



The Help Group
 Doctoral Internship Program in Health Service Psychology

Intern Brochure 2024-2025
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THE HELP GROUP

OVERVIEW OF THE AGENCY

Founded in 1975, The Help Group is the largest, most innovative, and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse, and emotional problems.

The Help Group provides over 15 types of comprehensive services throughout Los Angeles County communities including nine specialized day schools, child abuse prevention programs, residential programs, transitional age youth programs, outpatient services, and more. The Help Group offers pre-K through high school programs for more than 1,600 students. Its broad range of mental health and therapy services extends its reach to more than 6,000 children and their families each year. The Help Group employs more than 950 staff members in state-of-the-art schools and programs located in the Los Angeles area.

Recognizing that the problems of our community are complex and multifaceted, The Help Group offers a continuum of services, ranging from outpatient therapy to 24-hour residential care. In addition, the programs within The Help Group are offered individually or may be combined to address the unique needs of each child or family. This range of services affords the thousands of children, adolescents, young adults, and families served by The Help Group a tremendous opportunity for continuity of care, as clients can move fluidly from one level of care to another as needed.

The programs of The Help Group receive funding from the Los Angeles County Department of Mental Health, the Los Angeles County Department of Children and Family Services, the Los Angeles Unified School District, health insurance panels, and other governmental agencies.

The programs of The Help Group serve a broad spectrum of children, adolescents, and families of varied ethnicities, cultural backgrounds, and socioeconomic levels. Many of the clients in each of The Help Group programs live below the poverty level. The Help Group's services are designed to be sensitive to cultural differences and multilingual needs. Over 60% of The Help Group's clients are from diverse populations. Bilingual staff are employed across all disciplines; current staff includes bilingual Spanish/English speaking psychologists, social workers, in-home counselors, and paraprofessionals. All services are offered in both Spanish and English.

The Help Group is located across Los Angeles County with most of its services centralized in the suburban San Fernando Valley, Culver City, and Irvine. Most clinics are thirty to sixty minutes from downtown Los Angeles. All Help Group campuses are located in culturally and ethnically diverse areas where cultural, professional, and recreational opportunities abound. Numerous major universities, professional schools, and training institutes are in close proximity.

The Help Group Child and Family Center (formerly Los Angeles Center for Therapy and Education) is the founding agency of The Help Group, initially established in 1953 as an outpatient treatment program for children with communicative disorders. At that point in our community's history, there were few services available to children and families with special needs. Recognizing this gap in services, The Help Group dedicated itself to creating innovative programs for those in need, including children with emotional and developmental difficulties, as well as those who have been victims of abuse or neglect or who are at risk of being abused. As the community has grown, so have its social problems, and so have The Help Group's

efforts to respond to these issues. Over the years, as other and greater needs have arisen, The Help Group has been a pioneering agency, recognizing these special needs and creating programs to fill them.

All children, adolescents and families served by The Help Group's school and residential programs (see below for description of these programs) receive therapeutic services through The Child and Family Center, including but not limited to psychotherapy, psychiatry, crisis intervention, speech and language therapy, and parent education.

The Child and Family Center's outpatient department offers numerous community-based and in-home treatment programs.

SPECIALIZATION IN NEURODIVERSITY AND COMMITMENT TO NEUROAFFIRMING CARE

The Help Group is widely recognized as a leader in assessment and therapeutic services for neurodivergent children and families, including autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), and learning disabilities. The Help group recognizes that neurodiversity encompasses a broad range of individuals and life experiences and is committed to a neuroaffirming model of care, emphasizing individual strengths in supporting emotional health and psychological wellbeing.

The Help Group is committed to continued training and professional development of its clinicians in areas of neurodiversity, alongside community outreach. Cutting edge trainings designed for clinicians as well as parents are offered throughout the year on topics which have included Strengths of ADHD, Translating Autism Genetic Findings into Therapy, and Management of Irritability and Agitation in ASD.

The Help Group also collaborates closely with the UCLA Semel Institute for Neuroscience and Human Behavior through The Autism Alliance. The Alliance is dedicated to enhancing and expanding clinical research in the education and treatment of autism spectrum disorders (ASD) and to contributing to the development, greater understanding, and use of best practice models by researchers, educators, and clinicians.

INTRODUCTION TO THE INTERNSHIP PROGRAM

The Psychology Doctoral Internship Program at The Help Group is designed to facilitate the professional growth of interns who are in the process of becoming practicing psychologists. The goals of the internship year include assisting the intern to become more skilled in the breadth and techniques of assessment and intervention with children, adolescents, and families. We also hope to provide an understanding of these intervention strategies within the context of a chosen theoretical rationale. Additionally, the internship year will familiarize students with a host of issues that will involve them in the delivery of mental health services to children, adolescents, and families, and in a variety of treatment modalities appropriate to working with these populations. During the training year, emphasis is also placed on giving the intern exposure to the varied roles a psychologist plays in a large community-based mental health agency, including but not limited to administration, program evaluation, supervision, and consultation.

Students entering the Internship Program will have finished their course work, completed at least three years of graduate training, have prior experience with clinical populations, been admitted to doctoral candidacy, and received confirmation by their graduate training director of their readiness for internship prior to the beginning of the internship year. The Help Group accepts applications only from students who are attending APA-accredited graduate schools. Furthermore, interested applicants must be U.S. citizens or be able to obtain an F-1 Visa and authorization to participate in Curricular Practicum Training from their university. The Help Group does not sponsor students for visas.

The Help Group's Doctoral Internship Program is accredited by the American Psychological Association. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C., 20002-4242
(202) 336-5979
apaaccred@apa.org
www.apa.org/ed/accreditation

The Help Group is a member of APPIC and follows their guidelines.

The Internship is a full-time 12-month program that requires at least 1900 hours for the training year with 1750 hours of Supervised Professional Experience (SPE) toward licensure. The stipend for Doctoral interns is accrued hourly with an annual average salary of approximately \$34,300 per year, with an additional \$3000.00 for students who are completely bilingual in Spanish. The internship Interns are eligible for health and dental benefits approximately six weeks after the beginning of the internship year.

There are a number of clinical programs at The Help Group. Not all of which are listed here. To find out more about all the programs at the organization, visit www.thehelpgroup.org and select "Programs & Services" for a complete description.

The list below, while not exhaustive, includes the programs interns typically work within during their yearlong primary placement. Interns will be primarily placed in one program based on interest and program needs (typically school-based or in mental health program), with the opportunity to collaborate throughout the training year (e.g., a school-based intern may co-lead a therapy group at REACH).

Mental Health Programs

The [Outpatient Services](#) program aids children and families within their communities through its Child and Family Center therapeutic programs and through [Lumina Counseling](#) launched by The Help Group in 2022 in response to growing demand for mental health services. The program aims to provide a range of outpatient therapeutic services through insurance, County funding, private pay, and managed health care plans.

<https://luminacounselingla.com/>

<https://www.thehelpgroup.org/program/outpatient-services/#>

The [REACH After-School Day Rehabilitation](#) program (Recreation, Enrichment, Athletics, Counseling and Health) is a unique after-school mental health program funded by Los Angeles County Department of Mental Health (DMH) and designed specifically for children ages 5-12 with social, emotional and/or behavioral challenges.

<https://www.thehelpgroup.org/program/reach/>

Special Education Day School Programs

The Help Group began its work in special education day schools in 1975. Nine special education day school programs now exist, each with its own unique focus. Together, these schools constitute the largest state-certified special education day school serving students who have serious emotional and behavioral challenges, serious communication and socialization challenges, and serious learning disabilities. Students are referred to these programs by school districts throughout Los Angeles County, the Department of Mental Health, local Regional Centers, and mental health and other service professionals in the greater Los Angeles community. The programs offer individualized and varied curricula in well-integrated, structured, and therapeutic environments. Our schools serve preschool, elementary, middle, and high school students.

The Help Group's North Hills Prep (NHP) fully accredited by the Western Association of Schools and Colleges (WASC), offers a traditional college preparatory curriculum while supporting and challenging creative learners with socioemotional difficulties in a nurturing and inclusive community.

<http://www.northhillsprep.com/>

Village Glen School is a WASC-accredited college preparatory program for students with social and communicative disorders, including autism spectrum disorder and learning differences. The Pace Program is available for gifted students. The Beacon Program educates students with behavioral challenges.

