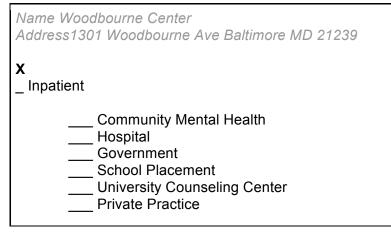
Externship Site



Population

| x_ | Adult Child Both |
|----|--|
| | al Population: If special population, please use this space to specify. Delete if not ap- e.High risk adolescent, youth with sexually problematic behaviors |

Clinical Experiences

| Extern Opportunities: | _X Individual Therapy X_ Group Therapy Couples Therapy X_ Assessment Research |
|---|---|
| Therapy Model: Please use this space to describe site's primary theoretical orientation and intervention modalities. Trauma informed Cognitive Behavior Therapy , Youth Guided, Family Driven, Relationship Based and Culturally Responsive practice modelDelete if not applicable. | |
| Assessment: Please use this space to describe the types and names of assessments used. Delete if not applicable.CANs (child and adolescents needs and strengths assessments, PROFESSOR and JSOAP assessments for youth with problematic sexual behaviors, CASII Intensity of services assessment, Psychosocial Assessment | |

Supervision

| Primary Supervisor/Training Director Name: Donna M. Beck, Psy.D. Primary Supervisor/Training Director Qualifications: Licensed Psychologist 4428 | |
|--|--|
| Supervision:X_ Individual (Frequency: <i>Please list</i> .Weekly face to face individual 1 hourX_ Group (Frequency: <i>Please list</i> .) Weekly group 2.0 hours | |

Application

| Deadline: Interns apply in Mid- March for one year placement ype here |
|---|
| Application Requirements:X_CV |
| Cover Letter |
| Letters of Recommendation |
| Phone Interview |
| X In-Person Interview |
| X_ Other (Please specify:complete intern application packet |
| from WB) |