

**Post-Doctoral Residency Information Packet**



**THE ALLENDALE ASSOCIATION**

**POST-DOCTORAL RESIDENCY**

**PROGRAM MANUAL**

**2012-2013**

## **INTRODUCTION TO ALLENDALE**

The Allendale Association is a private, not-for-profit organization located in Lake Villa, Illinois, 50 miles north of Chicago. Founded in 1897, Allendale serves troubled youth and their families. Allendale's main programs include the following: (1) residential treatment services, (2) educational services, and (3) clinical and community services. In addition to providing services to our residential treatment program clients, Allendale's educational services include a day education treatment program (Stepping Stone) that serves troubled students from the local area school districts. The clinical and community services program consists of independent living, specialized foster care, mentoring services, community support program (CSP), and outpatient counseling for children, adolescents, and adults in the community.

The Allendale Association is directed by a distinguished board of trustees comprised of 29 men and women representing various races, religions and creeds. The trustees govern the policies and programs of the Association. They are also responsible for raising private funds to support the capital and operational needs of the Association's programs. The Association is very fortunate to have the support of women's auxiliary groups, as well as the generous support of hundreds of "friends" who financially aid Allendale in providing youth and families with high quality programs and services.

All three main treatment programs serve male and female clients and their families. In our residential treatment program, nearly 60% of the clients are African-American, 30% are Caucasian and 10% are Hispanic. For the day treatment program approximately 45% of the students are African-American, 45% are Caucasian, and 10% are Hispanic. Ninety percent of the clients in our outpatient program are Caucasian. The clients served by Allendale represent suburban, urban and some rural populations and range in pathology from those who are severely disturbed and psychotic to those experiencing family conflicts, marital conflicts, personality disorders, conduct disorder, PTSD, depression, anxiety, ADHD, and adjustment problems.

### **Residential Treatment and Transitional Living Services**

The residential treatment program provides intensive treatment to youth who have severe emotional and behavioral disorders. The residential program is considered "high end" due to the severity of client acting-out behavior (i.e., significant aggression toward self and others). There are nine units on the Lake Villa campus; two group homes located in Waukegan, Illinois; a girl's group home in Highland Park, Illinois; the Benet Lake residential treatment unit, just over the Illinois-Wisconsin border; and a moderate residential unit in North Chicago, Illinois. There are also two transitional living sites in Zion, Illinois, and a small independent living program. The total residential capacity is approximately 148, not including transitional living. The transitional living program's capacity is 20. Clients are boys and girls aged 7 to 17 at admission who cannot be maintained, treated, and/or educated in their communities for a variety of reasons. A major contributing factor to the need for out-of-home placement is the existence of severe behavioral dysfunction, acting-out behaviors, and mental illness. Some clients have multiple diagnoses, but only clients with a primary diagnosis of mental illness are considered for admission. Many of the residential clients have significant histories of physical and/or sexual abuse.

The main source of referrals to the residential program includes the Department of Children and Family Services (DCFS), the Department of Human Services (DHS), and the Illinois State Board of Education (ISBE). The residential program also receives referrals from the court system, insurance companies, and private pay.

### **Stepping Stone (Day Education Treatment Program that is part of Allendale's Educational Services)**

Stepping Stone is an extended-day, education treatment alternative provided to youth from the surrounding communities who have serious emotional and behavioral disabilities. The program emphasizes academic, diagnostic, and instructional intervention, as well as psychotherapy. These students are not able to be maintained in the special education program of their local school districts because of their emotional and behavioral problems, particularly due to significant acting-out behaviors such as aggression to self or others. Due to the severity of their problems they require a highly specialized "day only" therapeutic program. This program serves approximately 120 boys and girls from ages 8 to 21. This includes a satellite campus (LINC) in Woodstock. The main source of referrals is the Illinois State Board of Education.

## **Clinical and Community Services**

**All clinical services for the agency (residential, day treatment, outpatient, and community services) are provided by therapists and trainees who are housed in this department.**

Bradley Counseling Center (Outpatient Services): This program includes a community-based, outpatient counseling center with locations in Lake Villa and Gurnee, Illinois. Designed to serve troubled children and adolescents, families, and adults, the center employs clinicians and diagnosticians in the fields of psychology, social work, psychiatry, and other allied mental health fields. Individual, group, family, couple, or play therapy is utilized to provide remediation and relief and to help clients develop more adaptive ways of dealing with personal difficulties. In addition, the counseling center provides anger management groups. Comprehensive diagnostic evaluations and psychological assessments are also provided, as well as community consultation and education.

Specialized Foster Care: Allendale's specialized foster care program serves children with special needs. These children range in age from predominantly 7 to 18 years and have a variety of problems, including emotional and behavioral difficulties. Most of these youth are wards of DCFS and referred by this agency. Therapists, caseworkers, and trained foster parents form a treatment team that addresses the needs of this specialized population. Children are generally in foster care from three months (emergency placements) to three years with one of four outcome goals - return home, adoption, subsidized guardianship, or independent living. This program serves approximately 10 to 15 youth and helps to provide a means of "stepping-down" youth in our residential treatment center to a less restrictive treatment setting.

