## County of Los Angeles Department of Mental Health

### Student Professional Development Program

2018-2019 Academic Year

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

<table>
<thead>
<tr>
<th>□ Psychology</th>
<th>□ Nursing</th>
<th>□ Practicum</th>
<th>□ Marriage Family Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Externship</td>
<td>□ Occupational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Internship</td>
<td>□ Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Social Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Specialization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Macro/Admi</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DMH Agency:** TIES for Families

**DMH Agency Address:**

21081 S. Western Avenue Suite 295, Torrance, CA 90501

**DMH Agency Liaison:** Angela Lee, LCSW

**New or Returning:**

- □ New
- ✓ Returning

**Liaison Email Address:** anglee@dmh.lacounty.gov

**Liaison Phone Number:** (310) 533-6622

**Liaison Fax Number:** (310) 787-9035

**Agency ADA accessible**

- ✓ Yes
- □ No

If “No” identify:

**Student Requirements:**

- **How many positions will you have?** 1
- **Beginning and ending dates:** 9/18-6/19

**Student Schedule:** Please indicate days and times students should be available to provide services, including mandatory staff meetings (SM), training seminars (TR), supervision (SUP), etc.

<table>
<thead>
<tr>
<th>Day</th>
<th>Student Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Or 5 hours</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Mandatory meeting 10:30-12pm, 10 hours</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>10 hours</td>
</tr>
<tr>
<td>Total hours expected to be worked per week:</td>
<td>20</td>
</tr>
<tr>
<td>Number of direct client hours per week anticipated:</td>
<td>5-8</td>
</tr>
<tr>
<td>Expected average consumer caseload:</td>
<td>4</td>
</tr>
<tr>
<td>What cultural groups typically received services at your site?</td>
<td>all</td>
</tr>
</tbody>
</table>

SPDP Agency Description 1
Description of Site: *(Please describe the type of Agency setting and services offered)*

We are a child directly operated clinic that specializes in adoption, foster care, as well as infants and young children 0-5 years old. Programs at the clinic include: Multi-disciplinary assessment team, PEI, adoption focused treatment, and evidence based practices that focuses on serving infants and young children such as Parent Child Interactional Therapy, Child Parent Psychotherapy, Mindful Parenting, and Reflective Parenting. Most services are provided in the office setting.

Target population and types of services provided: *(please check all that apply)*

- [ ] Individuals
- [ ] Psychoeducational groups (e.g. Parenting)
- [ ] Groups
- [ ] Community Outreach
- [ ] Families
- [ ] Brief treatment
- [ ] Children & Adolescents
- [ ] Evidence Based Practices
- [ ] Adults
- [ ] Crisis Intervention
- [ ] Older Adults
- [ ] Screening and Assessment
- [ ] Court/Probation referred
- [ ] Psychological Testing
- [ ] Consultation/Liaison
- [ ] Other (specify):

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

Childhood emotional disorder, Disruptive Behavior Disorder, Oppositional Defiant disorder, PTSD, ADHD, and Depressive/Anxiety disorders.

What specific (perhaps unique) training opportunities do students have at your agency?

We offer training on assessment of infants and young children (ICARE), MAT, and evidence based practices.

What evidence based practices or theoretical orientations will students be exposed to at this site?

- Cognitive behavioral therapy, PCIT (Parent Child Interactional Therapy), Child Parent Psychotherapy (CPP), Infant Massage (Somatosensory attunement), Mindful Parenting, Reflective Parenting, TIES Transition Model and ADAPT (Adoption specific psychotherapy).

Do students have the opportunity to work in a multidisciplinary team environment that includes those with lived experience?

Student can work with multi-disciplinary team, but does not include staff with lived experience to date. Our team includes psychiatry, pediatrics, psychology, and social work.

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

Possible option for community events at the local park, or within Los Angeles County, if student has interest in field visits for MAT referrals.
County of Los Angeles Department of Mental Health

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes? □ Yes □ No

### Student Professional Development Program 2018-2019 Academic Year

**Supervision:**
What types of supervision will be provided for the students and what is the licensure/discipline of the supervisor? Please specify below.

<table>
<thead>
<tr>
<th>Type</th>
<th>Hours Per Week</th>
<th>On Site Supervisor Degree/Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual:</td>
<td>1-2</td>
<td>Angela Lee, LCSW</td>
</tr>
<tr>
<td>Group:</td>
<td>1-2</td>
<td>Angela Lee, LCSW</td>
</tr>
</tbody>
</table>

What is the minimum ratio of supervision to client contact hours? 1-10

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

We prefer at least one year of prior clinical experience providing therapy services (such as in MSW 1st year placement). We are offering placement for second year MSW students only.

### Agency Application Process

**Mandatory requirements:** Only students from academic institutions who have a current affiliation agreement with the Los Angeles County Department of Mental Health may be extended a placement opportunity. All students are processed through Human Resources Bureau. All prospective interns must obtain live scan clearance. All interns are required to complete a mandatory HIPAA Compliance and Sexual Harassment Prevention Training (for line staff) as part as the terms of their internship.

DMH Staff completing this form: Angela Lee

Signature: Angela Lee, LCSW

Date: 6/18/18

Program Head: Phone #: 

District Chief: Phone #: 

Electronic Signature: Date: