



Doctoral Psychology Internship Brochure

10/7/2019



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Doctoral Internship Program

Internship Program

Western Youth Services (WYS) is pleased to offer a one-year, full time Doctoral Internship Program that begins on the first weekday of September and ends on the last Friday of August the next year. The model is that of a scholar-practitioner and emphasis is placed on learning evidence based treatment programs (EBPs) that are effective with low resource, high risk, multiply challenged, ethnically diverse families, who often have experienced trauma, abuse, neglect, domestic violence, or other life challenges. The internship is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is accredited by the American Psychological Association (APA).

Population Served

Western Youth Services interns and clinicians work with a low resource, highly challenged ethnically diverse population. While ethnicity varies somewhat from region to region, overall agency percentages are made up predominantly of Asians and Pacific Islanders (6%), Caucasians (20%), African Americans (1%), multiethnic (8%), and Hispanics (63%). We serve a rising number of families at risk due to Adverse Childhood Experiences (ACEs), domestic violence, victimization, extreme stress, and poverty. In addition, we serve a large population of children in the foster care system that have suffered from sexual abuse, child abuse, or severe neglect and are now faced with adjusting to a new family, new home, and different expectations, while trying to cope with the loss of their family of origin. In our Education Related Mental Health Services Program (ERMHS) we also serve children with learning difficulties who are too emotionally distressed to benefit from educational services; or whose mental health conditions dysregulate them enough to prevent normal response to education.

Description of Agency

Western Youth Services is a private, non-profit human service agency with over 40 years of services to the communities of Orange County. WYS provides comprehensive mental health services to children, adolescents, and families at strategically located clinics throughout the county. WYS serves over 8,000 clients a year in our clinics and Family Resource Centers, and serves another 23,000 children through our Jump Start for Kids (JS4K) program in the Anaheim City School District.

WYS is staffed by a dedicated team of mental health professionals who understand the unique concerns of children and adolescents. WYS staff includes highly diverse professionals from all mental health disciplines (psychiatrists, psychologists, social workers, marriage and family therapists, and mental health workers) and offers a high level of expertise to its clients. WYS is well respected and has built a reputation for excellent service and adherence to ethical standards and guidelines.

WYS' specialized mental health services include: therapeutic services for children, parenting education, child abuse prevention, family therapy, and in home therapeutic behavioral services (TBS). We work within the Anaheim City School District, one of the largest school districts in Orange County, to provide conflict resolution and self-regulation skills to children in order to make the education within the district safer for all children. WYS works in close collaboration with community-based human service agencies at several Family Resource Centers to provide therapy, education, and case management services. The majority of our parents have experienced trauma or suffered great loss, but continue to struggle to provide the best care for their children in less than ideal circumstances.



Our Mission

Advancing awareness, cultivating success, and strengthening communities through integrated mental health services for children, youth, and families. We pursue our purpose on three fronts:

Advancing awareness. Because our expert team of mental health professionals specializes in working with youth and families, we help the community cut through the stigma preventing at-risk kids from getting the emotional and mental healthcare they deserve. Plus, we're the partner government agencies, school districts and other youth-serving organizations trust. Together, we're fostering a generation of youth able to create and lead successful lives.

Cultivating success. We've redefined mental health services in Orange County to match the right program to suit every child, every family. We have proven, positive results to show the success of our programs – just look to our clients as evidence. After working with us, they emerge as stronger families and happier youth with the skills needed to thrive.

Strengthening communities. We work throughout the community and with youth-serving organizations that help children face their behavioral and emotional issues. Our integrated system ensures all youth in Orange County have access to preventative, early intervention and intensive therapies. We seek out and build upon the strengths of each client and bring out the best in every child, creating healthier and happier families contributing to their communities.

Our Vision

A society where youth and families are emotionally equipped and empowered to succeed.

Doctoral Internship Mission

WYS Internship Training Program seeks to build current and future expertise in child (community) psychology by providing sequential scientifically informed training opportunities for deliberate practice with real time feedback, such that interns develop both extensive treatment and assessment knowledge, and mechanisms for continued evaluation and improvement of their services. Further, interns develop substantial cultural sensitivity and come to effectively treat a diverse population of children and their families.

We Provide (Activities available for intern participation):

- Individual, Family and group therapy for children meeting Medi-Cal's definition of medical necessity criteria (medical necessity is defined as children who are suffering from an impairment in their daily living as a result of a mental health condition or who are likely to lack appropriate child development or even show regression without the help of psychotherapy)
- Evidence based care including Parent Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Incredible Years (IY), Integrated Treatment for Complex Trauma (ITCT), and Motivational Interviewing (MI).
- Psycho-diagnostic, psychoeducational, and developmental assessments
- Consultation with teachers, social workers, and other mental health care professionals
- Crisis intervention
- Parent Education using the Incredible Years parenting group
- Support/psycho-educational groups with opportunities to co-lead a group
- Case Management and linkage to services within the community
- Psychiatric Services with intern participation in psychiatry consultation

- Provision of consultation to other interns, clinicians, and practicum students from a variety of backgrounds (MFT, MSW)
- Supervision of practicum students from a variety of backgrounds (MFT, MSW)
- Assessments and psychotherapy conducted in Spanish or Vietnamese for children and families (for interns who are bilingual, as staffing permits, supervision of these cases may be conducted in the threshold language as well)
- Young child development and developmental disabilities evaluation, consultation and treatment

Our Values

At Western Youth Services we value:

Honor. We honor all individuals. We treat clients with dignity regardless of circumstances. We honor our employees as high quality professionals motivated to help.

Ethics. In all endeavors, we conduct ourselves and our business with personal and professional integrity in accordance with ethical codes of conduct.

Excellence. We uphold the standard of excellence throughout the agency.

Efficiency. We have established and maintain effective and efficient ways and means of getting the job done without compromising quality.

Training. Serving as a training resource for students and interns in the mental health professions.

The Clinic Training Program

Overview

Western Youth Services currently has a diverse group of 10 licensed psychologists who all participate in one or more aspects of the training program (e.g. teaching, supervision, co-therapy), and two postdoctoral fellows who serve as educators and mentors for our interns. Our training program exists in one agency, but also within three different regions that vary in location across Orange County. Interns are placed in Anaheim, Santa Ana, or Fountain Valley. Interns are required to have transportation during their work hours as seminars occur in several of our clinics and clients may be seen in the clinic, homes, or in the schools. All regions provide the same services and have licensed psychologists and supervisors, with only minor differences in client demographics.

Intern Activities and Expectations

- Carry a client caseload of 12 to 20 clients, depending on intern abilities and client needs.
- Spend a minimum of 25% of their time in direct client contact, with almost 50% of their time spent engaging in activities that directly benefit our clients.
- Provide around 75 client service hours per month (including therapy, assessment, consultation, report writing and other relevant documentation).
- Complete a minimum of six Assessment Batteries and Assessment Reports which may be psycho-diagnostic, psycho-educational, or developmental in nature. Occasional neuropsychological screenings may also be available for intern participation.
- Actively prepare for and participate in four or more hours of individual and group supervision per week.
- Actively prepare for and participate in both the Weekly Psychology Seminar (2 hours/week) and other WYS monthly trainings.
- In accordance with County requirements, WYS Staff, including Doctoral Interns, are required to utilize DMH documentation standards. These standards require the Doctoral Intern to have strong time-management skills, as well as ability to quickly incorporate feedback. Deadlines include a 48-hour turnaround for notes. While this task is challenging for individuals who

struggle with organization and time-management, this skill is extremely helpful in learning clinical oversight, appropriate treatment planning, tracking of progress, and reflective practice.

- Provide many of the following services to WYS clients: Developmental evaluation, consultation, and treatment
 - Differential diagnostic evaluations
 - Individual, Family, and Group therapy for children meeting Medi-Cal medical necessity criteria
 - Consultation and liaison with teachers, social workers, psychiatrists, and other mental health care professionals
 - Crisis intervention
 - Parent Education using Incredible Years parenting group (available in both English and Spanish)
 - Support/psycho-educational groups with opportunities to co-lead a group
 - Case Management and Linkage to services within the community
 - Provision of consultation to other interns, practicum students, and staff from a variety of mental health backgrounds (e.g. MFT, LMFT, LPCC)
 - Assessments and psychotherapy conducted in Spanish or Vietnamese for children and families (for interns who are bilingual, as staffing permits, supervision of these cases may be conducted in the threshold language, as well)

All Clinics Will Include The Following

Supervision. A minimum of four hours of weekly supervision is provided to all full time interns. Two of those hours will be individual face-to-face supervision with a licensed psychologist. Additional individual supervision may be provided with a licensed social worker or licensed marriage and family therapist, in order to expand the training of the intern and to permit greater exposure to working within a multidisciplinary team. All interns will also receive a minimum of two hours of weekly group supervision with the Director of Training (DT). Additional multidisciplinary group supervision will be provided within the clinic where the intern is working. This supervision will be client focused and will often include Master's degree level clinicians (MSW and MFTI) as well as doctoral interns. Another hour of group supervision is focused specifically on psychological assessment will occur three times per month before the Friday seminar.

