



**Doctoral Internship in
Clinical Psychology
Brochure**



APA Accreditation Status

AACI's Doctoral Internship in Clinical Psychology is fully APA accredited as of 7/22/18, and our next site visit for reaccreditation will be in 2022.

To verify the APA-accredited status of AACI's Doctoral Internship in Clinical Psychology, please check the American Psychological Association website: [APA Accreditation](#) or contact the APA Office of Program Consultation and Accreditation.

Address:

750 First Street, NE

Washington, DC 20002-4242

Phone: 202-336-5979

Email: apaaccred@apa.org

To view the Implementing Regulation (IR) C-27 I Table: "Internship Admission, Support, & Initial Placement Data", (accessible on our internship webpage: <https://aaci.org/internship-programs/>)

Our Mission

Founded in 1973, AACI is one of the largest community-based organizations advocating for and serving the marginalized and vulnerable ethnic communities in Santa Clara County. Our mission is to **strengthen the resilience and hope of our diverse community members by improving their health and well-being.**

Internship Aims and Competencies

The aim of our Doctoral Internship in Clinical Psychology is designed to train the next generation of culturally-sensitive mental health providers to effectively work with underserved members of the community in a trauma-informed and holistic manner. Our systematic training program integrates evidence-based practices and multicultural sensitivity, and prepares interns for professional clinical licensure.

Interns will learn about, gain experience, and be evaluated in the following areas, which are the APA Profession-wide Competencies for Interns:

Research

Ethical and Legal Standards

Individual and Cultural Diversity

Professional Values and Attitude

Communication and Interpersonal Skills



Assessment

Intervention

Supervision

Consultation & Interprofessional / Interdisciplinary Skills

Training Model

The training year for the Doctoral Internship in Clinical Psychology begins with a 1-day orientation that is designed to inform incoming interns about agency policies, our mission, internship aims and competencies, and other information applicable to internship.

During the orientation period, the Associate Director of Internship & Training and the supervisory and management teams will go in depth about specific programmatic and training track structure and guidelines. Interns will be informed about evaluation expectations, grievance and due process policies, and other important parts of internship. Interns will receive approximately 2 weeks of introductory trainings while progressively increasing their caseloads to expected internship capacities. Interns will also be provided with psychological assessment referrals, and their assessment supervisors will support them in training on specific assessment measures that are applicable to referrals we typically receive.

We utilize both a reflective and competency-based modality of supervision in which we encourage active discussion and ongoing consideration of culturally-sensitive and trauma-informed practices with clients, while also supporting each intern as a professional work-in-progress as they hone their skills toward eventual licensure in the field of psychology.



Client Demographics in the Behavioral Health Department at AACI:

Client Demographics	Percentage
Age	-
Under 5 years	0.19%
5 to 12	11.68%
13 to 17	18.16%
18 to 24	10.38%
25 to 34	12.60%
35 to 44	11.96%
45 to 54	13.62%
55 to 64	12.60%
65 and over	8.80%
Unknown	-
Gender	-
Female	61.63%
Male	38.37%
Other	-
Unknown	-
Race	-
Asian	32.07%
Pacific Islander	1.11%
White	29.56%
Black	5.56%
Native American	0.46%
Hispanic	20.11%
Multiracial	2.04%
Other	4.36%
Unknown	4.73%



Internship Tracks

AACI offers 4 different clinical tracks for applicants to consider. These tracks have some similarities (overall aim of internship, competencies, peer supervision rotation, etc.) and some differences (specific client populations for each track). Please see below for our available clinical tracks:

Adult/Older Adult (AOA) Track

- Client age: 18+
- Clinical presentation: Moderate-severe
- Common diagnoses encountered: Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar Disorder, Anxiety Disorders, Depressive Disorders, Trauma- and Stressor-Related Disorders, etc.
- Services provided: Individual therapy, collateral conversations with important people in the client's life, case management linkage and consultation with professionals, and community-based client contact.

