



## **Multicultural Psychology Internship Program**

**School Street Counseling Institute  
110 Maple Street  
Springfield, MA 01105**

### **BROCHURE**

**2021-2022**

### **Internship Setting and Training Activities**

#### ***School Street Counseling Institute***

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

The MPIP Training Program began in 1996. We are accredited by the American Psychological Association (APA) and are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We offer a full-time Doctoral Internship in Multicultural Clinical/Community Psychology. The internship involves providing direct clinical services to children, families, and adults on an outpatient basis. The primary focus of our internship is to provide high quality training in the provision of mental health services in a community setting.

School Street Counseling Institute is part of a larger behavioral health care organization, Behavioral Health Network, Inc. (BHN). BHN is a non-profit community behavioral health agency that has been providing services to children, adults, families, and communities in Western Massachusetts since 1939. BHN is a system of care for people of all ages who experience life challenges associated with mental illness, behavioral challenges, developmental disorders, and abuse of substances. This organization offers a wide variety of services such as crisis and support services, forensic mental health services, early intervention, community wraparound services, day treatments, partial hospitalization, school programs, post-homicide



family support programs, outpatient services, MR and residential services, and advocacy programs, among others. To learn more about BHN, please visit [www.bhninc.org](http://www.bhninc.org).

### ***Program Philosophy***

Our training philosophy includes three major goals: (1) Practitioner-Scholar, (2) Developmental, and (3) Multicultural. As an internship site we aim to integrate clinical psychology's knowledge base (scholarly research/theory) with professional practice in the context of a multicultural community mental health setting.

**Practitioner-Scholar:** The Practitioner-Scholar model is a training model that is primarily concerned with clinical practice. In this model, practitioners are called on to be informed about current research and theoretical advances in the field of psychology and to apply this knowledge to clinical practice. In order to prepare psychology interns for ethical, competent, and culturally-responsive professional practice, we review major theories of clinical practice with an expectation that the intern will develop a "meta" perspective on psychotherapy practices. This meta perspective is based on critical thinking skills—capacities that we consider foundational in professional development and training for service in a multicultural society. The scholarly standards of evidenced-based practices and theories are reviewed in light of social values and biases (e.g., Bernal, 2010). Theories that address the interpersonal/relational dimensions of practice are emphasized with the dual purpose of developing clinical competencies as well as fostering a reflective stance towards the self-in-practice. Psychodynamic approaches, shown by research to be effective in treating complex, trauma-based, co-morbid clinical populations, are also emphasized (e.g., Shedler, 2010; Summers & Barber, 2010). The significant pervasiveness and extent of traumatic histories in the population we serve demands psychotherapeutic approaches that can respond to the complexity of the clinical task, as well as mitigate vicarious traumatization. The intern is encouraged and expected to integrate her/his own scholarly interests in various ways as part of the training activities throughout the internship year.

**Developmental:** Our pedagogical mission includes an overarching developmental perspective. This training dimension is reflected both in the *content* of theory and practice, as well as in the *process* of learning. Developmental theories that emphasize the phase-specific dimensions of identity formation inform our diagnostic and treatment practices. We review research on the psychological sequelae of childhood maltreatment and their impact on psychopathology.

**Multicultural:** A fundamental dimension of our training program is the integration of a multicultural perspective (e.g., Sue & Sue, 2013) in every aspect of the internship experience. A broad-based understanding of the socio-cultural context of our clinical population runs through every component of our training. All of our interns are bilingual and many are bicultural.



Explorations of themes such as language, migration, racial and ethnic identity development and its impact on the therapeutic relationship are woven throughout our curriculum.

