

Marin County Health and Human Services

2022-2023 APA-Accredited Doctoral

Psychology Internship Program

The purpose of the psychology internship program is the preparation of psychologists for practice in public behavioral health settings and diverse communities with underserved populations who have serious behavioral health conditions. Interns gain a broad range of generalist skills for practice as a health service psychologist, while also exploring their emerging professional identities through alliance with a specific interdisciplinary community treatment team throughout the internship year.

The standard training program is a full-time (40-44 hours per week) internship, to be completed over 12 months. Interns accrue 2000 pre-doctoral training hours. The program begins each year on the first Wednesday after the Labor Day holiday and concludes on August 31.

Public Health Service Mission

The Marin County Department of Health and Human Services promotes and protects the health, well-being, self-sufficiency, and safety of all people in Marin County. The organizational mission of the Division of Behavioral Health and Recovery Services is to “promote emotional well-being and recovery through the provision of mental health services, advocacy and education. Services are provided in partnership with clients, families and community based-organizations and strive to be effective, culturally competent and compassionate.”

The psychology internship program participates in the common divisional and department mission by extending the range and depth of services that are available to those in need, while concurrently developing a workforce of professionals who will enter public service. As an integral part of this organization, the internship program’s mission is to provide psychology interns, through supervised practice, training, and apprenticeship opportunities, with the competencies to enter practice at the post-doctoral level.

Educational Model

Our educational model prepares interns for science-informed practice as health service psychologists in community health settings using a curriculum and program structure informed by the Local Clinical Scientist Model (Stricker & Treweiler, 2006) and principles of experiential learning theory (Kolb & Kolb, 2005). Interns are taught to define a process of inquiry for clinical activities and engage responsively in the community as scientifically minded participant-observers. The local clinical context is the “laboratory”; scholarly inquiry and action research are done to answer case-specific questions. Skills and knowledge and professional values are acquired through supervised direct service experience and apprenticeship

activities.

The internship provides a wide range of clinical practice opportunities including outpatient, at-home assessment and treatment, group therapy and program development, intake and crisis stabilization rotations, and public education through community outreach programs. While engaged in the practice of public service psychology—and through weekly supervision and training—interns are expected to actively “learn, do, and reflect” (Schön, 1990). Seminars and case conferences, as well as ongoing supervision and portfolio projects, support interns in integrating science and practice.

Our educational model supports the development of specific profession-wide competencies as outlined by the American Psychological Association and the APA Committee on Accreditation (CoA) (Fouad et al., 2009; APA, 2015). Supervisors work with interns at the beginning of the year to identify their current status in relation to profession-wide competencies for entry to practice and to define individualized learning needs. Program activities provide ongoing formative feedback and regular opportunities for reflection, self-evaluation, and summative evaluation of competencies using both formal measures and a professional portfolio.

Profession-Wide Competencies and Program-Specific Aims

The internship builds on the trainee’s level of competency at entry and uses applied practice in direct service and experiential learning activities to reach the expected level for post-doctoral practice in 9 profession-wide competency domains. Because science is at the core of health service psychology, interns use and develop an evidence-base and research strategies in clinical practice. Competency is assessed based on direct observation, ongoing feedback in individual and group supervision, idiographic case studies, and evidence the intern presents in a portfolio completed across the training year. This data demonstrates competency for entry to community practice at the doctoral level.

Profession-Wide Competencies

Formal evaluations at mid-year and end-year assess current knowledge and skills in each of the identified domains of doctoral-level professional competency (APA, 2015):

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

Program-Specific Aims in Public Health Service/Community-Based Practice

The *Clinical Progression Portfolio* reflects the intern's professional values and identity as a psychologist through specific projects that analyze experiential learning during the year, integrate outcome measures, and demonstrate individual competence in each of three specific domains in community-based, public service practice (Chu et al., 2012):

- Strengths-based, recovery-oriented service delivery
- Community-based, culturally responsive program implementation and evaluation
- Evidence-based, outcomes-oriented advocacy, action research, and clinical leadership

We evaluate progress toward the Profession-Wide Competencies using standards based on the APA Competency Benchmarks for Professional Practice in Psychology (APA, 2015).

