



Clinical Psychology Internship 2018-19

The Mary A. Rackham Institute was founded in 1936 as a unit of the University of Michigan's Rackham School of Graduate Studies. The Institute's agencies have provided clinical services and related graduate training and research since.

The internship program is based in one or both of the two mental health units within our Institute: the University Psychological Clinic (serving adults) and/or the University Center for the Child and Family (serving children, adolescents and families; UCCF). The Psychological Clinic and the UCCF are housed together in comfortable facilities in downtown Ann Arbor, just one block off central campus.

INTERNSHIP PROGRAM OVERVIEW

Interns match to one of our three training tracks:

- **Lifespan Track** (1/2 time simultaneous placements at our adult clinic and our child/family clinic)
- **Adult Track** (full time at our adult clinic)
- **Child/Adolescent Track** (full time at our child clinic)

Educational Model and Training Goals

Training Program Model

Our program adheres to a scientist-practitioner model. The program emphasizes the importance of honing critical thinking skills, reading and evaluating the current empirical literature, integrating scientific attitudes and methods into clinical work and continuing to engage in scholarly inquiry.

We believe that professional development is best served by immersion in clinical service and intensive training and supervision, combined with intimate familiarity with the empirical literature. In our view, well-trained clinicians are prepared to be sophisticated consumers of, and possibly contributors to, psychological research literature. Thus, the scientific bases of professional psychology are an inherent part of our practice and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings. We believe that a broad training in psychology is necessary for competence as a practicing psychologist.

We assume that interns enter our program with a solid background in a variety of clinical settings, and some experience in psychological research.

Our goal is to serve as a bridge between graduate training and professional practice. We accomplish this by providing clinical experiences with a wide variety of patients, treated with a number of different intervention techniques, clinical and theoretical presentations that vary widely in approach, and by providing intensively supervised experience in a high-quality, multi-disciplinary behavioral health organization.

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

We emphasize an individualized, personal, and collaborative approach to training that blends immersion in the clinical setting with appropriate guidance and structure. Interns are viewed as integral members of a highly experienced, multi-disciplinary treatment team, and are included in case discussions. We strongly encourage interns to take an active role in program and curriculum development, and have worked hard to cultivate an atmosphere in which interns' suggestions and observations about our service delivery system are seriously considered.

Training must serve interns' professional development, not only by fostering the development of clinical competencies basic to professional psychology, but by instilling trainees with the skills and attitudes expected of well-qualified, humane, and ethical professional psychologists.

Commitment to Training

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

Program Goals

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

Competencies:

- **Assessment:** Interns will be able to conduct assessments using a variety of information sources, develop a comprehensive formulation of the client's difficulties, and make appropriate treatment recommendations;
- **Intervention:** Interns will be able to maintain a treatment relationship that facilitates effective client outcomes, and to implement several types of evidence-based psychotherapy and psychological interventions, at a level consistent with beginning professional practice.
- **Communication & Interpersonal Skills:** Interns will demonstrate effective interpersonal, communication, and presentation skills with patients and coworkers.
- **Consultation & Interprofessional/ Interdisciplinary Skills:** Interns will be familiar with concepts of consultation, and demonstrate beginning skills;
- **Supervision:** Interns will be familiar with concepts of supervision, and demonstrate beginning skills.

Aim #2: Interns will demonstrate knowledge and skills for research-informed, professional, ethical and culturally sensitive practice as psychologists.

Competencies:

- **Research:** Interns will demonstrate critical thinking of research and integration of science into practice.
- **Professional Values, Attitudes & Behaviors:** Interns will demonstrate professionalism in all aspects of their role.
- **Ethical & Legal Standards:** Interns will demonstrate knowledge of ethical and legal standards.
- **Individual & Cultural Diversity:** Interns will demonstrate culturally sensitive knowledge and skills.