***Goals, Objectives, and Competencies***

MPIP's goals, objectives, and areas of competence emphasized are the following:

(1) Reflective Practice

- To demonstrate a commitment to one's professional development, and openness to learning and supervision

(2) Ethical and Professional Practice

- To know and apply the APA Ethics Code and the different APA guidelines for ethnic and racial diversity, LGBTQ, elderly and aging, disability, etc.
- To conduct oneself in a professional manner

(3) Relational/Interpersonal

- To effectively and meaningfully relate with individuals, groups, and communities

(4) Interdisciplinary and Scientific Practice

- To integrate different disciplines, such as social work, medical health integration, family systems, advocacy
- To utilize different methodologies, including different evidence-based models

(5) Individual and Cultural Diversity/Social Justice

- To become aware of, sensitive to, and competent in the psychosocial factors related to poverty and/or diverse communities
- To acquire knowledge (research and professional) of stressors impacting mental health, individuals, and families in these communities

(6) Proficiency in Clinical Assessment, Intervention, Consultation, Supervision, and Program Evaluation

- To acquire and develop skills within the major roles and functions of the psychology profession

***Curriculum and Training Activities***

Supervised experience is one of the internship's primary modes of education and training. In addition, we have designed the training experience around the following didactic activities: Seminar in Clinical Theory and Practice, Seminar and Supervision in Clinical Assessment, Case



Consultation Team, DBT Seminar, Multiculturalism Seminar, and Research and Consultation Seminar.

### **Psychotherapy and Case Assignments**

All interns gain experience with a wide spectrum of diagnoses ranging from psychosis to adjustment disorders. The population presents with a history of complex trauma, poverty-related problems, substance abuse issues, acculturation difficulties, personality disorders, legal problems, multiple medical issues, and other co-morbidities. Because of the variety of issues clients present, interns are exposed to multiple theoretical viewpoints and treatment modalities. Some examples of training models we use are Psychodynamic Therapy, Phase-Oriented Trauma Systems Theory, DBT, Motivational Interviewing, Trauma Focused-CBT, Play Therapy, Interpersonal Therapy, Cognitive-Behavioral Therapy, Relational Therapy, and Solution-Focused Brief Therapy. Interns have the opportunity to conduct family/couples therapy and/or to co-facilitate a therapy group during their internship year. This group can be one of our ongoing groups or one in which they have a particular interest.

At MPIP, interns are assigned clients with a broad spectrum of psychopathology and developmental stages. We try to match interns' particular interests with the clients we assign. On the other hand, we also expose interns to less familiar clinical issues in order to test and challenge their skills. With these challenges interns meet their full potential and learn their own limits when working with a variety of populations.

### **Individual Supervision**

Each intern is assigned two licensed psychologists as primary supervisors, both of whom are members of the training faculty. The intern receives one hour of individual supervision per supervisor on a weekly basis. The supervisors share primary responsibility for the intern's clinical cases and are accessible for emergency supervision on an as-needed basis. In addition, a third supervisor is assigned to guide the intern's development and application of clinical assessment/ psychological testing. Interns are required to audio and video record sessions throughout the internship, and some in vivo supervision is provided. All recordings are done with the client's written consent. Supervisors will offer guidance regarding which clients may be most suitable for recordings and in vivo supervision.

Supervisors use case discussion to provide feedback to interns and also focus on interns' process and reactions to the work they are doing, as we recognize that they are also impacted by clients' problems and needs. With this in mind, we examine self-care practices and caseload management, and analyze transference and counter-transference patterns within the therapy process. Supervisors offer didactic instructions, engage in role playing, and assign and discuss readings that are appropriate to specific problems to foster theoretical understanding and clinical competence. Formal evaluations of the intern are conducted twice a year. At the same time, informal feedback is actively given throughout the training year.



### **Group Supervision**

All interns attend a weekly group supervision meeting. In this meeting (1.5 hrs.), the intern has the opportunity to present cases in a more formal manner and to receive feedback from the group supervisor and from peers. Twice a year, each intern is expected to give a presentation/case conceptualization based on a theoretical approach of choice to the group (oral and written).

### **Seminar in Clinical Theory and Practice**

The Clinical Seminar is the cornerstone didactic experience of the MPIP internship. It meets weekly for an hour and a half throughout the internship year, from September to August. It is taught by longtime MPIP senior faculty member, Lourdes Mattei, Ph.D.