<https://villageglen.org/>

The Bridgeport Vocational Education Center provides young adults with special needs a unique learning environment where they can develop independent living skills and vocational opportunities.

<https://www.thehelpgroup.org/school/bridgeport-vocational-education-center/>

Bridgeport School integrates an academic curriculum with hands-on life skills training and vocational services for students with mild cognitive delays and challenges in the areas of social communication and/or language development.

<https://www.thehelpgroup.org/school/bridgeport-school/>

Summit View School fosters the fullest potential of students with specific learning disabilities. In this dynamic environment, students build their academic skills and experience the educational process as positive and rewarding.

<https://www.summitview.org/>

Residential Programs

Project Six/The Commons is a residential program designed to assist young people in gaining the comprehensive skills necessary to successfully reintegrate into their local school, community, and family home.

<https://projectsix.org/>

Project Six Adult Residential Program is dedicated to improving the quality of life of adults with developmental disabilities through endorsing choices and protecting rights. Anchored by the belief that every individual is entitled to the supports and structure necessary to help maximize potential, Project Six is committed to a person-centered team approach which supports each resident in the achievement of self-worth and happiness.

<https://www.thehelpgroup.org/program/project-six-adult-residential-program/>

Assessment & Testing is also an integral aspect of intern training. All interns will participate in and receive supervision for diagnostic testing over the course of their training. P.L.A.N. Assessment Center provides comprehensive assessments that are tailored to identify each child's individual strengths and challenges, and provide an understanding of overall development, diagnoses, and treatment recommendations. The P.L.A.N. Assessment Center is an assessment center dedicated to providing diagnostic and developmental assessments to individuals with a variety of needs including suspected neurodevelopmental disorders (e.g., Autism Spectrum Disorder, ADHD, Intellectual Disability), social-emotional issues (e.g., anxiety, depression, self-esteem), and learning difficulties (e.g., reading, writing, mathematics, underachievement, anxiety, low self-esteem). Our assessments are comprehensive and are tailored to answer families' and other professionals' specific questions. We provide families, clients, and treatment teams with an understanding of a child's overall development, diagnoses, and treatment recommendations.

The programs at The Help Group continue to grow to meet the ever-changing needs of the community. To accommodate this growth, the agency not only accepts assessment referrals from current clients and families, but also through local schools, other outpatient setting and fee-for service for self referrals.

<https://www.thehelpgroup.org/p-l-a-n-center/>

PHILOSOPHY AND MODEL OF TRAINING

The educational and training model of The Help Group's Doctoral Internship Program grows out of the Local Clinical-Scientist Model. Consistent with this model of training, the scientific approach is applied to all clinical practice endeavors through a process of learning, doing, and reflecting.

Interns are exposed to research-based empirical and theoretical knowledge in the field, they are given a wide variety of experiences in service delivery, and they are asked to engage in ongoing analysis, reflection, and dialogue on the nature of this experience. The general knowledge gleaned from scientific and theoretical endeavors is then adapted to the clients' own emotional, cultural, and environmental contexts to arrive at treatment strategies that are most fitting. Supervision then offers the opportunity for reflection, incorporating examination of ethical issues and the interns' professional identity.

The process of learning, doing, and reflecting is applied to all psychological roles including service delivery, consultation, supervision, program development, program evaluation, and mental health administration. The scientific principles of careful and systematic observation, as well as those of curiosity, inquisitiveness, skepticism, and openness to divergence are encouraged and valued as a means of carefully reflecting on experiences.

This approach fosters the development of professionals who have a perspective that ranges from the particular to the general, sensitivity to ecological validity and cultural context, and respect for the complexity and subtlety of their work.

Training Model

The Doctoral Internship Program's model of training is experiential, based on the belief that professional competency is developed through hands-on direct service contact with clients, reflective practice, and in-depth analysis of clinical and professional interactions. A key component of this analysis is the interns' endeavor to learn who they are as clinicians, and in turn to make increasing use of that knowledge to better understand and help their clients. This growing awareness of self is integrated with the interns' knowledge of theory and research, balancing the art and science of psychology.

Interns can join the multidisciplinary team in a role of autonomy and responsibility, while being provided with the necessary support, supervision, and training they need to fully assume that role. This approach to learning is carried through all aspects of the intern's professional training, including experiences with mental health administration, program development and evaluation, consultation, and supervision.

Work at The Help Group demands flexibility and adaptability, as much of the therapeutic work is conducted in non-traditional settings (e.g., a school-based milieu setting, the client's home, etc.). This allows students to develop a conceptualization of their role that is not bound to a specific external structure, fostering the development of psychologists who are able to meet the needs of an ever-changing world while maintaining the basic tenets of their role and their profession.

The Doctoral Internship Program is also invested in training interns to anticipate trauma exposure responses, create a sustainable practice approach, and manage their countertransference reactions. The clinical work in a community mental health setting with children and families who are often victims of child abuse and systemic inequities may weigh heavily on our interns. The training program uses the experience of treating childhood trauma as an opportunity to help interns plan for delivering care to traumatized populations ethically and with intentionality over the course of their career. We hope to retain psychologists in the treatment of traumatized and disenfranchised youth by preparing our interns to anticipate how they will care for themselves to best care for others.

Treatment Philosophy

The Help Group is an organization committed to working within the larger community, creating linkages with governmental agencies, the business and philanthropic communities, and other providers. Working with a growth mindset in identifying and promoting change in systemic limitations, while also working to navigate within those same limitations. Our clients must function within their communities; therefore, a significant part of their treatment involves uncovering, strengthening, and creating linkages in their lives. This approach may range from helping an individual link with unacknowledged parts of the self, to helping members of a family link with each other, to facilitating a family's linkage with community resources to meet their needs. Many clients of The Help Group are dealing with problems that are of a chronic and highly complex nature. The intern is trained to understand and appreciate the tremendous energy and hope that can be stimulated by even subtle interventions or fragile linkages, thereby decreasing the individual or family's sense of isolation and hopelessness.

The treatment methods at The Help Group reflect this dedication to forging links. Two of these treatment approaches are described below.

Multidisciplinary Teamwork and Consultation

In approaching the treatment of children, adolescents and families, The Help Group believes strongly in a treatment team approach. A child must be viewed not in isolation, but rather within the context of the many different arenas in which she/he lives, including family, school, friendship, other support networks and the larger community. Viewing a child from a multitude of vantage points allows areas of strength as well as deficit to be readily evident and demands that the therapist make sense of apparent differences in functioning in varying environments. This results in more careful and realistic assessments of the child or family and facilitates the creation of practical and useful treatment plans.

This team orientation is especially essential in the treatment of children and adolescents who are alienated from themselves and their communities, as is common with the population we treat. Through an integrated and cohesive effort by a team of professionals with differing roles and skills, the child is confronted by the same therapeutic messages in a variety of situations and is assisted in integrating new skills across those situations. The treatment team at The Help Group can include the child, the family or significant others, therapists, psychiatrists, group leaders, speech and language therapists, teachers and other school staff, professionals from such agencies as the Department of Children and Family Services, Department of Mental Health, Regional Centers or the Probation Department, and others significant to the child's life.

The intern assumes the role of the team leader and is responsible for coordinating the contributions of these team members. This role demands a variety of skills, including conceptualization skills (an ability to conceptualize the client's strengths and weaknesses as well as the team's strengths and weaknesses), systems analysis (envisioning the team as a system), consultation, problem solving, and case management. Interns at The Help Group receive training and supervision on consultation. The primary areas in which interns are called to consult are within the child welfare system, schools, and during psychological assessments. Specialized trainings around these systems were developed to prepare interns to know who the key players are within each system, understand their roles and boundaries, and develop a vision for their contributions to the system's shared goals.

The value of a team approach is multi-layered and generates increased understanding of the child and their world in many ways. For example, analysis of the conflicts that emerge as a team works together can lead to an enhanced understanding of the conflicts within the client's internal world. Through supervision, the intern is encouraged to observe and understand the ways in which the internal workings of the client may be projected onto the team and its various members, and how the team enacts these projections. To facilitate the creation of a cohesive team, the intern is assisted in developing the skills to manage these conflicts. The clinician's strategies must incorporate an appreciation of each individual team member's strengths and deficits, an assessment of the overall abilities and limitations of the team, and an awareness of the constraints imposed on the larger structure of the agency system. This understanding parallels the clinician's recognition of the client as an individual, a member of a family and a part of a larger community.