Seminars. We offer weekly seminars in Psychological Assessment and Child Psychotherapy. In addition, Western Youth Services offers several in-service seminars per year. These in-service seminars are designed to review important ongoing clinical issues, such as legal and ethical concerns, cultural diversity, provide training in evidence based therapy such as PCIT, FFT, IY, and TF-CBT as well as update clinician skills in areas for frequently served diagnoses. All of these in-service trainings have been approved by the California Board of Psychology Office of Professional Development (OPD) since becoming an OPD provider.

Multi-disciplinary teams. All clinics are made up of marriage and family therapists, clinical social workers, professional counselors, and psychiatrists. All clinics have access to behavioral coaches and a parent partner to develop and practice skills in our clients or caregivers as needed.

Training model. Our training model is that of scholar-practitioner. We strive to provide interns with a breadth and depth of training experience in the context of utilizing both evidence based and theory based information to guide their treatment planning, conceptualization, and service delivery. All staff members remain actively involved in professional associations, continuing education, and reviewing the

relevant literature, in order to constantly improve the quality of their work and supervision.

We work to train psychologists who will be entering the field and working within child assessment and/or treatment settings. We view the training year as a time for intensive clinical experience. Although interns do not have the time to complete additional research projects during their internship year, we do require ongoing scholarly activity, such as literature review, critical thinking, and the appropriate application of learning.

In order to facilitate the intern's progress toward the ultimate goal of autonomous and responsible professional functioning, a developmental model of supervision is used. In this approach, the supervisor facilitates the intern's movement from relative dependency to increasing autonomy and responsibility in service planning and delivery over time. Training is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. We use the developmental approach with all theoretical orientations and find this leads to a richer dialogue and excellent exchange between interns. The exchanges that take place in a gathering of heterogeneous interns can then serve to maximize exposure to, and understanding of, similarities and differences between a variety of therapeutic conceptualizations and methods in group supervision, didactics, and group interactive activities.

The training plan calls for interns to complete only one rotation/placement with an additional possible minor rotation in the second half of the year, depending on each individual intern's competency and efficiency with the primary rotation activities. Training experiences help interns meet both knowledge and competency objectives. The development of knowledge is expected to occur through exposure, modeling, and didactic training. The development of competency is facilitated through exposure, modeling, didactic training, rehearsal, self and supervisory evaluation, practice, and the provision of feedback through mentoring, coaching, and in vivo supervision.

Evidence based treatment (EBT) experience. All interns will chose to focus on one of the following evidence based treatment programs for each half of the internship year. While interns may on occaion chose a second simultaneous EBT, it is important that each intern gain sufficient experience in their first EBT to gain competence, if not mastery.

- **Functional Family Therapy (FFT).** is a family intervention for at-risk youth ages 10 to 18 whose problems range from acting out to conduct disorders to alcohol and/or substance abuse. Often these families tend to have limited resources, histories of treatment failure, a range of diagnoses, and multi-system exposure.

FFT is a short-term intervention program with an average of 18 to 24 sessions over a 2-8 month period. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, and mental health facilities.

FFT is a strength-based model. At its core it is a focus on and an assessment of those risk and the protective factors that impact the adolescent and his or her environment. Specific attention is paid to both intra-familial and extra-familial factors, and how they present within, and influence, the therapeutic process.

- **Parent Child Interaction Therapy (PCIT).** PCIT was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents across a one way mirror during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or

maladaptive behaviors. PCIT is an empirically supported treatment for child disruptive behavior as well as trauma, and is a recommended treatment for physically abusive parents.

- **Trauma Focused-Cognitive Behavioral Therapy (TF-CBT).** TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related to traumatic life events; and enhance safety, growth, parenting skills, and family communication. TF-CBT is designed to be a relatively short-term treatment, typically lasting 12 to 28 sessions during which period over 80 percent of these children experience significant improvement.
- **Integrative Treatment of Complex Trauma for Adolescents (ITCT-A).** ITCT-A is an evidence-based, multi-modal trauma therapy for adolescents that integrates treatment principles from attachment theory, the Self-Trauma Model, affects regulation skills development, and components of cognitive behavioral therapy. It involves structured protocols and interventions that are customized to the specific issues of each client, since complex post-traumatic outcomes are notable for their variability across different individuals and different environments.
- **Acceptance and Commitment Therapy (ACT).** ACT is an empirically based intervention that uses acceptance and mindfulness strategies mixed with commitment and behavior change strategies to increase psychological flexibility. The objective of ACT is not to eliminate difficult feelings, but to be present with what life brings and to move toward personally valued behavior. ACT invites people to open up to unpleasant feelings, face situations where they are provoked and not overreact to these feelings or situations.
- **Motivational Interviewing (MI).** Motivational Interviewing is a directive, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the clinician is intentionally directive in pursuing this goal through the use of Open-ended Questions, Affirmations, Reflections, and Summaries (OARS).
- **Dialectical Behavior Therapy Skills Groups (DBT).** DBT Skills Groups generally consist of a group of individuals who meet once a week (length of group determined by facilitator). Group members learn skills based on the four modules of DBT: Core Mindfulness, Interpersonal Effectiveness, Emotion Regulation and Distress Tolerance.
- **Incredible Years (IY).** The Incredible Years® evidence based parenting programs focus on strengthening parenting competencies and fostering parent involvement in children's school experiences to promote children's academic, social, and emotional skills and reduce conduct problems. The parenting programs are grouped according to age: preschoolers (3-6 years), and school age (6-12 years) and may be conducted in English or Spanish. Groups typically meet for 10 to 12 weeks.
- **All EBT trainings.** Training on EBTs will be provided either during the intern seminar or during staff training days. Supervised experience may also be available in your region. Interns are encouraged to prioritize EBT training and implementation to maximize skill development and competence rather than simply exposure.

Electives/Minor Rotation

The Administration rotations was designed to create new learning opportunities for those interns who had met all or most competency goals before the final quarter of the internship and desire to add to their clinical competencies. This minor rotation, or elective, is in the areas of quality improvement and administration. Interns who select this rotation shadow various trainers, managers, and administrators to gain awareness of how programs are organized and managed. On this rotation, interns meet with the Director of Training to review overall internship, staff training goals, and discuss program organization, as well as methods of tracking, distribution, and increasing goal attainment. Interns select one area of program functioning that they see can be improved (e.g. timely reordering of testing protocols) to brainstorm procedures to improve functioning of some aspect of their clinic.

Planned Programmed Sequence of Training

Interns begin the year with orientation in which they are trained to work within our system, including how to conduct clinical intakes, write intake reports, master treatment plans, and client service plans as well as how to follow APA Ethics Code within our setting and begin to use a number of evidence based treatment models. They are initially assigned more straightforward clients (e.g. those who do not require social service or court involvement). The intern's initial intake session may be scheduled with his or her co-worker or supervisor, depending on the intern's experience and comfort level. Initial intake reports and treatment plans are highly supervised and may be co-constructed with the supervisor. However, all documents created by the intern are co-signed during an initial training period (typically 3 months) to determine their compliance with Medi-Cal paperwork requirements. Once interns become more comfortable working within the Medi-Cal system, they are encouraged to take cases with other system involvement (e.g. schools, foster care, social service involvement), as well as engagement in other modalities of treatment (e.g. family therapy and group therapy). Seminars are initially highly didactic and pragmatic, but move toward more group discussions and debates as the year progresses. Generally, supervision is initially more specific and instructive, but moves toward more joint processing of the client and intern's experience, barriers to treatment, and issues in therapeutic alliance.

Training Purpose and Aims

The purpose of our Psychology Internship Program is to provide a training experience to advanced graduate psychology students within a multi-disciplinary setting that meets the qualifications of field experience in Ph.D./Psy.D. Programs, as well as licensing requirements for the Board of Psychology of the State of California (in addition to those of other states).

Our program is designed to provide more structure at the beginning of the year, and for interns to play an increasingly independent role towards the end of the year. Through our program, interns will learn to assess the psychosocial impact of acute and chronic stress and deprivation in children and their families. Interns will become proficient in psycho-diagnostic screening and testing and will gain some experience in learning disability assessments. They will also be exposed to neuropsychological testing and know how to determine the need for further cognitive assessment for their own clients. Interns will gain significant experience in community consultation skills, which include screening for the need for further psychological testing, making community referrals, coordinating care with outside agencies, and giving feedback to other mental health and social service professionals. Interns will also gain experience in working with culturally diverse individuals and have the opportunity to gain competency in this area.

We fully anticipate that interns graduating from our program will be prepared to function as entry-level child psychologists. Many of our graduates go onto a post-doctoral fellowships in order to further specialize in a particular area (e.g. Trauma, Autism, Young Children, Neuropsychology), while others

accept psychology positions within community mental health agencies and hospitals, and some become private practitioners and/or graduate school teachers.

Satisfactory completion of the doctoral internship at Western Youth Services exceeds the California requirement for Supervised Professional Experience (SPE) and provides 1800 hours of Doctoral (pre-graduation) supervised practice in a one year period. Interns will need to thoughtfully plan use of vacation, educational, or sick time in order to meet this number of hours. Our interns can anticipate that their weekly responsibilities will be approximately 40 hours per week. This time estimate includes clinical service, paperwork, supervision, seminars, administration, test scoring, and write-ups of psychological assessments with and without psychological testing.

Specific Training Aims for Interns

Research.

