricker, & Ducheny, 2010)

Starting with the needs of each client, the NCSPP educational model requires that practitioners bring the best available theoretical conceptions, the most useful available research, and their individual and collective professional experience to bear in studying and improving the functional condition of the client. Professional activity is not the application of knowledge derived from a separate scientific

research process; it is a form of science and, indeed, a form of research in and of itself. The process of professional work has been described as "disciplined inquiry" by D. R. Peterson (1991, 1995, 1996). According to Peterson, et al, (1997), "The properly trained professional psychologist is a scientist in the sense that the skilled physician is a local clinical, biological scientist and the skilled engineer a local physical scientist" (p. 376).

Interns will have the opportunity to gather data on their own clinical cases, should they choose to. Interns may propose the use of evaluation protocols as part of the ongoing treatment regime. Interns can use this data to create their own research hypotheses.

In addition, CSI periodically develops new clinical programs. Interns will be offered the opportunity to participate in these new programs and are encouraged to assist in collecting medical documentation data.

All research participation is contingent upon approval by the Intern's supervisor, the Internship Director.

## ***Financial Assistance and Benefits***

### ***Stipend: \$25,000 for 2026-2027***

Stipends are issued every two weeks.

### ***Time Off***

***Vacation Days.*** Interns are entitled to 10 days of pro-rated vacation time. Vacation time during the first 90 days or the last 30 days of your Internship must be approved by the Internship Director. Requests for time off and sick time must be logged in HRcheckwriters web portal at:

<https://www.checkwriterspayrollhr.com/> and must be approved by your supervisor. Please plan ahead to give adequate notice to your clients and trainers.

### ***Holidays***

Interns are entitled to 10 holidays as listed in the Employee Handbook that can be found on HR Checkwriters.

### ***Sick Days***

Interns are eligible for five (5) sick days per training year.

### ***Professional Development/Dissertation Research***

Interns may be excused for up to three days (24 hours) for professional development, or dissertation research with permission of the Internship Director.

### ***Dissertation Defense***

Interns may be excused for up to three days either to complete dissertation defense, for professional development, or some combination, with permission of the Internship Director

### ***Medical & Dental Insurance***

Interns who rely solely on the Internship stipend may meet eligibility for Massachusetts state subsidized health insurance that can be purchased on the MA Health Connector (<https://betterhealthconnector.com>). Additionally, Interns are eligible to participate in CSI's Group Health & Group Dental plans.

### ***Diversity Statement***

CSI is dedicated to affirming, enhancing, promoting, and celebrating diversity through actions that honor the richness of our similarities and differences. Diversity encompasses major aspects of human development and interaction, as well as individual and group identity. CSI staff are diverse in many aspects of personal identity, including race, ethnicity, social class origins, culture, language, spirituality, and sexual orientation. We also represent differences in professional disciplines, training, and roles. Our

clinical staff come from training and backgrounds in social work, psychiatry, psychology, and counseling, and work along with administrative and support staff whose backgrounds and training are equally diverse. Our goal as an Institute, is to recognize all of these differences as positive contributions to the overall work environment, and to enhance the ability of CSI to engage in its important work in our diverse community.

Interns are expected to develop enhanced multicultural competence during the year and to be skilled in addressing the needs of the various populations we serve. We view this commitment to diversity as an ongoing learning journey, never assuming we have quite arrived. We continue to build an open and trusting environment in which we feel free to explore and discuss our attitudes, beliefs, values and behaviors in relation to others who are similar to and different from ourselves. We recognize that the active promotion of diversity often engenders a change process that includes conflict and strong emotions. Such a process is natural. Mutual respect, honest self-examination, and ongoing, open-minded discussion are the keys to the resolution of those differences.

### ***Non-Discrimination Policy***

Community Services Institute is an equal opportunity employer and subscribes to the Massachusetts Fair Employment Practices Act. It is the stated policy of CSI that each employee and each applicant for employment, including Doctoral Interns, will be accorded equal treatment with regard to recruitment, selection, and employment without discrimination due to race, religion, national origin, disabling condition, sex, age, or sexual orientation. The internship program avoids any actions that would limit access on grounds that would be irrelevant to the success in internship training or a career in professional psychology. The program encourages actions that indicate respect for and understanding of people with varying disabilities, ethnicity, racial background, age, gender, religion, national origin, sexual orientation, socioeconomic background, or any other source of individual or cultural diversity. This Internship site abides by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any applicant.