An Integrative Treatment Approach

The overall orientation of the agency's Training Department is integrative and includes an emphasis on attachment theory, object relations, cognitive behavioral, family systems, solution focused, and play therapy approaches. Current patterns of behavior are understood within the context of the internalization of early significant relationships, developmental arrests, systemic factors, and relational processes. The ways in which cultural background, socio-economic status, and genetic predisposition and limitation shape, structure and influence the way one experiences the world and digests information are also emphasized.

The Training Department houses diverse psychologists who can offer effective but divergent viewpoints on cases. The Training Department is reflective, relational, and practical. While some supervisors may primarily conceptualize from different schools of thought, all supervisors welcome inquiry and reflection into the supervision dyad. The training department does not aim to train interns in one orientation, but instead helps psychologists-in-training better define and apply their chosen theoretical orientation.

While many clinicians at The Help Group think dynamically, they work practically, using techniques from behavioral, cognitive-behavioral, developmental, and family systems models. Behavioral interventions assist a child to learn to approach situations in new and more adaptive ways, through such techniques as shaping, reinforcing client strengths, and teaching new skills. Social skills training, in both therapy sessions and milieu treatment, can be a powerful tool to enhance social relatedness. Clients are encouraged to expand their repertoire of coping skills by learning problem-solving techniques, socialization skills, communication skills, relaxation techniques, etc.

While these techniques are powerful, they are not, however, sufficient to overcome the ingrained patterns of behavior and relatedness that inhibit client growth. Often these maladaptive patterns include strong prohibitions against the acceptance of adult intervention, which make it difficult for clients to accept and integrate the new behavioral techniques that might serve them.

Clinicians at The Help Group place an emphasis on understanding the relational aspects of the therapeutic connection. The relationship is utilized to uncover patterns of behavior in the here-and-now that may be interfering with the client's growth. Clinicians are not likely to analyze the relationship with their clients aloud, but instead use this understanding to plan interventions with the goal of assisting their clients to develop more supportive, stable, and sustaining relationships.

Clients at The Help Group often inadvertently share who they are by making the clinician feel as they do, or as significant others in their life might feel. As a result, the clinician's countertransference reactions are often crucial pieces of data, that when harnessed, significantly contribute to understanding the client. Clinical supervision, therefore, requires that interns be willing to share their countertransference reactions and their emotional experiences of clients with their supervisors. Because clinicians use themselves as "instruments" in the therapeutic encounter, self-awareness and self-reflection are emphasized. Supervisors assist interns in exploring and understanding the qualities and dynamics they bring to each interpersonal encounter and how these facilitate or hinder effective communication. They may ask supervisees to reflect on their lives and any personal issues that could be affecting their work with a client. Supervisees are encouraged to share personal information during clinical supervision as such disclosure can be quite useful as it relates to the clinical work being discussed.

Cognitive behavioral techniques are regularly used to help clients manage the flood of affect they experience because of their precariously structured internal world. Treatment identifies and supports client strengths, while aiding clients in recognizing their limitations. These distinctions can facilitate a differentiation between areas that are hopeful and those that are best mourned and let go, resulting in the development of realistic expectations of self.

A similar approach is taken in work with families. The focus of family treatment generally includes identifying conflicts, role confusion, and basic needs. Clinicians may aid family members in recognizing and acknowledging their abilities as well as their limitations or disappointments, and in learning new, more realistic and satisfying ways of relating. They may also target specific child behavioral problems and assist caregivers by encouraging, supporting, and strengthening their roles to become partners with their children in effecting change. Additionally, they provide education and information, tools that empower families to pursue and maintain their sense of well-being. Moreover, they link families to community support services, and thereby prevent unnecessary crises. All these approaches aid families in maintaining changes and promoting better functioning.

TRAINING GOALS AND OBJECTIVES

The overall goal of The Help Group's Doctoral Internship Program is to prepare interns for the professional practice of psychology. The program has clearly defined areas of expected competency that are consistent both with our philosophy and training model as well as with more global standards for the training of professional psychologists. By the end of the internship year, it is expected that interns will be ready for entry level independent practice and meeting competency in the following areas:

Foundational Competencies

1. Research
2. Ethical-Legal Standards & Policy
3. Individual and Cultural Diversity
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Interdisciplinary Systems & Consultation

STRUCTURE OF THE PROGRAM

The Internship structure involves one primary clinical rotation that comprise the majority of the Interns time and selected project rotations throughout the year that equate to approximately 3-4 hours per week.

Primary Rotations

Clinical: Interns will be placed in one of our many mental health, school, or residential based settings as their primary rotation for the year (listed above). Rotation placement is determined by several factors, including, but not limited to, training goals, training experience, clinical necessity, clinical fit, and/or supervisory/staff fit. Within their primary rotations interns are responsible for the diagnosis and treatment of approximately 8-10 individual clients. Clients in the school-based setting are generally seen for two 30-minute sessions per week or one 60-minute session depending on the needs of the client. Clients in the outpatient department are generally seen once a week for 60-minute sessions. Interns are also expected to provide family therapy, case management, collateral sessions, crisis intervention, and team consultation for their clients. Interns' clients present with diverse psychological symptoms, various levels of functioning, age, ethnicity, socio-economic status, etc.

School-based clients are generally seen in the school setting for the length of the school year. Outpatient department clients are seen for treatment either in the more traditional clinic setting, in day-treatment programs, within a milieu, in group treatment settings, or in their own homes. Interns may be assigned cases requiring in-home support, thereby exposing them to this innovative treatment modality as well. Caseloads are subject to some variability regarding the above model. The goal of the training department is to help Interns learn to "meet clients where they are" in their levels of need.

Within the mental health and clinical programs, interns provide treatment to clients presenting with chronic and complex mental health and developmental needs, systemic stressors, significant trauma, and/or manifestations of intergenerational trauma. As such, interns often face varying levels of treatment resistance in their cases and therefore should have experience with many clinical populations and levels

of care prior to internship. Interns should be prepared for the natural struggle to build close interpersonal bonds with children and caregivers who have experienced several adverse childhood experiences, including systemic oppression. Primary rotation may be subject to change due to various factors including, but not limited to, funding, supervisor availability, or clinical need.

Psychodiagnostic Assessment: Throughout the training year, *all* interns complete psychodiagnostic batteries through the P.L.A.N Assessment Center (psychological, psychoeducational, learning, neurodevelopmental, and neuropsychological). These batteries can include tests of cognitive, personality, perceptual and academic functioning utilizing qualitative, quantitative, and projective measures. Referral to the P.L.A.N Assessment Center come from both the community and from within various Help Group programs. Teachers, administrators, and therapists throughout the agency refer their clients for psychological assessment. The referral questions range from differentiating diagnoses to helping with treatment planning. Interns receive supervision from The Help Group's testing supervisor. The supervisor and the intern design the battery that will specifically answer the referral question. Interns then administer the battery using tablet/mobile application, web interface, paper and pencil tests, behavioral assessments, school observations, computerized assessment, etc. Due to the wide range of referral questions the PLAN Center receives a wide variety of tests are available to answer complex referral questions. Additionally, to help ensure assessment training is well-rounded and thorough, Interns are expected to build comprehensive assessment batteries, which include objective, projective, historical, collateral, and observational information. Interns are expected to provide feedback to children, families, and other professionals through written reports, verbal feedback, and consultative meetings.

Independent Project

Throughout the year Interns will also participate in or create an Independent Project. The goal of the project is to help interns gain experience in non-clinical activities related to the professional field of psychology. Interns will be required to propose an independent project to the Director of Training by the end of the first quarter (end of October). Depending on the focus of the projects, the Director of Training may or may not supervise the project. Supervision of the project will be decided upon by the Director of training and the supervisory team.

The following is a list of possible independent projects. The list is not exhaustive, may be subject to change, and Interns are also welcomed to build/create an area of focus for their project.

Diversity, Equity, and Inclusion: Interns who chose a project in this concentration can explore several ideas to help promote DEI models, opportunities, and support into action at The Help Group. Interns could engage in staff surveys, training team curriculum, and promoting research. The focus of this rotations is flexible and, if there is an identified evidence-based approach, Interns are encouraged to pursue a variety of projects. For example, one intern assessed the training needs of staff therapists, assessed the current training model of various clinical programs as it relates to cultural complexity, and developed a manual/handbook of diversity activities for clinical supervisors to promote cultural competence among their staff in group supervision. The intern learned about program assessment, program development, intervention, and supervision in this rotation.

