



Through  
the Looking  
Glass

*Serving  
Families with  
Disabilities  
Since 1982!*

## TLG Doctoral Internship Brochure

Fall 2024



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### 1. Our Mission and Program Description

The Mission of Through the Looking Glass is to provide and encourage respectful and empowering services—guided by personal disability experience and disability culture- for families that have children, parents, grandparents or caregivers with disability or medical issues.

Through the Looking Glass (TLG) is a disability community nonprofit agency in Berkeley that is dedicated to providing disability informed clinical and supportive services, training, and research. We serve infants, children, and families and our emphasis is on early intervention and prevention of problems in families and relationships. TLG was founded in 1982.

*Our goals as an agency are threefold:* 1) to provide disability informed services to infants, children, adolescents, and their families; 2) to train diverse systems and professionals who impact families with disabilities including the next generation of mental health professionals; and 3) to improve services to children and families impacted by disability by conducting research and developing national and international models and standards of services. We provide a wide array of services to children and families who have a disability as a part of their family constellation.

*The services our Doctoral Interns provide include:*

- Psychotherapy, infant developmental screening, and interventions that occur in the homes of our clients, in community settings, or in our clinic. Our on-site location offers spaces designed specifically for family therapy, sensory-integration and occupational therapy services, as well as individual child therapy, and play therapy (with sand tray);
- Prenatal or dyadic child-parent psychotherapy, child therapy, family therapy, developmental screening and interventions;
- Mental health and developmental consultation to TLG’s own Early Head Start (EHS) program specializing in serving families with disabilities;
- Multidisciplinary collaboration with in-house developmental and occupational therapy services and parenting adaptations for parents with disabilities;
- Autism services and interventions (primary approach is relationship-based, DIR, floortime);
- Parenting support groups, support groups for youth with disabilities, and parent-child interactive developmental play groups.

*Who We Serve:* We specialize in serving families in which one or more members have a disability or medical issue. Approximately half of the families served have a child with a disability, mental health disability, behavioral challenges, developmental delay, or medical

issue, and about half have a parent, caregiver or parenting grandparent with a disability, mental health challenges, or medical issue.

Given the diversity of our clientele and the interdisciplinary nature of our staff, our interns have a unique opportunity to expand their clinical experiences and areas of professional competencies.

*Disability* is defined broadly to include, for example:

- Children born with neurodevelopmental conditions such as cerebral palsy or Down syndrome, children who are showing delays in development, children who are born premature or have early surgeries or chronic health conditions, children who are on the autistic spectrum, children with other neurodevelopmental challenges, children with trauma symptoms, children who are showing behavioral or mental health challenges, children with sensory or sensory-integration problems, and more;
- Parents, caregivers, or parenting grandparents who have a physical or sensory disability, mental health challenges, cognitive/intellectual/learning disability, postpartum depression, medical disability, and more.

The families served by TLG are diverse in terms of their disability experiences, whether they identify as having a disability, their race or ethnicity, their country of origin or immigration history, their family constellation ranging from single parents to multigenerational co-parenting systems, and their primary language. We understand that all these experiences intersect in creating each family's cultural identity. Almost all of our families have low income and access our services free of cost.

The children and families we serve have often endured profoundly difficult life circumstances and may have very serious symptoms. With other families, we work to prevent the onset of serious symptoms by providing early

intervention and co-developing strategies and protective efforts to buffer against the often unnecessary negative impacts of disability on a family system—from social stigma, disability oppression, or lack of appropriate disability resources.

TLG serves children from infancy through adolescence and into young adulthood as well as parents and parenting grandparents with disabilities. By serving individuals with disabilities through the lifespan we have the unique benefit of our early intervention services with children with disabilities being informed by the challenges navigated by individuals with disabilities later in life. We often describe this perspective as our *life-cycle orientation*.

*History:* Through the Looking Glass (TLG) grew out of the independent living or civil rights movement for people with disabilities and is one of the most experienced disability culture-based organizations internationally, providing intervention to enhance the potential of children and families with disabilities. Since its founding in 1982, TLG has pioneered “family-driven,” strength-based, and trauma-informed services, training, consultation, and research serving parenting families with diverse disability/medical issues. We emphasize the practical utility of our services and research to address gaps in services and resources for families with disabilities. We are located in the Ed Roberts Campus, which TLG partnered to develop. Our campus is a model of universal access, a “one-stop shop” for individuals and families with disabilities.