The program adheres to and makes available to all interested parties formal written policies and procedures that govern Intern selection; practicum and academic preparation requirements; administrative and financial assistance; Intern performance evaluation; feedback, advisement, retention and termination; and due process and grievance procedures for Interns and training staff. It complies with other policies and procedures of the sponsor institution that pertain to staff and Interns' rights, responsibilities, and personal development.

### ***Intern Selection Criteria***

“We aim is to select the compassionate and curious novice, and help his or her evolution into a humble, adaptive and more effective local clinical scholar-practitioner who appreciates both the power as well as the limitations of science, and who holds themselves to high ethical standards and accepts the

responsibility to apply that knowledge judiciously and responsibly in their role as a psychologist” (Internship Handbook).

### ***Practica and academic preparation requirements***

- Each Intern accepted into the Internship program will be in the process of completing a doctoral degree in professional psychology from a nationally accredited, degree-granting institution in the United States.
- Qualified applicants must have earned a master’s degree in education, psychology, or social work to participate in a Doctoral Internship.
- Intern applicants must have all required coursework as well as comprehensive exams completed and be in good standing with their doctoral program by the start of the Internship year.
- Eligibility for entry is based on satisfactory completion of graduate program coursework, practicum experiences, including assessment, and other academic requirements as specified by each graduate program.
- Intern applicants will have proposed their dissertation by application deadline.
- Applicants must also demonstrate a sound background in psychology, and a general level of competency in diagnosis and delivery of psychotherapy services, psychopathology, diagnostic criteria, assessment, and theory-based therapeutic interventions as well as knowledge of basic psychodiagnostic testing administration and scoring.
- Applicants who demonstrate a specific interest in children, adolescents and family populations through coursework, research, or practicum or externship experiences are highly desirable and tend to be more highly ranked.

### ***Additional Qualifications***

- Computer proficiency, including the ability to learn the use of electronic medical records, is necessary.
- Demonstrate excellence in written and oral communication, and organizational skills
- Show flexibility, self-initiative, and the willingness to self-reflect
- The capacity to maintain a positive attitude under challenging circumstances
- Reliable transportation is a necessity for clinical travel

## Internship Program Admissions

Date Program Tables are updated: 3/20/2026

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

Potential applicants must be in the process of completing a doctoral degree in professional psychology from a nationally accredited, degree-granting institution in the United States or Canada. Additionally, potential applicants must have completed all required coursework as well as their comprehensive exams. Potential applicants must have successfully proposed their dissertation. They must also demonstrate a sound background in psychology, and a general level of competency in diagnosis and delivery of psychotherapy services, psychopathology, diagnostic criteria, assessment, and theory-based therapeutic interventions as well as knowledge of basic psychodiagnostic testing administration and scoring. Potential applicants should demonstrate a specific interest in working with children, adolescents, and family populations through coursework, research, or practicum or externship experiences.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	N/A
Total Direct Contact Assessment Hours	N/A

**Describe any other required minimum criteria used to screen applicants:**

- Dissertation proposal approved by application deadline.
- Comprehensive Exams passed by application deadline.
- Minimum of 3 years of doctoral-level graduate school training by internship start date.

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$25,000
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (13 days)
Hours of Annual Paid Sick Leave	40 (5 days)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	N/A

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-2025	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>ED</b>
Community mental health center	10	
Federally qualified health center		
Independent primary care facility/clinic	1	
University counseling center		
Veterans Affairs medical center	1	
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## ***Delivery of Direct Client Services***

### Definition and Commitment

Service delivery is defined as having direct contact with a service recipient (client). Whether this service delivery is accomplished by a psychotherapy session, conducting psychodiagnostic testing, consultations, or co-therapy training (to name a few), Interns will be provided with ample opportunity to meet their training needs.

The clinical caseload for any given week ranges from 5-25 direct service hours, with an average of about 20 hours of face-to-face client delivery each week over the Internship training year.