We evaluate progress toward Program-Specific Aims using a qualitative portfolio project. Portfolio elements are reviewed throughout the year in case conferences and with supervisors who give feedback on individual items and oversee completion of required portfolio projects. Interns are encouraged to use the portfolio as idiographic evidence and a form of action research about their own growth in the internship year.

We are committed to providing ongoing formative and summative feedback that will promote continuing development and competencies so that interns are ready to enter practice at the post-doctoral level when they complete the internship year.

References

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- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M., . . . Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*(Suppl. 4), S5-S26. doi:10.1037/a0015832
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- Stricker, G. & Trierweiler, S. J. (2006). The local clinical scientist: A bridge between science and practice. *Training and Education in Professional Psychology, 1*(1), 37-46.

Program Curriculum

Purpose and Balance of Training Activities

The primary purpose of the program is the training of interns for the practice of health service psychology in a public health service setting. Supervised clinical practice in the delivery of direct service is balanced with apprenticeship opportunities in community behavioral health practice, and formal training events where science and practice are integrated through instruction and reflection.

Clinical Experience and Individual Supervision

Clinical assignments are determined by primary supervisors and matched to interns' training needs and interests through ongoing discussion of developing competencies and internship requirements. All interns will have supervised experience with a range of case and activity assignments across the training year. Interns will have the opportunity to do both brief and longer-term psychotherapy throughout their internship.

While each week of training will be different, as skills develop and opportunities emerge, a typical distribution of time for a full-time intern is detailed below (note that some of this may be modified due to COVID-19 restrictions):

Direct Service:

- 8-12 hours of face-to-face psychotherapy (individual or family)
- 4-8 hours of intake/assessment/crisis intervention/group services
- 2 hours of case management/clinical consultation/field assessment

Training and Supervision:

- 2-3 hours of individual supervision
- 2 hours of didactic training
- 2 hours of EBP case consultation group
- 2-3 hours of clinical team case conference/group supervision
- 1 hour of additional didactic or program development group

Clinical Support/Professional Development:

- 2 hours for documentation/administration of services
- 1 hour of peer consultation group
- 2 hours for consultation or observation of clinical or administrative practices
- 4 hours for dissertation/research

Additional time (up to but never exceeding a total of 44 hours/week) may include: community outreach/education, teaching/supervision opportunities, participation in

partner organizations with clinical supervisors (e.g., broadcast media production with Cuerpo Corazón Comunidad, parent education and Canal Community alliance outreach, Community Action Marin peer provider collaboration, Community Health and Wellness Fair, etc.)

All psychology interns have at least two hours per week of regularly scheduled individual supervision by one or more licensed doctoral level psychologists. Additional hours of individual supervision are provided by licensed psychologists, board-certified psychiatrists, licensed clinical social workers, or licensed marriage and family therapists. Clinical cases are assigned in consultation with the appropriate clinical teams and followed both in individual supervision and case conference/group supervision.

Direct Service Experience and Clinical Tracks

Interns apply and are matched to specific training “tracks” that are identified with specific clinical services. However, the core curriculum focuses on generalist skills for practice across public health settings and all interns gain experience within the community service system upon which the “tracks” run.

All interns provide outpatient assessment (intake, crisis, and testing), individual and group psychotherapy and complete a 3-month rotation on the Crisis Stabilization Unit and Access intake team at the Bon Air/MarinHealth Medical Center campus (note: these experiences are pending due to COVID-19 restrictions). The client population served by all clinical teams is multicultural and there are opportunities to provide services (and receive supervision/consultation) in both Spanish and Vietnamese. Interns will work with a range of ethnicities, diagnostic severity/acuity, and legal status during the year.

Within each week, each intern spends 8-12 hours working specifically with the clients and staff from the interdisciplinary clinical team track to which they were matched. Some opportunities for cross-track rotations may be available in the summer quarter or when cross-track clinical circumstances apply. The clinical team tracks are:

Latino Family Health Track (Bilingual fluency in Spanish and English required)

Interns receive supervised training in providing mental health services to adult and older adult, family, and youth in outpatient mental health and community settings. Training emphasizes strengths-based, family-oriented interventions that address effects of trauma, immigration, acculturation, and socioeconomic disparities.