Family & Children (F&C) Track

- Client age: birth-21
- Clinical presentation: Moderate-severe
- Common diagnoses encountered: ADHD, Oppositional-Defiant Disorder
- Services provided: Individual therapy, collateral conversations with important people in the client's life, case management linkage and consultation with professionals, and community-based client contact. Please note that some school-based opportunities might be available, but they will only be a small fraction of the total hours accrued, and these specific hours in a dedicated school setting are not guaranteed.

Center for Survivors of Torture (CST) Track

- Client age: all ages, mostly adults
- Clinical presentation: Moderate-severe
- Common diagnoses encountered: Trauma- and Stressor-Related Disorders, etc.
- Services provided: Individual therapy, collateral conversations with important people in the client's life, case management linkage and consultation with professionals, and community-based client contact. Clients have often experienced torture in the past or are a first-degree relative of someone who has experienced torture.

Integrated Behavioral Health (IBH) Track

- Client age: all ages, mostly adults
- Clinical presentation: Mild-moderate
- Common diagnoses encountered: Depressive Disorders, Anxiety Disorders, etc.



- Services provided: Individual therapy, collateral conversations with important people in the client's life, case management linkage and consultation with professionals, and clinic-based client contact. Clients are often dealing with a physical ailment as well as mental health symptoms.

Program Rotations

Required Rotations:

Rotation	Description	Placements Requiring these Rotations	Duration
Peer Supervision Rotation	Functioning as a supervisor for an assigned practicum student, which will be in addition to clinical supervision already in place. *Note: Another hour of supervision will be provided each week by a licensed psychologist during this rotation.	All Intern Placements	3 months
Integration Group Rotation	Skills-building group facilitation and support for an AACI program that focuses upon integration of physical and mental health. Content for group will either be the pre-approved Achieving Whole Health (mind/body/spirit) curriculum, or a different integration topic that has been pre-approved by the Associate Director of Internship & Training.	All Intern Placements	3 months

Optional Rotations & Duties:

Please note that participation in any optional rotations & duties will require the approval of the Associate Director of Internship & Training. Assignment of the following rotations may also be dependent on interns' past experiences providing services to specific populations, as well as the specific workload of the intern upon the time of request to participate in an optional rotation. **In total, optional rotations should not exceed 4 hours per week.**



Rotation	Description
DV (Domestic Violence) Client Assignments	Case assignments from AACI's Asian Women's Home (AWH), which can include individual therapy and/or group rehabilitation.
CST (Center for Survivors of Torture) Client Assignments	Case assignments from AACI's Center for Survivors of Torture (CST), which can include individual therapy and/or group rehabilitation.
Outreach Participation	Opportunities to engage prospective clients in the community and through other means.
Televisit Participation	Opportunities to provide clinical groups for senior population that utilizes an audio-only platform
Additional didactic/BH training presentations	In addition to the established presentation and grand rounds requirements, preparing and facilitating additional presentations for clinical/testing didactics and/or BH department trainings.
Additional Group Facilitation	Involvement in group facilitation and support (skills-building) group initiation and facilitation within an AACI program. This optional rotation doesn't require an integration topic. Content for group requires pre-approval from the Associate Director of Internship & Training

Didactic Training

The training program provides a minimum of two hours per week in didactic activities such as case conferences, seminars, workshops and in-service training. Doctoral psychology interns are required to participate in a minimum of two hours per week of didactic activities.

A schedule of activities is developed each year in keeping with the interns' interests and requirements. Interns are also expected to attend regularly scheduled administrative and clinical meetings with all other team members. Some examples of training and workshop opportunities available the past several years to interns have included:

Client Values

Coping Skills

Motivational Interviewing

Art Therapy

Child Therapy



Intimate Partner Violence

Personality Disorders

LGBTQ+ Sensitivity

ADHD Treatment

Neuropsychological Assessment

Trauma-informed Care

Compassion Fatigue

Treatment Termination

Interns are required to attend all MH Department Trainings, Assessment Didactics Trainings, and Clinical Didactic Trainings.

Weekly Training Schedule, Required Trainings, & Group Supervision

Training Type	Day	Time
Behavioral Health Department Training	Monday	9am-10:30am (2 nd and 4 th Monday)
Clinical Didactic Training (1 st , 3 rd , and 5 th Tuesday) Assessment Didactic (2 nd and 4 th Tuesday)	Tuesday	9:00am-11:00am
Group Supervision	Tuesday	1:00pm-3:00pm

Note: each intern will have a full day per week dedicated to psychological assessment reporting (including test administration, consultation, and report writing).

