



Institute For Multicultural Counseling & Education Services, Inc.

A PRIVATE NON-PROFIT ORGANIZATION, ASSOCIATED WITH DPI/NGO WITH ECOSOC STATUS OF THE UNITED NATIONS FOR HUMAN RIGHTS.

POSTDOCTORAL / RESIDENCY TRAINING PROGRAM



Helping You Achieve Your Professional Goals!

Helping You Achieve Your Professional Goals!

TRAINING YEAR 2021-2023



IMCES

Institute for Multicultural Counseling & Education Services

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ABOUT IMCES: 2021-2023

Mission and Commitments:

IMCES is a private, non-profit community clinic founded in 1989 by Dr. Tara Pir, aka Tahereh Pirhekayaty. Dr. Pir has led IMCES based on the principle and practice of cultural inclusion and fiscal responsibility. Dr. Pir is responsible for the integrity of the Residency training program. Under her leadership, IMCES became one of the unique organizations designed to serve the ever changing needs of underserved culturally diverse communities. IMCES provides an integrative model of service delivery including primary health care, mental health, social services, substance abuse and forensic/legal advocacy services in a variety of languages by highly trained culturally competent professionals. As a result of our demonstrated integrity for many years, IMCES has become associated with the Department of Public Information / Non-Governmental Organizations (DPI/NGO) for human rights and has earned special consultative status with the **United Nations'** Economic and Social Council (ECOSOC).

OUR MISSION: PROMOTING HUMAN RIGHTS AND SOCIAL JUSTICE

Our mission is interwoven in the function of our organization; as a **community clinic**, we provide direct integrated services to the community. As an **education institute** we provide workforce development; clinical training.

DIRECT SERVICE

to underserved culturally diverse target population with the aim of reducing disparity in availability and accessibility of health, mental health, and social services in our community. Every year, IMCES serves and saves thousands of individuals' and families' lives who have been identified to be 100-200% or more below the poverty level in severe life crisis. IMCES offers a variety of clinical programs developed to provide services to children, youth, families and adults who have many barriers to their wellness, success, and sustainability within the community. IMCES is committed to helping underserved, never served, or inappropriately served members of our community overcome adversity, achieve independence, and create independently sustainable and meaningful lives for themselves and their families. IMCES contributes to the wellness of our community by promoting social justice and striving to eliminate stigma, discrimination, and disparities associated with health and mental health services in our community.

WORKFORCE DEVELOPMENT

Our clinical training mission is consistent with the mission of our organization: promoting social justice and human rights. Our Postdoctoral Residency clinical training program is structured to engage new and emerging mental health professionals from different cultural backgrounds to motivate their professional commitment and responsiveness to serve the most culturally and linguistically diverse population with their competencies in best practices. Our clinical training program is designed as an effective and necessary workforce development to respond to our community's needs, and to develop specific competencies with a strong emphasis on leadership development This model of training is a realistic response to the critical demands of our profession at this time. **We are training the next Leaders in our profession who will contribute to the future health and wellbeing in local and global levels.**



POSTDOCTORAL RESIDENCY TRAINING PROGRAM

2021-2023

Philosophy

IMCES's philosophy and model of training is aligned with the mission of the organization. IMCES believes that the physical and mental health are fundamental human rights of everyone. Our treatment philosophy focuses on the strengths rather than pathology, on wellness rather than illness. We recognize that the 21st century radically changed our lives in many domains in local and global levels. Culture became more evolving, dynamic, and ever changing. The demand for human and helping services requires a great deal of innovation and adjustment to the traditional model of service delivery. At IMCES, we are prepared to face and meet the challenges by providing an educational and professional training model that is "appropriate and important" as well as responsive to the public's varied, complex, evolving needs and challenges.

Operating Principles:

- Principle of **mutually respectful** relationships.
- Principle of commitment to "**excellence,**" "**lifelong learning**" and being a **reflective practitioner**.
- Principle of **inclusion by design** to prevent disparities.
- Principle of **whole health** (physical, mental, social, spiritual) of **individual** as well as **community health**.
- Principle of **Integrative model of service delivery**: multidisciplinary approach and consultation.
- Principle of **interrelatedness of individual and community**.

We are committed to treating clients in the context of family and community. We recognize the impact of social conditions as contributing factors to a client's presenting problem. In fact we consider **both the individual and community as our client**. By viewing the client in the context of their social environment, we also contribute to the wellness of the community through our action oriented, advocacy and outreach program, advanced leadership, supervision, and qualitative research.

IMCES Resident Qualifications, Recruitment, and Selection Process

IMCES believes in the principle and policy of inclusion by design, which is reflected in all of our workplace policies and procedures, and implemented throughout our resident recruitment and selection process.

IMCES recognizes the ever-changing demographic of our population nationally and, specially, in our geographic region, the County of Los Angeles, which has aptly been described as a microcosm of the world because of its exceptional cultural and ethnic diversity.