- Seek out research on, and apply cultural adaptations used with, the Evidence Based Programs that we teach for the intern's current caseload.
- Develop extensive knowledge of trauma, its impact on children and families, and how to treat it.
- Apply neurodevelopmental impact of abuse, neglect, and deprivation findings to assessment and treatment knowledge.
- Learn how to stay abreast of developments and trends in the field of child and family psychology.

Ethical and Legal Standards.

- Demonstrate good judgment when faced with ethical decisions; know to seek information and/or consultation to behave consistently with APA ethical principles, California laws and regulations.
- Know and follow specific and appropriate procedures for assessing danger to self or others, managing aggressive clients, reporting child, elder, dependent adult, and/or spousal abuse.
- Accurately assess Adverse Childhood Experiences and their impact on clients, while simultaneously communicating these experiences to the required agencies and maintaining and protecting the therapeutic relationship to the extent possible.
- Apply and document using legal and ethical standards to clients and cohort's clients in increasingly complex situations.
- Consider cultural and legal implications of ethical dilemmas.

Individual and Cultural Diversity.

- Understand the intersection of poverty, race, class, and language barriers that impact clients' experiences and challenges with mental illness.
- Demonstrate awareness and display sensitivity to and respect for cultural, ethnic, religious, gender, sexuality, disability status, and socioeconomic diversity. Consider all such diversity in selecting and interpreting test data, selecting appropriate diagnoses, selecting appropriate treatments, and in making referrals to the community.
- Demonstrate awareness of the impact of individual culture and diversity on the client's view of therapy and identify unique strengths and perspectives that the client can benefit from.
- Provide therapy that is culturally inclusive and utilizes multicultural competence to effectively work with client flexibly, and to lead to effective change and goal attainment.



- Fine-tune awareness and resolution of situations where intern's own background and diversity membership negatively affects client interactions, expectations, or progress in treatment.
- Increase awareness of diversity and its impact on development, resources, stigma toward mental health, therapeutic relationship, and response to treatment.
- Learn to advocate for disempowered and culturally disadvantaged families.

Professional Values, Attitudes, and Behaviors.

- Challenge self and demonstrate a sincere desire to learn by engaging in reflective practice, participating in trainings, seeking out additional input and knowledge, and actively applying learning from both supervision and seminars.
- Resolve conflict quickly and appropriately with staff, peers, and supervisors and work well as a team.
- Engage in and strengthen appropriate self-care.
- Gain professionalism through increasingly more challenging and potentially emotional situations.
- Demonstrate professionalism in a culturally sensitive and non-authoritarian manner to build trust in the intern, the agency, and the profession.
- Learn to recognize needed supports to maintain efficacy as a therapist.
- Produce high-quality work which is prompt, thoughtful, conscientious, and consistent with professional standards and agency policies.

Communication and Interpersonal Skills.

- Learn to be a clear, effective, inspiring agent of change both in writing and orally with clients, co-workers, and other professionals outside of the agency.
- Learn to repair ruptures and/or conflicts in an effective and timely manner.

Assessment.

- Select, administer, and score a battery of age appropriate tests selected to lend clarity to the referral question and assist in differential diagnosis using the DSM-5 with minimal feedback from supervisor.
- Write a sufficient number of integrated psychological assessment reports (minimum of 6) in a timely fashion to demonstrate ability to synthesize testing data and developmental knowledge with patient history, family socioeconomic status (SES), and cultural background, and lead to a clear conceptualization and thoughtful treatment recommendations.
- Consider relevant psychotherapy research to formulate a descriptive conceptualization, in an appropriate evidence based framework, to lead to relevant options that include more than one modality (e.g. individual, group, family).
- Identify barriers to clients' and families' success in solving their own problems and/or preparing for their coming future and pinpoint pivotal leverage points (e.g. changes in understanding, expectation, responses, skills) that will affect and encourage meaningful positive change.

Intervention.

- After identifying those pivotal leverage points (described above), practice affecting that change with clients and families.
- Document effective treatment in a manner compliant with funding source requirements in a timely fashion.

Supervision.

- Facilitate interns' ability to identify barriers to supervisees' accurate and helpful clinical observation, motivation, creativity and implementation of known interventions.

Consultation and Inter-professional/Interdisciplinary Skills.

- Teach interns how to demonstrate the additional value of hiring a psychologist over Master's degree level staff through strong consultation skills.
- Teach interns how to become invaluable to their colleagues in consultation.
- Teach interns how to act with extreme respect to maximize the potential of the consultee.

Evaluations and Communication with Interns' Home Graduate Programs

Evaluation Plan

Western Youth Services has 33 competency rating areas that consist of five non-mandatory competencies marked in blue and 28 mandatory competencies marked in light green. Doctoral interns must receive an evaluation rating of three or higher on the final evaluation in *all* mandatory competency rating areas in order to complete and graduate from the Internship Program. The competency ratings key can be found on the first page of **Appendix A**. The 28 mandatory areas are listed below and are indicated on the Doctoral Intern Evaluation with an * at the end of the competency title (e.g. Integrity* in the Professionalism section on page 1) and with a green bar next to the rating. All but one of these areas fall within the nine core Profession Wide Competencies (PWC) established by the APA Competency Benchmark which include: 1. Research, 2. Ethical and legal standards, 3. Individual and cultural diversity, 4. Professional values, attitudes, and behaviors, 5. Communication and interpersonal skills, 6. Assessment, 7. Intervention, 8. Supervision, and 9. Consultation and Inter-professional/interdisciplinary skills. The list below identifies which competency rating areas fall under which PWC. Client Empowerment is the only mandatory competency outside of the nine PWCs.

Interns are aided in reaching these final required competencies through several feedback mechanisms in addition to training and supervised experience. Supervisors provide a first quarter evaluation without numerical ratings by marking the checkboxes in each section to indicate which behaviors they have seen demonstrated. While no checkboxes are mandatory for graduation in any evaluation period, they serve as a useful indicator that an intern's progress is on target if he/she demonstrates most skills during the quarter where they are highlighted. Interns first receive numerical ratings at the mid-year evaluation period. Any intern ratings below three at the mid-year evaluation period will be targeted for development by the intern and their primary supervisors. The Corrective Supervision Tool in **Appendix D** is used to structure and document this conversation and to set clear expectations, responsibilities, and timelines for both parties to maximize success. Interns are again rated at the end of the year, where all ratings must be at or above a rating of three in all starred (*) areas.

Core Professional Competencies

1. Research (2)
 - a. Science Mindedness
 - b. Scientific Foundations of Professional Practice
2. Ethical and legal standards (2)
 - a. Knowledge and Application of Ethical, Legal, and Professional Standards and Guidelines
 - b. Ethical Conduct
3. Individual and cultural diversity (2)
 - a. Interactions of Self and Others as Shaped by Individual and Cultural Diversity
 - b. Applications Based on Individual and Cultural Context
4. Professional values, attitudes, and behaviors (8)
 - a. Integrity

- b. Deportment
 - c. Accountability
 - d. Concern for the Welfare of Others
 - e. Professional Identity
 - f. Reflective Practice
 - i. Reflective Practice
 - ii. Self-Assessment
 - iii. Self-Care
5. Communication and Interpersonal skills/Relationships (3)
- a. Interpersonal Relationships
 - b. Affective Skills
 - c. Expressive Skills
6. Assessment (5)
- a. Measurement and Psychometrics
 - b. Evaluation Methods
 - c. Application of Methods
 - d. Diagnosis and Conceptualization
 - e. Communication of Findings
7. Intervention (4)
- a. Knowledge of Interventions
 - b. Intervention Planning
 - c. Skills and Implementation
 - d. Application of Scientific Method of Practice
8. Supervision (1)
- a. Roles, Process, and Procedures
9. Consultation and Inter-professional/Interdisciplinary skills (1)
- a. Addressing Consultation Needs
- Additional Competencies
- I. Advocacy (1)
- a. Empowerment

PROFESSIONALISM				
GOAL: INTEGRITY*				
<input type="checkbox"/> N/A OBJECTIVE: Continually monitors and independently resolves situations that challenge professional values and integrity				
	Q1	Q2	Q4	
E				Takes independent action to correct situations that are in conflict with professional values. Relates well to those seeking input, is
E				Articulates professional values
I				Demonstrated adherence to professional values
I				Demonstrates knowledge of professional values
I				Identifies situations that challenge professional values and keeps supervisor guidance as needed
I				Demonstrates ability to share, discuss and address failures and lapses in adherence to professional values with supervisors as
R				Resists personal responsibility, honest delivery, or core professional values
Mid-Year Overall Rating:		End of Year Overall Rating:		
GOAL: DEPARTMENT*				
<input type="checkbox"/> N/A OBJECTIVE: Consistently conducts self in a professional manner across all settings and situations				
	Q1	Q2	Q4	
E				Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions
I				Demonstrates awareness of the impact behavior has on client, public and profession
I				Utilizes appropriate language and demeanor in professional communications
I				Demonstrates appropriate physical conduct, including attire, consistent with context
R				Presents self in less than professional attire, speech, conduct, hygiene, or demeanor
Mid-Year Overall Rating:		End of Year Overall Rating:		

SUPERVISION				
GOAL: PROVIDING SUPERVISION				
<input type="checkbox"/> N/A OBJECTIVE: Understands complexity of the supervisor role including ethical, legal, and contextual issues				
	Q1	Q2	Q4	
E				Provides supervision to less advanced trainees, peers or other service providers in typical cases appropriate to the service setting
I				Identifies roles and responsibilities of the supervisor and supervisee in the supervision process
I				Reflects on supervision process, areas of strength and those needing improvement
R				Does not comprehend the process of supervision or supervisor's roles
Mid-Year Overall Rating:		End of Year Overall Rating:		

Each intern must reach at least a 3 in each mandatory (*) area by the end of the internship year. Skills must be solidly displayed in normal or typical situations, but may not yet be fully demonstrated with a wide range of diverse clients or when the doctoral intern is triggered or emotional.