Clinical Didactic Training & Assessment Didactic Training

The training year starts with a 1-day orientation centered on the training program, including expectations, aim of the training program, program-specific competencies, profession-wide competencies, and other applicable information. The following 2 weeks will involve additional trainings, some of which will be across all interns (e.g., documentation training, Electronic Health Record, etc.), while others will be specific to the primary program in which an intern is placed (e.g., for AOA: MORS, DLA-20 training; for F&C: CANS assessment training, CST: DV training). After this initial period of training, didactic curriculum includes various trainings that are applicable to the work that will be done during the training year, as well as other clinical topics that are pertinent and approved by the Associate Director of Internship & Training. Clinical didactics focus on issues that come up for clinicians in their work in a setting such as



AACI (e.g., personal values, assessment, mental status exam, coping skills, intimate partner violence, motivational interviewing, etc.). Assessment didactics focus on tools and procedures related to psychological testing. Both types of trainings expect active participation from all interns, and are designed to encourage critical thinking and hands-on activity and discussion.

Supervision

Regularly scheduled face-to-face individual and group supervision is provided by staff supervisors in the agency, who carry clinical responsibility for the cases being supervised. Supervisors are licensed mental health professionals who are in good standing with the California Board of Psychology or the California Board of Behavioral Sciences. Interns meet with their primary supervisor weekly and have case discussions, review their progress notes and other clinical documentation including mental health assessments, treatment plans, etc. (All documents completed by the intern must be reviewed and cosigned by a licensed clinician or supervisor.) Supervisors also meet regularly to review supervision issues and practices.

Supervision includes:

- a. At least one regular weekly meeting at which the intern and supervisor discuss cases, problems, and therapy, etc.
 - i) For Therapy, the supervisor: - May observe or co-facilitate therapy sessions - Has a weekly discussion of treatment plans - Reviews client response to treatment - Reads the intern's documentation, then co-signs - Ensures promptness of progress notes, treatment plans and assessments - Will provide live supervision at least two times per training year for each intern
 - ii) For Psychological Testing and Assessment, the supervisor: - Reviews test protocols - Reviews diagnostic issues and treatment recommendations - Reads the intern's report, then co-signs - Ensures the promptness of testing report and feedback to client - Provides regular face-to-face supervision to the intern during the assessment process for any given testing referral
- b. Supervision will also involve the viewing of sessions directly or through a one-way mirror, review of audio-taped or videotaped sessions, or co-therapy.
- c. Ethical issues and questions, and relevant legislation and codes/standards of practice are also discussed in supervision as they arise in the interns' clinical work.

Peer Supervision

For a period of 3 months, interns will function as a peer supervisor for an assigned peer staff at the agency and will provide weekly peer supervision. Peer supervision will be in addition to other supervision received by staff. The intern will also receive weekly supervision around this



process as they analyze their approach, consider professional boundaries, and hone their growing skill as a supervisor.

Psychological Testing and Assessment

Psychology interns will demonstrate competency in planning, administering, scoring, and interpreting full batteries of psychological tests for clients. Each intern will be expected to regularly work on and complete assessment batteries in a timely manner during their training year. Interns are expected to take a proactive approach in all testing and didactic experiences. Similarly, interns are expected to serve as guides for the practicum students and may be asked to take on a leadership role with trainees.

Testing batteries can consist of between four and eight hours of administration time, depending on the needs of each case. In order to obtain a valid assessment, clients are often scheduled in testing blocks. It will be important to observe for signs of fatigue, waning attention, and lack of effort as these factors will invalidate your results. Some clients may be able to complete several hours of testing. Small breaks are acceptable, particularly for children and elderly clients.

Testing kits are extremely expensive and are to be handled with care. In order to track the use of testing materials, all kits must be logged in an out of the log located on the shared computer drive. If testing kits need to be transported to another location, they should be returned by the following day. Please score tests needing templates and manuals in the office.