*Staff:* Approximately 75% of TLG's staff have personal or family disability experience plus specialized training. Over 50% of our staff are people of color with a diverse range of national origin and primary language. Our clinical staff includes five licensed psychologists, one registered psychologist, many additional licensed clinicians who are MFTs or LCSWs, Occupational Therapists, and Developmental Specialists.

*Advocacy:* On local, national, and international levels TLG has had a key role in identifying and urging reduction of social disparities experienced by children and families with disabilities. TLG was honored to be federally funded the only national center for parents with disabilities and their families from 1993 to 2017. Our public policy efforts have influenced national and international practice and culminated in its major role in advocating for and writing an extensive report submitted to President Obama in 2012: *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children* (National Council on Disability, 2012), resulting in congressional hearings and legislation in several states.

*Referral Sources:* Our referrals for local services come from many different sources, including, but not limited to: hospitals, schools, Head Starts and Early Head Starts, Child Welfare Services, Regional Center of the East Bay (RCEB), local professionals, family self-referrals, and Public Health Nurses.

## **2. Doctoral Internship in Health Service Psychology at Through the Looking Glass**

Through the Looking Glass offers a one-year, full-time or two-year, half-time APA-Accredited internship program for doctoral students in psychology. We are partially affiliated with the Wright Institute and guarantee 3 internship positions for Wright Institute students each year. This brochure provides an overview of our program and the application process.

*Our approach:* We work from a non-pathologizing, strength-based, disability culture informed perspective. Since our founding we have integrated theories from infant/early childhood mental health, attachment theory, family therapies, developmental practice, psychodynamic theory, trauma informed modalities of treatment, and cognitive behavioral interventions.

*Clinical work:* Our doctoral interns will gain skills serving a variety of clients. They deepen their knowledge about the impact of disability in families as well as infant mental health over the course of our internship program. Doctoral Interns have the opportunity to provide consistent services to clients over the full-term of their internship. TLG interns serve families with children ages 0-18 by providing family therapy, dyadic parent-child therapy, individual child therapy and play therapy, floortime, and consultation to Early Head Start programs. Services are provided both in person (home visit or in office) and via telehealth. Interns work with their supervisors to determine pandemic-related safety considerations, and whether services should be delivered in person or via telehealth. Our interns engage in regular interdisciplinary collaboration with developmental specialists and occupational therapists. For example, they may be a mental health clinician addressing the grief, depression, or trauma in a family system, and supporting child-caregiver relationships as well as collaborating with an occupational therapist addressing sensory integration issues and parenting accessibility challenges.

Doctoral Interns will be expected to gain therapeutic skills to allow them to be efficacious with a wide variety of families and situations. Our interns work with children from infancy through young adulthood, with children and caregivers who have physical, medical, developmental or intellectual disabilities, or mental illness; with multigenerational families where co-parenting is occurring; with families in which a grandparent or great-grandparent is the caregiver; with children who have been removed from their family of origin and are placed with kin or in foster care; and by providing family therapy and relationship support for families during visitations when children have been removed.

*Assessment and Documentation:* Interns will learn and meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

documentation and report-writing requirements and will maintain up-to-date charts that document medical necessity and meet quality standards for bi-annual quality assurance reviews. Interns will complete quality assessments, including DSM and DC:0-5 diagnosis and substantiation of medical necessity, and create treatment plans with measurable goals and objectives for their clients. Interns will become comfortable with screeners, such as measures for depression, sensory issues, autism, ADHD, development, and quality of parent-child relationship.

*Child Development and Consultation:* Interns will learn about child development through training, working on interdisciplinary teams with developmental specialists, and performing developmental (including social-emotional) screeners. In addition, interns may enhance their knowledge of child development in their role as a Mental Health Consultant to teachers in an Early Head Start (EHS) classroom and participate in group consultation for EHS teachers (children 0-3).