Further Description of Internship Program

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

Our supervisory faculty vary in their primary theoretical orientations, and include clinicians with expertise in cognitive-behavioral approaches (CBT), Family therapy, Interpersonal Psychotherapy (IPT), Cognitive Behavioral

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

We strive to conceptualize cases along the following dimensions:

- a) Developmental/Biological/Medical (e.g., genetic, constitutional, temperament, medical, and/or developmental factors contributing to the presenting problems).
- b) Psychodynamic (e.g., internal conflicts, relational patterns, reactions to trauma).
- c) Cognitive/Behavioral (e.g., maladaptive cognitions and behaviors, learning via conditioning and role-modeling, and affect-based schemas).
- d) Family and Relational Structures (e.g., family structure, boundaries, roles, intergenerational issues, relational patterns; support systems).
- e) Relationship/alliance with the evaluating/treating clinician.
- f) Individual and Cultural Differences/ Social Systems (e.g., culture, race, ethnicity, socioeconomic status, community, gender and religion).
- g) The person's strengths and capabilities.

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

We emphasize the use of research/empirical bases for psychotherapeutic assessment and intervention in several ways.

Interns use the research and clinical literature to consider and implement the conceptual/clinical approaches listed above. They also become familiar with the principles and practices of integrative, evidence-based therapy

approaches. They use the Evidence Based Medicine model for clinical decision making (APA, 2005), with the goal of matching treatments to the particular needs of the patient.

And, interns actively participate in empirical assessment of the effects of utilized treatment interventions, including empirical measurement of therapy alliance and/or effectiveness.

Depending on the results of the above considerations, treatments at the MARI centers may integrate more than one type of therapy, either in combination or sequence. In cases where CBT and family systems approaches are well-supported for the presenting problems, these methods may be used almost exclusively (e.g., for anxiety disorders, some depressive illnesses, couples problems). Experience in couples treatment, group work, and consultation is an integral part of the internship program. In addition, when required, patients receive practical, psychoeducational, and/or supportive interventions.

As a result of this approach, we expect our interns to gain substantial beginning-professional competence in the core domains of assessment and intervention that we teach, and useful knowledge in areas in which we offer exposure.

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

Our Evaluation form describes and measures key professional competencies at the start, during, and at the conclusion of the internship program. Desired outcomes are specifically established at the start of training and evaluated during the training process. Competencies include:

- a. Research (critical thinking skills and use of science in clinical practice)
- b. Ethical and Legal Standards
- c. Individual and Cultural Diversity
- d. Professional Values, Attitudes, and Behaviors
- e. Communication and Interpersonal Skills
- f. Assessment
- g. Intervention
- h. Supervision (use of, and peer supervisory skills)
- i. Consultation and Interprofessional/Interdisciplinary Skills

Of note, our training in assessment competencies does include formal psychological testing. Interns develop

proficiencies in the use of appropriate psychological measures to assess psychological functioning across a range of domains within both child and adult populations. They become knowledgeable regarding the psychometric properties and the standardization samples that support the use of these instruments with particular groups.

Proficiency is developed in the ability to administer these tests in a standardized manner, to synthesize the results of testing in written testing reports, and in providing written and verbal testing results feedback to clients and consultants.

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

Monitoring Program Effectiveness

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

The Contribution of Interdisciplinary Training

The Mary A. Rackham Institute trains students at many levels and from several disciplines. These include practicum, internship and post-doctoral psychology trainees and pre- and post-masters social work trainees, speech language pathologists, and psychiatry residents. Many opportunities for informal consultation and sharing occur in the training-focused environments of the MARI internship, among trainees at different levels, and with faculty.

We believe that the continual formal and informal interaction among trainees at different levels and from different disciplines provides a rich and supporting learning setting that is key to our program. Although there are seminars oriented specifically to the needs of beginning psychology interns, all students participate in the major meetings together. We believe that, in addition to experiences shared across disciplines, disciplinary differences in training provide diverse, mutually enhancing perspectives that enrich the experience of all concerned.