The training objectives of the seminar are:

- To explore and integrate culturally-responsive practices in clinical work, particularly with Latino/as
- To learn the basic concepts of major psychodynamic theories with a special emphasis on relationship patterns and trauma
- To reflect on the role and function of a psychologist/psychotherapist, with a focus on community mental health

The sequence of modules is designed to build and expand on foundational clinical concepts such as the therapeutic alliance, symbolic listening, reflective stance towards self and other, and multicultural responsiveness. The seminar begins with a look at the community we serve: its history, demography and socio-cultural context. The framework is then set for listening at more than one level in order to develop the “clinical ear” and to assess and “track” the function(s) of symptoms and the patterns of relationships both inside and outside the therapeutic relationship. The importance of the therapeutic alliance is highlighted throughout the many phases and types of psychotherapy. Since our client population is characterized by significant and persistent trauma, considerable attention is paid to the multiple dimensions of trauma, such as developmental, neurological, and affect regulation.

Cultural perspectives are discussed throughout the modules in a variety of ways.

For example, cross-cultural research on attachment theory is included, and the impact of migration in psychological development is stressed in assessment/diagnosis, as well as in the personal history of each intern. Reflections on the interns’ professional identity are addressed towards the end of the seminar, as the interns begin to articulate and consolidate their own experiences (i.e., migration, SES, language, gender, ethnic/racial identity) with their identities as psychologists (e.g., from graduate student to professional, psychotherapist, supervisor, consultant). The importance of working in multicultural clinical context(s) is reflected on and emphasized through readings and discussions throughout the year. We expect the interns to



deepen and expand their knowledge of themselves and others as reflected in both the clinical process and their own identity as psychologists. The supervision component of the seminar offers participants an opportunity to apply the medical school model of “learn one, do one and teach one.” This module includes presentations of supervision models from different theoretical schools and demonstrates their application to ongoing cases. Overall, the seminar seeks to offer a multi-dimensional experience of the clinical experience, a comprehensive model for focus selection and systematic intervention, and a structure from which to process individual cases.

The seminar is divided into ten units:

1. Orientation: Syllabus and introduction to seminar
2. Community mental health: Poverty, culture, and mental illness
3. Ethics and diversity
4. Relationship patterns: Psychodynamic schools, interpersonal and attachment theories, with an emphasis on the therapeutic alliance and reflective stances
5. Symptoms and coping/defense mechanisms: Meaning and function(s), listening at more than one level
6. Trauma: Theory, research, and phase-oriented treatment
7. Developmental aspects of identity and mental health
8. (Im)migration, acculturation, and language
9. Supervision and the learning alliance
10. Termination

### **Seminar and Supervision in Clinical Assessment/Psychological Testing**

The seminar on clinical assessment takes place once every two weeks (1 hr.) and is conducted by Dr. Brunilda De León. Dr. De León is also the primary supervisor for the assessment rotation; interns receive one hour of individual supervision in assessment every two weeks. The seminar gives special attention to the impact of bilingual and bicultural factors on the assessment process. The intern is expected to complete (administer, score, interpret, and write up) three full batteries by the end of the internship year. Interns also gain valuable experience in providing feedback to the referral source.

### **Case Consultation Team**

The team coordinators conduct a case conference (1 hr.) on a weekly basis, which is attended by SSCI clinical staff as well as the interns. The main goal of the case consultation is to present and review challenging clinical cases and/or ethical dilemmas in front of a multidisciplinary team. These meetings offer a significant opportunity for the intern to integrate approaches as well as to collaborate with other professionals. One of our psychiatrists participates in this meeting, and interns have the opportunity to consult about their clients who are receiving medication as well.



### **Dialectical Behavioral-Therapy (DBT) Seminar**

This seminar is a didactic training in the theory and practice of Dialectical Behavior Therapy in an outpatient setting. The seminar is comprised of didactics in theory, discussion of readings, experiential exercises, viewing videos, and role plays of the DBT skills and interventions. The seminar provides a solid foundation in the concepts and principles underlying the DBT treatment model, as well as a thorough review of the four DBT skills modules (Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness). As part of the learning process, interns will have the opportunity to conceptualize cases from the Bio-social perspective and practice designing a treatment plan based upon the DBT model.

