

Postdoctoral Program Admissions

Date Program Tables are updated: 9/10/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

IMCES seeks applicants for the APA accredited Residency training program who have achieved a sound clinical and scientific knowledge base from their academic program and internship clinical training program. Applicants should have excellent professional skills in assessment, interventions, research knowledge and experience, and have the personal characteristics necessary to function as a clinician in a community clinic environment. IMCES seeks applicants who are qualified candidates who share the mission of servicing our diverse community with cultural and linguistic expertise.

The Overarching Goal and the Expected Outcome of Our Residency Program are reflected in IMCES's philosophy and model of training, which 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 client 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 trains residents to provide culturally and linguistically appropriate, competent services that are 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 training program is to train psychologists who maintain a commitment to excellence, lifelong learning, and of being a reflective practitioner, able to address and be responsive to the communities' needs – locally, nationally, and internationally.

In accordance with IMCES's mission to promote human rights and social justice, and embedded in our daily activities in many domains of our service delivery, our selection and training process is designed 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 populations with their competencies in best practices. IMCES provides comprehensive services from Prevention and Early Intervention (PEI) to Severely Mentally Ill (SMI) clients. Residents provide the majority of services in the field, either in schools, family homes, at residential facilities, in the general community, in addition to our clinic offices in Los Angeles County, inclusive of 3 Service Plan Areas. Our clients vary in age range from 5 to 60 years old.

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 regards "diversity" as an asset and recognizes the distinctions the "differences" make in our community. IMCES makes a strong commitment to acknowledge the complex and varied needs of all aspects of cultural diversity. We recognize the intersectionality of our cultural identity and the inherent

social oppression and privilege. We provide ongoing weekly diversity training to promote the principle and practice of cultural humility and cultural inclusion by design, as well as the practical application of advocacy with our clients and our community.

IMCES provides culturally responsive and linguistically proficient services in diverse languages including but not limited to Arabic, Cantonese, English, Farsi, Caldonese, Ibibo, Mandarin, Spanish, and Eastern European languages. IMCES contributes to the wellness of our community by promoting social justice and striving to eliminate stigma and discrimination associated with mental illness through advocacy projects based on identifying disparities in health and mental health services. IMCES provides an incentive to postdoctoral residents and staff members who have linguistic, cultural expertise or commitment to serve our target population, after all of the required academic and competency skills are met. Inclusionary practice is reflected in all of our operational policies and procedures. We assess and identify the power imbalance and mitigate effectively in each context to promote human rights and social justice. We develop and maintain a dynamic partnership with the community for the purposes of decreasing stigma and increasing access to mental health services to clients who have traditionally been marginalized and underserved.

IMCES's Postdoctoral Residency goal is to 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. 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.

We believe that both the individual and the community are our clients. We have parallel services for clients and the community with the ultimate goals 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 (Prevention and Early Intervention-PEI) for those who are exhibiting the signs of illness, and the provision of comprehensive intensive care/treatment for individuals with severe mental illness (SMI). We emphasize the psychosocial 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.

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. IMCES's Residency training program is consistently structured with the integrated community mental health model of service delivery. Our postdoctoral training program is an evolving, two-year program.

Structure of First Year Residency: IMCES's second year residency training includes the following domains (A and B):

- A. Direct service provision/practice ranging from Prevention and Early Intervention (PEI) to our Severe Mental Illness (SMI) population. Throughout the first training year, residents are provided training and clinical practice structure of 50% clinical/direct service and 50% leadership development.

- B. IMCES incorporates and integrates the Level 1 requirements of all postdoctoral Level programs which are fundamental to health service psychology. Residents are expected to develop competencies in 11 advanced core training competencies. Such competencies are measured through various outcome evaluations throughout the year. Residents are expected to meet these advanced core competencies at the end of the First Year before becoming eligible for the Second Year of training. IMCES's postdoctoral Resident Program provides structured, ongoing training throughout the training program in the following core competencies, including Research Competency (Program Evaluation), Ethical and Legal Competency, Individual and Cultural Diversity Competency, Professional Values, Attitudes, and Behavior Competency, Communication and Interpersonal Skills Competency, Assessment Competency, Interventions Competency, Supervision Competency, Consultation and Interprofessional/Interdisciplinary Skills Competency, Risk Assessment and Management Competency, and Advocacy/Outreach and Engagement Competency. All residents who successfully complete the first year advanced core competencies will proceed to the second year. Those residents who do not complete the entire two-year residency program will not be provided with a certificate indicating completion of an APA-accredited program. However, the verification of supervised professional experience (SPE) will be provided based on the State of California guidelines.

Structure of Second Year Residency: We believe the value of education and training is to be mindful of and responsive to our community's needs. Accordingly, our second-year program is designed based on our ongoing assessment in order to be responsive to our professional development needs.

IMCES's second year residency training includes the following domains (A and B):

- A. Direct service provision/practice ranging from Prevention and Early Intervention (PEI) to our Severe Mental Illness (SMI) population.

- B. 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 through 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

Areas of emphasis/focus:

Residents may choose any 2 of 3 emphasis/focus areas. 1. Applied Qualitative Research 2. Applied Advocacy 3. Applied Integrative Supervision

A. Direct Service provision/practice: IMCES recognizes the significance of service delivery and practice as the pillar of our profession and discipline. Specifically, the demonstrated ability to integrate all fundamental components of the “core competencies” (the 11 competencies) into well-coordinated, customized care/treatment plans. Accordingly, we incorporate direct service delivery as a major component of the second year of our residency training.