Intern offices are in the Youth and Family Services building where treatment rooms are furnished with materials for play, art, and sand tray therapy, and a one-way mirror and audio system that can be used for observation, live supervision, and recording. Based within the Kerner Health and Wellness Campus in central San Rafael, interns will work closely with local community health workers and other community-based organizations in the adjacent neighborhoods.

Clinical services are also provided in community settings and in clients’ homes. Opportunities are available for experience with school-based interventions, wraparound teams, the family partnership program, bilingual parent education, Juvenile Probation, and Children and Family Services, in-home services to seniors,

and weekly psychoeducation outreach via live broadcast, online, and printed media broadcast.

STAR Mental Health Court Track

Interns on this track work with the interdisciplinary Support and Treatment After Release (STAR) team, serving adult behavioral health clients who are in the criminal justice system and Mental Health Court. Interns work with law enforcement, medical and mental health providers in the clinic, at the jail, and in the community and gain supervised experience in assessment, intervention, assertive case management, and outpatient psychotherapy, both individual and group.

This track is based at the San Rafael Kerner Health and Wellness campus and works closely with Jail Mental Health and Probation. Interns receive training and practice in initial intake and diagnostic assessment, individual and group psychotherapy, crisis intervention, and intensive case management.

SMI Recovery Track (PGSP-PhD Affiliate Program)

This clinical track is supported by and partially affiliated with the Diversity and Community Mental Health emphasis area, Pacific Graduate School of Professional Psychology (PGSP) at Palo Alto University (PAU) and open only to students currently enrolled in the PhD program at PAU.

Interns each join one of two parallel, integrated interdisciplinary clinical teams—one situated on the Kerner Health and Wellness campus in San Rafael and the other on the Bon Air/MarinHealth Medical Center campus in Greenbrae. Each team provides trauma-informed clinical services to adults and older adults with serious/persistent mental illness (bipolar disorder, major depression, PTSD, schizophrenia or other psychotic disorders). Interns provide psychodiagnostic assessments, individual and group psychotherapy, and collaborate closely with psychiatrists, nurse practitioners and peer providers in promoting recovery in a wide range of clinical conditions. In weekly clinical case consultation meetings with psychiatrists, nurse practitioners, social workers and peer case managers, interns learn and practice skills in consultation, treatment planning, and policy/program development, as they organize and implement individual and group services to meet the specific needs within the clinical team.

Clinical Assessment Training

Interns participate in providing acute care evaluations on the Crisis Stabilization Unit where they are introduced to procedures related to inpatient hospitalization and risk assessment. They also observe and then conduct intake assessments for admission to outpatient and medication clinic services with the Access team. Clients served by our systems present with a wide range of complex diagnostic presentations, including a full array of psychotic conditions and personality or behavior disorders, often compounded by health conditions, trauma histories, and substance use.

Training emphasizes assessment with the clinical diagnostic interview and the integrated collection of data from collateral sources, report/checklist measures, outcome and alliance measures, consultation and observation. When clinically indicated, standardized psychological testing is implemented, including projective

and neuropsychological measures. All interns are required to demonstrate basic competency in the selection, administration, scoring, interpretation, and reporting of test results and to accept assigned testing cases. Additional supervision with a licensed psychologist is provided for standardized test batteries and reports.

The training focus is on culturally informed differential diagnostic interview skills and collaborative use of integrative clinical data. The use of formal test batteries is not a focus of training in this setting and opportunities for practice will vary across clinical teams. All interns will have 1-3 psychometric case assignments during the year. The clinical population provides an excellent range of opportunities for diagnostic training and consultation in differential diagnosis of co-occurring disorders.

Didactic, Interdisciplinary Clinical Conferences, All Staff, and Professional Development Seminars

The Allied Clinical Services Seminar provides weekly two-hour instruction and discussion on a range of clinical topics. The seminar brings together interns, practicum students, and other clinical staff members from system-wide clinical teams and emphasizes common issues and content areas shared in the practice of psychology in a public service system.