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

Accreditation History, Ties to U-M

The Mary A. Rackham Institute's Clinical Psychology Internship Program has been re-accredited by the American Psychological Association for a seven year period through 2017.

The Psychological Clinic and the UCCF are also members of the University of Michigan's Internship Consortium, and interns from Michigan's Clinical doctoral program are located at both sites. The seminars and other group activities are fully integrated between these two internship programs, except for periodic meetings with the Director of Training to address issues unique to the MARI internship program, and one professional development seminar series.

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

INTERNSHIP PROGRAM STRUCTURE

The Institute's Clinical Psychology internship Training Program offers full-time internships.

- Interns matched in the Adult Track work full time in the Psychological Clinic
- Interns matched in the Child/Family Track work full time at the University Center for Child and Family.
- Interns matched in the Lifespan Track work half time simultaneously in each clinic.

INTERNSHIP SITES

Adult Component: Psychological Clinic

The Psychological Clinic, founded in 1938, was the original locus of the Clinical Psychology program at the University of Michigan. The Clinic began its modern existence (beginning in 1954) as a psychoanalytic training center.

Over the years, the clinic has evolved significantly in the integration of science and practice. We have expanded our perspectives to include both the widening scope of psychodynamic practice as well as interpersonal, couples/systems, biological /psychiatric and cognitive-behavioral approaches; an overall multicultural perspective infuses all of our work. We bring these perspectives to bear in our initial assessment and treatment planning for our clients, and seek to teach the fundamentals of these approaches through supervision, seminars and staff meetings.

Interns receive careful supervision of their work with individuals and couples, beginning with the initial interview and objective testing. Cases are initially reviewed in Case Consultation Groups, where treatment plans are developed with consideration of available empirical evidence; follow-up on cases through systematic monitoring is conducted.

Supervision covers treatment in individual, couples and group modalities, in both short and longer term treatments. Interns are exposed to a wide range of outpatient problems and to clients of varying cultural and economic backgrounds in our diverse university community. Interns participate in a wide variety of seminars and meetings, and have multiple opportunities to present their clinical work in formal and less formal meetings.

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

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

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

SUPERVISION and TRAINING

A substantial part of each student's internship time (about 30%) is spent in supervision and/or training activities. All interns have individual and group supervisions (Lifespan track interns have supervisors at each site, Adult and Child/Family Track interns have supervisors at one site). Interns receive additional supervision for all specialty activities in which they are engaged (e.g., psychological testing, couples work, therapy and/or psychoeducational groups, consultations, work with special populations, etc.). Interns also attend weekly meetings, case conferences and seminars (described below).

Approximate Breakdown of Activities

Activity	Lifespan Track Hours/ Week	Adult Track Hours/ Week	Child/Family Track Hours/ Week
Client Contact	16 (9 adult; 7 child)	18	15
Individual supervision	2-2.5	2-2.5	2-2.5
Group supervision	3.0-6	1.5-6	1.5-5
Total Individual & Group Supervision	5-8.5	4-8	4-6.5
Testing Activities	2-2.5 (6-9 cases/year)	1-2 (4-8 cases/year)	2.5-3 (8-11 cases/year)
Team Case Conference	3-3.5	1.5-2	1.5
Seminars	3	2	2
Paperwork/Preparation	10	10	10
Administration/Reading	5-7	7	9-10
TOTAL	45-50	45-50	45-50

Interns meet periodically with the Institute Director, and regularly with the Training Director. Interns prepare and monitor their training plan with their supervisors and Training Director. A Joint Internship Training Committee, composed of the directors of the Clinic and the UCCF, review the training plans and help fine-tune the internship experience. Evaluations of the intern's work are prepared by each unit for Lifespan Track interns, by the Psychological Clinic for Adult Track interns, and by UCCF for Child/Family Track interns; these are then reviewed by the Training Committee, which also receives feedback from interns evaluating the internship.