Community Outreach: This project rotation is also highly variable and flexible, and rotation focus can be led by the intern. Previous Interns worked together to develop multi-family group therapy for members of the local community. They provided group therapy in a park setting because that was the most convenient place for our community members to gather. Another intern partnered with African American Infant Mortality and Maternal Mortality (AAIMM) of Los Angeles County and

provided community talks on trauma, early intervention, and mental health, and participated in Juneteenth community events. Another intern provided outreach to local churches and Head Start programs to inform Spanish-speaking families about the signs of Autism.

Program Evaluation: Given the multitude of programs at The Help Group, and the high interest from our administrators in determining efficacy of our programs, program evaluation projects are very rich experiences. These projects are designed to familiarize interns with the types of outcomes-oriented research conducted within community mental health centers. Procedures involve the statistical analysis of research data, as well as the dissemination of the results to the clinical population. Interns will become familiar with the process of how to explain complex results to the consumers of mental health services. Some interns develop their own intervention or program and incorporate pre- and post-measures to assess efficacy. For example, one intern developed a Positive Behavior Support Program in one of our school-based programs and administered measures to assess efficacy. Others have developed group therapy curriculum (e.g., adolescent bicultural identity group, a narrative therapy group, a photography group focusing on identity development), and used published assessment measures pre- and post. Other interns have evaluated established programs via survey, focus groups, and/or in-person interviews.

Training Director: This project is intended for interns interested in learning more and getting a glimpse into the roles and responsibilities of a Training Director. An intern can research and review information about the various Training Director responsibilities (e.g., learning about the APA/APPIC standards for internship and postdoctoral training programs, presentations, and trainings (online or in person), and interviews and consultations). In addition, the intern would shadow and work with the Training Director during various situations or tasks the Training Director is involved in (e.g., meetings about placements for incoming interns).

Autism and Neurodiversity: For interns wanting to learn more about neurodevelopmental disorders, they can choose a project rotation focusing in one of many domains related to neurodiversity. Because The Help Group offered a wide variety of programs, this rotation can be quite varied, some ideas explored by previous interns are social skills curriculum, family support groups, milieu programming, research, *summer camp* curriculum, etc.

Functional Analysis, Behavioral Intervention and Positive Programming in a Milieu Environment: An independent project in this area could be designed to help interns assess the functioning of a therapeutic environment and design system-wide intervention strategies to improve the workings in that environment. Under the guidance of psychologists serving in the role of Clinical Administrators, interns will perform a needs assessment of some aspect of our school-based milieu environment, using observational, interview or other relevant methods. They will collect data on a targeted problem area and generate suggestions for interventions. Suggested strategies may then be presented in a formal presentation to relevant members of the staff. This rotation allows interns to sharpen their consultation, observation, data collecting, problem solving, and presentation skills. The theory and techniques of behavioral management as they are related to functional analysis are addressed throughout this rotation.

LGBTQ+: The Help Group's unique Kaleidoscope program offers services designed to support LGBTQ+ children, youth, young adults, and their families, including those with social and learning differences. Services offered range from support, advocacy, education, social events, community trainings, individual therapy, group therapy, and family counseling, etc. Interns may choose a project in the area to review relevant research, augment current programming, get involved in community

outreach, etc., in service of augmenting their training on this population. Interns can pursue a concentration in several aspects of this program, would join the Kaleidoscope team meetings, consultations, and their community engagement events during this rotation.

Other Clinical Activities

Group Therapy: Interns conduct weekly therapy groups with children, adolescents, or caregivers in a program outside their primary rotation. These groups may be in the school-based programs, outpatient departments, community based, or residential programs. Groups often focus on a topic or theme, which is selected by the group leader in conjunction with the supervisor. Topics in the past have included such areas as anger management, social skills, DBT skills, independent living skills, parenting skills, etc. Groups in the school-based programs often focus on social skill development, helping clients listen to, respect, and appropriately interact with peers while functioning within a group setting. Outpatient department and residential groups may be structured and on a particular topic, educational in nature, or unstructured and process- oriented.

Family Therapy: Interns across all placements are expected to engage in family centered services. When an intern is assigned a client in the school-based programs, they are expected to assess the need for family consultation and to provide that treatment if appropriate. Treatment of outpatient clients generally involves ongoing family work. "Family work" can encompass many types of psychological service, including consulting with parents one on one, giving psychoeducation on parenting practices and childhood mental health, as well as traditional family work. Numerous treatment modalities may be clinically indicated throughout the training year. Interns seeking increased training in family therapy would be able to obtain additional family centered cases through various departments, based on intern and/or organization need.

Milieu Based Support: Interns are asked to participate in milieu-based intervention services. These can occur within their primary rotation or outside their programs. The aim of milieu-based intervention is to provide therapeutic support outside of traditional individual or group-based structures, which use everyday activities and natural social interactions as the mechanism for change.

Indirect Service

Interns are expected to provide case management for their clients. The intern who treats outpatient or school-based clients serves as the liaison to those outside the agency who are integrally involved in a client's treatment, such as caregivers and other significant family members, outside psychiatrists, professionals from the County Department of Children and Family Services, Department of Mental Health, Regional Center workers, etc.

In the school-based cases, the intern consults on an ongoing basis with the interdisciplinary team, which includes milieu and intervention staff, deans, principals, teachers, speech therapists, psychiatrists, and any others involved with the case. The intern provides information concerning the individual and family dynamics of a client as well as the treatment focus, while the school, milieu, and intervention staff provide information about the academic, behavioral, and social experience of the client. Together, the team arrives at a plan of behavioral management and therapeutic intervention.

An important component of working with a day treatment population is crisis intervention. Many of our clients have a history and/or potential for self-destructive, suicidal, or aggressive behavior. Interns are actively involved in the crisis management process, working closely with the highly trained Behavioral

Specialists. To support the Behavioral Specialists and provide a safe and contained environment, all staff are trained in hands-on behavioral management and crisis intervention techniques, through Crisis Prevention Institute Intervention (CPI) Training.

Training

The training program at The Help Group provides interns with training opportunities and seminars that offer theoretical and practical knowledge based on pertinent literature and research as well as on clinical experience. Relevant articles and/or bibliographies are given to interns in conjunction with training and supervision experiences. While most training and supervision is exclusively with fellow doctoral interns, some experiences are interdisciplinary in nature, offering interns the opportunity to interact with clinical art therapy, social work, and psychology practicum students. Interns often enjoy the diversity and exposure to various disciplines. Training is sequential and cumulative. All training groups are led by a senior staff member or external guest speakers.

Training seminars are provided for interns throughout the year by a variety of The Help Group staff, the Training Department, and outside consultants or specialists. The didactic seminars are chosen based on clinical need, intern preference, availability, and competency requirements.

One series of didactic training focuses on **evidenced-based practices (EBP's)**, including research that supports such modalities, treatment elements that are central to these practices, and a critical analysis of the limits of such EBP's. These trainings challenge interns to utilize the Local Clinical-Scientist Model to develop a deeper understanding of manualized treatments in conjunction with consideration of factors such as client culture and barriers that may inhibit clients from fully engaging in treatment. The goal of this series is for interns to increase knowledge of treatment based on scientific research and to incorporate elements from evidence-based practices into the treatment of their clients in a thoughtful and nuanced manner.

A second series of training focuses on treatment modalities. A **family therapy** seminar is offered, which covers theory, techniques, and the utilization of the home setting as a therapeutic milieu. Typically, during the first two months of the year the art and technique of **group therapy** is also addressed. This seminar is participatory and experiential in nature and includes discussion of both structured and process groups. During the remainder of the first semester a variety of other treatment modalities relevant to clinical work with this population are addressed. These may include **psychopharmacology, clinical art therapy, play therapy, behavior therapy, and multi-disciplinary teamwork**. Generally, several weeks of lecture and discussion are devoted to each of these topics.

Interns will also participate in an ongoing group supervision concentrating on clinical skills unique to psychologists, while highlighting the foundation of reflective practice. Our **countertransference and case conceptualization** group supervision will focus on individual cases and intra- interpersonal interactions. This group is designed to go beyond the discussions of steps in treatment planning and focus on the process versus the content of therapy. Additionally, interns will be required to present each of their client's case conceptualizations to the group. The format of which will be up to the intern and the supervisor (i.e., verbal or written), but must involve presenting *concise*, theoretically driven, and digestible summaries of their clients.