Interns evaluate their supervisors and the training program twice annually, and the seminars on a weekly basis. A summary of the mid-year data is provided by the Director of Training to the Psychology Training Committee to reinforce training activities that are working well and to make helpful adjustments to the training program to further intern growth as needed. Evaluation forms are not shared to protect intern confidentiality. However, interns are encouraged to share their written feedback in preparation for doing so in supervision.

Communication with Interns' Home Graduate Programs

A summary letter, along with a copy of the most recent WYS evaluation, can be sent to the intern's graduate program, when required, at the mid-year point. WYS Staff are no longer able to complete school-specific evaluations.



At the end of the internship year, the home graduate program receives a brief summary evaluation indicating whether the intern has successfully completed the internship. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program; the Director of Training will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems according to our Due Process procedure.

Intern Title

WYS doctoral interns are all given the title of Doctoral Intern. Prior interns have typically come from Southern California or Arizona APA-approved graduate programs in Clinical Psychology, with a growing group from outside of California. Some have stayed at Western Youth Services for fellowship. Many have gone on to Postdoctoral Fellowships in Child Psychology typically within California, or gone onto a combination of part-time private practice and part-time teaching within Professional Schools. WYS currently has six full time interns.



APA Accreditation

Our internship program is currently APA accredited and will be reviewed again in 2027. For further information, please feel free to contact the Commission on Accreditation (CoA) of the American Psychological Association (APA) at:

Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • [Email \(apaaccred@apa.org\)](mailto:apaaccred@apa.org)

Resources

All interns have their own offices, computers, extensions and e-mail addresses, as well as printer access at work. Interns also have access to a large variety of psychological tests and computer scoring programs. PCIT rooms are available for either live or video supervision of intern activities and GoPro type cameras are available for video supervision of all intern activities.

Administrative Assistance

Administrative assistants are employed in all clinics that house doctoral interns. These staff assist interns by greeting and orienting clients, providing paperwork for client completion, taking messages, answering and transferring calls, taking referrals, distributing periodic outcome measures for client completion, pulling needed reports, and entering data for billing purposes.

Administrative assistants do not take dictation or transcribe reports. For this reason, all doctoral interns must have a basic familiarity and comfort level with computers and Microsoft Word.

The Director of Training will collect and monitor monthly training logs to ensure that adequate supervision, didactics, and client contact are occurring to reach all APA, APPIC, and California Board of Psychology requirements. For this reason, all interns must have some limited familiarity with using Microsoft Excel.

Maintenance of Records

Intern records are kept for an indefinite amount of time. Intern records are kept on site at WYS in a locked and secure cabinet for 10 years. After 10 years, intern records are maintained in an off-site secure location. Records in long term storage can be retrieved with 48 hour notice.

Location of Internship

The Internship is located in several parts of Orange County, specifically, Anaheim, Santa Ana, and Fountain Valley. Orange County is located within Southern California, between San Diego and Los Angeles. Orange County boasts access to both of these great cities, as well as proximity to Disneyland, mountains, desert, and the Pacific Ocean. Temperatures are warm to moderate all year. Housing is easily available, but relatively expensive. For more information on the area, please see the Orange County web site at <https://www.ocgov.com>.

Distance Learning

WYS does not utilize distance learning except under rare circumstances in which an intern is unable to attend a primary training and requests that it be recorded for them. In these pre-approved instances, interns can access select trainings through on a password protected online portal (i.e., Zoom or Vimeo).

Salary, Benefits, and Financial Assistance

- Salary is \$27,000 per year for monolingual interns and \$28,350 for bilingual Spanish or Vietnamese speaking interns.
- Vacation and/or education time is accrued at the rate of 5 hours per pay period starting after the 90 day waiting period (i.e. beginning in December) for a total of 90 hours
- Sick leave will begin to accrue at the rate of 6.67 hours per pay period starting on the first day of employment for a total of 80 hours or 10 days.
- 12 paid Holidays
- 1800 hours of Pre-doctoral Internship level Supervised Professional Experience (SPE)

* WYS's 40 hour work week is structured to support Doctoral Interns in obtaining 1800 hours over the course of the year. While the State of California only requires 1500 hours, WYS has created a structure to expand the Doctoral Intern's opportunities for future endeavors (e.g., moving to another state which may have different requirements). WYS's Doctoral Internship Training Program offers 90 hours of vacation or education leave, 80 hours of sick leave, and 96 hours of Holiday leave. CA requirements for maternity/paternity leave require that the individual be employed at the specific agency for at least one year, and given that the internship training program is only one year, this specific type of leave is not offered to Doctoral Interns. Arrangements to use one's vacation and sick leave for maternity/paternity leave can be arranged through the Human Resource Department.

Intern Selection

Nondiscrimination

It is the policy and practice of Western Youth Services to seek, encourage, and support cultural and ethnic diversity. This diversity is sought to meet clients' needs, to expand the sensitivity and awareness of all staff, and engage in the richness of culture. Intern diversity is sought through building and maintaining a diverse group of supervisors, encouraging applicants from all backgrounds, and treating all applicants, doctoral interns, and staff with dignity and respect. WYS is committed to attracting and training a diverse group of interns who are supported through training, discussions in clinical supervision, and activities in seminars.

Qualified Applicants Will Have:

1. Clinical experience with children in group or family and individual child therapy.
2. Strong desire to work with children and/or families in the future.
3. Good understanding of normal child development and healthy family functioning.
4. Solid conceptualization and writing skills.
5. Strong desire to learn.
6. Strong time-management and organizational skills.
7. Willingness to accept additional information and corrective feedback.
8. Exposure to both individual and family/systems coursework.
9. A minimum of 600 hours of supervised clinical treatment experience.
10. Completed 2 clinical practicum in which the student provided therapy and some psychological assessments.
11. Completed a minimum of two full psychological assessment batteries with report.
12. Completed minimal child testing prior to internship (e.g. 2-4 intelligence tests, 1-2 projective tests, 1-2 academic scales).

13. A basic knowledge and comfort with Microsoft Word and Outlook and some ability to fill out forms in Excel.
14. Advanced candidacy and good standing in an APA approved program in clinical, counseling, school psychology, or a combination of the three.
15. A clean fingerprint and criminal record, as assessed by a Live Scan with the Department of Justice prior to hire.
16. Interest in expanding knowledge beyond psychologists own private clients (e.g. community, prevention, training, research).

Application Procedure

Applications are due on November 1st. With the exception of letters of recommendation, no materials will be reviewed late without prior permission and a clear rationale.

1. Please complete the APPIC Application for Doctoral interns (AAPI) Online. Instructions and registration information can be found at <https://www.appic.org/Internships/AAPI>. The AAPI Online application packet will include:
 - a. Resume/Vitae
 - b. Cover letter/letter of interest in our program
 - c. Copy of all graduate transcripts
 - d. Three letters of recommendation
 - e. Verification of Internship Eligibility and Readiness from your graduate program's Director of Training
2. In order to have a complete application, you will also need to include one psychological testing report preferably on a child (please remove all identifying information) in the supplemental materials section of the AAPI Online.
3. Please do not submit any application materials by mail.

Applications will be reviewed and rated by the Psychology Training Committee. All applications will be evaluated based on their compatibility with available programs and training interests, as well as their experience, insight, training and writing ability. Strong applicants will be invited in December to come to interview in January. If you would prefer to interview over the Holiday break (e.g. because you are traveling to this area at that time) please inform us of this as soon as possible so that interviews with multiple Training Committee members can be arranged ahead of time.

After completion of interviews, applicants' materials and interview responses are reviewed in order to rank order all remaining applicants for the NMS Match. 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.

Matched interns are required to be fingerprinted and successfully pass a criminal background check before being placed in a WYS clinic or school program. Applicants who are unlikely to pass this evaluation should refrain from applying.

Questions

Programmatic questions should be directed to Katie Devlin, who can be reached by email at:

kdevlin@wysoc.org, or by phone at (949) 330-1677



Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 5/30/2019

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:

WYS is a child and family community mental health agency serving the needs of vulnerable children in Orange County. Interns provide, and are trained in evidence based family therapy (including FFT), evidence based child therapy (including PCIT), trauma therapy (including TF-CBT and ITCT), parenting (including Incredible Years), psychological testing, and consultation with school and social services staff. Western Youth Services currently has 10 licensed psychologists who all participate in one or more aspects of the training program (e.g. teaching, supervision, co-therapy) and 2 postdoctoral fellows who serve as mentors for our interns. Our training program exists in 1 agency, but within 3 different clinics. Intern positions are located in 1 of 3 clinics in Orange County including Anaheim, Fountain Valley, and Santa Ana. Interns are required to have transportation during work hours as seminars occur in several of our clinics and clients may be seen in the clinic or in the schools. All clinics provide opportunities for evidence based trainings to include Parent-Child Interaction Training (PCIT), Functional Family Therapy (FFT), Trauma-Focused CBT (TF-CBT), and Incredible Years (IY).