IMCES recognizes that each cultural and ethnic community has its own media sources for exchanging information and communication and utilizes those media towards our goal admission of effective community engagement and outreach. Specifically, our recruitment of residents utilizes these media to attract and identify qualified candidates who share the mission of servicing our diverse community with cultural and linguistic expertise.



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Applicant Qualifications

Applicants for our postdoctoral clinical training program are accepted from individuals who have the following qualifications. Failure to meet these qualifications could nullify an offer to an applicant.

- Evidence of strong interest, background in, and commitment to the community mental health model of service delivery and working with underserved populations.
- Evidence of personal and professional accomplishment.
- Indication of alignment between applicant's professional goals and the residency areas of emphasis.
- Have some experience in community mental health settings and/or culturally diverse underserved populations.
- Have an interest in developing leadership, qualitative research, advocacy, and supervisory skills/expertise.
- Be willing to acquire skills in developing and utilizing outcome measures to evaluate treatment effectiveness.
- Have an ability to be flexible and adaptable to change.
- Completion of doctoral degree from an APA-accredited Clinical or Counseling Psychology program. Applicants must have their degree posted before application.
- Completion of an APA-accredited psychology intern program.
- Citizenship status: must be citizen (Permanent Resident, or have Work Visa or Student Visa)
- NO felony conviction within the past six years.
- Must be able to pass a Department of Justice (DOJ) and FBI background check.
- Have a valid driver's license in the United States
- Have a personal vehicle and valid insurance.
- Must have a 3 years clean driving record (e.g., no record of a DUI).
- All applicants must commit to a minimum of 40 hour per week flexible schedule to be proactively responsive to self, client care and be compliant with clinical training requirements.
- Must have strong organizational and management skills with a flexible and "can do attitude"
- Adopt and agree to comply with IMCES's transparent Principle of Error Policy and Due Process as a safety measure for our profession.
- Sound clinical scientific knowledge base
- Strong professional skills in standard assessment and intervention, research techniques
- Demonstrated characteristics necessary to function well as a postdoctoral-level professional clinic environment



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Submission of Application

Applicants are to submit the following documents by the deadline for evaluation

- Letter of intent indicating the goodness of fit between candidate's background, qualifications and the residency program goals and mission, as well as a statement about long-term career goals and how this residency training would help toward achievement of those goals.
- Curriculum Vitae
- Official transcripts of graduate studies reflecting on evidence of doctoral degree from APA academic program and completion of APA-accredited internship program.
- Two letters of reference from previous clinical supervisors, reflecting on applicant's qualifications for our residency program
- Essays on topics including: an autobiographical statement, description of applicant's theoretical orientation, description of experience and training in working with diverse populations, description of any background in the residency's areas of emphasis including prevention and early intervention (PEI) and severe mental illness (SMI) and its relevant choice of leadership activity (applied **advocacy**, applied qualitative **research**, applied integrative **supervision**), and how the applicant's career goals correlate with the residency program's goals and mission.

Selection Process

First Step:

Selection Committee will conduct a thorough evaluation of applicants' materials with both qualitative and quantitative scoring systems to select those who are a good fit for our training program.

Second Step:

IMCES invites qualified applicants to in-person panel interviews.

Third/Final Step:

Final Applicants who have been accepted will be notified by due date.



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POSTDOCTORAL RESIDENCY TRAINING PROGRAM

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The Overarching Goal and the Expected Outcome of Our Residency Program:

IMCES's philosophy and model of training is aligned with the mission of the organization. IMCES believes that physical and mental health are fundamental human rights of everyone. Our treatment philosophy focuses on the strengths rather than pathology, on wellness rather than illness. We recognize that the 21st century radically changed our lives in many domains in local and global levels. Culture became more evolving, dynamic, and ever changing. The demand for human and helping services requires a great deal of innovation and adjustment to the traditional model of service delivery. At IMCES, we are prepared to face and meet the challenges by providing an educational and professional training model that is "appropriate and important" as well as responsive to the public's varied, complex, evolving needs and challenges.

We intend to prepare the future leaders in our profession and discipline. The overall expected outcome of our residency is psychologists who maintain a commitment to excellence, lifelong learning, and being a reflective practitioner, able to address and be responsive to the communities' needs – locally, nationally, and internationally.

Our Residency Training Program is consistently structured with the integrated community mental health model of service delivery. Our program is designed in two years: in the First Year we provide 11 advanced core competencies (combined profession-wide and program specific) which are fundamental to health service psychology; in the Second Year we provide two domains of training, Domain A: provision of direct service/practice with acquired core competencies; Domain B: developing leadership roles as experts in several emphasis/focus areas: Applied Qualitative **Research**, Applied **Advocacy**, and Applied Integrative **Supervision**. Through the two year program, the 11 competencies are sequentially incorporated to build steps toward our expected outcome of training. Throughout the two year program all 11 competencies are practices within the structure of 50% clinical/direct service and 50% leadership development. In the second year, Residents will have the opportunity to choose one of the two areas of emphasis: prevention and early intervention (PEI) and severe mental illness (SMI). Residents will also select 2 of 3 choices: Research, Advocacy, and Supervision, while continuing to practice the 11 competencies.