### **Consultation Seminar**

This seminar provides didactic training in the provision of consultation. Interns gain experiential training in this competency through their outpatient work (e.g., interacting with mental health professionals from other disciplines regarding their clients' well-being) and through their Medical Integration rotation (described below). The seminar is designed to supplement this experiential training by providing:

- Didactic trainings, assigned readings, and discussion to increase knowledge and understanding of diverse consultation models, with a focus on client-centered case consultation and consultee-centered consultation
- Didactic introduction to behavioral health consultation in primary care setting
- Mentoring and support as intern assumes consultation role in MI rotation (January - July)

### **Consultation Practice**

During the fall, interns will have the opportunity to provide clinical consultation to APRN interns on their clinical work with clients who are also receiving medication services. The APRN trainees will shadow the doctoral interns on select therapy cases over the period of several months, wherein they will observe the doctoral intern in vivo during therapy sessions, followed by clinical case discussion and consultation. Supervision of the interns' consultation practice will be provided regularly in weekly group supervision.

### **Research seminar**

In the area of applied research, the seminar provides training in developing and support through the completion of a group research project or program evaluation by the internship year's end. As the year progresses, interns will:

- Learn concepts of applied research and program evaluation through didactic, assigned readings, and discussion at the beginning of internship year.
- Identify a need or gap that will be the main focus of the research /evaluation project and present a proposal.
- Design and execute an applied group research/evaluation project.
- Address issues and challenges that may arise during the design and implementation of the project.



- Explain results of the applied research/evaluation project and its effect and/or relevance to the program(s) studied.
- Collaborate in developing outcome report of the project.

Interns are expected to actively participate of discussions, as well as in the process of designing, implementing, and presenting the project.

### **Multicultural Seminar**

The Multiculturalism Seminar meets weekly for 12 months. The seminar combines lectures with discussion of assigned reading materials, and is comprised of four modules: 1) History and Basic Concepts in Multiculturalism; 2) Understanding and Application of the Layered Ecological Model; 3) Theories of Cultural Identity Development; and 4) Other Topics in Diversity. It begins with a brief discussion of multiculturalism in the practice of psychology services, as well as basic concepts and a review of APA's Multicultural Guidelines. It then proceeds to take to view how different aspects of diversity and culture interact between themselves and within the levels of the Layered Ecological Model. Other topics in theories of cultural identity development and intersectionality will be discussed. Although the majority of interns' caseloads are Latino/a clients, since such clients comprise approximately 96% of the population served at SSCI, this seminar provides interns the tools to think much more broadly about diversity and multiculturalism in all its forms, and furthermore to understand the significant diversity *within* the Latino/a populations they serve (e.g., with respect to SES, educational level, acculturation/assimilation status, migration status, religion/spirituality, sexual orientation, gender identity, etc.). Significant attention is also given to interns' exploration of their own cultural identities and the ways in which these interface with their clinical work. Interns are also provided opportunities to participate in BHN's Social Justice Initiatives.

### **Medical Integration Rotation**

Our internship includes a required six-month medical integration (MI) rotation at a medical health center, which begins in January (mid-point of the internship year). Interns who would like to continue this rotation can do so after the six months (i.e., for the remaining two months of internship). In this rotation, interns have the opportunity to offer consultation to medical providers who are partnered with BHN. The integration of behavioral health services with primary care is designed to improve the detection, diagnosis, and treatment of mental disorders in patients seen in primary care settings. Interns work collaboratively with patients, medical providers, social workers, and other personnel to offer education about behavioral or mental health problems with the goal of addressing patients' physical health challenges (e.g., diabetes, obesity). The behavioral health consultation is designed to help patients manage stress or depression, and make lifestyle changes that can improve their medical conditions. Interns also provide evaluations and short-term, evidence-based interventions (e.g., Solution-Focused Brief Therapy), in which they receive specialized training from BHN. Interns meet with behavioral health staff and staff from the partner health center on a regular basis to discuss



logistics and programmatic challenges and needs. This comprehensive clinical experience is further contextualized in a bilingual/bicultural community framework in Springfield. All SSCI supervisors and the Training Director meet with the BHN Medical Integration Senior Program Director and Coordinator every three months to discuss any updates, address any issues or concerns, and to offer feedback.

### **Supervision Seminar and Practice**

The Supervision Seminar would take place after the Medical Integration Seminar and will last for eight weeks where a review of the different theories and practices of Supervision will be discussed. Also, a discussion of BHN's current supervision practices will take place. The practice component of this seminar will take place after these eight weeks and the Interns will participate on the group supervision for Master-level interns on the Medical Integration rotation. Also, Interns will be able to individually supervise a Master-level Intern at least once a month. The supervision activities will be supervised through group supervision once a month.

### ***Faculty 2021 – 2022***

**Ileana M. Estrella, Psy.D., LMHC**, MPIP Training Director (As of April 1, 2022). Bilingual (English/Spanish) licensed psychologist and mental health counselor. Received her doctorate in Clinical Psychology from Carlos Albizu University from San Juan, PR in 2013. She obtained a master's degree in Forensic Psychology from Chicago School of Professional Psychology in 2008. Has presented in International Symposiums on Domestic Violence. Currently at BHN, she is a Program Director for the Integration program where she oversees the supervision of the program and supervises clinicians and interns in medical settings. Also, an outpatient clinician at SSCI. Areas of interest: medical integration, trauma work, personality disorders, disability evaluations and forensic issues.

**Daira Dávila-Vargas, Ph.D.**, Licensed Psychologist and MPIP Faculty Member. Bilingual (Spanish/English) outpatient clinician and clinical supervisor. Received her doctorate in Clinical Psychology from the Ponce Health Sciences University in 2016. She completed her pre-doctoral internship at the Department of Psychiatry at the University of Puerto Rico Medical Sciences Campus, with a specialized track on Health Psychology. She completed her postdoctoral supervised experience in the Medical Integration Program from BHN. Clinical and research experience in mental health/medical comorbidity and behavioral treatment for management of chronic medical conditions (chronic pain, Inflammatory Bowel Diseases, ALS, among others). She has presented research posters on national conferences on anxiety disorders. In the last two years she has been working as a Bilingual Clinician and Supervisor in School Street Counseling Institute. Areas of interest include anxiety and trauma-related disorder, management of chronic medical conditions, and working with culturally diverse groups.



**Lourdes Mattei, Ph.D.**, Licensed Clinical Psychologist, MPIP Senior Faculty Member and Clinical Supervisor. Bilingual (English/Spanish) psychologist practicing in Massachusetts for over 25 years. Graduated in Clinical and Developmental Psychology from UMASS, Amherst, MA in 1983. Associate Professor at Hampshire College in Amherst, MA. Adjunct Faculty at Smith College School of Social Work in Northampton, MA. Dr. Mattei has worked in many capacities in community mental health in Springfield, MA where the largest population of Latinos in Western Mass reside. Her teaching, writing, and clinical interests include: culture and mental health, psychoanalytic theory and race.

**Caterina Cianciulli, Ph.D.** Neuropsychologist. MPIP Testing Supervisor- As of January 1, 2022 (Italian, English, Spanish and French) After receiving a Ph.D. at UMass., Amherst, Dr. Cianciulli completed an internship in the Department of Pediatric Neurology and Child Psychiatry at North Shore University Hospital/New York University School of Medicine, Manhasset, New York. Her training continued through a post-doctoral fellowship in Clinical Neuropsychology in the Department of Neurology of the State University of New York at Stony Brook, New York where she obtained a grant to conduct research on cognitive functioning of adolescents with multiple sclerosis. Before opening her private practice in Northampton, she was a clinical neuropsychologist at Mercy Medical Center/Weldon Rehabilitation Hospital in Springfield. Dr. Cianciulli has provided neuropsychological evaluations for children and adolescents for more than seventeen years in the Northampton area.

**Jose Rosado, PsyD., LMHC**, MPIP faculty member. Bilingual (English/Spanish) Psychologist. Graduated from Carlos Albizu University, San Juan, PR in 2012. Has published in the Puerto Rican Medicine Journal and presented in the 2012, Puerto Rico Psychological Association Convention and 2012 Cuba Public Health International Congress. Dr. Rosado is also a certified Solution-Focused Practitioner. At BHN he's currently the Senior Program Manager for the Integration program and an outpatient clinician at SSCI. Areas of interest: medical and mental conditions comorbidity, resilience, elder population, positive psychology and psychotic disorders.

**Maria Almario, Ph.D.**, Licensed Psychologist, MPIP Faculty Consultant. Bilingual (English/Spanish) clinician. Graduated in Counseling Psychology from the University of Kentucky in 2015. Dr. Almario has long been involved in social justice advocacy, consulting for several national and international organizations, including the United Nations Association, on topics of interpersonal violence, sexual abuse, and human trafficking, as well as the impact of trauma on mental health. She is the author of the Inclusive Human Trafficking Checklist, an instrument used to screen for the presence of human trafficking in a person's psychosocial history. Her interests include post-migration distress and coping, identity intersectionality, multiculturalism, linguistic pluralism, trauma and attachment theory.



**Eduardo Bustamante, Ph.D.**, MPIP Consultant. Bilingual (English/Spanish) psychologist practicing in Massachusetts with 29 years of experience. Graduated in 1983 with a degree in Clinical-School Psychology from Adelphi University, Derner Institute of Advanced Psychological Studies, Garden City, NY; served as Adjunct Faculty at Antioch New England Graduate School and founded the Family Team Development Center in Amherst, MA to conduct research and develop brief therapy interventions for disruptive disorders. Dr. Bustamante is the author of two books on treatment of disruptive disorder. He has worked in private practice and community mental health, delivering services to children and adults from various cultural backgrounds. His teaching, writing, and clinical interests include: brief treatment of children, parent training, positive psychology and family psychology.

**Susan Quigley, Psy.D., LMHC**, BHN Psychology Training Director (until April 1, 2022). Dr. Quigley received her Doctorate in Clinical Psychology from Antioch New England Graduate School in 1999. She completed her Doctoral Internship and postdoctoral supervised experience at the Carson Center for Adults and Families, now the BHN Carson Center for Adults and Families, in Westfield, Mass. Dr. Quigley is both a licensed psychologist and registered health service provider, and Licensed Mental Health Counselor (LMHC) in Massachusetts. She has participated as a core faculty member of the doctoral internship training program at CCAF since 1999, teaching seminars in narrative therapy, psychological assessment, cognitive behavioral therapy for OCD, and treating complex trauma. She is intensively trained in DBT and EMDR, and has specialized training in the assessment and treatment of sexual abusers and cognitive-behavioral treatment of anxiety disorders. Her roles at the Carson Center have included clinical supervisor, Intern faculty member, team leader for DBT consultation team, team leader/coordinator of the MIPS (Mentally Ill Problem Sexual Behavior) treatment program and Program. Dr. Quigley has taught as an adjunct faculty member at the Doctoral Program in Clinical psychology at Antioch University / New England, and has presented numerous trainings and conference workshops on the treatment of sexual abusers, and individuals with co-occurring psychiatric illness and problem sexual behavior. Her interests include narrative and mindfulness-based approaches to psychotherapy. Dr. Quigley is a member of the American Psychological Association. She also has a private practice in Westfield, Massachusetts.