*Supervision:* Interns will gain supervision training and experience with peer supervision by supervising a Practicum 1 student for part or all of their internship training. Interns will be supervised on their supervision and will develop knowledge of one or more models of supervision and consultation. They will demonstrate developing understanding of how to conduct supervision through knowledge and practice. Interns will learn about reflective practice, parallel process, and group process through trainings and their own supervision. Due to the ongoing pandemic, supervision is primarily done through telehealth at this time (Fall 2021). We will continue to follow regulations of California Board of Psychology and Department of Consumer Affairs as well as APA guidelines to determine when and to what degree supervision can return to in person meetings.

*Didactic Clinical Presentations:* Interns are expected to develop a training presentation on a

clinical topic of their choice for TLG staff, trainee groups, or EHS teachers and/or parents. Interns may also have the opportunity to co-present with TLG staff on Disability Culture and disability awareness in clinical work to students in graduate psychology training programs. Interns are expected to facilitate discussion of one or more clinical articles and may be asked to present to practicum students on topics such as areas of clinical interest, confidentiality, HIPAA compliance, and reporting laws.

*Parenting Evaluation:* Interns will have the opportunity to learn about best practices of family and dependency court evaluations of parents with disabilities. They will be exposed to TLG's ongoing research and the ongoing recommendations our agency provides to practicing psychologists.

*Training Model:* Our Internship Program subscribes to a practitioner-scholar model. Training components are organized to build on previous experiences and learning to maximize the transfer of theoretical understanding to practical application. Teaching occurs through a combination of supervised professional experience, didactics, case-based presentations, observational learning, use of videotaped sessions, and consultative guidance to increase clinical understanding. The training year begins with an intensive orientation period, designed to help the interns acclimate and integrate into the agency, and acquaint them with the agency's philosophy, policies, and procedures.

The Internship Training Program Director and training faculty review the agency's expectations, feedback, evaluations, grievance procedures, due process, and other relevant areas. During the orientation period interns begin to build their caseloads with direction and guidance from clinical supervisors.



### **3. Aims and Competencies of Internship Training Program**

TLG aims to develop competent psychologists who are able to provide high quality mental health services and care to infants, children, adolescents and families from an infant/early childhood mental health, disability, and trauma informed perspective.

Our interns will develop these skills through the development of the following competencies:

**1. Research:** Interns will be given opportunities to formulate research questions and present to their peers and other trainees about their findings. The opportunities may include critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, and program development projects. These opportunities will allow interns to critically evaluate and disseminate research and will include a presentation at the local level. Interns will be able to:

- Understand and evaluate the evidence base for theories and interventions utilized as well as how to integrate research and theory into clinical practice; and
- Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**2. Ethical and Legal Standards:** Interns will demonstrate knowledge of and adherence to legal and ethical standards (as set by the APA ethical guidelines and obligations) as they develop professional identities in all areas of practice. Interns will be knowledgeable of and act in accordance with each of the following:

- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

- Relevant professional standards and guidelines;
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas; and
- Conduct self in an ethical manner in all professional activities.

**3. Individual and Cultural Diversity:** Interns will develop an understanding of individual and cultural differences, including a knowledge of disabilities and disability culture, competence in integrating multicultural issues into all levels of their work, and be able to apply knowledge of self as a cultural being to clinical practice. They will demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. Interns will develop:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; and
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

**4. Professional Values, Attitudes, and Behaviors:** Interns will demonstrate a maturing professional identity and ability to respond

professionally in a variety of situations with increasing independence as well as demonstrate increased understanding of their personal and professional strengths and limitations with dedication to lifelong learning. Interns will:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness; and
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

#### 5. Communication and Interpersonal Skills:

Interns will demonstrate effective written and oral communication skills and the ability to maintain successful professional relationships. Interns will:

- Respond professionally in complex situations with a greater degree of independence as they progress across levels of training;
- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; and
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

6. Assessment: Interns will learn about child development through training, working on interdisciplinary teams with developmental specialists, and performing developmental (including social-emotional) screeners or assessments. Interns will become certified and

competent in the use of the Child and Adolescent Needs and Strengths (CANS and CANS 2.0) as an assessment and treatment planning tool. Interns will complete quality assessments, including DSM diagnosis and substantiation of medical necessity, and create treatment plans with measurable goals and objectives for their clients. Interns will become comfortable with screeners, such as measures for child and family functioning, depression, sensory issues, autism, ADHD, development, and quality of parent-child relationship. These experiences will lead to the abilities to:

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret all assessment data that is gathered, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

7. Clinical Skills and Intervention: Interns will develop competence in delivering treatment based on a non-pathologizing, strength-based, disability culture informed perspective. They will learn to provide services to infants, children, adolescents and families integrating theories from infant/early childhood mental health, family therapies, developmental practice, psychodynamic theory, trauma informed modalities of treatment, and cognitive behavioral interventions. Interns will demonstrate the ability to provide treatment that

includes many stakeholders including family members, interdisciplinary teams of providers, educational staff, community organizations, and other systems of care. These skills will manifest in the abilities to:

- Establish and maintain effective relationships with the recipients of psychological services;
- Provide disability informed psychological services with children and families;
- Understand and apply Infant/Early Childhood Mental Health as well as disability-informed, trauma, attachment, and developmental theories;
- Develop evidence-based intervention plans specific to the service delivery goals;
- Incorporate multidisciplinary input in understanding diagnosis and treatment of children (ex. neurodevelopmental, sensory issues/challenges, child development);
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
- Demonstrate the ability to apply the relevant research literature to clinical decision making;
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation;
- Demonstrate the ability to integrate a range of evidence-informed and evidence-based interventions for children and adolescents with a range of disorders and needs;
- Demonstrate the ability to provide treatment that includes families, schools, community organizations, and other systems of care; and
- Demonstrate competence in delivering treatment based on trauma-sensitive, relational psychodynamic, and evidence-based interventions for children, adolescents, youth, and their families.

**8. Supervision:** Interns will develop knowledge of one or more models of supervision and consultation and will demonstrate developing understanding of how to conduct supervision through the direct experience of supervising a first-year practicum student. Interns will:

- Apply this knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, supervising Practicum 1 students, role-played supervision with others, and peer supervision with other trainees; and
- Demonstrate knowledge of supervision models used in school-based and child-focused settings.

#### 9. Consultation and

Interprofessional/interdisciplinary skills: Interns may enhance their knowledge of child development in their role as a Mental Health Consultant to teachers in an Early Head Start (EHS) classroom and participate in group consultation for EHS teachers (children 0-3). Our interns engage in regular interdisciplinary collaboration with developmental specialists. For example, they may be a mental health clinician addressing grief, depression, attachment issues, or trauma in a family system collaborating with an occupational therapist addressing sensory integration issues and parenting accessibility challenges. These experiences will lead to the abilities to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions;
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

#### 4. Weekly Schedule

Full-time Doctoral interns at Through the Looking Glass engage weekly in: individual supervision by a licensed psychologist for 2.5



hours per week; group supervision by a licensed psychologist for 2.0 hours per week; weekly intern seminars (1.5 hours) by licensed psychologist on topics of supervision, assessment, ethics, and professional development; interdisciplinary staff case conference and agency wide trainings for 1.5 hours per week; and didactic training seminars for 1.5 hours per week. Half-time Doctoral interns at TLG engage weekly in individual supervision by a licensed psychologist for 1 hour per week, group supervision by a licensed psychologist for 2.0 hours per week, as well as in the intern seminar, the didactic training seminar, and the interdisciplinary staff case conference and agency wide trainings. Interns will present cases and receive consultation and feedback during case conference and group supervision, including presenting videotape of therapy sessions. Our interns are mentored by supervisors and staff professionals who have expertise in autism, infant mental health, child psychology, child development, early childhood mental health consultation, family therapy, trauma, and disability.

Our training plan includes a structured sequence of didactic trainings to provide exposure to and knowledge of a number of topics relevant for

learning as a psychologist and for providing services relevant to the population served by TLG. Trainings are also designed to increase the skills of trainees in provision of psychological services to clients. The integration of current and evolving psychological knowledge, principles, and theories into service delivery is addressed throughout trainings.

Our training program is designed to enhance trainee knowledge and skills in the field of psychology and in the delivery of psychological services. In addition, TLG is dedicated to: increasing trainee familiarity with families with disabilities and improving psychological practice in serving families with disabilities; encouraging a family systems understanding of families with disabilities; increasing understanding of disability culture; educating psychologists in the field of infant mental health/early intervention; imparting awareness of cross-disciplinary understanding and collaboration in serving children with emotional, developmental or disability issues; and providing knowledge of best practice for psychologists performing parenting evaluations for the courts when clients have disabilities.