Training Goals and Objectives

Postdoctoral Residency Goal: Provide clinical training to prepare the resident to become a culturally competent mental health service provider. The overarching goal is to develop a high standard clinical training to preserve our profession. This training can be expanded to include the standardization and internationalization of high standard clinical training program in psychology.

The Resident training program's approach follows a practitioner-scholar model of training which is sequential in nature. This paradigm seeks a balance between familiarity with clinical psychological research, practical application of this knowledge and leadership skills. While IMCES professional staff supervises and teaches a variety of theoretical models, a common theme is evidence based practices in the context of integration of theory and practice.

The philosophy of the Resident training program advances IMCES's mission "to provide culturally appropriate, competent and linguistically responsive services." Residents participate in a variety of programs that serve individuals and families from a broad range of cultures and ages.

IMCES is entirely committed to ensuring that no applicant is discriminated against with respect to ethnicity, religion, or any other socio-cultural factor that is irrelevant to performance of a Resident. Visible disabilities are accommodated by the program.



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Training Objectives: IMCES trains the future leaders in our profession. This overarching goal is accomplished through study and supervised practice in a wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the Residents' clinical competency, strengthen the Resident's identity as a professional psychologist, and develop the Residents' multicultural clinical knowledge and competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur throughout the program.

Treatment Approaches:

We believe that both the **individual** and the **community** are our clients. We have parallel services for both components with the ultimate goal of promoting wellness and reducing disparity in our community. The primary building block of our treatment approach is **promotion** of health education aimed at **prevention** of illness through community outreach and engagement activities. The second building block of our training program is **early intervention** treatment for those who are exhibiting the signs of illness; provision of **comprehensive intensive care/treatment** for individuals with severe mental illness. We emphasize the **psycho-social rehabilitation** model where the focus is on an individual's strength and ability for independent living, socialization, effective life management and the development of attitude to accept limitations for maintaining a meaningful life. The third building block of our training program is a focus on **cultural competency**. We recognize that human beings operate within the context of culture. We define culture as the intersection of many layers of our identity, which creates complex, ever changing conditions. At IMCES, we sensitively and sensibly adopt to the principle of "**cultural humility.**" We transform our cultural competency to engage in cultural humility practices to demonstrate our integrity as healthcare professionals. We promote a commitment to remain a lifelong learner and reflective practitioner. We also focus on checking the power imbalance that exists in the dynamic of communication between clinician and client. We develop and maintain respectful and dynamic partnerships with communities. IMCES is recognized as a county-wide culturally and linguistically proficient service provider. IMCES provides professional services in many of the following languages; Arabic, Armenian, Farsi, Russian English and Spanish. We honor and respect the many different wisdoms that cultural and ethnic diversity brings forth to contribute to the wealth of our community.

Theoretical Orientation:

We utilize diverse therapeutic modalities, including behavioral, cognitive-behavioral, psychodynamic, and other appropriate therapeutic modalities. We focus on the client's needs, and select an intervention as clinically indicated to be best practice for the context. We believe in the effectiveness of Evidence Based Practices (EBP's). IMCES provides training in many EBP's, as well as in Community Defined Practices (CDP) model of treatment/interventions.

Through study and supervised practice, Residents learn the wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the Resident's clinical competency, strengthen the Resident's identity as a professional psychologist, and develop the Resident's multicultural clinical knowledge and competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur throughout the program.



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IMCES Two-Year Residency Program

The Postdoctoral Residency Training Program is designed to include two major, interrelated components of clinical and leadership competency. The structure is consistent with our training model and the advanced traditional areas of professional psychology. The education and training activities in our clinical training program are sequential, cumulative, and graduated in complexity over the two-year period. Training includes diverse methodology of didactic education, interactive learning, simulation, direct service, mentored scientific projects, including presentations at professional conferences and publishable articles for peer review journal. Each Resident will be given the opportunity to develop an individualized training plan to be coordinated within the cohort team, to be monitored, evaluated, and consulted in the context of supervision. Sequential evaluation plan to assess the status of progress is incorporated with the aim of providing feedback and opportunity for adjustment and changes in order to achieve the desired educational / training outcome. Our Postdoctoral Residency clinical training program is specifically interwoven with our requirement of developing self-awareness competency in the context of cultural diversity.

As a part of expected outcomes of the first year of the residency program, residents will be prepared to take the required state psychology exams required for licensure. All residents, regardless of their licensure status will participate in all designated training activities (including supervision) throughout the residency.

The Residency Program is designed for two years training program. The structure of each year is as follows.