In the fall term, the seminar emphasizes the biopsychosocial recovery model that informs clinic practices and the skills required for effective psychodiagnostic assessment and treatment planning. The sessions are intended to support and enhance interns' experience as they are immersed in initial casework, supervision, and the challenge of learning the language and dynamics of the service delivery system. In the winter and spring terms, the seminar series continues to explore developmental dynamics and theory and treatment strategies for working with the effects of trauma and neglect. The curriculum also addresses the dynamics of limited-term treatment and professional development.

On seven Fridays during the training year, there is an all-day Interdisciplinary Clinical Conference held jointly with the UCSF Nurse-Practitioner training program affiliated with Marin County HHS. These are led by the faculty psychiatrists, NPs, and psychologists and focus on topics such as risk assessment, psychosis, substance use disorders, why and when medications do not work, and management of difficult patients. Note: this training opportunity was put on hold due to COVID-19 restrictions.

Interns also attend Friday assessment and professional development series throughout the year that addresses specific competency domains in assessment, supervision, consultation, and advocacy.

All didactic seminars are taught by licensed clinical staff and invited professionals from the community. Interns are expected to teach one seminar in the course of the year. Interns are required to attend the seminar weekly. Readings are provided. A sample seminar schedule and an overview of the curriculum are online at <http://www.marinhhs.org/mental-health-graduate-clinical-training-program>

Interns are also included in All-Staff training events that occur during the internship year. APA continuing education offerings have included programs on law and

ethics, domestic violence, aging and long-term care, motivational interviewing, integrated family therapy, and culturally informed treatment with African-American, Vietnamese, and Latino families. These courses help interns integrate the reality that professional development is life-long learning and that staying current on the integration of science and practice requires ongoing commitment.

Case Conferences

Clinical team case conferences are periodic one-hour weekly group supervision meetings facilitated by a psychologist or psychiatrist, in which interns present outpatient cases and ongoing treatment concerns. Assessment, diagnosis, theoretical formulation, and treatment interventions are addressed. In addition, when available, the psychiatrist and other MDs from the clinical staff provide education and consultation regarding psychopharmacology and related medical issues. The conferences also provide a place to discuss administrative and systems issues and to learn about the role of the clinical psychologist in the public mental health system.

Consultation Groups

EBP Consultation Group

Interns attend a periodic supervised consultation group throughout the year that is linked to learning and implementing evidence-based practices (EBP) in a public service setting and in both individual and group modalities. After an initial review of Motivational Interviewing and Dialectical Behavior Therapy principles, interns begin co-leading CBT, DBT-informed, or Seeking Safety skills groups with adults and/or adolescents. Interns are also expected to develop at least one additional EBP-informed group (CBT, ACT, Triple P) during the year. The consult group provides a place to learn and practice competencies in program development, program evaluation and consultation, as well as to learn skills in teaching, administration, group leadership, and managing burnout, boundaries, and group process.

Peer Consultation Group

Interns convene a weekly informal lunch-hour peer-led group, the purpose of which is to provide peer consultation, discussion, and support without staff present. The group is confidential and is given the charge of identifying and exploring issues that emerge in the context of this training setting or in the context of their current professional development. Interns are encouraged to view themselves as a work group and to form a support network that spans team assignments. All interns are expected to attend peer consultation group on a regular basis. The intern group selects a peer to serve as liaison to the Director of Training, so that any problematic issues identified by the intern group can be defined and resolved.

Community Outreach and Advocacy

Practice in a community mental health center means actively learning about and engaging with the local community in a variety of ways. Interns begin this process with field trips and observation opportunities during orientation and they are expected to begin engaging as participant-observers and action researchers by getting out of the clinic and into the surrounding community. An ethnographic reflection requirement completed in the fall introduces this process and staff invite

interns into a variety of roles in their own professional practice. Once students have established caseloads and with supervisory approval, they will enter into a variety of advocacy roles on behalf of clients or families in a range of settings. Examples of intern outreach and advocacy roles include: participating in a Spanish language broadcast media program on parenting, screening for depression and PTSD at a Bi-National Health Fair, screening for anxiety and depression at a Senior Health Fair, making a presentation in Mental Health Court regarding a client's progress, advocating for a student at a school site IEP, talking at a local middle school about careers in mental health, etc.