A third series focuses on infusing awareness and understanding of individual and cultural differences in the assessment, conceptualization, and treatment planning of clients. **Cultural complexity** group usually meets monthly and includes a variety of unique activities and interactions. This seminar is

conducted using a variety of methods. The format may include a variety of experiential activities, discussion of scientific literature, Intern presentation, discussions focused on client and family cultural complexity, reflections on intersecting identities, etc. Supervisors and supervisees are encouraged to share genuinely, with supervisors leading earlier seminars, and interns leading later seminars in the training year. Cultural mindedness is seen as a career long journey of thoughtful self-assessment best practiced with feedback from others. The seminar seeks to create a space for the practice of cultural humility and help psychologists-in-training development the awareness, knowledge, and skills necessary to work effectively and ethically with all peoples.

A variety of didactic trainings are held during the two-week orientation period at the beginning of the internship year. These trainings include participation in a 12-hour [Crisis Prevention Institute Intervention \(CPI\) Training, crisis intervention and risk assessment, telehealth practices, intake interviews, interactive platform assessments, and structured clinical interviews](#). Also pending COVID 19 protocols, interns may also attend [two conferences](#) that are hosted by The Help Group over the course of the training year: 1) "The Help Group Summit," a yearly national conference bringing together experts in the field of neuro-developmental psychology and focusing on the latest research and the best practices in Autism Spectrum Disorder, Learning Disabilities, and Attention Deficit Hyperactivity Disorder, 2) as well as the annual Advance.LA Conference, highlighting cutting edge research aimed at supporting young adults in their transition to independence.

Interns participate in a year-long seminar focusing on [psychodiagnostic assessments](#). The goal of the assessment seminar is to improve interns' ability to conceptualize complex presenting problems. This seminar will frequently incorporate both didactic and supervisory components and interns will also be asked to present current challenging cases throughout the training year. Interns will also be asked to present their cases and at least 1 measure during assessment seminar. One focus of the seminar is to train interns in providing verbal and written feedback in a manner that is understandable to the entire treatment team. Seminar time is spent on conveying the results of assessment in terms of "real life" experiences. Seminars and supervision also stress the need to design treatment recommendations in a manner that reflects the client's strengths and utilizes these strengths to improve weaknesses. Special emphasis will be given to the provision of individualized assessment batteries, conceptualization, and feedback to ensure culturally aware and sensitive assessment services for the diverse clients/families we serve. Additionally, significant time will be allotted to discussion surrounding the provision of feedback that will empower those who seek our services with improved understanding of presenting concerns and meaningful recommendations that they can access and utilize readily.

Interns participate in several training experiences involving [Mental Health Administration/Quality Management](#) that are intended to familiarize them with the administration and management aspects of mental health service delivery. Interns participate in the [Utilization Review Committee](#) one to two times per year. This committee meets to review current client charts in order to monitor internal consistency of clinical care and ensure compliance with the quality of care and documentation that is expected by our funding sources. Participation in this committee allows interns to familiarize themselves with quality control management. [Legal and ethical issues](#) are addressed through a number of different training arenas. During orientation, policies and procedures governing behavioral emergencies are reviewed. Ethical and legal issues as they arise in treatment are also regularly discussed with the supervision group entitled [Professional Development](#). In addition, a six-hour Continuing Education seminar is offered every other year, for all Licensed staff and doctoral interns, which focuses on practical applications of ethical issues.

Additionally, because of The Help Group's relationship with LA County DMH, interns have access to a number of training resources. This includes [The DMH UCLA Wellbeing for Learning Center](#), which offers a variety of trainings and courses ranging from bullying, child abuse, early education, juvenile legal system, leadership development, racial trauma, parenting support, to workplace wellbeing and dozens more. Additionally, Interns are also able to attend a number of trainings offered by DMH directly which typically include training surrounding community mental health, systems of care, and selected specialty clinical topics. DMH also offers evidence-based treatment training, which may include including Crisis Oriented Recovery Services (CORS), Seeking Safety (SS), Child Parent Psychotherapy (CPP), Positive Parenting Program (PPP), Managing Adaptive Practices (MAP), and Interpersonal Psychotherapy (IPT). The availability of these training courses is managed by DMH and continually changes throughout the year.

While the above list is not exhaustive, the seminar schedule is tailored to the goals and needs of the incoming intern class. Additionally, seminar schedules and offerings are subject to change.

Other Professional Experiences

Intern In-Service Training: Interns are expected to design and deliver at least one in-service training to either a professional, paraprofessional, or parent group. They receive audience as well as supervisory feedback.

School-Based/Milieu Based Clinical Department meetings: Interns participate in weekly team meetings, group supervision, training meetings, student support meetings, individualized education program meetings, etc., within the school or treatment program they are assigned. These meetings allow for an inclusive team treatment experience and exchange between clinical staff and school administrators on relevant clinical and program matters within the milieu or clinical setting.

Supervision

Individual Supervision: Individual supervision is provided for individual and family work. A licensed psychologist is assigned as primary supervisor to each intern throughout the year and will spend at least one hour per week with the intern discussing individual, group, and/or family therapy cases. Interns are required to share at least nine live observations/videotapes/audiotapes of sessions over the course of the training year.

Diagnostic Testing Supervision: Supervision of diagnostic testing is provided by The Help Group's testing supervisor. Interns meet with their testing supervisor for at least one hour each week to review aspects of their testing case(s). Interns are required to review at least three videotapes/live observations of sessions over the course of the training year with their testing supervisor (i.e., one intake meeting, a portion of at least one test battery administration, and one feedback session with clients/families).

Group Supervision on Groups: Interns will participate in ongoing group supervision for group therapy. These supervision groups may be interdisciplinary in nature with interns from a variety of mental health disciplines participating. Group of groups may also explore group dynamics, the therapeutic process withing group structures, group needs based on clinical factors, etc.

Professional Development Group: The goal of this supervision group is to facilitate the growth and development of each intern's professional identity as both an integral member of an organization devoted to serving the community, and as an able clinician working to maximize benefits to clients

through effective use of the treatment team approach. This includes enhancement of leadership potential and team building skills in balance with the needs and demands of individual treatment. Consistent with this goal, Professional Development Group Supervision provides a forum for exploring and discussing conflicts, dilemmas and questions that arise from a multidisciplinary approach to the treatment of children, adolescents, and families. Discussion is invited on issues of teamwork, professional role, professional development, organizational structure, and law and ethics as they arise during daily life at The Help Group. Interns are invited to discuss and process their ongoing experiences, as well as to prepare for what they will face as they emerge from internship into the realm of professional psychology. Issues related to post-doctoral experience, entering the workforce, and licensing are addressed, as are current issues in the field of psychology. Interns meet with the Director of Professional Development or other Licensed Psychologist for open-ended discussions. Topics are often addressed include the following: the many roles of a therapist in a milieu setting; work within a large mental health agency; professional boundaries; confidentiality; social media and its use in professional psychology; ethical and treatment issues related to child abuse reporting; self-disclosure; life after internship: post-doctoral positions, licensure, job hunting, negotiating salary, etc.

Supervision on Supervision of Therapy: During the second trimester, interns engage in a supervision series focusing on their development as supervisors. Based on program availability, interns will conduct simulated supervision or adjunctively supervise either practicum students or pre-masters level students on individual and/or group treatment. Interns participate in a weekly supervision group during the second half of the year focused on theoretical foundations, models, and effective practices in supervision. Discussion in this group generally includes promoting a safe environment for the supervisee to speak openly, identifying, and tracking the supervisee's concerns about a case, making recommendations to a supervisee about interventions, understanding the supervisor/supervisee relationship, and understanding the distinction between supervision and psychotherapy. Recordings of supervision sessions are reviewed in this supervision group. Interns discuss their experience of being a supervisor in this group. Relevant articles that deal with theories of supervision and various aspects of the supervisory process are also shared.

Intensive Case Discussion: Another unique supervisor experience offered at The Help Group is the Intensive Case Discussion (ICD). Each intern will discuss one case over a six-week period in a group supervision format with fellow interns and a supervisor. The series culminates with a formal presentation to the interns, training, and psychology faculty on the sixth week. The Training Department aims to provide alternative supervisory experiences and perspectives through this format, modeling the importance of the growth mindset and lifelong learning values necessary in psychology. During ICD Interns prepare recordings of at least one client session to be shared in the group. Interns also bring in one scholarly article to share with the group that is relevant to the case. The final ICD presentation typically includes a visual presentation, video clips, case conceptualization, and a summary of the clinical progress throughout ICD.