Structure of First Year Residency:

IMCES incorporates and integrates the Level 1 requirements of all postdoctoral Level programs in the following Advanced Competencies: There are eleven specific training objectives of the Postdoctoral Residency program, and Residents are expected to develop competencies in these objectives. Such competencies are measured through various outcome evaluations throughout the two year program.

- Advanced Research Competency
- Advanced Ethical and Legal Competency
- Advanced Individual and Cultural Diversity Competency
- Advanced Professional Values, Attitudes, and Behavior Competency
- Advanced Communication and Interpersonal Skills Competency
- Advanced Assessment Competency
- Advanced Interventions Competency
- Advanced Supervision Competency
- Advanced Consultation and Interprofessional/Interdisciplinary Skills Competency
- Advanced Risk Assessment and Management Competency
- Advanced Advocacy/Outreach and Engagement Competency

We consider these competencies as **core competencies**.



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Structure of Second Year Residency:

IMCES developed two emphasis/focus areas. Prevention and Early Intervention (PEI) and Severely Mentally Ill (SMI), based on intensity of level of care. In the second year, Residents will choose one of two focused domains; Prevention and Early Intervention (PEI) or Severe Mental Illness (SMI). Residents continue to gain clinical experience throughout supervisors' close monitoring of assessment, interventions, integration of science and practice, and treatment planning in either of their chosen domain; PEI or SMI.

The structure of the second Residency year includes 50% clinical practice and 50% leadership activities. Leadership activities will be relevant to their area of emphasis; either PEI or SMI.

Relevant to their chosen domain choice, each Resident will choose 2 of 3 emphasis/focus areas:

- 1) Applied Qualitative Research
- 2) Applied Advocacy
- 3) Applied Integrative Supervision

Following are the description of each emphasis/focus area:

1. **Applied Qualitative Research:** The community clinic model of service delivery is designed to be responsive to the varied and continuous changes in the nature and intensity of client needs. The varied need of client in the context of community clinic includes funding and resource development expertise. Residents will conduct ongoing assessment of client needs as well as develop relevant research project with the aim of identifying best practices which can be replicable and shared in professional community. Residents will have the opportunity for resource funding development and grant writing experience. Residents will be provided the opportunity to attend the relevant research and grant writing seminar. The progress toward goal will be monitored through supervision. Resident will be mentored to complete a research project in collaboration with cohort and prepare for submission to a peer-review journal.
2. **Applied Advocacy** with an emphasis on addressing inconsistencies of policies and procedures in service delivery as it relates to diverse underserved target populations. Service delivery in systems of care include but are not limited to health, mental health, court and legal/law enforcement, education. IMCES has developed collaborative strategies to engage with local, state, and federal policy makers, administrators, authorities, and practitioners, to foster effective changes in our service delivery. Residents will work collaboratively with team members of both internal (resident cohort) and external (representatives from the offices of policy makers'/legislators locally and at the state and federal level). The strategic activities will be supervised and monitored by supervisors. The outcome will be presented in conferences and/or published in professional journals.



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3. **Applied Integrative Supervision** with an emphasis on integrative community clinic model of service delivery. Applied Integrative Supervision is a meta-theoretical approach with an emphasis on integrated community clinic model of service delivery. We recognize the significance of legislative initiatives mandating training in supervision and, accordingly, preparing our profession and discipline for this necessary expertise. Clinical supervision is an essential factor in the training of residents and, more specifically, in the context of the integrated community clinic model of service delivery.

The expertise includes a science-informed approach with clear structure for development of treatment/care plan for clients with multiple challenges as well as potential opportunities (strength based approach). Also, the training includes helping supervisees with insight-oriented professional development, integrating knowledge, skills, and ethical values.

The expected outcome of developing supervision competency is to be accountable for the application of integrated knowledge, skill, and values in professional service delivery that is based on our current time and era. The need for advanced supervision training is based on the fact that the practice of psychology is faced with multi-layers of complexity including but not limited to increasing diverse population, and the nature and intensity of level of presenting problems in the context of our community.

Supervision is accountable for application of integrated knowledge, skill, and values in professional service delivery. The need for advanced supervision training is the evolving practice of supervision in the context of increasingly diverse population, continuous change in the nature, multi-layers and intensity level.

The highlights of training supervisor as a gatekeeper of our profession, to demonstrate ability and skills in the following areas:

- Supervisor as evaluator
- Supervisor as a collaborator
- Supervisor as a role model
- Accountability in overseeing the creation and implementation of outcome-based comprehensive client care.

The expected outcome of this advanced training:

Residents are expected to develop a scholarly article for publication in professional journal and/or presentation at local or national convention/conferences. Resident will be provided with didactic expert supervision seminar by nationally recognized scholar-experts in the field. Residents' progress toward achieving these areas of emphasis/focus will be supervised and monitored on a weekly basis and provided with feedback to facilitate appropriate adjustment toward the expected outcome. The expectation and outcome of the second year includes a mentored scholarly activity. Resident will be mentored to develop a manuscript for publication to a peer-reviewed journal in the area of emphasis.