SEMINARS and CONFERENCES

Lifespan Track interns attend seminars and conferences at both UCCF and the Psychological Clinic; Adult Track interns attend those at the Psychological Clinic; Child/Family Track interns attend those at UCCF. Attendance is required unless noted below as optional.

Joint Training Seminar (Psych Clinic; 1 hour weekly).

This joint seminar series includes both child and adult topics. Lifespan interns attend all topics, while child or adult track interns attend those relevant to their track. Staff also attend select sessions. The seminar focuses on a variety of important issues in clinical work with children, adolescents, adults, couples, and families. The seminars are planned and scheduled in a cumulative, graded fashion to meet the needs of beginning clinicians as they learn to do and think about diagnosis and treatment.

Early topics include interviewing skills for initial evaluation sessions, effective documentation, interpretation of psychometric intake and outcome measures; later topics are more advanced and include specialized, evidence-based intervention seminars led by our own faculty with expertise in the area.

Adult Evidence Based Treatment topics include:

- Interpersonal Psychotherapy [IPT]
- Cognitive Behavioral Analysis System of Psychotherapy [CBASP]
- Motivational Interviewing
- Acceptance and Commitment Therapy [ACT]
- Couples Therapy

Child EBT topics include treatments for childhood anxieties, depression, affect regulation interventions, and parent guidance interventions. These EBT seminars begin with an overview followed by additional focused discussions, advanced case illustrations, and/or interactive role-plays.

Guest speakers may also be invited to speak on a wide range of advanced topics relevant to clinic services and training needs (e.g., use of psychiatric medications, diversity trainings, issues of African-American English, specific areas of concern such as shame and guilt, issues of sex and sexuality in clinical work, and issues in managed care, substance abuse evaluation, trauma-focused CBT; evaluation and treatment of aggression in preschool children).

Lastly, this meeting provides trainees with training in the development of professional presentations. Once each year, interns are required to present a professional-level presentation based upon an integration of their clinical work at the Institute with contemporary research and theory.

Interns present a case or a topic on a clinical theme, and lead the following discussion, which may cover a wide range of issues raised by the individual cases. This exposure to clinical work and issues related to it helps sharpen and deepen the intern's understanding of the field, of professional behavior and judgment, and of the variety of clinical approaches.

Adult Consultation and Integration Groups (Psych Clinic; 1.5 hours weekly).

For their adult training at the Clinic interns are assigned to one of three weekly Consultation groups. These meetings are co-led by two senior clinicians, either a postdoctoral or MSW fellow and a psychologist, or a fellow and a senior clinical social worker; meetings are attended by practicum students in both social work and psychology, and by psychology interns.

Interns present their initial evaluations with new clients at these meetings, using a presentation format that parallels the full evaluation report form that is completed at the end of the evaluation period. For each new client, the psychometric measures and other information gathered at the start of the evaluation are reviewed.

A wide array of issues are raised and discussed at the Consultation Conference in conjunction with cases that interns present. These include interviewing techniques, diagnostic questions, medical/psychiatric issues related to the client's problems, medication issues, cultural and diversity issues relevant to the client and to our efforts to engage and help the client, ethical issues (e.g., regarding confidentiality, multiple relationships), consideration of alternative treatments, research issues related to diagnosis and treatment, theories of psychopathology, scientific basis for case formulation and/or treatment approach proposed, and others.

Each case is then followed at 6 week intervals, and progress is reviewed, and alternate approaches considered, all in the context of the original formulation and goals, and using monthly follow-up questionnaires.

All Psych Clinic clients are tracked on a monthly basis using Lambert's Outcome Questionnaire (OQ45) and the Working Alliance Inventory, often in addition to measures specifically chosen for a given client's presenting problem (e.g., GAD7, BDI, Difficulties in Emotion Regulation Scale, etc.). These questionnaires are scored and tracked over time to examine shifts in the alliance and to track patient reported change. The results are kept by the intern, and discussed in individual supervision as well as in the Consult Groups.