### ***Direct Service Delivery vs. Caseload***

A “caseload” is designed to best meet the trainees’ needs. There is no “typical” full caseload. Instead, clinical needs and direct service are determined in collaboration between the supervisor and the trainee. Interns should aim to schedule 20 hours per week at the height of the internship. In order to attain this level, Interns will likely need a caseload of 22-25 clients.

### ***Direct Service through Psychotherapy***

Interns will be assigned no fewer than 5 cases at the start of the internship. These will be transfer cases in which the Comprehensive Assessment and Individualized Action Plan have already been completed. Interns will then build their caseload by conducting intakes. Supervisors will initially help Interns in completing documentation; however, by the end of the first quarter Interns will be expected to be proficient in completing documentation. Supervisors will review at least three (3) Comprehensive Assessments and Individualized Action Plans to verify competence.

### ***Defining a “Full Caseload”***

There is no formal definition of a “full caseload” for Interns. However, Interns should be aiming for 20 hours of direct contact per week. Interns are expected to work with supervisors and ask the Intake Coordinator for more cases if this level is not being achieved consistently. Conversely, a supervisor might request a reduction in caseload if the determination is made that the Intern is becoming compromised by stress, inadequate self-care or other reasons.

Internship is a busy time for Interns, as they practice carrying a full caseload, often for the first time, while simultaneously keeping up with the demands of medical documentation, report writing, didactics, supervision and other meetings. In this way, with supervisory feedback and assistance, and practicing in an ethical and professional manner, Interns become familiar with, and test their ability to, manage the intricacies of a “real world” (clinical employment) caseload (which is often considered 20-35 “billable client hours” each week).

If Interns are unable to manage this level of direct service delivery, at any point, and for any reason, whether because it impacts their own wellbeing or it is determined to negatively affect the quality of patient care, Interns should notify their supervisors and the Internship Director immediately. Reductions in direct service delivery hours will occur as quickly as feasible. The Intern will be given no more client service hours until a more manageable caseload level, agreed upon by both the Intern and Supervisor, is reached or the Intern's current cases are transferred.

Interns are encouraged to make final requests for additional clients by the third week in February. This will allow adequate time for therapist-client contact in order to fully serve the needs of the client.

Interns have the opportunity to introduce their clients to a "new psychotherapist," (beginning Doctoral Intern), near the end of their internship, as there is about a 2 week overlap between one year's Doctoral psychology Interns and the next. The "novice" Interns will shadow the current Intern, who will act in a consultative and supportive transitional role, both as the more "experienced" clinician and to help familiarize the novice with the organizational culture, protocol, and practices at CSI.

### ***Direct Service through Psychodiagnostic Testing***

In addition to a psychotherapy caseload, Interns are also required to complete direct service delivery hours by conducting at least three (3) psychological test batteries and subsequent reports. These test batteries will be composed of objective intellectual measurements, achievement tests, various neuropsychological tests personality measurements, and rating scales. The number of direct contact hours granted for each test battery varies based on the number of psychological tests appropriate for a given referral question. Generally, hours will vary between 6 and 9.

## ***Training Faculty***

### **Susan Rogers, Psy.D., LP, HSP, LMHC**

*Internship Director, Director of Clinical Services, Registered Play Therapist- Supervisor*



Dr. Susan Rogers completed her Doctorate in Clinical Psychology at Antioch University New England. Her dissertation is entitled: “Exploring ethical and boundary challenges in outreach psychotherapy: A training model.” Dr. Rogers uses this training to help outreach clinicians maintain appropriate boundaries while engaging in the difficult task of outreach psychotherapy, and remaining self-reflective, competent, and confident professionals. Dr. Rogers is the Director of Clinical Services, a clinical supervisor at CSI, on the training faculty of the doctoral internship program, and continues to maintain a caseload of

therapy clients including adults, adolescents, and children.

She is particularly skilled at working with clients with severe histories of trauma, including clients with dissociative symptoms. She has advanced training as a neurofeedback and EMDR practitioner and has completed specialized training to work with individuals who struggle with problem gambling. She became a Registered Play Therapist- Supervisor (RPTS) in 2019. Her latest publication as a co-author is titled “Building bridges between Puerto Rican psychology students and Massachusetts mental health clinics: Analysis of a workforce crisis. *International Journal of Applied Psychoanalytic Studies*” in the *International Journal of Applied Psychoanalytic Studies*.