Opportunities for Practice in Management, Administration, and Supervision

Interns learn management and administrative responsibilities when co-facilitating group services and learn basics about entitlement programs, administrative aspects of admission, discharge and documentation, and the structure of service provision within the larger system. All interns participate in at least one formal Quality Improvement Utilization Review meeting during the year. All interns complete a basic 6-hour course in clinical supervision and have opportunities to provide supervised supervision for practicum or social work students, volunteer senior peer counselors in the older adult program, or community health workers in the *Promotores* program or the peer-led Enterprise Resource Center. Psychologists hold a range of management positions in BHRS and interns with specific management or policy interests are invited into apprenticeship opportunities with them when appropriate. Interns are encouraged to learn about issues in public funding and finance and are welcome to attend stakeholder meetings on funding and program planning.

Training Objectives/Activities by Term

Fall Term

Through trainings and supervised practice, interns will gain:

- Knowledge of the range of clinical services in BHRS, socio-demographics the community, and resources for information and referral
- Knowledge of language, procedures, and structure of the service organization
- Skills in engaging clients and implementing individual and group interventions
- Skills in developmental case formulation
- Skills in assessment (clinical intakes and testing), crisis stabilization; knowledge of DSM/ICD nomenclature and medication consultation
- Skills in Evidence-Based Practices, consultation, and supervision
- Knowledge of strengths-based and recovery model practices
- Knowledge of the neurobiological effects of trauma and neglect and related developmental and diagnostic correlates
- Awareness and knowledge of legal, ethical, and cultural considerations in community practice public service

- Skills in community-based practice and advocacy

Winter Term

Intern will continue to develop skills across competency domains through:

- New challenges and increasing complexity in assignments
- Supervision review of developing competencies and areas for focus and further training relative to post-doctoral plans
- Opportunities to define and explain case dynamics from a developmental perspective
- Implementing and evaluating treatment using outcomes measures and practice-based evidence
- Case presentation and consultation experience with clinic staff and peers: assessments or case summaries for collateral agencies if appropriate
- Teaching experience in didactic seminar and EBP Groups
- Management and administration of groups, case documentation, quality assurance for caseload
- Engagement in community outreach and action research

Spring/Summer Term

Intern will conclude year by participating in:

- Continuing casework with appropriate attention to dynamics of treatment, concluding therapy and case disposition
- Supervisory focus on understanding progress (and limitations) in treatment in one or more explicit theoretical frameworks and EBP models
- Community action research or group intervention program evaluation
- Supervision of community health workers, peer providers or fieldwork students; completion of 6-hour Supervision Training Course
- Review of personal strengths and professional development as a psychologist with attention to competency benchmarks for entry to practice
- Community outreach and consultation

The summer term offers the opportunity to continue and conclude work with clients, to rotate to an additional clinical or management area of interest, and to prepare for post-doctoral practice. Specific objectives for the term are set in consultation with the primary supervisor and in the context of the interns' professional development goals.

Stipend and Professional Time/ Benefits

Stipend

The minimum stipend for psychology doctoral interns for the 2022-2023 training year is \$30,000. Qualified bilingual interns who can deliver services in Spanish or Vietnamese receive an additional increment of \$100/month.

Scheduling of Hours of Work

Most internship hours are completed between 8AM and 5PM, Monday through Friday. Some rotations may allow weekend or evening hours with supervisor approval, but these are not standard and are limited to the Crisis Stabilization Unit or for clinical activities where a supervisor is also present. Interns may not work more than 44 hours in any week.

Vacation and released time

Interns may take 14 days of personal leave time during the internship in addition to designated County holidays. Professional leave time for conferences, dissertation-related needs, and post-doc interviews may be credited as internship hours but requests must be reasonable, timely relative to clinical requirements, made in advance and in writing, and cleared by the primary supervisor.

Health Benefits

The County does not have resources to provide comprehensive health insurance benefits but \$200/month of the \$30,000 annual stipend is intended for use to cover costs for coverage under the Affordable Care Act or for a Health Savings Account related to other coverage an intern has in place.