In the second year of training, in addition to supervision, resident will be provided with adjunct faculty who are recognized authorities in their field, relative to the area of emphasis, to engage resident in ongoing scholarly activity. Residents who have chosen any two or all the emphasis areas are encouraged to submit the outcome of their scholarly activity to local, state, and national professional conference within their emphasis/focus area. Residents in good standing whose proposals are accepted by professional conference committees and approved by the IMCES Director will receive funding to attend the conference. This is an opportunity for showcasing the expertise and professional development in the area of emphasis sponsored by our Residency Training Program.



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Overall Expected Outcome and Evaluation of our Two-Year Postdoctoral Residency Training Program:

Our method of evaluation of outcomes is consistent with our philosophy of promoting growth opportunity for change through supportive, collegial methods. This method assures prevention of error and helps support achievement of our shared goals in many ways. IMCES created an infrastructure of ongoing giving and receiving of feedback through the availability of supervisors all the time. In fact, we have an ongoing QI Meeting to directly assess, “what is working?” “what is not working?” “what needs to change?” to support both residents and program in effectively achieving their expected training goals. In addition, we provide periodic, formal rating to document the efforts made toward progress. Residents progress toward the two year program will be evaluated in two categories. The structure of our formal method of evaluation for category A and B is as follows:

Category A: The evaluation of eleven core competencies designed to be demonstrated in sequential advancements through both direct service provision and leadership activities throughout the two year program.

Structure of Competency Evaluation form is based on the following ratings:

- 1-2 Novice Beginning of Residency first year
- 3-4 Intermediate Post Doc first year at 6 month period
- 5-6 Advanced Post Doc first year at 12 month period
- 7-8 Proficient Post Doc second year, at the 18 month period
- 9-10 Expert Post Doc second year at 24 month period (Full performance Level)

Minimum levels of Achievement:

At the 6 month evaluation period, 100% of items in this competency evaluation must be rated at level 3 or above.

At the 12 month evaluation period, 100% of items in this competency evaluation must be rated level 5 or above.

Second Year:

At the 18 month evaluation period, 100% of items in this competency evaluation must be rated at level 7 or above.

At the 24 month evaluation period, 100% of items in this competency evaluation must be rated at level 10.

Category B: This evaluation is conducted in the second year of residency.

Evaluation of scholarly project and activities as it relates to the chosen domain of Prevention and Early Intervention (PEI), or Severely Mentally Ill (SMI).

Residents will choose 2 or 3 of the focus, emphasis areas:

- Applied Qualitative Research
- Applied Advocacy
- Applied Integrative Supervision

For each chosen area, the resident will complete a scholarly project. The expected outcome is development of a manuscript for publication to a peer-reviewed journal and or submission of proposal to be approved for presentation in professional convention/conferences.

The Progress toward the outcome will be evaluated in three phases:

Phase 1 - Development: Exploration, identification of subject

Phase 2 - Implementation: Plan and Data Collection

Phase 3 - Analysis of findings and preparation for final draft

These activities will be monitored through feedback, informally, and formally evaluated by supervisor in 3 phases during the second year.



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Seminars & Workshops:

IMCES's postdoctoral training includes weekly, monthly, quarterly seminars and workshops throughout the year. Training seminars are held at the Los Angeles headquarters office. A series of didactic interactive seminars designed to develop and enhance professional competency is presented in a sequential manner. Following are examples of seminars and workshops offered. Based upon ongoing evaluation of the need, additional seminars in line with our goals and mission will be included in different stages of competency development throughout the residency program.

Advanced seminar in comprehensive integrative model of service delivery, utilizing psychological testing data, cultural risk and protective factors, diagnosis, treatment planning, and clinical documentation.

- Cultural Competency/Diversity Training on a weekly basis
- Trauma event management competency training
- Program Development: Proposal writing seminar
- Cross-cultural research and program evaluation
- Supervision competency development
- Advocacy and outreach projects development
- Integrated model of service delivery
- Public policy seminars
- Law & Ethics, scenario based learning
- Preparing for State Board of Psychology examination

Team Meeting & Case Consultation:

Residents participate in team meetings for adult and children service programs. The meetings are structured to provide a multidisciplinary team training opportunity. Each team is scheduled to meet weekly. Residents' present their cases periodically and participate in case consultation based on the IMCES comprehensive guidelines.

Work Assignments & Weekly Commitment:

Residents are required to allocate a minimum of forty hours per week. These forty hours is allocated to the following areas of training:

- Direct client-related activities
- Didactic seminars, learning/consultation
- Individual and group supervision
- Leadership Development
- Research development, evaluation
- Program management/coordination
- Advocacy program, including development of professional/public education seminars
- Peer Supervision/consultation



POSTDOCTORAL RESIDENCY: STIPEND AND BENEFITS 2021-2023

Postdoctoral Residents Receive the Following Stipend and Benefits

Stipend & Benefits:

Resident will receive an annual stipend of \$56,000. This includes a base of \$50,000 and \$300/month (\$3,600) for mileage and parking, plus \$200 per month (\$2,400) for Cultural Incentive.