Supervision of Responsibilities and Rotations: Interns will meet with the Director of Training at minimum once per quarter to review their training progress, monitor their hours, maintain their rotation schedules, or discuss any professional development concerns or issues, etc.

For a breakdown of weekly hours, please see Appendix A.

In addition to regularly scheduled supervision sessions, individual and group supervisors have an "open door" policy and are always available for consultation or assistance. Interns are expected to utilize this "open door" policy that is an integral part of the supervisory experience in a milieu setting. All individual

supervisors carry cell phones and are therefore available for consultation when they are off grounds, including during evening and weekend hours. There is also a designated back-up supervisor who is available to interns when their individual supervisors are not on grounds or are on vacation.

TRAINING DEPARTMENT FACULTY

Robert Kretz, Psy.D., Core Faculty Doctoral Psychology Training

Involvement in Internship: Directs and oversees the internship training program; provides clinical and/or assessment supervision to interns; provides trainings; participates in Cultural Complexity Seminar; participates in intern Case Conferences and group supervision

Interests: Psychological and Psycho-educational Testing, Attachment theory, transference-countertransference, case conceptualization, treatment of explosive anger and high levels of parent-child conflict, neurobiological impact of relational trauma on the developing brain, Harlow's fuzzy monkeys-based training for doctoral interns.

Priscilla Barajas, Ph.D., Core Faculty, Director of Professional Development

Involvement in Internship: Provides clinical supervision to interns; leads Professional Development Seminar; leads Family Therapy Seminar; provides EBP trainings such as Trauma Focused Cognitive Behavioral Therapy and Seeking Safety; participates in Cultural Complexity Seminar; participates in intern Case Conferences and Formal Case Presentations; provides Professional Development and supervision to licensed and unlicensed psychologists.

Interests: Supervision and training; Family Systems; culturally Informed Interventions; evidenced-based treatment for trauma, anxiety, and depression; neurodiverse affirmative practices

Bonnie Auerbach, Ph.D., Core Faculty, Clinical Director of Advance LA, Supervising Psychologist

Involvement in Internship: Provides clinical supervision to interns; provides supervision of supervision to interns; leads ICD supervision; participates in intern Case Conferences and Formal Case Presentations.

Interests: Young adults – those with autism spectrum disorder and those with other struggles that leave them unable to thrive; parenting issues; substance abuse; family therapy

Laurie Stephens, Ph.D., Core Faculty, Senior Director of Program Development

Involvement in Internship: Provides supervision on independent rotations; leads ICD supervision; participates in intern Case Conferences and Formal Case Presentations

Interests: Differential diagnosis of the various autism spectrum disorders; the overlap between ASD and gender non-conformity; the development of theory of mind in ASD and designing intervention strategies to improve ToM; the changing nature of social expectations in the digital era and how this should inform changes to traditional belief and therapeutic interventions for social skills.

Joshua Mason, Psy.D., Core Faculty,

Involvement in Internship: Individual supervision; leads ICD supervision;

Interests: PTSD, family therapy (structural family modality), Cognitive Behavioral Therapy and working with depressive disorders and anxiety disorders, Functional Behavioral Analysis, Therapeutic Interventions, Secondary Trauma and Cultural Competency.

EVALUATION AND REQUIREMENTS

During the initial eight weeks of the internship year, interns work with their primary supervisor to formulate a Training Agreement and Individual Learning Plan for the year, outlining specific individualized goals and objectives. In preparation for creating this contract, interns are asked to fill out a Self-Assessment focusing on the overall training goals for the year. Based on this document, the primary

supervisor's initial assessments, and the intern's interests, experience, and long-term professional goals, the primary supervisor along with the intern complete an Individual Learning Plan by the end of October. The Individual Learning Plan is revisited and revised by the intern following the mid-year evaluations. The Self-assessment is completed in August as the internship starts, and three other times during the year, October, January, and July, coinciding with Individual Learning Plans and supervisor evaluations.

Interns receive two formal written evaluations during the internship year. The first, or mid-year, evaluation takes place in February, and the second, or year-end, evaluation takes place in August. The mid-year evaluation contains both a narrative and a checklist component. It offers an in-depth analysis of competency areas, noting the intern's strengths and areas of needed growth. The evaluation prepared at the end of the internship year includes a checklist of the competency areas previously outlined as well as indication of an intern's progress during the year, areas of strength, and suggested areas of continued focus.

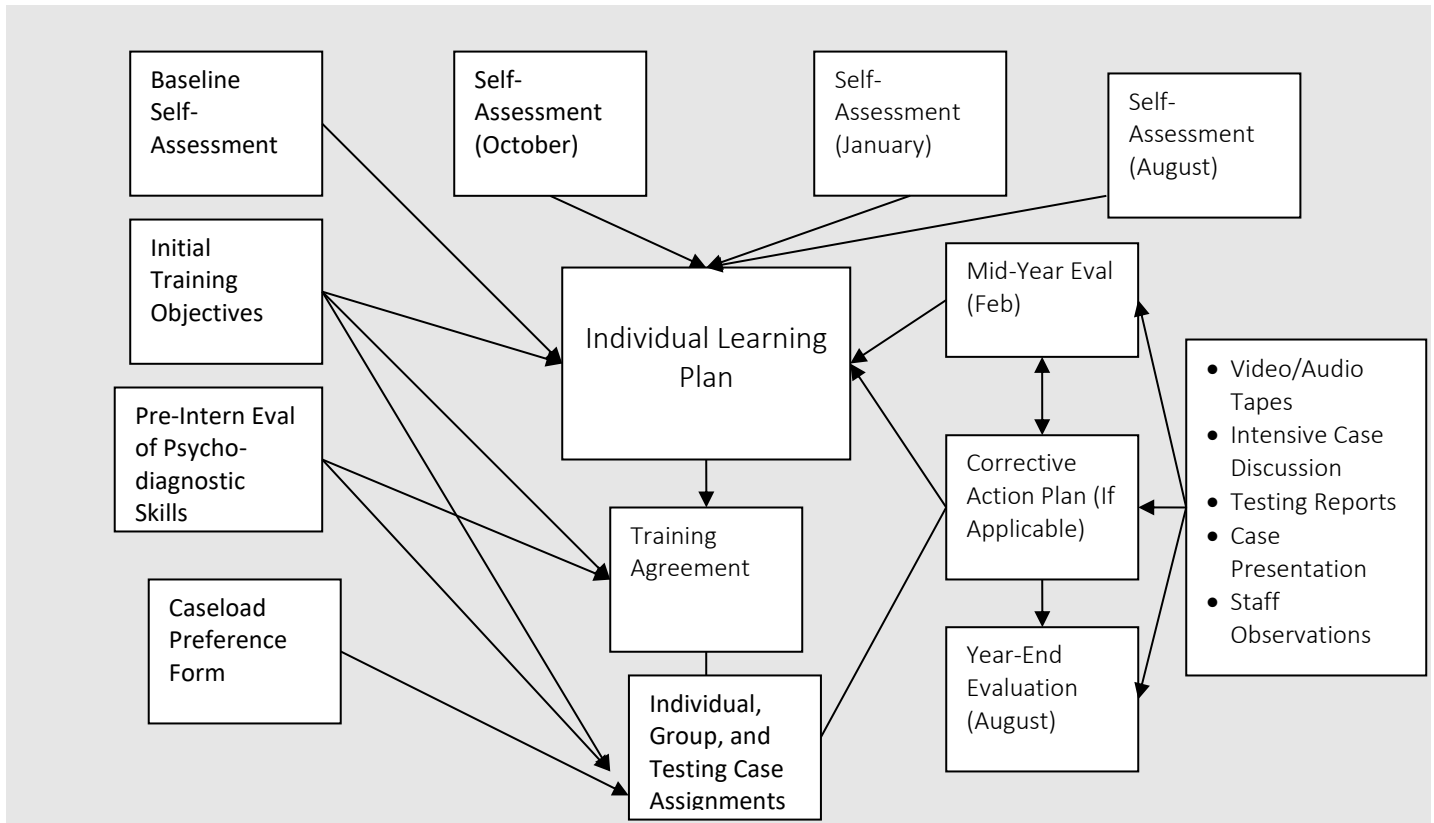
For the mid-year and end-year evaluations, Interns are assessed on the following rating scale, which include six possible points to reflect nuances in strengths and areas for improvement.