**Experience Hours per week (full-time schedule)**

Clinical Work

- 22-25 total (weekly)
- 12-15 hours of direct face-to-face service not including paperwork or drive time (weekly)
- Caseload of at least 7 to 8 clients

Supervision:

- Individual – 2.5 (weekly)
- Group – 2.0 (weekly)
- Training Progress Meetings – 1.5 hours (twice during training year)

Didactics:

- Agency Wide Training – 1.5 (weekly)
- Didactic Training Seminar – 1.5 (weekly)
- Intern Seminar- 1.5 (weekly)
  - Supervision Seminar- 1.5 (monthly)
  - Assessment Seminar- 1.5 (monthly)
  - Ethics Seminar- 1.5 (monthly)
  - Professional Development Seminar- 1.5 (monthly)



**Full-Time Hours  
(weekly)**

Clinical: 22–25hrs  
Supervision: 4.5hrs  
Didactics: 4.5hrs  
Admin: 6.5–9.5hrs

**Experience Hours per week (half-time schedule)**

Clinical Work

- 12-15 total (weekly)
- 6-7.5 hours of direct face-to-face service not including paperwork or drive time (weekly)
- Caseload of at least 3 to 4 clients

Supervision:

- Individual – 1.0 (weekly)
- Group – 2.0 (weekly)
- Training Progress Meetings – 1.5 hours (twice during training year)

Didactics:

- Agency Wide Training – 1.5 (weekly)
- Didactic Training Seminar – 1.5 (weekly)
- Intern Seminar- 1.5 (weekly)
  - Supervision Seminar- 1.5 (monthly)
  - Assessment Seminar- 1.5 (monthly)
  - Ethics Seminar- 1.5 (monthly)
  - Professional Development Seminar- 1.5 (monthly)



<b>Half-Time Hours (weekly)</b>	
Clinical:	12–15hrs
Supervision:	3.0hrs
Didactics:	4.5hrs
Admin:	2–4hrs

**5. Intern Selection**

Interns will be selected based on their academic preparation, multicultural interest and awareness, clinical experiences, and overall match with our agency. We prefer applicants who have completed coursework in child and adolescent development, child psychopathology, and family systems, as well as having knowledge of trauma and attachment research and theory. Backgrounds in early childhood education are also helpful.

*Academic Preparation:* Applicants must be currently attending an APA-Accredited graduate

program and in good academic standing. They must be deemed ready by the applicant’s school to apply for internship as evidenced in the APPIC online application.

*Multicultural Interest:* We look for applicants with an interest in or experience with disability and disability culture, interest and experience serving culturally diverse populations, and a self-reflective awareness of one’s own culture and identity.

*Clinical Experiences:* Applicants must demonstrate completion of a minimum of 440 approved practicum hours as part of their doctoral program. Some of this prior experience must be with children or adolescents and experience with families or parents/caregivers is also desirable.

*Agency Match:* Applicants must have the ability to handle a demanding caseload and to engage with demanding case material. They must be open and reflective about providing services in the community (i.e., in homes, schools, and neighborhoods). We value applicants who are open to a reflective approach to supervision and are eager to embrace the range of training and learning opportunities at TLG. Applicants must have a personal means of transportation and the ability to manage time effectively.

*Stipend and Benefits:* Our stipend for Doctoral Interns is \$31,000 for full-time placement and \$15,500 for half-time placement, annually. Interns are given 14 days paid time-off, 10 national Holidays, and 3 days off for professional development. We provide reimbursement for mileage, partial reimbursement for cell phone use, and an assigned laptop.

## **6. Application Process**

Applicants must register for the Match using the online registration system on the Match website at [www.namatch.com/psychint](http://www.namatch.com/psychint) (No paper applications will be accepted).

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. Applicants must obtain an Applicant Agreement and register for the Match.

APPIC APPLICATION TIMELINE:

Application deadline- November 21, 2023

Interview Notification Date – December 13, 2023

Ranking Deadline – February 2, 2024

FOR MORE INFORMATION:

If you have questions about the Doctoral Internship Training Program and/or the contents of this brochure, please contact:

Through the Looking Glass

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