### **Yomaira López Cruz, Ph. D.**

*Didactic Instructor, Coordinator of Training and Psychological Testing*



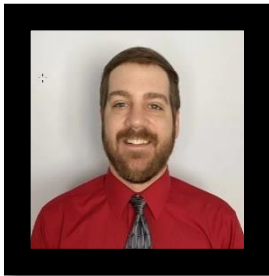
Dr. Yomaira López Cruz has a Ph.D. in Clinical Psychology from Albizu University in San Juan, Puerto Rico. Dr. López Cruz joined CSI in 2018 to obtain specialty training in psychological assessments. She expanded her role at CSI, working as an individual psychotherapist, providing services in English and Spanish. In 2020, she became part of the doctoral training program, working in different roles over the years, including didactic trainer, coordinator of the psychological testing department, practicum program administrator, supervisor, and training director. She continues to work with the Internship

program, providing support, supervision, consultation, and didactic training.

Dr. López Cruz is trained in neurofeedback, the ADOS, and EMDR and has incorporated this knowledge into her clinical practice. She has experience working in nursing homes providing individual psychotherapy, family interventions, and screenings for dementia and other neurocognitive disorders. Additionally, she worked in school settings providing individual psychotherapy and psychoeducational workshops for teachers and parents. Her clinical and research interests include grief, developmental trauma, neurocognitive disorders, and the interaction between behavior and technology. Dr. López Cruz is also a professor at Springfield College.

**Anthony (Tony) Tucci, Psy.D.**

*Supervisor, Didactic Instructor*



Dr. Tucci completed his master's degree in Counseling Psychology at Assumption University in 2014, followed by his master's in Performance Psychology at John F. Kennedy University in 2016. Dr. Tucci then completed his Doctorate of Psychology (Psy.D) at John F. Kennedy University in 2019, where he had the privilege of learning about the role of culture and intersectionality in therapy. From there, he moved back to Massachusetts to complete his internship and post-doctoral position at CSI where he became a certified neurofeedback clinician.

After completing his internship and post-doctoral fellowship, Dr. Tucci became a licensed clinical psychologist. Currently, Dr. Tucci is doing clinical work at Thriveworks, and is a co-owner of Impact Sports Lab in Woburn, MA in addition to his work as a supervisor and didactic instructor at CSI.

**Stephanie J. Vega Cintrón, Ph.D.**

*Didactic Instructor and EMDR peer supervision group leader*



Dr. Stephanie J. Vega Cintrón has a Ph.D. in Clinical Psychology from Ponce Health Sciences University in Ponce, Puerto Rico. She began her journey at CSI as a member of the 2023–2024 Pre-Doctoral Internship cohort and transitioned into a training role following the completion of her internship. She now serves as a didactic instructor for the “On Becoming a Trauma-Informed Therapist” seminar within CSI’s doctoral training program. She also leads an informal EMDR Peer Supervision Group at CSI, supporting group case discussions and learning of the modality

while group members receive EMDRIA-approved training.

Dr. Vega Cintrón has received advanced training in EMDR and Intensive Trauma Therapy. Her clinical background includes work in an intensive outpatient program where she utilized trauma-processing modalities such as EMDR, Progressive Counting, and Flash within an Intensive Model Framework. She works with clients across the lifespan, supporting children, adolescents, and adults. She combines her knowledge of trauma-informed practices with her passion for neurodiversity affirming therapeutic work.

She offers services in both Spanish and English and is deeply committed to expanding access to mental health care for historically underserved populations. Her work is grounded in compassion, cultural responsiveness, and a dedication to high-quality, trauma-informed therapy services. Her clinical and research interests include trauma, dissociation, and compassion fatigue.

## ***About CSI***

Community Services Institute, Inc. (CSI) is a private, mental health clinic with an active Psychology Department, delivering a full range of mental health services in two locations. Serving the Springfield area for more than 30 years, and more recently with a second office in Dorchester, CSI has pioneered the provision of child-focused family support for multi-problem families, particularly those involved with child welfare, juvenile justice, and the Court.