IMCES's Incentive is intentionally designed to recognize not only cultural and linguistic skills but also commitment to work with historically underserved communities. Accordingly, everyone who is selected for our program and has met all eligibility requirements as listed, is qualified for the incentive. Eligibility requirements include interest and commitment to work with historically underserved populations.

An additional incentive may be available for presenting in professional conferences.

Also, in case Resident becomes licensed by the State of California during the training program, the stipend may be increased by \$10,000 to a total of \$66,000 at the Training Director's discretion and subject to Resident's being in good standing.

Certificated EBP Trainings:

Some evidence Based Practice (EBP) Training will be offered such as Trauma-focused cognitive behavioral therapy (TF-CBT), Seeking Safety, Motivational Interviewing and Substance Abuse.

Personal / Professional Leave:

Residents are provided 20 days of Personal/Professional Leave. Requests for days off must be arranged based on no more than 2-3 days at a time and approved by the Training Director 2 weeks in advance (unless emergency situation).

Incomplete Status:

As stated elsewhere in this brochure and in the agreement each Resident signs, this clinical training program requires a two-year full-time commitment. At the completion of the Residency training program, a certificate of completion will be granted to Residents who fulfill the complete graduation requirements. In the unlikely event that a Postdoctoral Resident needs to request a significant leave (e.g., for a family or medical reason) IMCES in consideration of all relevant state and federal laws will grant the opportunity for leave to accommodate residents' need. Such a leave would result in an "incomplete" status for the Resident. **Conditions of return to the program are affected by many factors and may result in an extension or deferment.** Every request is evaluated at the discretion of the Training Director on a case-by-case basis, based on factors such as individual performance, the length of the requested leave, and the timing within the context of clinical training phases.



POSTDOCTORAL RESIDENCY: BENEFITS AND RESOURCES

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Health Insurance:

Comprehensive health insurance (effective after 3 month probationary period) is provided at no cost to resident. In addition, health care will be provided to residents' dependents at half the cost.

Holidays:

11 Agency holidays (Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Day After, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day).

Supervised Professional Experience (SPE):

Residents will earn 1,920-2,000 hours of supervised professional experience (SPE) based on 40-44 (maximum) hours per week for 48 working weeks of the year. The hours per week for each year must be verified by actual work and signed by Primary Supervisor and Training Director.

All IMCES postdoctoral Residents are registered with the California State Board of Psychology as a Registered Psychologists and Waivered for the purpose of acquiring supervised professional experience (SPE). The satisfactory completion of IMCES's postdoctoral clinical training program includes completing sufficient supervised professional experience (SPE) required by the California State Board of Psychology to be eligible to sit for state licensing examination.

This is in accordance with 2011 California Welfare and Institutions Code Division 5. Community Mental Health Services [5000 - 5912] Chapter 4; and the State of California Board of Psychology See:

<http://www.psychology.ca.gov/index.shtml>

Resources:

IMCES provides the following resources to create a safe, comfortable, and resourceful environment for learning, practicing and developing professional skills. The following resources are available to each Resident:

- Computer resources: Each Resident will have access to a desktop computer and up-to-date, software with internet connection in addition to laptop computer for field-based work.
- Email address, business cards, ID Badge.
- Company cell phone (to be used for client contact only).
- Two-way mirror room for live observation and supervision to support clinical effectiveness.
- Access to psychological testing materials; Audio and videotape equipment.
- Access to licensed psychologists on a daily basis.
- Access to online American Psychological Association (APA) resources.
- Opportunity for evaluation, research and development.
- Opportunity for participation in the Leadership Academy.
- Opportunity for presentation in staff and public education seminars.
- Opportunity for participation and presentation in professional conferences locally, nationally, and internationally.
- Opportunity for participation in professional committees: CE Workshop, selection of intern, supervision and program development, advocacy task force, etc.

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IMCES provides desktop computers in the office and laptop for use in field based services. Residents may also elect to bring their own laptop. All devices at IMCES will be encrypted to protect and provide compliance with confidentiality HIPAA requirements.



