

My name is Maria Alba and I am a second year student in the clinical Psy.D. program at Rutgers Graduate School of Applied and Professional Psychology. I am thrilled to begin my second year as an extern at The Foster Care Counseling Project (FCCP) at Rutgers University. I came to graduate school with prior experience in advocating for survivors of sexual and domestic violence using bystander-focused, evidence-based, prevention education at the Rutgers Office for Violence Prevention and Victim Assistance. This experience, in addition to my experience as an undergraduate intern at Rutgers University Behavioral Health Care's inpatient units, helped prepare me for the work I currently do at FCCP with traumatized children and adolescents. At FCCP we provide services to children and families with an open case with the Department of Child Protection and Permanency (DCP&P). Our services target the trauma that individuals have experienced as a result of physical abuse, sexual abuse, neglect, separation and removal, and loss.

My externship at FCCP has provided me with more rich opportunities to expand my clinical skills and knowledge. My graduate clinical experiences so far include providing individual and family trauma treatment to children, adolescents, and families involved in the resource care system; treating adults at the Rutgers Center for Psychological Services; and co-leading a Family Connections group at the Rutgers Dialectical Behavior Therapy Clinic (DBT-RU). I previously was a research assistant for DBT-RU, and this is my first year at the DBT externship part time. My research and clinical interests include trauma and trauma-informed therapy, emotion dysregulation, DBT, borderline personality disorder, and children, adolescent, and family populations.

Last year at FCCP I saw a caseload of clients ranging from ages 8-19. Some of my milestones last year, which were also some of my biggest motivators to extend my externship to a second year, included celebrating the graduation of my first client and her family from treatment, starting my first case as a Spanish-speaking clinician, and having the opportunity to conduct therapy using all three evidence-based trauma treatment models that we offer at FCCP: the Attachment Regulation and Competency Framework (ARC), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), and Game-Based Cognitive-Behavioral Therapy (GB-CBT).

This year at FCCP I will continue to provide individual and family therapy using the ARC, TF-CBT, and GB-CBT models. My caseload is diverse in terms of age (4-19), racial and ethnic backgrounds, and case goals with DCP&P, e.g. reunification with birth parents or family stabilization. Our services are also diverse in the modalities provided; we offer individual therapy, family therapy, group therapy, and consultation work with schools, doctors, caseworkers, and more.

One expectation I have for this year is to continue to provide services to Spanish-speaking clients. The population of individuals who identify as Hispanic or Latino/a is growing in the United States. Research has shown that minority populations are often not likely to return to therapy after the first session because they may not have felt understood by service providers. Sadie F. Dingfelder wrote an article for the American Psychological Association titled "Closing the gap for Latino patients," which contains more information about this phenomenon. In my experience as a student clinician at Rutgers University, the demand is high for therapy conducted in Spanish. I refer to myself as conversationally proficient in Spanish. So far, my Spanish-speaking clients and I have built rapport and established a strong mutual understanding of one another. I attribute the success of these clients to their patience and trust in me, the clinical supervision I receive from Dr. Lindsay Anderson and Dr. Kelly Moore, and my willingness to speak a language in psychotherapy in which I am not yet fluent. In addition to conducting

therapy in Spanish with my own clients, I also have the expectation to provide consultation and support to other student clinicians in FCCP who are in need of translation during intakes and phone calls with caregivers.

Another expectation I have for this year is to co-lead a group. Resuming in 2019, FCCP will continue to offer three therapy groups: an adolescent boys therapy and support group for ages 13-18, an adolescent girls therapy and support group for ages 13-18, and a GB-CBT group for children ages 5-10 who have reported sexual abuse allegations. The benefits of both adolescent groups include learning new social skills in a safe place, joining with peers who have similar experiences, giving and receiving feedback which can help with understanding one's own interpersonal strengths and vulnerabilities, and listening to and giving support to others, which helps empower the adolescent and their peers. The GB-CBT group is an evidenced-based therapeutic approach that aims to address trauma symptoms, expand coping skills, and build personal safety skills in a group context. I expect that leading a group will strengthen my clinical and assessment skills. Albeit challenging, leading a group will likely prove to be rewarding. Children who are survivors of trauma may feel alone and misunderstood. Helping to provide a space for individuals to connect with others with similar experiences would allow me the privilege to witness folks gain support and understanding from their peers. My goal is to be creative in leading a group so that a strong sense of community and rapport can be built in order to assist group members in feeling comfortable with me and with one another.

A third expectation I have for this year is to embrace a systems-approach in conceptualizing and treating my clients. It is important to consider all the factors in a client's life that either contribute to or help alleviate their suffering. Systems such as their birth families, resource families, caseworkers, mental health providers, general practitioners, psychiatrists, schools, sports teams, clubs, and activities should all be considered when approaching a client's treatment plan. I want to continually ask myself how every piece of a child's puzzle can come together to create a cohesive bigger picture. With these expectations in mind, I am excited to see the opportunities that FCCP offers for my clients and me to grow.