Therapeutic Mentoring Services: This program also serves as an adjunct to other treatment programs. Mentoring is provided by bachelor-level individuals. The purpose is to help clients learn social skills and independent living skills in a goal focused, time-limited service. The mentoring program currently serves about 20 youth over the course of the year.

Community Support Program: The Community Support Program is a grant project of the Department of Human Services. This program is designed to prevent residential or other out-of-home placement for children ages 7 to 17 years old. The services are delivered within a model that brings the needed support to the youth in their home or community environment. The program provides aggressive outreach, in-home counseling, and case management. This program currently serves about 90 youth and families over the course of a year.

## **POST-DOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY**

The post-doctoral residency program is a 12-month full-time program. There are two different post-doctoral residency programs: a residential/day treatment post-doc and an outpatient/day treatment post-doc. The post-doc residency typically begins about the third week of August, but applications for post-doc residencies are accepted throughout the year when positions are available.

### **Stipend and Benefits**

The Allendale Association funds several post-doc positions each year, depending upon the needs of the agency. Medical and dental insurance is provided. Post-docs receive two weeks paid vacation, holiday and sick day benefits. Professional time is available for conference attendance. The stipend is \$32,000 for the year.

### **Program Philosophy and Objectives**

The post-doctoral residency at Allendale is designed to provide training in a wide range of skills and experiences essential to the practice of clinical psychology. It offers broad-based intensive training and experience with challenging treatment populations and exposes the post-docs to a variety of treatment modalities, including individual, group, and family therapy, as well as clinical consultation.

The program has a strong psychodynamic influence. The emphasis of the training program is to provide training in core therapeutic skills essential to the practice of clinical psychology; to teach intervention strategies/skills grounded in theory and research; to promote self-examination as a way to understand one's impact on the therapeutic process and the alliance; and to foster the ability to critically examine the efficacy of interventions. The

program encourages post-docs to continually reflect upon the complex relationship among psychological theory, practice, and individual differences, while paying close attention to their own reactions to the client in order to be a self-reflective clinician.

## **Training Model**

Our theorist-practitioner model involves a balance between understanding and change, that is, a balance between the theorist/scholar and the practitioner. Theory that is supported by current research is used to generate and test hypotheses about the meaning of a client's behavior based on the tracking of session material. The psychology practitioner then uses this theory-based understanding within the context of a good working therapeutic alliance to develop interventions designed to effect changes within the client. The effectiveness of these interventions is determined by the degree to which these predicted changes occur following the interventions. The ability of the psychology practitioner to be aware of and to manage his/her own reactions in the therapeutic process in order to maintain this balance between understanding and change is an essential component of the theorist-practitioner model.

## **Training**

**Orientation:** During the first two weeks of the training year, the post-docs are oriented to the outpatient, day treatment, and residential programs. The goal of orientation is to acclimate each post-doc to the Allendale Association at the professional and interpersonal level. During this period, the post-docs are introduced to supervisors, seminar instructors, and staff members, and become familiar with the clinical and administrative functioning of each program, and with the goals and objectives of each training seminar. Particular emphasis is placed upon the role of the post-doc in each treatment program. Additionally, post-docs are taught the Allendale Relational Re-Enactment Systems Approach to Treatment (REStArT – formerly known as Counter Response) model for working with youth in residential and day treatment. This model of treatment was developed as an evidence based treatment practice based on the four factors (having a coherent conceptual therapeutic approach, family involvement during treatment, stability of post-discharge placement, and availability of aftercare support) for effective residential treatment (unpublished paper, Wampold and Malterer, 2007). The REStArT model integrates psychodynamic/object relations, systems, neurobiology, trauma and attachment theories. For further information on this model, please see our website ([www.allendale4kids.org](http://www.allendale4kids.org)). Throughout their assignments in these programs, post-docs are expected to work within the model of the agency while incorporating their own theoretical orientation. Following the orientation training, the post-docs begin their assignments.

### Types of Residency Programs:

The residential post-doc involves a caseload of approximately 15-17 individual residential and day treatment clients (including clinical consultation with families); some family cases, and two groups co-led with a residential staff member/teacher.

The outpatient post-doc requires a weekly average of 22 direct-service hours, which may include individual therapy, play therapy, and family therapy. Clients may be day treatment clients and/or outpatient clients. Co-leading Stepping Stone day treatment groups may also be part of the outpatient post-doc position. Two evenings are required.

**Consultation:** Post-docs provide consultation to residential unit staff and school personnel on an as-needed basis throughout the year. They participate in residential team meetings and residential and school clinical meetings where individual clients are discussed. Additionally, they provide clinical consultation to residential and day treatment families on their caseload as part of a multidisciplinary team.

**Supervision:** Post-docs may also have the opportunity to supervise mentors in the Mentoring Program as the mentor works with a client toward specific goals.