On occasion, this meeting time is alternatively used for presentations on special topics or by guest speakers (e.g., staff psychiatrist presentation on changes and controversies surrounding the DSM-5).

Child/Family Case Disposition meeting (UCCF; 1.5 hours weekly).

This weekly conference provides an interdisciplinary (psychology, social work, psychiatry, pediatrics, speech and language pathology) review of all new cases evaluated and/or treated at UCCF.

Interns present client case material and must then offer an integrated multi-axial formulation. The presentation must be informed by contemporary practice, theory and research, and include empirically supported treatments consulted in the development of the treatment plan.

Professional Development and Training Program Seminar (Psych Clinic and UCCF; 1 hour, 1/month).

Dr. Cheryl King, Director of the Institute, leads the professional development topics in this seminar, and Dr. Van Etten Lee, the internship Training Director, leads discussion of training program policies.

Professional development topics include: Applying for a First Professional Position or Postdoctoral Fellowship, Legal Issues and Clinical Documentation, Clinical Supervision, Assessment and Management of Suicidal Individuals, Integration of Science and Practice, Career Pathways involving Administration, and the APA Ethics Code, among others. This seminar involves active discussion with the interns with ample opportunities for tailoring to individual intern's specific interests and training needs.

This seminar reviews CBT theory and practice for a variety of anxiety and disorders. Many interns attend selective sessions on topics with which they are less familiar (e.g., Impulsive Control Disorders, OCD, etc.).

LD/ADHD and Testing Seminar and Supervision (Psych Clinic and UCCF; 1.5 hours weekly the first 3 months of the year). This seminar is led by our testing supervisors and provides comprehensive training around the research, theory and assessment of adult and child ADHD/LD. Interns receive training in test administration, scoring, and interpretation of various testing batteries. This series also includes a segment provided by UCCF's educational consultant on dealing with educational and learning issues in children, and basic consultation to clients, families and schools about these issues. Group supervision of initial testing cases is integrated; Individual supervision of testing cases follows the remainder of the training year.

Journal Club (UCCF & Psych Clinic; Monthly). Trainees attend this monthly potluck lunch meeting led by postdoctoral fellows at both our child/adolescent and adult clinics. Trainees choose scientific literature updates to read and discuss, and diversity/multicultural discussions are infused.

SPECIFIC TRACK Training Opportunities

In addition to the training opportunities listed above at the UCCF and Psychological Clinic for interns in ALL tracks, interns matching to our Child/Family Track and our Adult Track may also participate in additional training opportunities, including:

- School-based services including classroom observations, attending IEP meetings, and providing consultation and guidance to teachers (Child Track).
- Community outreach events (Child Track: Free monthly seminar on Parenting Through Separation and Divorce, and Workshops for parents of children with ADHD and LD; Adult Track: Lectures and workshops through Rackham Graduate School and the Medical School for Test Taking, Anxiety and Imposture Syndrome).
- Shadowing in Psychiatric Emergency Room (PES) with psychiatric resident.
- Integrated primary care experiences may also be available (Child Track)
- Preparation for formal certification in multiple evidence-based treatments (Adult track).
- Possible Supervision of junior colleagues engaged in beginning clinical work.

SUPERVISING FACULTY and AREAS OF INTEREST

Anupama Agrawal, MSW (*Faculty, UCCF*). Clinical social worker with expertise in early childhood mental health and early childhood evidence-based interventions. Specifically interested in the birth - 3 time period, attachment security and attachment - based interventions, supporting the parent-child relationship, working with diverse populations, and families that have experienced trauma.

Jonathan M. Blair, Ph.D. (*Faculty, Psychological Clinic*) Clinical Psychologist with expertise in helping couples build and maintain healthy relationships and repair relationships that are experiencing challenges. Treatment approaches include Emotionally Focused Couples Therapy and Integrative Behavioral Couples Therapy.