In a typical internship year, interns work 40 hours per week with Monday to Thursday as 9 hour Clinic days to allow for some early evening time with families and Friday as a 5 hour training day. Clinic days typically include 4-5 hours of therapy or testing, with balance of day for supervision (receiving and providing), staff meetings, and time to consult and document.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	<u>Y</u>	Amount: 600
Total Direct Contact Assessment Hours	N	<u>Y</u>	Amount: 100

Describe any other required minimum criteria used to screen applicants:

- Interest in working with children and families.
- Comprehensive exams passed by application deadline.
- Dissertation proposal approved by rank order deadline.
- Sample testing report required in application.



Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$27,000 (for monolingual interns) or \$28,350 (for bilingual Spanish or Vietnamese speaking interns)	
Annual Stipend/Salary for Half-time Interns	No half-time intern positions available.	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	90	
Hours of Annual Paid Sick Leave	80	
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?	<u>Yes</u>	No
Other Benefits (please describe):	12 paid holidays, employee assistance program, 403(b) retirement plan, vision, dental	

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	5	0
Federally qualified health center	0	0
Independent primary care facility/clinic	2	1
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	1
Academic health center	0	0
Other medical center or hospital	3	1
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	3
Changed to another field	0	0
Other	0	0
Unknown	0	2

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.



Psychology Training Program Staff

Chief Executive Officer

Lorry Leigh Belhumeur, Ph.D., PSY12974

University of California, Los Angeles, School Psychology Program
CEO/Executive Director, Laguna Hills Administrative Offices

Psychological and Training Interests: Community Mental Health, Navigating the Mental Health System, School and Learning Difficulties, Psychopathology, Role of the Consultant

Director of Training

Katie Devlin, Ph.D., PSY14132

University of Arizona, Clinical Psychology Program
Postdoctoral Fellowships at Kaiser Permanente LA Medical Center in Behavioral Medicine and Neuropsychological Testing and at Children's Hospital of Orange County in Pediatric Psychology
Director of Quality Review and Training, Laguna Hills Administrative Offices

Psychological and Training Interests: Impact of Adverse Childhood Experiences on Attachment and Development, Brief therapies, Functional Family Therapy (FFT), Parent Child Interaction Training (PCIT), Integrated Treatment for Complex Trauma (ITCT), Time Limited Dynamic Psychotherapy (TLDP), Adult Learning, Consultation, Behavioral Medicine/Pediatric Psychology, Neuropsychological and Psychodiagnostic Assessment, Medical Compliance in Children, Attachment Disorders, International Adoption, Trichotillomania, Elimination Disorders, Somatoform Disorders, Strategic and Systemic Family Therapy

WYS Psychology Staff

Tracie Abbott, M.A.

University of Denver, Concentration in Trauma & Systems Theory
Quality Review and Training Postdoctoral Fellow at Laguna Hills Administrative Offices and at WYS East Region, Santa Ana

Psychology and Training Interests: Trauma Focused Care, Impact of Trauma on Neurodevelopment, Traumatic Brain Injuries, Grief & Loss, Systems Theory, Multicultural Issues, Psychological First Aid, Cognitive Processing Therapy

Andrea Brokaw, Psy.D., PSY28779

American School of Professional Psychology at Argosy University, Southern California
Postdoctoral Fellowship at WYS East Region, Santa Ana
Licensed Psychologist and Clinical Supervisor, WYS North Region, Anaheim

Psychological and Training Interests: Family Therapy/Parenting, Functional Family Therapy (FFT), Play Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy (DBT), Seeking Safety, Anxiety Disorders, Trauma, Child and Adolescent Development, Psychological Assessment, Testing, and Diagnostic Screening, Professional Development and Supervision, Early Intervention and Prevention



Elyssa Cacali, Psy.D.

Pepperdine University, Clinical Psychology
Registered Psychologist, WYS West Region, Fountain Valley

Psychology and Training Interests: Trauma, Functional Family Therapy, Mindfulness, Self-Care, Legal and Ethical Issues, Attachment with Children and Family

Shirley Dahncke, Psy.D., PSY20198

California School of Professional Psychology, Los Angeles
Clinical Program Director, Clinical Supervisor, and Licensed Psychologist, WYS East Region, Santa Ana

Psychological and Training Interests: Play Therapy, Working with Children ages 0-9, Selective Mutism, Attachment Disorders and Issues, Developmental assessments, Childhood Trauma, Abuse and Neglect, Filial Play Therapy, Functional Family Therapy, Psychodynamic Psychotherapy

Marlene M. Gonzalez, Ph.D., PSY30636

California School of Professional Psychology, Los Angeles
Licensed Psychologist and Clinical Supervisor, WYS North Region, Anaheim

Psychological and Training Interests: Child and Youth Evidence-Based Practice, Adverse Childhood Experiences, Trauma-Informed Care, Multicultural Psychology and Assessment, Mental Health Disparities, Providing Interdisciplinary Care to Underserved Children, Youth, and Families

Kylie Han Le, Psy.D., PSY28921

University of La Verne, Clinical-Community Psychology Emphasis
Postdoctoral Fellowship at WYS East Region, Santa Ana
Bilingual Licensed Psychologist and Clinical Supervisor, WYS East Region, Santa Ana

Psychology and Training Interests: Cultural and Diversity Considerations, Adaptation of EBP's to Vietnamese Populations, Adolescents, Functional Family Therapy, Incredible Years, Dialectical Behavior Therapy, Mindfulness, Compassion Fatigue

Alissa Lukas, Psy.D., PSY30195

American School of Professional Psychology at Argosy University, Concentration in Children and Adolescents
Licensed Psychologist and Clinical Supervisor, WYS East Region, Santa Ana

Psychology and Training Interests: Impact and Treatment of Trauma, EMDR Therapy, Adverse Childhood Experiences and Resilience, Humanistic Therapy, Mindfulness, Self-Care and Empowerment

David Whitsett, Psy.D., PSY31318

Loyola University Maryland, Clinical Psychology
Licensed Psychologist, WYS West Region, Fountain Valley

Psychological and Training Interests: Childhood Trauma, Abuse and Neglect, Acceptance and Commitment Therapy (ACT), Child Mental Health and Family Functioning in the Context of Chronic Medical Conditions



Shannon Wilson, Psy.D., PSY27323

Pepperdine University

Professor at Pepperdine University

Licensed Psychologist, Clinical Supervisor, and Program Evaluation

Psychology and Training Interests: Program Evaluation, Teaching, Training, Psychological Assessment, Behavioral Analysis

Internship Evaluation

Competency Rating	
1	Beginning to learn and use skill
2	Able to use skill under supervisor direction and guidance
3	Able to use skill on own in typical/familiar situations with diverse clients
4	Able to use skill with extreme behaviors and complex diversity
5	Able to use skill even in triggering or challenging situations

Skill Level	
NA	Not applicable for this training experience/Not assessed during training experience
E	Entrance to Practice as a Psychologist Rating expected for early career psychologists. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
I	Internship A frequent rating during internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
R	Needs remedial work Requires remedial work if trainee is in internship or post-doc.

Note: Goals with * require End of Year Overall Rating of 3 or Higher

PROFESSIONALISM

GOAL: INTEGRITY*

N/A **OBJECTIVE: Continually monitors and independently resolves situations that challenge professional values and integrity**

	Q1	Q2	Q4	
E				Takes independent action to correct situations that are in conflict with professional values. Relates well to those seeking input, is able to provide appropriate understanding, feedback, and hope.
E				Articulates professional values
I				Demonstrated adherence to professional values
I				Demonstrates knowledge of professional values
I				Identifies situations that challenge professional values and keeps supervisor guidance as needed
I				Demonstrates ability to share, discuss and address failures and lapses in adherence to professional values with supervisors as appropriate
R				Resists personal responsibility, honest delivery, or core professional values
Mid-Year Overall Rating:				
End of Year Overall Rating:				

GOAL: DEPARTMENT*

N/A **OBJECTIVE: Consistently conducts self in a professional manner across all settings and situations**

	Q1	Q2	Q4	
E				Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions
I				Demonstrates awareness of the impact behavior has on client, public and profession
I				Utilizes appropriate language and demeanor in professional communications
I				Demonstrates appropriate physical conduct, including attire, consistent with context
R				Presents self in less than professional attire, speech, conduct, hygiene, or demeanor

Mid-Year Overall Rating:		End of Year Overall Rating:	
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GOAL: ACCOUNTABILITY*

Q1 Q2 Q4 N/A **OBJECTIVE: Independently accepts personal responsibility across settings and contexts**