**Professional Issues Group:** This meeting is led by the Director of Psychology Training and meets monthly. The post-docs, director, and post-doc supervisors meet for one hour to exchange information regarding training, professional development, career opportunities, and scholarly material related to the field of clinical psychology,

including discussion of evidence based practice, research on the effectiveness of psychoanalytic treatment, diversity related to the population served at Allendale, and outcomes data for Allendale's REStArT model.

Seminar and Didactic Training: In addition to their individual supervision, post-docs, participate in the following seminars:

*Family Therapy/Clinical Consultation Seminar:* This seminar meets weekly for one hour throughout the year and focuses on working with a family via family therapy or clinical consultation. Post-docs will present cases for three consecutive weeks, receiving and incorporating feedback from the group. These case presentations include presenting the family Conflict Cycle. The seminar emphasizes the use of the REStArT model (formerly known as the Counter-Response<sup>SM</sup> model) in working with families, regardless of theoretical orientation. Therapists use the model to conceptualize the youth's conflict cycle and to communicate their understanding of this cycle to the family, particularly emphasizing the way that the youth has managed to pull the therapist/staff into the youth's cycle (clinical consultation). Communication regarding approaches that the therapist/staff have discovered that have been effective in interrupting this cycle are also part of clinical consultation. The REStArT principles will be used, as well, by therapists to conceptualize the family's conflict cycle and to intervene more effectively using an understanding of the therapist's own counter-response (family therapy). Additionally, issues of culture and diversity are explored as they relate to working with families.

*Disorders of the Self Seminar:* This seminar meets one hour weekly throughout the year. In this seminar participants are presented with the developmental, self and object relations model of psychoanalytic psychotherapy developed by Dr. James Masterson as a means of understanding and treating disorders of the self. The seminar begins with a didactic overview of theory and technique. Participants present audio-taped sessions of a therapy case for three consecutive weeks. Through case presentation, each post-doc learns to make a differential diagnosis of character structure; to demonstrate the use of interventions for the particular diagnosis; and to identify the accuracy of diagnosis and the effectiveness of interventions based on client response in and out of session. Research regarding this model of treatment for character disorders is also presented. Additionally, issues of culture and diversity are explored as they relate to the client's personality structure.

*Residential Therapist Meeting:* This monthly meeting allows for the post-docs, residential therapists, and supervisors to meet and discuss issues relevant to working with residential clients and teams.

*In-Service Training:* The post-docs attend bi-weekly in-services throughout the training year. These two-hour presentations cover a wide range of topics in the field of psychology, including assessment, treatment interventions, supervision, professional conduct and ethics, specialty topics, and cultural and human differences. The majority of the presentations are provided by outside speakers with an expertise in their topic area.

## **Clinical Supervision**

Through supervision and training, which are integral components of the post-doctoral residency, professional competence in the practice of clinical psychology is fostered and developed. One hour of individual supervision by a licensed clinical psychologist is provided weekly. Clinical consultation and training is also available through weekly seminars and bi-weekly in-services and monthly residential therapist meetings. Additionally, post-docs in the residential program are considered part of the "core leadership team", which includes representatives from the client's multidisciplinary team. As part of this leadership team, residential post-docs will participate in unit supervision, provided by the unit Residential Director and the therapist supervisor.

## **Performance Evaluation**

A variety of opportunities for mutual evaluation of the post-doc's training progress and outcome are provided through:

- On-going feedback in weekly individual supervision and training seminars utilizing audiotapes.

- Evaluation after each formal presentation of cases in each of the seminars and supervision groups.
- Mid-year and end-of-the-year formal evaluations with individual supervisor.

### **Remediation**

If a post-doc is experiencing problems that interfere with attainment of sufficient progress, a remediation plan may be developed. The remediation plan identifies the problem areas as well as the desired goals and objectives towards resolving the deficiency. Implementation of a remediation plan is determined by the individual's supervisor(s). The post-doc is actively involved in the process. Length of remediation can vary depending on the identified areas. Decisions regarding successful completion of the remediation plan are determined by the individual's supervisor(s) following a formal review with the post-doc.

### **Grievance Procedures**

Any disciplinary action taken shall be fair and just based on careful consideration of all relevant information and consistency applied.

- a. The administration recognizes that certain grievances may from time-to-time arise out of the interpretation and/or application of the agency's policies and practices. All such situations are to be handled according to the following steps:
- b. Communicate verbally with the immediate supervisor requesting to resolve the problem in a formalized meeting.
- c. If the situation is still unresolved, communicate verbally with immediate supervisor and next line supervisor in a formal meeting.
- d. If the situation is still unresolved, communicate complaint in written form to both the supervisor and the next line supervisor and meet with the Vice President and the Vice President, Human Resources and Quality Assurance, who will investigate all sides of the issue and respond to the employee.
- e. If the situation is still unresolved, request a formal hearing with the President. The President will hear all sides of the issue and make a final determination for the agency.

Bypassing any of the above procedural steps may jeopardize the employee's position.

In no instance is the employee to communicate complaints or dissatisfaction directly to the members of the Board of Trustees or outside agencies without notification to the President.