Testing materials/kits cannot be taken home or otherwise off-site for practice, scoring, or review unless under the direct instruction of the testing and assessment supervisors. Interns are responsible for all test materials they sign out. The content of the kits should be complete when they are returned. Interns must maintain the security and integrity of all test materials (test booklets, manuals, protocols, etc.) at all times in a manner consistent with the APA Ethical Guidelines for Psychologists and Code of Conduct concerning the use and protection of psychological test instruments and test results.

Scoring is a critical function and errors are to be avoided with careful attention to instruction manuals and scoring subtleties. Clients' futures, diagnoses, medication and treatment recommendations, and educational/occupational functioning depend on accurate scoring.

Testing and assessment supervisors will be double-checking scoring and will work with you on any training necessary to help you develop competency in assessment.

Testing and assessment reports and feedback must be completed within 60 days of case opening.

Interns will be expected to prepare a presentation of their choosing that relates to the field of Neuropsychology. The presentation should include the use of psychometric measures, ethical issues, multicultural concerns, and clinical presentation of the population specified.



Expectations of Interns

Interns will be provided with a few introductory weeks of specific training in psychological assessment. Interns were screened and recruited based in part based on past testing experiences and will be expected to consistently receive and respond to testing referrals after these introductory trainings.

Interns are expected to have a first draft of their report to their supervisor within one week of the conclusion of testing.

Supervisor's edits are expected to be applied, edited and resubmitted within one week of the Intern receiving feedback.

Expectations of Testing Supervisors

Interns can expect that AACJ will provide them with:

Culturally sensitive assessment training

Weekly supervision of their testing cases

Scoring and location of appropriate norms

Report writing/case formulation

Providing constructive feedback

Reading and interpretation of neuropsychological reports

Testing materials available include:

Available Tests

- Level 1:
 - Test administration of the following measures: (Level 1)
 - TOMM
 - Cognistat (Orientation, Comprehension, Repetition)
 - CIMT
 - BAI/BDI
 - WAIS-IV
 - WISC
 - RFIT
 - RBANS
 - MMSE
 - MOCA
 - MMPI-II



- RCFT
- ACS-TOPF
- Level 2:
 - WRAT-4
 - WIAT-II
 - Trail Making Test
 - DVT
 - WMS-IV
 - CVLT-II
 - DKEFS (Verbal Fluency Test, Trail Making Test, Color-Word Interference, Tower Test)
- Level 3:
 - WCST
 - BCT
 - BNT
 - DRS
 - Ravens
 - Token Test
 - NEPSY
 - Dot Counting Test
 - Thematic Apperception Test
 - Token Test
 - Woodcock Johnson
 - Peabody Picture Vocabulary Test
 - ABAS-II
 - CASL
 - CTOPP
 - Fuld Object Memory Evaluation
 - Conner's
 - Color Trails Test 19
 - Dementia Rating Scale
 - Grooved Pegboard
 - Independent Living Scales
 - WASI
 - NEPSY-II
 - TOVA
 - Structured Interview of Reported Symptoms (SIRS)

Approximate Breakdown of Training Hours



Activity	Percentage of Time Per Week (hours)
Clinical Cases (including therapy, rehab, case management, collateral, and other applicable services)	12
Psychological Assessment	8
Clinical Didactics	2
Other Trainings and Rotations	4
Clinical Documentation (mental health assessments, progress notes, treatment plans)	5
Clinical Supervision	4-5
Other Administrative Tasks	4-5
TOTAL	40 hours

Policies and Procedures

The program adheres to all AACI Policies and Procedures. A complete copy of the most recent AACI Personnel Handbook will be available to you on the company Intranet. In addition, the training program has designed procedures to address issues specific to this program.

Pay Periods

There are two pay periods per month (the 10th and 25th of each month). Pay will include stipend and other expenses that have been approved by the Internship and Training Manager (including mileage).



Monthly Summary of Clinical Hours

Interns are required to submit a completed “Monthly Summary of Clinical Hours” form to their primary supervisor at the end of each month.

- A copy of the completed form is retained by the primary supervisor.
- This form is for reference only and should not be submitted to the Board of Psychology unless specifically asked to do so.