E				Works to fulfill client-provider contract and expectations
E				Enhances productivity
E				Holds self accountable for and submits to external review of quality service provision (e.g. engages in live/audio/video supervision)
I				Completes required case documentation accurately
I				Completes required case documentation promptly
I				Accepts responsibility for meeting deadlines
I				Acknowledges errors
I				Utilizes supervision to strengthen effectiveness of practice
R				Lacks organizational skills, plan, practice or fails to follow expected policies

Mid-Year Overall Rating:		End of Year Overall Rating:	
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GOAL: CONCERN FOR THE WELFARE OF OTHERS*

Q1 Q2 Q4 N/A **OBJECTIVE: Independently acts to safeguard the welfare of others**

E				Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment
E				Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values
E				Acts to benefit the welfare of others, especially those in need
I				Regularly demonstrates compassion
I				Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds
I				Determines when response to client needs takes precedence over personal needs

R			Lacks compassion, support for client autonomy, or initiative to help others
Mid-Year Overall Rating:			End of Year Overall Rating:

GOAL: PROFESSIONAL IDENTITY*

- N/A** **OBJECTIVE: Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice**

	Q1	Q2	Q4	
E				Keeps up with advances in profession
E				Demonstrates integration of science in professional practice
I				Attends colloquia, workshops, conferences
I				Consults, reflects on, and/or refers to literature relevant to client care
R				Lacks identification with or knowledge of profession, application of formal training, appropriate scope of practice
Mid-Year Overall Rating:			End of Year Overall Rating:	

REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE

GOAL: REFLECTIVE PRACTICE*

- N/A** **OBJECTIVE: Reflectivity in context of professional practice (reflection-in-action), reflection acted upon, self used as a therapeutic tool**

	Q1	Q2	Q4	
E				Demonstrates frequent congruence between own and others' assessment and seeks to resolve incongruities
E				Monitors and evaluates attitudes, values and beliefs towards diverse others
E				Systematically and effectively monitors and adjusts professional performance in action as situation requires
E				Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning
I				Articulates attitudes, values, and beliefs toward diverse others
I				Recognizes impact of self on others

I				Self-identifies multiple individual and cultural identities
I				Responsively utilizes supervision to enhance reflectivity
I				Systematically and effectively reviews own professional performance via videotape or other technology with supervisors
I				Initial indicators of monitoring and adjusting professional performance in action as situation requires
R				Lacks openness to self-reflection/self evaluation process and supervisory feedback
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: SELF-ASSESSMENT*

N/A **OBJECTIVE: Accurate self-assessment of competence in all competency domains; integration of self-assessment in practice.**

	Q1	Q2	Q4	
E				Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning
E				Recognizes when new/improved competencies are required for effective practice
I				Self-assessment comes close to congruence with assessment by peers and supervisors
I				Identifies areas requiring further professional growth
I				Identifies learning objectives for overall training plan
I				Systemically and effectively reviews own professional performance via videotape or other technology
R				Struggles to identify areas of strength and learning needs
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: SELF-CARE*

N/A **OBJECTIVE: Self-monitoring of issues related to self-care and prompt interventions when disruptions occur**

	Q1	Q2	Q4	
E				Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors
I				Works with supervisor to monitor issues related to self-care

I				Takes action recommended by supervisor for self-care to ensure effective training
R				Lacks adequate self-care to engage in professional activities in a sustained fashion
Mid-Year Overall Rating:				End of Year Overall Rating:

SCIENTIFIC KNOWLEDGE AND METHODS

GOAL: SCIENTIFIC MINDEDNESS*

	Q1	Q2	Q4	<input type="checkbox"/> N/A	OBJECTIVE: Independently applies scientific methods to practice
E					Independently accesses and applies scientific knowledge & skills appropriately and habitually to the solution of problems
E					Readily presents own work for the scrutiny of others
I					Articulates, in supervision and case conference, support for issues derived from the literature
I					Formulates appropriate questions regarding case conceptualization
I					Generates hypotheses regarding own contribution to therapeutic process and outcome
R					Lacks awareness of need for evidence to back assertions, beliefs, or interventions
Mid-Year Overall Rating:				End of Year Overall Rating:	

GOAL: SCIENTIFIC FOUNDATION OF PSYCHOLOGY

	Q1	Q2	Q4	<input type="checkbox"/> N/A	OBJECTIVE: Knowledge of core science
E					Demonstrates advanced knowledge of and respect for scientific knowledge of the bases for behaviors
I					Displays intermediate level knowledge of and respect for scientific bases of behavior
R					Undervalues scholarly nature of the field and underpinnings of psychological interventions
Mid-Year Overall Rating:				End of Year Overall Rating:	

GOAL: SCIENTIFIC FOUNDATION OF PROFESSIONAL PRACTICE*

N/A **OBJECTIVE: Knowledge and understanding of scientific foundations independently applied to practice**

	Q1	Q2	Q4	
E				Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization
E				Applies EBP concepts in practice
E				Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning without prompting.
I				Applies EBP concepts in case conceptualization, treatment planning, and interventions
R				Devalues psychological literature, competencies, or evidence based practices
Mid-Year Overall Rating:				End of Year Overall Rating:

RELATIONSHIPS

GOAL: INTERPERSONAL RELATIONSHIPS*

N/A **OBJECTIVE: Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities**

	Q1	Q2	Q4	
E				Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself
E				Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public
I				Forms effective working alliance with clients
I				Engages with supervisors to work effectively
I				Works cooperatively with peers
I				Demonstrates respectful and collegial interactions with those who have different professional models or perspectives
R				Does not demonstrate adequate respect, empathy, interest in others, or openness to their input
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: AFFECTIVE SKILLS*

Q1 Q2 Q4 N/A **OBJECTIVE: Manages difficult communication; possesses advanced interpersonal skills**

	Q1	Q2	Q4	
E				Seeks clarification in challenging interpersonal communications
E				Demonstrates understanding of diverse viewpoints in challenging interactions
E				Accepts, evaluates and implements feedback from others
I				Works collaboratively
I				Makes appropriate disclosures regarding problematic interpersonal situations
I				Acknowledges own role in difficult interactions
I				Provides feedback to supervisor regarding supervisory process
I				Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference
I				Accepts and implements supervisory feedback nondefensively
R				Does not demonstrate personal awareness, emotional maturity, affect tolerance, or lacks openness to feedback, ambiguity, or understanding of interpersonal conflict
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: EXPRESSIVE SKILLS*

Q1 Q2 Q4 N/A **OBJECTIVE: Effective command of language and ideas**

	Q1	Q2	Q4	
E				Communicates clearly and effectively with clients
I				Communicates clearly using verbal, nonverbal, and written skills
I				Demonstrates understanding of professional language
R				Lacks ability to communicate clearly and effectively
Mid-Year Overall Rating:				End of Year Overall Rating:

INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL & CULTURAL DIVERSITY*

N/A **OBJECTIVE: Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.**

	Q1	Q2	Q4	
E				Independently articulates, understands, and monitors multiple cultural identity in interactions with others
E				Regularly uses knowledge of role of culture in interactions to monitor and improve effectiveness as a professional
E				Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others
I				Understands the role of multiple cultural identities in interactions among individuals
I				Uses knowledge of the role of culture in interactions in work as a professional
I				Critically evaluates feedback and initiates supervision regularly about diversity issues with others
I				Understands and monitors own cultural identities in relation to work with others
R				Lacks understanding or knowledge of how culture shapes interaction between self and individuals.
Mid-Year Overall Rating:				
End of Year Overall Rating:				

GOAL: APPLICATIONS BASED ON INDIVIDUAL & CULTURAL CONTEXT*

N/A **OBJECTIVE: Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity (for example, the relationship between one's own dimensions of diversity and one's own attitudes towards diverse others to professional work)**

	Q1	Q2	Q4	
E				Articulates an integrative conceptualization of diversity as it impacts clients, self and others (e.g., organizations, colleagues, systems of care)
E				Habitually adapts one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm

E			Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors
E			Seeks consultation regarding addressing individual and cultural diversity as needed
E			Uses culturally relevant best practices
I			Demonstrates knowledge of ICD literature and APA policies including guidelines for practice with diverse individuals, groups and communities
I			Demonstrates awareness of effects of oppression and privilege on self and others
R			Struggles with considering individual and cultural differences or lacks respectful interaction that reflects insight of cultural knowledge
Mid-Year Overall Rating:			End of Year Overall Rating:

ETHICAL AND LEGAL STANDARDS AND GUIDELINES

GOAL: KNOWLEDGE & APPLICATION OF ETHICAL, LEGAL, & PROFESSIONAL STANDARDS AND GUIDELINES*

N/A

OBJECTIVE: Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant and other ethical, legal, and professional standards and guidelines of the profession

	Q1	Q2	Q4	
E				Spontaneously and reliably identifies complex ethical & legal issues, analyzes them accurately and proactively addresses them
E				Aware of potential conflicts in complex ethical and legal issues and seeks to prevent problems and unprofessional conduct
E				Aware of the obligation to confront peers and or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others
I				Identifies ethical dilemmas effectively
I				Actively consults with supervisor to act upon ethical and legal aspects of practice
I				Discusses ethical implications of professional work
I				Discusses ethical dilemmas and decision making in supervision, staffing, presentations, practicum settings
I				Recognizes and discusses limits of own ethical and legal knowledge