B. Areas of emphasis/focus: Based on our assessment of professional community needs, we developed three emphasis areas as a part of our futuristic approach to be responsive to the professional needs of our community. 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 domains. 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 seminars. The progress toward this goal will be monitored through supervision. The resident will be mentored to complete a research project in collaboration with the residency 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, and 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.

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 Applied Integrative Supervision emphasis is designed to develop expertise in monitoring the process of progress toward development of competency. 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. 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 populations, continuous change in the nature of problem areas, multi-layers and intensity level. The highlights training supervisors are to serve as gatekeepers of our profession, and 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.

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. The expectation and outcome of the second year includes a mentored scholarly activity. Residents 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, residents 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.

Describe any other required minimum criteria used to screen applicants:

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.

- 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 internship program.
- Citizenship status: must be citizen (Permanent Resident, or have Work Visa or Student Visa).
- International applicants are accepted with accreditation status of their Graduate School.
- 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 with a commitment to self-evaluation and being a reflective practitioner.
- 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 year 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".
- Applicants must not have outside work or other commitments that would compete with the nature of the training program and its full-time engagement. Postdoctoral residents' responsibilities throughout the training process include diverse assignments and activities in relation to the scope and

depth of competencies development.

- Adopt and agree to comply with IMCES’s transparent Principle of Error Policy and Due Process. We consider error as a growth opportunity.
- Must possess a sound clinical scientific knowledge base.
- Must demonstrate strong professional skills in standard assessment, intervention, and research techniques.
- Must demonstrate characteristics necessary to function well as a postdoctoral-level professional in a community clinic environment.
- IMCES’ Resident clinical training program requires a two- year full-time commitment with a non-negotiable strong emphasis on the start and end dates. Any changes including requests for leave of absence will be considered on a case-by-case basis.
- Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training, experience, and an applicant’s articulation of training goals and professional aspirations and their interests in IMCES’s areas of emphasis/focus, especially as related to the specialty area of community clinic. We seek the best fit between applicants and our training program. IMCES is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training cohorts and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientation, disabilities, and life experiences.

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		

Professional Experience (SPE): Based on the State of California Board of Psychology (BOP), Postdoctoral Residents may earn 1,920–2,112 hours of supervised professional experience (SPE) per year based on 40-44 hours per week for 48 working weeks of the year. The hours must be verified by actual work, supporting documentation, co-signed by supervisor and Director of Training, and logged on a weekly basis. All IMCES postdoctoral Residents are registered with the California State Board of Psychology as Waivered, and may be provided with the opportunity to become Registered Psychologists 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>. Annual stipend: \$56,000 which includes the following: \$50,000 base; \$3,600 travel expenses annually (\$300 x 12) *\$2,400 incentive annually (\$200 x 12). *Definition of Incentive: IMCES recognizes the significant value of diversity and practices the principle of inclusion by offering an incentive for postdoctoral residents who, in addition to meeting the baseline academic and competency requirements, have one or more of the following qualifications: • linguistic skills • cultural expertise • a demonstrated commitment to working with a historically oppressed or underserved community (e.g., LGBTQ, African American, Homeless). Applicant must clearly indicate either one or as many indicated above in their application. An additional incentive may be available for presenting in professional conferences. Also, in case the 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. • Paid 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). • Paid Personal/Professional Time Off: 20 days of Personal/Professional Leave, effective after 3 month probationary period. Requests for days off must be arranged based on no more than 2-3 days at a time, and approved by Clinical Director 2 weeks in advance (unless emergency situation). • Paid Health Insurance: Comprehensive health insurance (effective after a 3-months benefit waiting period). • Incomplete Status: IMCES complies with all relevant state and federal laws, as well as training requirements to protect the integrity and sequential nature of our clinical training program to benefit Postdoctoral Residents' professional competency development. At the completion of the two-year Residency training program, a certificate of APA accredited graduation will be granted to Residents who fulfill the complete program requirements. In the unlikely event that a Postdoctoral Resident needs to request a significant leave (e.g., for a family or medical reason) IMCES will consider 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. Extended Personal Leave is only available after and/or during enrollment in the Postdoctoral program. Additional resources: • IMCES provides the following additional resources to Postdoctoral Residents to create a safe, comfortable, and resourceful environment for learning, practicing, and developing professional skills: • Computer resources: Each Postdoctoral Resident will have access to a desktop computer and up-to-date software with Internet connection*. • Laptop computer (with security); Postdoctoral Residents may also elect to bring their own laptop (with IMCES security added)* • Cell phone (with security)* • *All devices at IMCES will be encrypted to protect and provide HIPAA compliance and standard of care. • Postdoctoral Residents will have access to agency electronic network and receive training and ongoing support from professional in-house IT team regarding

electronic health records (EHR), with a focus on Health Insurance Portability and Accountability Act (HIPAA) as it relates to clinical practice and standard of care. • Email address, business cards, ID badge. • Two-way mirror room for live observation and supervision to support clinical effectiveness. • Access to psychological testing materials. • Access to licensed psychologists on a 24 hour daily basis. • Access to online American Psychological Association (APA) resources. • Audio and videotape equipment. • Opportunities for: evaluation, research and development, presentation in international and national psychological conferences, participation in the Postdoctoral Resident Leadership Academy, presentation in staff and public education seminars, CE Workshops, opportunity for Intern applicant Selection Team involvement, provision of supervision, program development, and participation in advocacy task force projects.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2019	
Total # of residents who were in the 3 cohorts	8	
Total # of residents who remain in training in the residency program	5	
	PD	EP
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.