One meaning of the word “institute” is: “an organization founded to promote a cause,” and our cause is to ease the suffering of individuals traumatized by violence, dislocation, and poverty. We accomplish this by stabilizing families through improving access to clinical interventions delivered in their community through outreach and clinic-based outpatient psychotherapy and school-based services. CSI is at the forefront of the Family Preservation Movement and develops programs focused on family reunification and on improved functioning for families facing severe challenges.

Licensed by the Massachusetts Department of Public Health, CSI has a multi-disciplinary structure, administratively overseen by a child psychiatrist, several psychologists, and clinical social workers, working closely as a team. CSI employs approximately 60 master’s and doctoral level outreach therapists, and many bachelor’s level Therapeutic Mentors. Psychotherapy is provided under a medical model with the associated need for accurate clinical documentation of medical necessity.

## ***Clinical Services***

CSI offers a wide spectrum of psychotherapy and support services. Below is a brief description of selected services. For a complete list, please see the online *Policies and Procedures Manual* located at the CSI website <http://www.communityserv.com>

### **Outpatient Therapy**

CSI offers outpatient individual, couples, and family therapy for individuals 4 years old and older struggling with emotional disturbances, psychological impairments, and high-stress life circumstances, such as foster care, homelessness, and violence.

Outpatient therapy services are structured, consistent, strength-based therapeutic relationships designed to treat the behavioral health needs of the individual, couple, or family. Typical focuses of therapy may include:

- Improving the family’s ability to provide effective support
- Promoting the youth’s healthy functioning within the family
- Strengthening the family’s capacity to support their child(ren)’s functioning in a variety of settings
- Improve an individual’s ability to manage their emotions or their functioning in a particular setting

- Minimizing admittance to in-patient hospitals, psychiatric residential treatment facilities, or other treatment settings

Outpatient therapy can be provided in-clinic, at the client's home, or at the client's school (for children and adolescents). The majority of outpatient therapy clients are seen through outreach to the home or to the school. Supervisors are trained in a variety of evidence-based treatment models including, but not limited to, Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Attachment, Self-Regulation, and Competency (ARC), Acceptance and Commitment Therapy (ACT), Child-Centered Play Therapy (CCPT), Filial Therapy, and EMDR.

### **Psychological Evaluations**

CSI offers the ability to complete psychological evaluations internally to clients being seen at CSI as well as to clients from other agencies in the area. Interns are trained in a variety of assessments and procedures, including intelligence testing, achievement testing, neurodevelopmental testing, executive functioning measures, projective measures, and other personality measures.

### **Psychiatry Services**

Clients who have been actively engaged in outpatient therapy for three months or more are eligible to be referred to our Psychiatric Services Department. We employ a child psychiatrist who supervises our psychiatric nurses. Together they provide ongoing medication support for clients who benefit from a combination of medication and therapy services. *Psychiatry services are not a stand-alone component of treatment for clients; instead, clients must be actively attending therapy services to maintain eligibility for medication services.*

### **Therapeutic Mentoring (TM).**

TM services are structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. TMs are provided to youth (under the age of 21) in the home (including foster homes and therapeutic foster homes), or other community settings including schools, child care centers, or respite settings.

Services include supporting, coaching, and training youth in:

- age-appropriate behaviors;
- interpersonal communication;
- problem-solving and conflict resolution;
- relating appropriately to other children, adolescents, and adults;
- engaging effectively in recreational and social activities;
- navigating a variety of social contexts;
- learning new skills; and
- achieving functional progress in the community.

Interns provide serve as the hub in a consultative manner to the mentors who serve their clients.

### ***Clinic Locations and Populations Served***

CSI serves a culturally diverse population in a mostly urban setting. The Institute has two locations: its main office is located in Springfield and its satellite in Boston (Dorchester). In both locations our target population is multi-problem families referred by DCF and treated with complex interventions in their homes, schools, and in the community. Single mothers head most families. However, we serve clients in a wide variety of family constellations—from independent adults to children in intensive foster care.

Significant portions of the children we see are living in foster homes after having suffered from sexual abuse, child abuse, or severe neglect. These children are now faced with adjusting to a new family, new home and different expectations, while trying to cope with the loss of their family of origin. We also serve children with learning difficulties who are too emotionally distressed or disabled to benefit from special education services.