R			Unable to identify potential conflicts or recognize importance of basic ethical concepts
R			Is not proficient with current knowledge or understanding of legal or ethical issues in the field
Mid-Year Overall Rating:			End of Year Overall Rating:

GOAL: ETHICAL CONDUCT*

- N/A** **OBJECTIVE: Independently and consistently integrates ethical and legal standards with all foundational and functional competencies**

	Q1	Q2	Q4	
E				Integrates an understanding of ethical-legal standards policy when performing all functional competencies
E				Takes responsibility for continuing professional development
I				Articulates knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues
I				Spontaneously discusses intersection of personal and professional ethical and moral issues
R				Struggles with demonstrating or implementing ethical behavior, appropriate boundary management, or openness to new ideas, or desire to help others
Mid-Year Overall Rating:			End of Year Overall Rating:	

INTERDISCIPLINARY SYSTEMS

GOAL: KNOWLEDGE OF THE SHARED & DISTINCTIVE CONTRIBUTIONS OF OTHER PROFESSIONS

- N/A** **OBJECTIVE: Working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, intermediate level knowledge of common and distinctive roles of other professionals**

	Q1	Q2	Q4	
E				Displays ability to work successfully on interdisciplinary team
E				Demonstrates ability to articulate the role that others provide in service to clients
R				Does not have full competency or awareness of other professions or differing worldviews

Mid-Year Overall Rating:

End of Year Overall Rating:

GOAL: INTERDISCIPLINARY COLLABORATION & RESPECTFUL & PRODUCTIVE RELATIONSHIPS WITH INDIVIDUALS FROM OTHER PROFESSIONS

- N/A** **OBJECTIVE:** Recognizes and engages in opportunities for effective collaboration with other professionals toward shared goals at an intermediate level of ability; develops and maintains collaborative relationships over time despite differences

	Q1	Q2	Q4	
E				Systematically collaborates successfully with other relevant professionals
E				Appreciates and integrates perspectives from multiple professions
I				Consults with and cooperates with other disciplines in service of clients
I				Communicates effectively with individuals from other professions
R				Struggles with collaborating with other professionals
R				Shows little or no interest in developing collaborative relationships with peers in the field
Mid-Year Overall Rating:			End of Year Overall Rating:	

ASSESSMENT

GOAL: MEASUREMENT AND PSYCHOMETRICS*

- N/A** **OBJECTIVE:** Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context

	Q1	Q2	Q4	
E				Demonstrates awareness and competent use of culturally sensitive instruments and norms

E				Seeks consultation as needed to guide assessment
E				Demonstrates understanding of limits of assessment data which is clearly reflected in assessment reports
I				Identifies appropriate assessment measures for cases seen at practice site
I				Routinely consults with supervisor regarding selection of assessment measures
R				Does not value the benefits or retain knowledge of multiple methods and means of evaluations
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: EVALUATION METHODS*

- N/A** **OBJECTIVE: Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning**

	Q1	Q2	Q4	
E				Selection of assessment tools reflects a flexible approach to answering the diagnostic questions
I				Demonstrates intermediate level ability to accurately and consistently select, administer, score, and interpret assessment tools with client populations
R				Is not consistent or accurate with administering different diagnostic approaches or interpretations
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: APPLICATION OF METHODS*

- N/A** **OBJECTIVE: Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice**

	Q1	Q2	Q4	
E				Interview and report leads to formulation of a diagnosis and the development of appropriate treatment plan
E				Independently selects assessment tools that reflect awareness of client population served at practice site
E				Interprets assessment results accurately taking into account limitations of the evaluation method
I				Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams

I				Regularly scores and interprets appropriate testing measures
I				Regularly selects and administers appropriate testing measures
I				Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise)
R				Lacks the knowledge of utilizing multiple sources or ability to select appropriate measures.
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: DIAGNOSIS & CONCEPTUALIZATION*

- N/A** **OBJECTIVE: Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity**

	Q1	Q2	Q4	
E				Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem
E				Regularly and independently identifies problem areas and makes a diagnosis
E				Formulates case conceptualizations incorporating theory and case material
I				Presents cases and demonstrates how diagnosis is based on case material
I				Demonstrates ability to identify problem areas and to use concepts of differential diagnosis
R				Does not utilize or identify criteria from DSM to formulate or develop diagnosis or intervention planning
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: COMMUNICATION OF FINDINGS*

- N/A** **OBJECTIVE: Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner**

	Q1	Q2	Q4	
E				Writes an effective comprehensive report
E				Effectively communicates results verbally
E				Provides meaningful, understandable and useful feedback that is responsive to client need

E				Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate
I				Reports reflect data that has been collected via interview and its limitations
I				Writes a basic psychological report
R				Unaware of importance of communicating any finding or results either in verbal or written manner
Mid-Year Overall Rating:				End of Year Overall Rating:

INTERVENTION

GOAL: KNOWLEDGE OF INTERVENTIONS*

- N/A** **OBJECTIVE: Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences**

Q1 Q2 Q4

E				Writes a case summary incorporating elements of evidence-based practice
E				Presents rationale for intervention strategy that includes empirical support
I				Demonstrates knowledge of interventions and explanations for their use based on EBP
I				Demonstrates the ability to select interventions for different problems and populations related to the practice setting
I				Investigates existing literature related to problems and client issues
R				Is not well versed in many of the EBP or lacks a basic understanding of benefits and risks of different approaches
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: INTERVENTION PLANNING*

- N/A** **OBJECTIVE: Independent intervention planning, including conceptualization and intervention planning specific to case and context**

Q1 Q2 Q4

E				Accurately assesses presenting issues taking in to account the larger life context, including diversity issues
E				Conceptualizes case independently and accurately

E			Independently selects an intervention or range of interventions appropriate for the presenting issue(s)
I			Writes understandable case conceptualization reports and collaborative treatment plans incorporating evidence-based practices
R			Unable to create an intervention based conceptualization and planning.
Mid-Year Overall Rating:			End of Year Overall Rating:

GOAL: SKILLS & IMPLEMENTATION*

N/A **OBJECTIVE: Clinical skills and judgment**

	Q1	Q2	Q4	
E				Independently and effectively implements a typical range of intervention strategies appropriate to practice setting
E				Terminates treatment successfully
E				Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation
E				Effectively delivers intervention
I				Presents case that documents application of evidence-based practice
I				Demonstrates appropriate judgment about when to consult supervisor
R				Struggles with basic therapeutic skills to build rapport and relationship with clients
Mid-Year Overall Rating:			End of Year Overall Rating:	

GOAL: APPLICATION OF SCIENTIFIC METHOD OF PRACTICE*

N/A **OBJECTIVE: Evaluation of outcomes treatment progress and modify planning as indicated, even in the absence of established outcome measures**

	Q1	Q2	Q4	
E				Evaluates the progress of own activities and uses this information to improve own effectiveness
E				Seeks consultation when necessary
I				Assesses and documents treatment progress and outcomes
I				Compiles and analyzes data on own clients (outcome measurement)

I			Alters treatment plan accordingly
I			Participates in program evaluation
I			Describes instances of lack of progress and actions taken in response
R			Unable to evaluate intervention outcomes
Mid-Year Overall Rating:			End of Year Overall Rating:

ADVOCACY

GOAL: EMPOWERMENT*

- N/A** **OBJECTIVE: Intervenes with client to promote action on factors impacting development and functioning**

	Q1	Q2	Q4	
E				Promotes client self-advocacy
I				Identifies specific barriers to client improvement, e.g., lack of access to resources
I				Assists client in development of self-advocacy plans
R				Struggles with connecting social and cultural factors to possible impact on client development and resources
Mid-Year Overall Rating:			End of Year Overall Rating:	

CONSULTATION

GOAL: ADDRESSING CONSULTATION NEED & COMMUNICATING FINDINGS*

- N/A** **OBJECTIVE: Applies knowledge to provide effective consultation feedback and to articulate appropriate recommendations**

	Q1	Q2	Q4	
E				Provides verbal feedback to consultee of results and offers appropriate recommendations

E			Recognizes situations in which consultation is appropriate
E			Demonstrates ability to gather information necessary to answer referral question
E			Clarifies and refines referral question based on analysis/assessment of question
E			Demonstrates capability to shift functions and behavior to meet referral needs
I			Articulates common and distinctive roles of consultant
I			Compares and contrasts consultation, clinical and supervision roles
R			Struggles to approach consultees in a respectful or honoring manner
Mid-Year Overall Rating:			End of Year Overall Rating:

SUPERVISION

GOAL: PROVIDING SUPERVISION

N/A **OBJECTIVE: Understands complexity of the supervisor role including ethical, legal, and contextual issues**

	Q1	Q2	Q4	
E				Provides supervision to less advanced trainees, peers or other service providers in typical cases appropriate to the service setting
I				Identifies roles and responsibilities of the supervisor and supervisee in the supervision process
I				Reflects on supervision process, areas of strength and those needing improvement
R				Does not comprehend the process of supervision or supervisor's roles
Mid-Year Overall Rating:			End of Year Overall Rating:	

GOAL: ROLES, PROCESSES, & PROCEDURES*

N/A **OBJECTIVE: Knowledge and understanding of roles, procedures, and practices of supervision**

	Q1	Q2	Q4	
E				Demonstrates awareness of potential conflicts in complex ethical and legal issues in supervision