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

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

Rich Dopp, M.D. (*Institute Medical Director and staff psychiatrist; UCCF & Psychological Clinic*). Board-certified psychiatrist (adult and child/adolescent) with experience treating a variety of mental health disorders including depression, anxiety, ADHD, ASD and more. Specifically interested in combination treatment including psychotherapy, medication, and exercise.

Cindy Ewell Foster, Ph.D. (*Director, UCCF*). Clinical child and adolescent psychologist with expertise in a variety of evidence-based psychotherapies for children and adolescents (e.g., parent behavior management training, cognitive-behavioral therapy for depression and anxiety, suicide risk assessment and management) as well as the development of family, community, and school supports for young people with emotional, behavioral, and learning problems.

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

JoAnn Heap, M.S.W. (*Faculty, Psychological Clinic*) Clinical Social Worker with expertise in teaching and providing individual and group therapy for Adults, Adolescents and their Families using Dialectical Behavior Therapy.

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

Erin Hunter, Ph.D. (*Faculty, UCCF*). Clinical psychologist with expertise in evidence-based psychotherapies for children and adolescents, as well as parent emotion coaching, parent behavioral management training, and Third Wave Behavioral interventions [e.g., Mindfulness, Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP)].

Helen Kaplan, MSW (*Faculty/Intake Coordinator, UCCF*). Clinical social worker with expertise in school social work, group therapy for children including social skills training, devising behavior intervention plans for children, and a passion for evaluating and treating children who present with a variety of behavioral and emotional concerns.

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

Lawrence R. Kowalski, MS, BCBA (*Faculty, UCCF*). Clinical psychologist and board certified behavior analyst with expertise in diagnosis and treatment of Autism Spectrum Disorders (ASD), social skills training, Applied Behavior Analysis (ABA), and Behavioral Therapy with Traumatic Brain Injuries (TBI).

Jami Socha, Ph.D. (*Faculty, Psychological Clinic*). Clinical psychologist with expertise in psycho-educational testing for children and adults. Also specializes in Cognitive Behavioral Treatments for anxiety and obsessive-compulsive disorders across the lifespan.

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

Michelle Van Etten Lee, Ph.D. (*Director of Psychology Training, MARI; Faculty, Psychological Clinic*). Clinical psychologist with expertise in adult psychotherapy and assessment, with a focus on CBT and anxiety disorders.

HOW TO APPLY

The deadline is Nov. 1. All materials have to be submitted the APPI online portal:

<https://portal.www.appic.org/>

The following five items are required:

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

Check our website for additional information at mari.umich.edu. Applicants will be notified of their interview status by Dec. 1. Two or three individual interviews with staff members from the sites will be arranged. You will also be invited to attend team meetings, case conferences, and/or seminars.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

ACCREDITATION

The Mary A. Rackham's Psychology Internship program is accredited by the Office of Program Consultation and Accreditation of the American Psychological Association, 750 1st Street, NE, Washington, DC 20002, (202) 336-5979

INTERNSHIP STIPEND and BENEFITS

The annual internship stipend for the coming training year is \$23,000. Benefits include medical insurance, two weeks vacation plus December-January holiday week break, sick leave, and generous professional development leave.

INTERNSHIP QUALIFICATIONS

Prospective interns must:

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

COMMITMENT TO DIVERSITY

We have a strong commitment to creating an environment that is positive and supportive of growth around individual and cultural differences. We welcome applicants from all minority groups.

INTERNSHIP APPLICATIONS

The deadline for application is **NOVEMBER 1. ALL MATERIALS SHOULD BE SUBMITTED THROUGH THE APPI ONLINE APPLICANT PORTAL, AT:**
<http://www.appic.org/AAPI-APPA#APP>

QUESTIONS?

Contact Michelle VanEtten Lee, Ph.D.

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