Our population reflects the composition of our urban community, with multi-racial, multi-lingual, and a diverse ethnic clientele.

### ***Description of Clinic Location***

#### **About Springfield and the Pioneer Valley**

CSI is located in the Pioneer Valley, an outdoor enthusiast's paradise. Described as being at "The Crossroads of New England," located at the intersection of I-91 and the Massachusetts Turnpike, Springfield is located approximately 90 miles from Boston, (home to our satellite office), 30 miles from Hartford, CT, and 150 miles from New York City. The Berkshires are an hour west, and New York's capital city of Albany is a bit further west. The beaches of Cape Cod and the islands are a two and a half hour drive to the east. Our Springfield office is within walking distance of Amtrak, and Peter Pan and Greyhound Bus Lines in downtown Springfield. Within city boundaries is Forest Park, with 735 acres of beautifully landscaped green space and a zoo. Designed by Frederick Law Olmsted, it is one of the largest municipal parks in the United States.

Greater Springfield boasts the second-largest concentration of institutions of higher learning in New England. Western Massachusetts is rich in cultural arts including the Springfield Symphony Orchestra and Shakespeare & Company in Springfield. Jacob's Pillow in Becket hosts a number of traditional and contemporary musical and dance events. In Lenox, located in the Berkshires, you will find both Tanglewood, (home to both the Tanglewood Music Festival and Tanglewood Jazz Festival) as well as the summer host for the Boston Symphony Orchestra.

Springfield is also the home of Dr. Seuss and the city where basketball was invented. It is home to the Basketball Hall of Fame and Springfield's Quadrangle museums hold the largest collection of Chinese cloisonné outside of Asia. Springfield, Mass is consistently ranked among the most GLBT friendly in the country and the US Census reports that Springfield, MA was among the top ten cities in the US with same-sex couples according to the 2010 census. Advocate magazine named Springfield the "13th gayest city" in the U.S.

### ***Eight Attitudes that Contribute to Effective Functioning at CSI***

To appreciate the “culture” at CSI, the following eight attitudes capture the essence of our core relational values:

**Anxiety Management, Curiosity & the Ability to Tolerate Ambiguity.** Training in psychology is a reciprocal, developmental process. The trainee should expect the Internship to be an organized, steady and predictable learning environment, with trustworthy senior faculty and supervisors. These senior professionals’ goals are to encourage the Intern to tolerate and manage anxiety. Despite the Intern’s awareness of the supervisor’s evaluative function, we encourage them to remain personally vulnerable and professionally uncertain (to “not know”) yet remain curious. Our goal is to teach Interns to grapple with the complicated ethical dilemmas and boundary management issues inherent in an outreach psychotherapy setting, without demanding simple answers or retreating into a hopeless posture that argues that answers don’t exist.

Over time, Interns come to gain both confidence and competence in their ability to function and respond flexibly and effectively in a chaotic and ever-changing environment characteristic of severely impoverished urban communities. The personal human qualities of the Intern, their flexibility, adaptability, and tolerance for ambiguity, are crucial to success in this process. We aim to solidify, without rigidifying the trainee’s still-fledgling skills, and to assist them in their progressing at a speed appropriate to their needs, into mid-level, then onto advanced Doctoral Psychology Intern competencies.

**A Spirit of Collaboration and Goodwill.** Learning is a two-way street at CSI. We believe that collaboration and relationship building are essential elements in shaping professional attitudes and clinical skills in engagement, developing a therapeutic alliance, and inter-professional collaboration. We value collegial group effort, and a willingness to contribute to the Institute’s common pool of knowledge and expertise. This is why we offer opportunities for Interns to take the lead as client advocates, when interacting professionally with other professional staff, supervisees, peers, supervisors and consultation constituents.

**Working Well within a Multidisciplinary Team.** Professional socialization and the ability to observe and interact with peers and other professionals is an essential element of the learning process. Interns are integrated within the Center’s multidisciplinary team approach and learn to work cooperatively and closely with this team, whose combined efforts enable our clients and their families to become empowered, overcome obstacles, and flourish within their community.