E				Independently constructs plans to deal with areas of limited competency and discusses plans with supervisor
I				Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance
I				Identifies goals and tasks of supervision related to developmental progression
I				Recognizes ethical and legal issues in supervision
R				Lacks understanding of the supervision procedures or practices
Mid-Year Overall Rating:				End of Year Overall Rating:

GOAL: AWARENESS OF FACTORS AFFECTING QUALITY

- N/A** **OBJECTIVE: Understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice, able to engage in reflection on the role of one's self on therapy and in supervision**

	Q1	Q2	Q4	
E				Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it
E				Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process
I				Demonstrates knowledge of APA guidelines in supervision practice
I				Demonstrates awareness of role of oppression and privilege on supervision process
R				Unaware of cultural differences or does not show understanding of dimensions of individual diversity through interaction
Mid-Year Overall Rating:				End of Year Overall Rating:

ADMINISTRATION

GOAL: ADMINISTRATION

- N/A** **OBJECTIVE: Awareness of principles of policy and procedures manual for organizations, programs, or agencies (OPA), awareness of basic business, financial, and fiscal management issues**

	Q1	Q2	Q4	
E				Responds promptly to organizational demands

E			Independently and regularly manages and evaluates own direct delivery of services, identifying opportunities for improvement
I			Articulates approved organizational policies and procedures
I			Completes reports and other assignments promptly
I			Complies with record-keeping guidelines
I			Responds appropriately to managers and subordinates
I			Manages scheduling and maintenance of records
I			Demonstrates understanding of quality improvement (QI) procedures in direct delivery of services, basic management of direct services, QI procedures
R			Difficulty keeping up with assignments, or directions, or compliance with regulations
Mid-Year Overall Rating:			End of Year Overall Rating:

PERCENTAGE OF HIGHLIGHTED COMPETENCIES MET

3-month: 6-month: 12-month:

1ST QUARTER EVALUATION COMMENTS

Supervisor Comments Regarding Competency Evaluation (If Any):

I confirm that I have reviewed and discussed the 1st Quarter Evaluation with _____.

Supervisor Initials: _____

2ND QUARTER EVALUATION COMMENTS

Supervisor Comments Regarding Competency Evaluation (If Any):

I confirm that I have reviewed and discussed the 2nd Quarter Evaluation with _____.

Supervisor Initials: _____

4TH QUARTER EVALUATION COMMENTS

Supervisor Comments Regarding Competency Evaluation (If Any):

I confirm that I have reviewed and discussed the 4th Quarter Evaluation with _____.

Supervisor Initials:

Date:

Appendix B

APPIC policy requires that all Doctoral interns be informed of the Due Process and Grievance Procedures both during the application process and at the start of the internship. These policies are included here for your review and will also be reviewed during interviews as well as during the initial internship orientation. Please call Dr. Katie Devlin at (949) 330-1677 if you have any questions.

Due Process and Grievance Process

Options for Management of interns:

1. Staff will update Training Committee on intern progress at each committee meeting
 - a. Initiate plan of correction/remediation when committee agrees or intern has been resistant to efforts to address noted concern
2. Use of supervision notes or confirmation email that specify needed follow up (see Intern Supervision Notes below: Appendix B) at all supervision sessions once concern arises
 - a. Supervision notes are signed by intern and a copy is given to the intern. Confirmation email is read and acknowledged by intern to supervisor if email is used to communicate agreed plan.
 - b. If intern problem remains after three or more signed supervision notes, coaching ensues to correct problem, as intern is not demonstrating capacity to change independently
 - c. 1-2 Coaching/Counseling sessions to walk intern through desired change
 - i. Intern's agreed upon plan is summarized by supervising psychologist in an email written to the intern with a cc to both the DT and Regional Program Director (RPD)
 - ii. If behavior remains unchanged after emailed plan, move on to intervention/correction action plan
 - d. Correction Action Plan (See Corrective Supervision Tool below)
 - i. Use provided form
 - ii. Seek intern permission to involve school in effective planning
 - iii. Initiate and outline plan of correction between Supervising Psychologist and internship DT, and school DT where permitted
 - iv. Present to intern, discuss, make any necessary changes, and have intern sign
 - v. Written/electronic copy provided to Program Director and Director of Training
 - e. Remediation plan (See Remediation Plan for Doctoral Interns below)
 - i. Usually includes the school in the Remediation plan
 - ii. Usually includes increased supervision
 - iii. Always sets a timeframe for improvement
 - iv. Usually sets failure to complete the internship as a possible outcome of remediation plan
 - f. Academic probations (drop box on Remediation plan)
 - i. Due to failure to meet remediation plan
 - ii. May extend remediation plan for extenuating circumstances or terminate internship
3. Poor performance on evaluation may trigger next step (e.g. Corrective Action Plan or Remediation Plan)
 - a. A significant # of low ratings (poor performance) on the evaluation triggers a remediation plan
4. For specific issues (e.g. poor attendance in clinic)
 - a. As we are unable to dock interns for late time on their paycheck, use vacation time for missing work instead
5. Unethical, violent, or highly disruptive behavior (e.g. stealing, physical attack, knowingly disregarding client confidentiality) may result in immediate termination of internship

INTERN COMPLAINT OR GRIEVANCE ABOUT SUPERVISOR, STAFF MEMBER, TRAINEE, OR THE TRAINING PROGRAM

It is expected that relations between the doctoral interns and the supervisors/training staff will be characterized by *mutual respect and courtesy*. When relations are conducted in this manner, it is expected that any dispute between interns and faculty members will be quickly resolved.

The Internship Program will use the Due Process method whenever a dispute is not immediately resolved and utilize the following procedures. The guidelines above are intended to provide the Intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

1. The intern will raise the issue with the supervisor, staff member, other trainee, or Director of Training in an effort to resolve the problem directly and informally.
2. If the intern cannot resolve the grievance with the staff member or supervisor, the matter will be brought to the attention of the Program Director. The Program Director will review the problem with the intern and attempt to resolve the grievance informally with the staff member or supervisor involved.
3. If the grievance cannot be resolved informally, the Program Director will review the grievance with the Director of Training and the supervisor before the next Training Committee meeting. The Director of Training will make recommendations for resolving the grievance in consultation with the appropriate group, depending on the nature of the complaint. Grievances about individual staff or employees will be handled in consultation with the Human Resources Manager. Grievances about the training Program will be handled in consultation with the Psychology Training Committee. If the Director of Training is the object of the grievance, or is unavailable, the issue should be raised instead with the Director of Operations who will determine which review group is most appropriate.
4. Grievances about or against staff that are not resolved at the level of the Director of Operations and HR Manager will be brought to the CEO for final resolution.
5. Grievances about the Psychology Training Program that have not been resolved by the Director of Training in consultation with the Psychology Training Committee will go to a Panel for final resolution. The Director of Training (or Director of Operations) will convene a review panel consisting of the Director of Training, the Director of Operations, the Human Resource Manager and one staff members of the Intern's choosing. The Review panel will review all written materials (from the Intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.

Appendix C

Supervision Notes for Doctoral Interns

Supervisee:

Supervisor:

Date:

High risk client initials or issue discussed	Risks	Method of Assessment	Plan

Concerns:

Directives:

Response to Directives:

Intern Signature

Supervisor Signature

Appendix D

Corrective Supervision Tool for Doctoral Interns

1. Highlight a positive skill, attribute or recent accomplishment:
2. State the problematic behavior:
3. Explain why the behavior is a problem (for the Agency, for teammates, for management):
4. Explain why the behavior is a problem for the psych intern:
5. Describe the desired behavior. Give specifics:
6. Explain why the desired behavior will be beneficial for all involved (Agency, teammates, AND the psych intern):
7. Define how you want to see the behavior (role play, model, ask them to demonstrate):
8. Describe how the supervisor will support the requested change:
9. Agree on a follow-up date (2-5 days maximum!):

Remediation Plan for Doctoral Interns

1. State the problematic behavior, performance, or conduct:
2. Describe the desired behavior . Give specifics:
3. Give specific recommendations for rectifying the problem:
4. Describe the steps the intern/supervisor/Director of Training will take to meet the goal and demonstrate the desired behavior. Check all that apply:
<input type="checkbox"/> increased supervision
<input type="checkbox"/> change in format, emphasis or focus of supervision
<input type="checkbox"/> involve graduate school Director of Training in problem solving
<input type="checkbox"/> recommendation/requirement of personal therapy
<input type="checkbox"/> reduce workload
<input type="checkbox"/> specify coursework to complete
<input type="checkbox"/> recommend leave until
<input type="checkbox"/> recommend second internship after resolving current performance problem
5. Specify emphasis of supervision, additional course work or training, recommendation of graduate program, workload reduction, here
6. Define procedures for measuring success or failure of effort:
7. Describe how the supervisor will support the required change:
8. Time frame for successful resolution or probation status decision:

Date:

Intern Signature

Supervisor Signature

Dir of Training Signature



Outcome (select one):

- No improvement in performance
- Incomplete improvement in performance
- Complete improvement in performance

Recommendation (select one):

- Remove from internship
- Place on probation
- Return to routine intern status

Date:

Intern Signature

Supervisor Signature

Dir of Training Signature