**Brunilda De Leon, Ed.D.**, MPIP Testing Supervisor (until December 31, 2021). Bilingual (English/Spanish) licensed psychologist. Ed.D. in School & Counseling Psychology, University of Massachusetts, Amherst, MA (1989). Associate Professor (Retired in 2003) in the APA approved Counseling Psychology & School Psychology programs at UMASS, Amherst. Licensed as a Psychologist as well as a School Psychologist in Massachusetts. Expertise in educational and clinical work with children, adolescence, and adults and psychological assessment including



## **Behavioral Health Network, Inc.**

cognitive, educational, disabilities, developmental, parenting skill, and custody evaluations. Other areas and interests include: assessment and clinical interventions for young and pre-school children and families, neuropsychological assessment, and clinical work with children with socio-emotional, behavioral, and mood-related disorders.



**Internship Admissions, Support and Outcome Data**

Date program Tables are updated: August 18, 2021

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**Table 1- Multicultural Psychology Internship Program**

**School Street Counseling Institute**

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

**Total Direct Contact Intervention Hours** YES Amount: at least 500 hours by Dec. 1

**Total direct Contact Assessment Hours** YES Minimum of 100 total assessment hours

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

To be considered for the Multicultural Psychology Internship Program, applicants must fulfill the following criteria:

- Current enrollment in an APA-accredited (or CPA accredited) doctoral program (Ph.D., Psy.D., or Ed.D.) in Clinical Psychology or Counseling Psychology
- Successful completion of doctoral comprehensive qualifying exams
- Approval by the academic training program verifying readiness for internship.
- A minimum of 1000 hours of doctoral practicum experience including: 500 intervention contact hours and 100 assessment hours (direct contact hours and report writing) expected by start of internship.
- Has been awarded a Master's Degree in Counseling Psychology, Clinical Psychology, Mental Health Counseling, Family Therapy, or Clinical Social Work by Dec. 1 deadline
- Fully Bi-lingual (Spanish-English\*)

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\*Spanish- English bilingual proficiency is evaluated by internship faculty (both native Spanish and English speaking) during interviews conducted in both English and Spanish. English written proficiency is evaluated thru review of written application materials (i.e., essays, clinical reports).



**Table 2 – Financial and Other Benefit Support for Upcoming Training Year**

Annual Stipend/Salary for Full-time Interns	\$31,200
Program provides access to medical insurance for intern?	YES
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	YES – 50%
Coverage of family members 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)	2 weeks per year
Hours of Annual Paid Sick Leave (included in PTO)	1 hour for every 30 hours worked up to 40 hours
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	YES*

**Other Benefits (please describe):**

- Voluntary Dental Insurance through Guardian Dental. Can participate in a single plan option only. Voluntary plan with no employer contribution.
- Voluntary Vision insurance through Guardian Insurance Company. Can participate in a single plan option only. Voluntary plan with no employer contribution.
- Malpractice Insurance: BHN provides malpractice insurance which covers Psychology Interns in the amounts of 1 million/3 million dollars (incident/aggregate). Psychology Interns may elect to procure additional coverage through professional organizations.
- If a doctoral intern was a BHN employee for at least one year, he/she can retain his/her Life, AD&D and LTD insurance benefits; all other doctoral interns are not eligible for these benefits

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\*Extended leave may result in an extension of the time required to complete internship.



**Table 3 – Initial Post-Internship Positions for Cohorts Graduating 2017-2020**  
 (Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	3	5
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	1	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	1	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	1
Unknown	0	0

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.

**COVID-19 and Tele-Health Practice**

For the health and safety of our staff, interns and clients during the Pandemic, the Multicultural Psychology Internship Program will maintain strict Covid safety protocols for all clinic based work, based on the most current CDC guidance and DPH mandates for health services facilities.



The clinic will remain open or closed in accordance with state of Massachusetts current mandates in response to Covid conditions in the state.

All interns will be trained using a hybrid model of telehealth and face to face service delivery during internship, allowing for remote work when it is clinically indicated and/or necessary for health and safety. As long as the clinic remains open, the interns will provide the majority of services face to face.