1. **Significantly Below Expected Competence** - Substantial supervision and direction required on all cases, projects, and/or professional activities, regardless of the difficulty of the cases; little to no autonomous judgment.
2. **Below Expected Competence** – Increased supervision required for critical professional activities, cases, and/or projects.
3. **Emerging Competence** – At the level expected for doctoral internship training and readiness for internship.
4. **Anticipated Competence** – Building critical thinking/judgement evident overall in areas of competency. Level expected for mid-year level interns.
5. **At Expected Competence** – Sound critical thinking/judgement evident overall. Prepared for entry level independent practice and/or specialized postdoctoral training.
6. **Advanced Competence** - Sound critical thinking/judgment is evidenced overall and in advanced or specialized area(s). Works independently and ready for advanced credentialing.

At the mid-year evaluation, Interns typically are rated with typical scores being 3 or 4. At the year-end evaluation, Interns must achieve a rating of 5 in each of the competency areas. Evaluations are prepared by the intern's primary supervisor, with input from all supervisors and training faculty who work with the intern. The figure on page 20 depicts the different facets of the training program that assist in the development of, and modifications to, the Individual Learning Plan.

During internship, interns will have specific requirements that need to be completed to successfully complete internship. While the intern is expected to demonstrate competency in all nine identified competency areas, there are also several internship activities that include numerical requirements (i.e., sharing of 12 total recorded or live observations of therapy and assessment sessions, completion of a minimum of psychological testing reports, maintenance of therapy caseload, completion of documentation, accrual of at least 1750 Supervised Professional Experience hours, etc.).

The Process of Developing, Assessing, and Modifying Individual Learning Plans of Doctoral Interns



INTERN DUE PROCESS

It is the goal of the Internship Program to identify concerns and problems in an intern's performance prior to those concerns and problems becoming serious, and to assist in the correction of the difficulties through educational opportunities and supervision. Should serious problems arise, disciplinary actions up to and including dismissal from the internship program may occur. Please see Appendix B for details regarding the program's Intern Due Process Procedures and Intern Appeal Process. Evaluations, Due Process Procedures, and Intern Appeal Process details are located within the Internship Handbook, this brochure is always also available to Interns on their shared cloud based private server.

RECORD KEEPING

All records documenting interns' performance evaluations, supervision/training logs, supervision agreements, and California Board of Psychology forms prior to 2020 were/are kept securely and permanently with the Human Resources Department. Since 2020 storage of all secure files for and within the Training Department are permanently maintained within secure electronic personnel files.

EMPLOYMENT DETAILS

Stipend and Benefits

The stipend for Doctoral interns is \$34,300 per year, with an additional \$3,000 for interns who are fully bilingual in Spanish and can conduct therapy in Spanish. Health and dental benefits are available to interns beginning approximately October 1. These benefits are chosen from among different plans, requiring different contributions. The Help Group has an Employee Assistance Program available to interns. Additionally, interns who are interested in seeking therapy during internship should feel free to ask training staff for referrals within the Los Angeles Community.

Calendar Year & Paid Time Off

The full-time 12-month internship generally begins the first Monday of August, which can be subject to change. The Internship requires at least 1900 hours for the training year with 1750 hours of Supervised Professional Experience (SPE) toward licensure. Interns are expected to be on site Monday through Friday and work 40 hours per week.

Interns working on site, there is no "work from home option." Interns are given vacation time, which is typically used during winter, school breaks, or agency closures. The agency is typically closed the week of Thanksgiving and the week between Christmas and New Year's, so all interns take those weeks off (the specific dates will be announced at the beginning of the internship year). Interns are also given agency holiday days off to be specified at the start of the training year. Paid sick leave is accrued. Rate of accrual (usually 4 hours per pay period) may only be used after six months of employment. The Director of Training must approve any times interns are not on site.

The expectation for school-based interns during school breaks is that they will engage in activities consistent with their professional development and their role as a member of a team (unless time has been petitioned and approved for research or professional development purposes or time off as designated above), interns will be involved in the myriad of professional activities and tasks generated by the needs of the agency at these times.

Interns may use up to 40 hours of professional development time during the internship year for purposes such as dissertation defense, school graduation, delivering papers at professional conferences, job interviews, etc. Interns may also *request* up to 40 hours of time during the times when school-based programs are not in session for research purposes. This time is designed to support interns who are engaged in external professional activities such as ongoing professional research endeavors, presentations, or dissertation. This time is NOT intended to be used by interns as the primary means to enable dissertation completion. Dissertation management must be done outside of internship time and/or cannot interfere with the training program.

SUPERVISED PROFESSIONAL EXPERIENCE (SPE)

Interns will accrue a minimum of 1750 hours of Supervised Professional Experience (SPE) over the course of the training year which is ample experience to fulfill the requirement to be licensed in the state of California (i.e., 1500 hours of SPE earned during the doctoral internship). Interns are responsible for checking with the state they plan to seek licensure to obtain information about SPE requirements for licensure, as they vary by state.

It is possible to accrue up to 2000 hours of SPE for those seeking licensure in states requiring more hours, but the internship only guarantees 1750 hours due to the amount of paid time off granted by our agency. This **must** be determined and scheduled with the Director of Training at the outset of internship.

HOW TO APPLY

Applications

The Help Group utilizes the Universal Application designed by APPIC, which can only be completed electronically. Students can obtain the APPIC application on the Internet (www.appic.org), and applications will only be accepted via the APPIC web portal. All application materials must be received by 11:59 PM EST on November 10, 2023.

Minimum Requirements

Applicants who wish to apply for internship must be attending an APA-accredited graduate school in Clinical, Counseling, and/or School Psychology, have a minimum of *three years* pre-internship graduate training, have passed their comprehensive exams, proposed their dissertation, and have been admitted to doctoral candidacy. The internship requires applicants to have a minimum of 450 Direct Contact Intervention Hours, and approximately 50-100 Psychological Assessment Hours (integrated assessment versus treatment-based measure administration). Applicants are strongly encouraged to have completed a minimum of four comprehensive child assessments prior to starting internship but will consider comprehensive assessments of other aged individuals if applicable. Applicants who have significant experience providing clinical or assessment interventions, especially the ADOS, within neurodiverse populations, are encouraged to highlight their experience in the application materials. Finally, applicants must have experience working with a clinical population prior to starting internship.

Applicant acceptance is pending fingerprint clearance from the Department of Justice, FBI, and the California Board of Psychology, pre-employment physical, and verification of your legal right to work in the United States. A background check will be completed for each applicant. A conviction will not necessarily be a bar to employment, in that those factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered. However, you must be cleared by the

licensing agencies of the State of California in order to work at The Help Group. Interns must have a car and be able to drive within and between clinics.

The Help Group is an equal opportunity employer and prohibits unlawful discrimination based on race, color, creed, gender, gender identity, religion, marital status, age, national origin, or ancestry, physical or mental disability, medical condition including genetic characteristics, pregnancy, sexual orientation, or any other consideration made unlawful by federal, state, or local laws.

Interviews & Open Houses

Applicants will be contacted on or before December 15th to schedule interviews. Interviews will likely occur during the month of January, but this is subject to change. Multiple options for individual interviews during the month of January will be offered. During this period of interviews, applicants are strongly encouraged to attend an Open House to better acquaint themselves with the agency, the Internship Program, and supervisors. During the Open House applicants meet with the training faculty and current and former interns. Students will be interviewed by the Director of Training and usually with one other training faculty; interviews will last approximately one hour. 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.

Although The Help Group historically hosts in-person interviews and open houses, all interviews will likely be conducted virtually. Open houses will also be offered virtually with the possibility of one open house being offered in-person pending safety and APPIC guidelines.

Please note that this intern brochure is subject to change for the 2024-2025 internship year as well as for subsequent years.