POLICY ON PROFESSIONAL INTEGRITY 2021-2023

IMCES’s philosophy is based on the humanistic and existential reality that error is inevitable. However, our professional integrity demands that, along with accepting error, we develop a plan of corrective action, based on the principle of professional accountability and integrity to create growth and learning opportunity for self and others. IMCES adopted a comprehensive Due Process and Grievance Procedure to address error and provide opportunity for learning, correction, and growth. Our Due Process and Grievance Procedures include the following components:

- ▣ **Warning/Notice** and request for Corrective Action Plan
- ▣ **Hearing:** opportunity for Resident to respond
- ▣ **Decision/Recommendation** by the Clinical Faculty Training Committee
- ▣ **Appeal:** opportunity for Resident to appeal the final decision

The full version of the Due Process document is available via the following link:

<https://www.imces-pages.org/psychology-postdoctoral-residency>

STATUS ON ACCREDITATION

IMCES Residency Training Program is accredited by the APA since 2016

(the next site visit will be during 2030)

*Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE,
Washington, DC 20002 Phone: (202) 336-5979 / E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

CONTINUING EDUCATION (CE)

Residents are given the opportunity to participate without charge in our CE Training Workshops. IMCES is an approved provider for continuing education workshops for Psychologists, Marriage and Family Therapists, Doctors and Nurses, Judges and Attorneys, Social Workers and Counselors, Teachers and Administrators, California Association of Alcoholism and Drug Abuse Counselors (CAADAC).

IMCES is approved by the following organizations:

- California Psychological Association Accrediting Agency
- California Board of Behavioral Sciences (BBS)
- California Board of Registered Nursing (BRN)
- The State Bar of California (MCLE pending)
- American Psychological Association (APA)
- California Association of Alcoholism and Drug Abuse Counselors (CAADAC)



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IMCES STATEMENT OF NON-DISCRIMINATION

2021-2023

Statement of Non-discrimination

It is the policy of IMCES that selection decisions shall be based on merit, qualifications, and competence. Except where required or permitted by law, selection practices shall not be influenced or affected by virtue of an applicant's age, ancestry, national origin, marital status, ethnicity, color, sex, race, religion, sexual orientation, physical disability, perceived disability or veteran status. IMCES is ADA-compliant and makes reasonable accommodations for individuals with disabilities. Additional specific reasonable accommodations will be considered upon request for invisible disabilities. In addition, it is IMCES's policy to provide an environment that is free of unlawful harassment of any kind, including that which is sexual in nature or based on age, disability, or ethnicity. This policy governs all aspects of IMCES's Postdoctoral Training Program including selection, compensation, benefits, assignment, training, discharge, and other terms and conditions of residency.



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APPLICATION PROCESS

2021-2023

IMCES will consider direct applications from local, national, and international locations targeting our new and emerging professionals from diverse ethnic groups who match the needs of our clients' culturally diverse target populations. IMCES will communicate with all graduate universities and provide information about our postdoctoral to graduate programs. In addition, IMCES is a member of CAPIC. Applicants are encouraged to visit their site for information about our Postdoctoral Residency Program, deadlines, etc.

CAPIC:

Please check the CAPIC website for IMCES postdoctoral program information: Link to CAPIC Website -

<http://www.capic.net/index.html>

Required documents to be sent directly to IMCES:

- Application for Postdoctoral Residency
- Letter of Intent
- Curriculum Vitae
- Two letters of recommendation, from supervisors who have direct knowledge of your clinical skills, indicating specific area of practice in our discipline.
- Official Transcripts, unopened

Application Deadline: July 15, 2021 *

Notification Date: September 1, 2021

Start Date: October 2021



SUMMARY OF SUPPORT AND POST-RESIDENCY POSITIONS (C-23 P TABLES) 2021-2023

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$56,000 base	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	Yes x	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No x
Coverage of family member(s) available?	Yes x	No
Coverage of legally married partner available?	Yes x	No
Coverage of domestic partner available?	Yes x	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160*	
Hours of Annual Paid Sick Leave	*	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes x	No
Other Benefits (please describe): Fulltime Postdoctoral Residents receive the following benefits: APA Accredited Clinical Trainings: Postdoctoral Residents will be provided with comprehensive clinical training in many domains of professional practices, including but not limited to the following: Direct client related activities, integrated assessment, diagnosis, treatment planning, psychological interventions, both Community Designed Practices (CDP) and Evidence Based Practice (EBP) Training, i.e., individual and group supervision, multidisciplinary professional consultation, international crosscultural research and evaluation, psychological testing, advocacy/outreach and engagement programs, ongoing weekly cultural/diversity training seminars, and periodic CE workshops on various related topics. Supervised		

For a complete list of benefits see:

<https://www.imces.org/psychology-postdoctoral-residency>

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2019	
	PD	EP
Total # of residents who were in the 3 cohorts	8	
Total # of residents who remain in training in the residency program	5	
Community mental health center	5	2
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.