Our Interns are exposed to clinical supervisors and faculty whose dominant theoretical perspectives include psychoanalytic, family systems, and cognitive-behavioral approaches. We do not see these orientations as antagonistic to, nor in competition with one another, but rather, all are valuable approaches to understanding complex problems. We expect this same professional courtesy and tolerance from our Interns.

**Reacting to and Assuming Authority Appropriately.** Reacting appropriately to authority does not mean capitulation or submission. Disagreement and strong opinions are welcomed at CSI, as they stir excitement and enthusiasm for the therapeutic endeavor. We value the Intern who is able to comfortably assume authority as required and do so willingly and appropriately. This is as true on a peer-Internship group level, as it is Institute-wide. At the same time, there are situations where “directives” are given, for the Intern’s safety or to safeguard client care. An Intern’s capacity to comply with or to directly and respectfully disagree with their supervisor, and to further request an additional opinion in a timely manner, is essential.

We are single-mindedly dedicated to finding new and innovative ways to effectively serve this difficult to reach client population. We invite Interns to participate in this journey with us, by remaining curious, compassionate, and passionately dedicated to finding better ways to serve our clients.

**Valuing and Developing Self-Observational Skills.** We coach Interns in the process of adopting four types of observational skills necessary for the professional development of a professional psychologist, during training and supervision:

- Objective observation (observing from the outside);
- Participant observation (including an understanding of the reciprocal effects of the observer and the observed);
- Subjective observation (empathic observation and intuition) and;
- Self-observation (self-examination)

Through a combination of clinical experience, supervision, and didactic training, our Internship seeks to develop essential attitudes and skills to work effectively with this population. Observational skills are developed as the Intern learns to balance objective and subjective elements of knowing through psychological testing, application of theory and research, and clinical supervision. We realize that an emphasis on professional practice has traditionally been informed by disciplined scientific inquiry. However, we also realize that today’s relevant assessment and treatment protocols and evidence-based interventions will continue to change dynamically, as our understanding expands. This happens most effectively by careful observation. Therefore, clinical supervision continues to draw attention to empathy, intuition, self-awareness and reflection, and didactic learning, as the hallmarks of the mature professional.

These include the practice of disciplined inquiry, openness to multiple ways of knowing, self-awareness, observational skills, self-reflection, and attention to context, collaboration, and a respect for diversity. We value the self-aware, reflective, and humble psychologist who sees their role as a “change agents.” We strive to be helpful, open, and interested in the individual, as we endeavor to heal the pain of complex traumatic stress disorders (Courtois, Ford, van der Kolk & Herman, 2009) seen in child and family mental health.

**Self-disclosure: A Key in Effective Clinical Training.** It is important that Interns understand that self-disclosure will be part of the supervisory and training experience during the Doctoral Internship. Training staff will encourage the Intern's exploration and understanding of the characteristics and dynamics the trainee brings to interpersonal and professional situations, and how these characteristics and dynamics facilitate or hinder effective professional interactions and interventions. This exploration includes identifying and processing the "cohort dynamics" of the Interns themselves in order to assist in the development of professional, collegial relationship skills. Interns are encouraged to examine and discuss such issues as how personal characteristics and interpersonal styles affect professional group functioning, ways to address and resolve conflicts that might arise among interns, and the influence of power differences in professional groups or between Intern and Supervisor/Trainer.

**Balancing Multiple Roles & Competing Demands.** The Internship year is the capstone of training since it involves the application, development, and integration of knowledge and experience in an intensive learning environment. CSI Interns become adept at balancing multiple professional roles and demands, while embracing dynamic and complex responsibilities. Our faculty aims to be congenial in their guidance and support but will also increasingly challenge Interns as they transition from a student role to that of an entry level professional. This process results in a professional identity that is unique to the individual, and incorporates competencies in professional demeanor, knowledge, skills and flexibility.

**The Intern as Active Learner.** The Intern is asked to be an active learner, clarifying their own learning needs with the help of their supervisors and other faculty, as well as recognizing when these needs aren't being met. The capacity to step forward and define those needs in a collaborative manner produces the greatest opportunity for success. While not every goal articulated by an Intern can be met with the resources available, we make every effort to satisfy those aspirations if it is within our power to do so. If something isn't working as you'd like, speak up. If you find yourself needing more help or knowledge in a particular area of clinical practice or professional development, please let us know.