### **Application Procedure**

In order to apply to our Internship, you must utilize the APPIC website ([www.natmatch.com/psychint](http://www.natmatch.com/psychint)). MPIP adheres to APPIC policies and participates in the national computer matching program. In addition to your APPIC application, the following supporting documents are required:

- Psycho-diagnostic Report
- Case Conceptualization or Treatment Summary

Please submit all documentation by December 1st. We ask that you indicate your primary language and specify any other languages spoken fluently; **please note that bilingual Spanish-English fluency is a requirement.**

### **Intern Candidate Requirements**

Applicants must be enrolled in an APA-accredited doctoral program in Clinical or Counseling Psychology at an accredited university or professional school and be approved by the program's Director of Clinical Training for the internship. You must have a master's degree in Clinical or Counseling Psychology and be fully bilingual (English and Spanish). All coursework and comprehensive examinations must be completed by the time of application submission. *A minimum of 600 hours of practicum training is acceptable at the time of application, but we prefer at least 1,000 practicum hours.* The internship is full-time for 12 months, beginning in September, with a stipend of \$31,200. We require a total of 2,000 hours for internship completion. Psychology interns spend approximately 45% of their time delivering direct mental health services. There is an expectation of meeting 18 hours of billable productivity (direct service provision) per week. We also require a completion of three full psychological batteries by the end of internship, two formal clinical case presentations (oral and written), and a research presentation.

### **Intern Selection Process**

The MPIP offers an intensive 12-month doctoral internship experience in a community mental health setting. Our clients come primarily from poor, minority, and urban communities. Given the sizable Latino population served, bilingual (Spanish/English) skills is a requirement. We prefer doctoral students who have either experience with, or have demonstrated an interest in,



this population. During the month of January, the Internship Faculty meets to review and rank applications to the program for the upcoming internship year (September to August). Ranking is submitted to APPIC according to the designated timeline.

**All offers of internship positions are contingent upon the applicant fulfilling the eligibility requirements of Behavioral Health Network, which includes a criminal offender record information (CORI) check, and National Background Check if you have lived outside of Massachusetts within the last 5 years.**

**A background criminal record check in MA is known as the Criminal Offender Record Information (CORI). The CORI will be done approximately one month before you start in the position. The report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. (A national background check is also conducted on applicants who have lived outside of Massachusetts within the last five years prior to application). If you have a criminal offense appear on your CORI, it may or may not disqualify you from employment, depending on the class and nature of the offense. If you have any questions about a possible positive CORI finding contact [Claudia.Muradian-Brubach@bhninc.org](mailto:Claudia.Muradian-Brubach@bhninc.org).**

**Also, as part of working with individuals under the age of 21, the state of Massachusetts requires that mental health professionals are certified to administer the Child Adolescent Needs and Strengths (CANS) Tool. Information will be provided to take the online certification. CANS certification must be completed prior to entering internship.**

### **Internship Completion Requirements**

In order to successfully complete the MPIP internship, the following criteria must be met:

1. Completion of 2,000 hours of training
2. By the end of the internship year, achievement ratings of 4 ('very good') or higher on all competencies outlined by the program and measured in the evaluation form
3. Two formal case presentations (written and oral)
4. Completion of three full assessment batteries
5. Group research presentation



For further training program information, please contact:

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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.

The Multicultural Psychology Internship Program is fully accredited by APA.

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 2002  
Phone: (202) 336-5979/Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*



### References

Bernal, G., Jiménez-Chafey, M. I., & Domenech-Rodríguez, M. M. (2009). Cultural adaptations of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 4*, 361-368.

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*(2), 98-109.

Sue, D., Sue, D. W., Sue, S. & Sue, D. M. (2015). *Understanding abnormal behavior* (11<sup>th</sup> ed.). Stamford, CT: Cengage Learning.

Sue, D. W. & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6<sup>th</sup> ed.). Hoboken, NJ: Wiley.

Summers, R., & Barber, J. (2010). *Psychodynamic theory: A guide to evidence-based practice*. NY: Guilford Press.

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