Images of IMCES facility at Los Angeles



Training Room



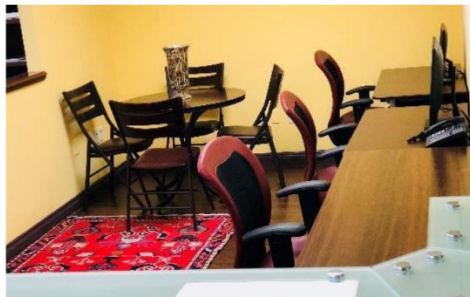
Training Room



Suite 2000 Conference Room



Work space



Work space



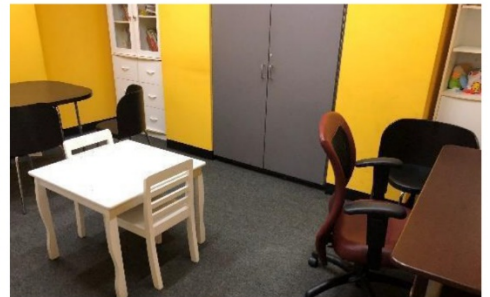
Suite 2025 Conference Room



Work space



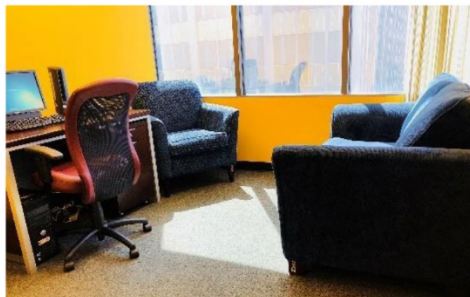
Work space



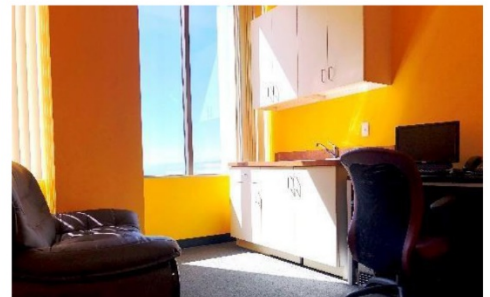
Children's Room



Therapy Room 4



Therapy Room 5



Therapy Room 6



Therapy Room 9



Therapy Room 10



Therapy Room 11



Images of IMCES facility at Glendale



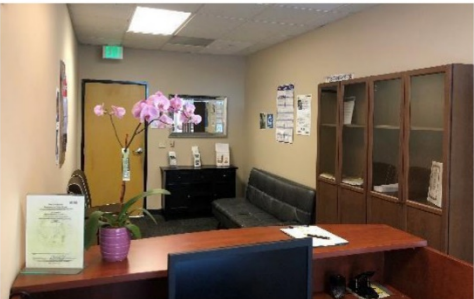
Training Room



Conference Room



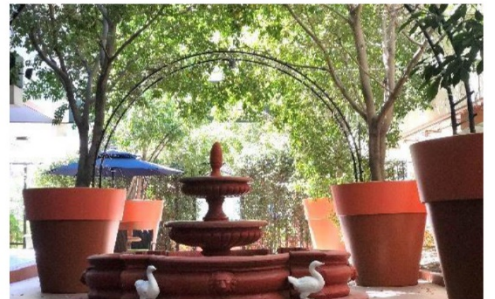
Conference Room



Work space



Dining Area



Outside Patio



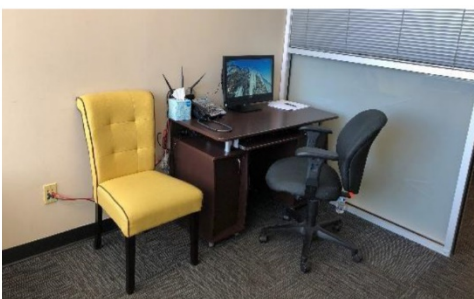
Work space



Lounge



Children's Play Area



Work space



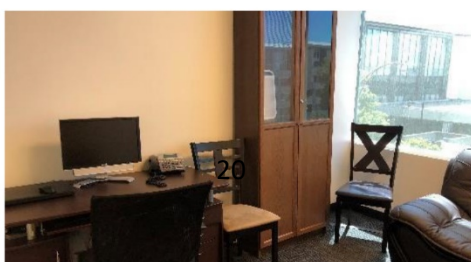
Therapy Room 1



Therapy Room 2



Therapy Room 3



Therapy Room 4



Therapy Room 5



IMCES

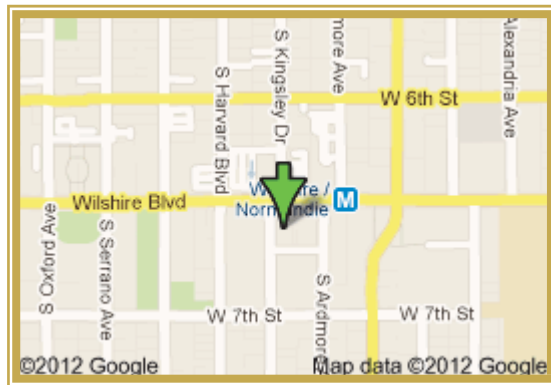
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IMCES LOCATION

HEADQUARTERS:

Institute for Multicultural Counseling and Education Services
3580 Wilshire Boulevard, Suite 2000
20th Floor
Los Angeles, CA 90010
213-381-1250



Website:

www.IMCES.org