

# Los Angeles County Dept. of Mental Health

**Student Professional Development Program**

**2016-2017 Academic Year**

*Complete this form for each discipline to be placed at this agency:*

- Psychology**
  - Practicum
  - Clerkship/Internship
  - Externship
- Social Work**
  - Specialization: Clinical Social Work
  - Macro/Administrative
- MFT**
- Occupational Therapy**
- Other (specify):** \_\_\_\_\_

Service Area

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<b>DMH Agency:</b>	American Indian Counseling Center-FSP
<b>DMH Agency Address:</b>	947 Cole Ave. Los Angeles, CA 90038
<b>Agency Liaison:</b>	Melanie J. Cain
<b>New or Returning</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
<b>Liaison Email Address:</b>	<a href="mailto:mcain@dmh.lacounty.gov">mcain@dmh.lacounty.gov</a>
<b>Liaison Phone Number:</b>	(562)402-0677
<b>Liaison Fax Number:</b>	(562)467-7478
<b>Agency ADA Accessible</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

*Student Requirements:*

<b>How many positions will you have?</b>	1
<b>Beginning and ending dates:</b>	September 2016-June 2017

*Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):*

<b>Monday</b>	8-5
<b>Tuesday</b>	8-5
<b>Wednesday</b>	8-5
<b>Thursday</b>	8-5
<b>Friday</b>	8-5

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

<b>Monday</b>	Negotiable
<b>Tuesday</b>	Negotiable
<b>Wednesday</b>	Negotiable
<b>Thursday</b>	Negotiable
<b>Friday</b>	Negotiable
<b>Total hours expected to be worked per week:</b>	16-20
<b>How many clients would the student have at one time?</b>	5-8
<b>What cultural groups and language services are</b>	Mixed ethnic populations but a majority having at

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provided at your site?	least some Native American descent
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Full Academic Year

*Provide a short description of your site and services offered:*

<b>Community mental health center specializing in providing culturally sensitive services to the American Indian/Alaska Native Community</b>
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*Students will provide services for (please check all that apply):*

<input checked="" type="checkbox"/> <b>Individuals</b>	<input type="checkbox"/> <b>Consultation/Liaison</b>
<input checked="" type="checkbox"/> <b>Groups</b>	<input checked="" type="checkbox"/> <b>Psycho-Educational Groups (e.g. Parenting)</b>
<input checked="" type="checkbox"/> <b>Families</b>	<input checked="" type="checkbox"/> <b>Community Outreach</b>
<input type="checkbox"/> <b>Children 0-5</b>	<input checked="" type="checkbox"/> <b>FSP</b>
<input checked="" type="checkbox"/> <b>Children &amp; Adolescents</b>	<input type="checkbox"/> <b>FCCS</b>
<input checked="" type="checkbox"/> <b>Adults</b>	<input type="checkbox"/> <b>Specialized Foster Care</b>
<input checked="" type="checkbox"/> <b>Older Adults</b>	<input checked="" type="checkbox"/> <b>AB109</b>
<input checked="" type="checkbox"/> <b>Court/Probation referred</b>	<input checked="" type="checkbox"/> <b>Veterans</b>

*Evidenced Based Practices/Promising Practices offered at your agency:*

<input type="checkbox"/> <b>Child-Parent Psychotherapy</b>	<input checked="" type="checkbox"/> <b>Seeking Safety</b>
<input type="checkbox"/> <b>Crisis Oriented Recovery Services</b>	<input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy</b>
<input type="checkbox"/> <b>Dialectical Behavior Therapy</b>	<input type="checkbox"/> <b>Triple P – Positive Parenting Program</b>
<input type="checkbox"/> <b>Families Over Coming Under Stress</b>	<input type="checkbox"/> <b>Other (Specify)</b>
<input type="checkbox"/> <b>Managing and Adapting Practices</b>	<input type="checkbox"/> <b>Other (Specify)</b>

*Students will provide (please check all that apply):*

<input checked="" type="checkbox"/> <b>Brief Treatment</b>	<input checked="" type="checkbox"/> <b>Screening and Assessment</b>
<input type="checkbox"/> <b>Long – Term Treatment</b>	<input checked="" type="checkbox"/> <b>Crisis Intervention</b>
<input type="checkbox"/> <b>For Psychology Students Only:</b> Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Bipolar, Depressive, Anxiety D/O's and Schizophrenia with Substance Abuse and Dependence highly common. You will be dealing with individuals who may have a history of homelessness; justice involvement; DCFS involvement; and/or have a history of frequent hospitalization.
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What specific training opportunities do students have at your agency?

Mental Health Services Act Mental Health Community Agency; trainings offered through the Los Angeles County Department of Mental Health.
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What theoretical orientations will students be exposed to at this site?

Native American healing traditions mixed with western modalities, therapy, medications and Wellness/Recovery Model. CBT, DBT, ACT, in addition to Motivational Interviewing, Client-Centered and Interpersonal psychodynamic Therapies.

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Yes, multidisciplinary team includes Psychiatrist, Psychologist, Licensed Clinical Social Workers, Community Workers, Medical Case Workers, Psychiatric Technician and Substance Abuse Counselor

Does your agency have Peer Specialists or Service Extenders providing services?

Yes  No

List locations where students will be providing services **other than agency?**

Client Residences, Community Outreach and other treatment related agencies serving Native Americans but primarily in the home Cerritos clinic. Possible assistance accessing other social service agencies.

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes  No

**Supervision:**

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
<b>Individual</b>	1	LCSW
<b>Group</b>	1	LCSW
<b>Individual &amp; Group</b>	2	LCSW

Do you have one or more staff, who is licensed by:

- California Board of Psychology
- California Board of Behavioral Sciences
- California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes  No

B. Weekly staff meetings

Yes  No

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes  No

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Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

## Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes  No

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes  No

Does your agency prefer the student to work from a particular theoretical orientation?

Yes  No  If yes, please specify: \_\_\_\_\_

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

Experience or interest and motivation to perform clinical work with the Native American population in a culturally-sensitive and appropriate manner.

## Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes  No  If yes, please specify

Only the Department of Mental Health routine requirements

Please specify dates your agency accepts students June-August

Supervision will be in compliance with professional standards established by the following:

APPIC  AAMFT  
 NASW  Other (specify): \_\_\_\_\_

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box

DMH Staff completing this form: Melanie J. Cain  
Supervisors Name: Angela Trenado

Title: Mental Health Clinical Program Head  
Title: Mental Health Clinical Supervisor

Date of Completion:  
02/04/16