Mileage Reimbursement

All intern program placements (AOA, F&C, CST, & IBH) will require travel. It is expected that you have a working vehicle to travel to and from community locations for client contact. You will be required to provide a copy of your auto insurance and driver’s license as part of our onboarding process. While caseloads may vary, it can be expected that at least half of your caseload will be at community locations (client’s home, other outside locations, etc.).

Some automobile mileage is considered a reasonable business expense, for which an intern may request reimbursement. Other travel is considered travel to work, and would NOT be covered. Your supervisor will clarify any questions you have. Some general guidelines are provided below:

1. When an intern travels to the agency main office or other work site from home, it is considered commute to work and is not reimbursed. Similarly, when an intern leaves the work site at the end of a workday and commutes home, the mileage is not reimbursed.
2. Travel from one work site to another during the course of a day is reimbursable.
3. Travel from a work site to a seminar location is reimbursable. Travel to home, from a seminar site would NOT be reimbursed as it would be considered one’s commute home.

Mileage and Expense Reimbursement Policies

In accordance with AACI policy, reimbursement for mileage, travel and authorized out-of-pocket expenses must be submitted through AACI’s online Pay Com system within 60 days from the date of travel or expenses incurred.

Requests for reimbursement received in Finance after 60 days will be returned to sender and will not be paid.

Gym Reimbursement

The interns have the benefit of receiving a \$25 reimbursement each month if they provide proof (signature from gym staff, online record, etc.) that they attended the gym a minimum of 8 times during any particular month. In order to be eligible for this benefit, the intern must



submit documentation of their gym membership to the Human Resources office in advance of the initiation of reimbursement.

Health Insurance

Interns are eligible to receive health care coverage and have the opportunity to opt out if so desired. For further information, the intern is encouraged to consult with the Human Resources (HR) office, and to reference the AACI employee handbook.

Stipend

The interns will be paid a stipend of \$43,680 (\$21/hr) for the entire internship year, to be paid at a bi-monthly rate.



Admission Criteria

Interns will be selected according to a number of different factors, including language capacity as it is applicable to the clients whom we serve, as well as their prior experiences serving populations that include the following:

- Severe Mental Illness (SMI)
- Asian/Pacific Islander (API)
- Low Socio-Economic (SES)
- Underserved
- Refugee
- Ethnic, Religious, and Sexual Minorities

Fluency in an Asian language or Spanish is preferred but not required.

Interns will also be selected according to their prior experiences with conducting neuropsychological assessment and integrated psychological reporting.

Prior Doctoral Program Experience:

Interns will be expected to be familiar with evidenced-based practices as they apply to our clients, particularly in the treatment of mood disorders, anxiety disorders, psychotic disorders, and trauma. Prior hands-on experience with neuropsychological assessment and integrated psychological reporting is also required.

Minimum Number of AAPI Intervention Hours: 500

Minimum Number of AAPI Assessment Hours: 100

Non-discrimination Policy:

AACI prohibits discrimination on the basis of race, color, religion, creed, sex, gender identity, gender expression, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, or sexual orientation and any other class of individuals protected from discrimination under state or federal law in any aspect of employment and application for employment.

Application Process

All applicants must register for the APPIC Match at www.natmatch.com/psychint (no paper applications will be accepted).



For the online application process, please submit:

- **A cover letter** that describes your interest in the training program at AACI, as well as your comfort level and experience with providing community-based therapy services in a client's home or other community environment(s), and the specific program(s) to which you are applying (AOA, F&C, and/or CST) and why. **Applicants who do not include this information in their cover letters will not be considered for an interview.**

-The AAPI

-Current Curriculum Vitae

-3 Letters of Recommendation (minimum of 2 from past practicum supervisors).

-Copy of Graduate School Transcripts

-Copy of a de-identified integrated psychological assessment completed by the applicant (mock reports completed in a university classroom will not be accepted). WAIS-IV or WISC-V administration preferred as a part of the sample submitted.

For More Information

If you have any questions regarding accreditation, please contact:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 2002-4242
Phone: (202) 336-5500
TDD: (202) 336-6123

If you have questions about the Doctoral Internship in Clinical Psychology at AACI and/or the contents of this brochure, please contact:

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