Additional Information

More detailed information on evaluation procedures, institutional policies, and due process is available in the Psychology Internship Handbook. A link to this lengthy document is made available at the time of interview and may be requested at any time by contacting rstein@marincounty.org

Eligibility and Selection Criteria/Application Procedures

Non-Discrimination Policy

The doctoral psychology internship program is an integral part of Marin County HHS, Division of Behavioral Health and Recovery Services. Interns are selected for merit, qualification, and competence. Training practices are not unlawfully influenced or affected by a person's ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran's status, medical condition, marital status, age, gender or sexual identity. Additionally, it is the policy of Marin County to provide a work environment free of sexual and other forms of unlawful harassment. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of internship.

Eligibility

Applicants for internship must meet the following minimum requirements:

- Be enrolled in an APA-accredited doctoral program in Counseling, Clinical, or School Psychology.
- Be certified as ready for internship by their doctoral programs.
- Have completed their comprehensive examinations at the time of application.
- Have a dissertation proposal scheduled at the time of application.
- Will have completed all doctoral coursework other than internship credits no later than September 2021.

Selection Standards

In addition to the requirements outlined above, preference will be given to applicants who:

- Demonstrate interest and experience in public service practice relevant to clinical team population through prior employment, practicum, or volunteer activities.
- Display commitment to the study and application of community-based, multicultural practice as evidenced by activities such as professional or community service, coursework, practicum, prior employment, research, presentations, or publications.
- Bring life experience that prepares them to work with a diverse, marginalized clientele in a context where socio-economic disparity, stigma, and lack of resources are typical.
- Demonstrate the psychological flexibility, sense of humor, and creativity to work well in a team-based, interdisciplinary setting.
- Are on track to complete dissertation prior to the start of the internship year.
- Are motivated to learn and apply evidence-based, limited-treatment models to multi-systemic, long-term problems.

- Are open to learning to do community-based work in the field, in jails or elder care residences as well as in hospital or clinic settings.

Program Admission Requirements

1. Academic Standing: All interns must be enrolled in an APA-accredited Ph.D., Ed.D. or Psy.D. Program in Clinical, Counseling, or School Psychology.
2. Prior to Start of Internship: Interns must have advanced to candidacy and provide a National Provider Identification (NPI) number. They must be prepared to submit fingerprints for clearance through the Department of Justice and Federal Bureau of Investigation at the beginning of internship.
3. Selection Criteria: The internship program's selection process is designed to identify doctoral candidates who have competence in providing individual and group psychotherapy, and direct clinical practice experience in community, public service settings that provide care to seriously mentally ill adults and families affected by serious emotional disturbance. Selected applicants will have demonstrated that they have experience working with diverse clientele, are familiar with evidence-based treatments, and have experience providing culturally competent assessment and interventions as well as a record of meeting legal and ethical standards in prior practice.
4. Health Clearance: All interns are required to have the physical and mental ability to perform the essential duties of the internship in both clinical and community practice settings with reasonable accommodation if applicable. Interns are required annually to provide evidence that they are clear from infection with tuberculosis.
5. Universal Precautions: All interns are required to know about public health standards for universal precautions, including precautions against air and blood-borne pathogens. Training in this is provided at the start of internship.

Application and Selection Process

Applications must be submitted using the AAPI and must be submitted before midnight PST November 15, 2020.

Offers for interview will be extended by email no later than the end of the day on December 15. In accordance with APPIC policies, we notify all applicants of their interview status if they submitted a complete application. Please contact the Training Director if you have not received an e-mail notification by 12/15.

Interviews will be conducted during the first 3 weeks of January. Interviews will be conducted via Skype, Zoom, or telephone, and will include the opportunity to meet with multiple psychologists on staff as well as members of the current intern cohort.

APPIC Guidelines

Our selection process follows all guidelines and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the APPIC Match. In particular, 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.

Candidates must register for the APPIC Match. Registration materials are located at the National Matching Services web site: <https://natmatch.com/psychint/>

Our Program Code Number for the APPIC is 1927 and there will be 3 separate program track designations on the NMS Match site for ranking.

Application cover letters should indicate which of the 3 programs you are applying for and an order of preference if you are qualified for more than one. Please also make clear why you are seeking training for public service psychology.

If you have any questions about our program or the application process, please feel free to contact the Interim Training Director, Dr. Todd Schirmer, at tschirmer@marincounty.org or 415-473-7637.