Appendix A

INTERN HOURS (40 hours/week)

One-year full-time training, including approximately 1-2 weeks of orientation, at least 2 weeks of vacation time off, 9 agency holidays, and 2 weeks of research and professional development time

Direct Service (Includes documentation of cases)	Hours per Week August through Jan
Individual/Family Therapy/Case Management	14-15
Group Therapy	2
Psychodiagnostic Testing	approximately 4 -6 batteries = 5 hrs./week
TOTAL:	21-22
Indirect Service	
School Dept./Rotation Clinical Meeting	1
Independent Projects	3-4
Supervision of Practicum Student (clinical)	1 (Feb-June)
Intern Program Requirements (e.g., case presentations, treatment plans, etc.)	3.5
TOTAL:	7.5 – 8.5
Training	
Individual Clinical Supervision	1-1.5
Individual Testing Supervision	1-1.5
Group Supervision (Groups, Case Conceptualization and Countertransference)	1-1.5
Specialized Group Supervision (Professional Development, Supervision of Supervision, Intensive Case Discussion, Assessment)	1-1.5
Didactic Seminars/Training	2-5
TOTAL:	6-11

Appendix B

Intern Due Process

Interns are given a copy of the Due Process procedures within the brochure and the training handbook, and THG Employee Manual, at the outset of training during the onboarding process. Additionally, an electronic copy is available to all trainees and all members of the training team at all times, within the programs secure electronic file system

This Due Process policy provides a stepwise procedure when the Training Program or Committee has concluded an Intern's performance and/or behavior is problematic. While the Program's intention is to apply this Due Process policy as written, it is not intended to be a contractual obligation and does not create a binding legal obligation on any party. It is subject to change at any time at the program's discretion.

The Training Program prefers to work informally and collaboratively with Interns in the first instance but provides more formal due process procedures as well. It involves: (1) notice to the Intern of the problem identified and how it will be addressed by the Program; (2) the right to a process and if necessary, a hearing in which an Intern hears of the Training Program's concerns and is provided a chance to respond; (3) an appeal process if the Intern does not agree with the actions taken by the Program.

Performance Concerns

It is the goal of the Training Program to identify concerns and problems in an Intern's performance prior to those concerns and problems becoming serious, and to assist in the remediation of the difficulties through educational opportunities and supervision. The Due Process procedures are designed to respect the rights of all levels of trainee and to provide clearly delineated processes designed to be supportive in nature. The Help Group and the Training Program recognize the rights of trainees to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

Should problematic behavior and/or competency concerns arise at any point during the year, or during an evaluation period, initiation of Due Process procedure and/or disciplinary actions up to and including dismissal from the program, may occur. Intern areas of expected competency are clearly delineated in the Intern Handbook and the formal evaluations of performance are presented to trainees through the self-evaluation process, during onboarding, and is available for them to review at all times within the Training Program's electronic files. Input from multiple sources, including supervisors and training staff, is solicited in any examination of a trainee's performance. The Training Program and the Director of Training maintain a record of all formal evaluations, formal competency concerns, due process procedures documents, complaints, and grievances of which it is aware within secure electronic files.

Competency Rating Descriptions:

1. **Significantly Below Expected Competence** - Substantial supervision and direction required on all cases, projects, and/or professional activities, regardless of the difficulty of the cases; little to no autonomous judgment.
2. **Below Expected Competence** – Increased supervision required for critical professional activities, cases, and/or projects.
3. **Emerging Competence** – At the level expected for doctoral internship training and readiness for internship.
4. **Anticipated Competence** – Building critical thinking/judgement evident overall in areas of

competency. Level expected for mid-year level interns.

5. At Expected Competence – Sound critical thinking/judgement evident overall. Prepared for entry level independent practice and/or specialized postdoctoral training.

6. Advanced Competence - Sound critical thinking/judgment is evidenced overall and in advanced or specialized area(s). Works independently and ready for advanced credentialing.

The goal of the program is for each Intern to receive a rating demonstrating competence in 100% of the required competency areas by the end of year evaluation to successfully complete Internship. Within the evaluation scales, a rating of 5 or higher will indicate competence within that competency domain and skill at the end of the training year.

Any areas of concern must be addressed with a supervisor following the Due Process guidelines. All areas warranting supervisor's attention must first be addressed through informal discussion through supervision to help the trainee resolve the issue or gain the tools to meet expected competency.

Any competency items with a rating of 2 require completing the steps for Competency Concerns through either written acknowledgment or a corrective action, or both (see Competency Concerns in the Handbook).

Any competency items with a rating of 1 require initiating the Competency Problem steps, which may include, but are not limited to, Corrective Action Plan, Probation, Suspension of case privileges, administrative leave, and/or dismissal from Training Program.

A drop or decrease in competency performance (ex: rating of a 4 in the beginning of the year drops to a 3 later in the year) in any individual item from one assessment period to another also warrants following Competency Concerns procedures.

If a previously addressed Competency Concern or Problem is addressed successfully, those performance improvements must be maintained for the remainder of the training year. If previous performance issues return, Due Process procedures may not be repeated and the Training Team and/or Review Committee will meet to consider more significant responses such as Administrative Leave, or Dismissal.

Competency Concerns are those behaviors that are concerning and that may indeed need to be remediated, but these performance issues are not completely atypical for an Intern's level of training. Some trainee performance issues can be classified as "Competency Concerns," while other more significant performance issues can be classified as "Competency Problems." An example of a concern might include trainees who have never administered specified typical tests, or who have never filed a child abuse report, and/or who struggle with paperwork management during a specific period of time.

Competency Problems are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
- An inability to acquire professional skills to reach an acceptable level of competency, and/or
- An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

Competency Concerns typically become identified as Competency Problems when they include one or more of the following characteristics:

1. the Intern does not acknowledge, understand, or address the problem when it is identified,
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
3. the quality of services delivered by the intern is sufficiently negatively affected,
4. the problem is not restricted to one area of professional functioning,
5. a disproportionate amount of attention by training personnel is required,
6. the Intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. the problematic performance issue has potential for ethical or legal ramifications if not addressed,
8. the Intern's performance issues negatively impact the public view of the agency,
9. the problematic performance issues negatively impact the intern class

Examples of Competency Problems include, but are not limited to, the following: Lack of adequate levels of skill in one or more of the stated expected competencies; such difficulty is serious enough that clients' needs are not being met on an ongoing basis and/or professional obligations are not being met, nonconformance with Board of Psychology rules of professional conduct, nonconformance with The Help Group policies or rules of conduct, or personal stress or psychological dysfunction that interferes with professional functioning.

Should the staff of the Internship Program or The Help Group perceive a problem in an intern's performance of professional duties, specific steps are taken. Serious problems may lead to immediate disciplinary action.

Options for Competency Concerns

Informal discussion and supervision are generally the first avenues used to address Competency Concerns. Should the concern not be resolved adequately, two levels of intervention are possible.

Option A: Written Acknowledgment: Written Acknowledgment to the intern formally acknowledges:

- that the Director of Training and the Training Committee are aware of and concerned about the performance,
- that the concern has been brought to the attention of the Intern,
- that the concern has been added to the Individual Learning Plan
- that the Director of Training and Training Committee will work with the intern to rectify the problem or skill deficits, and
- that the performance issues are not significant enough to warrant more serious action.

Option B: Corrective Action Plan: A Corrective Action Plan is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned in order to assist the intern with the skill deficiency. The intern, Director of Training, and Supervisors meet to discuss the area of concern and develop a plan of intervention, which may include the following:

- increasing the amount of supervision, either with the same or other supervisors
- change in the format, emphasis, and/or focus of supervision
- reducing the intern's clinical or other workload
- requiring specific readings, courses, and/or writing
- discussion with the intern's Director of Clinical Training at their graduate school

The area of concern will be added to the intern's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors. After the specified period, the Director of Training, intern, and Supervisor will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the intern has adequately corrected the performance issues, they may choose to end the plan at that point.

However, if the concern is still present, the concern now becomes a "Competency Problem." Moreover, if the concern occurs a second time, after a Corrective Action Plan has ended, the concern becomes a "Competency Problem." When this is the case, five levels of intervention are possible.

Options for Competency Problems

Every option listed below will involve discussion with the intern's Director of Clinical Training at their graduate school. The vast majority of Competency Problems can be adequately addressed through initiating Option A, a Corrective Action Plan. However, each Competency Problem is assessed individually and, based on the severity of the concerns, the Director of Training and the Review Committee may initiate any of the following options.

Option A: Corrective Action Plan: A Corrective Action Plan is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned in order to assist the intern with the skill deficiency/problem area. The intern, Director of Training, and Supervisors meet to discuss the Problematic Performance Issue/Competency Problem and develop a plan of intervention. The Director of Training will also discuss the problem with the intern's Director of Clinical Training at their graduate school. The plan of intervention may include the following:

- increasing the amount of supervision, either with the same or other supervisors
- change in the format, emphasis, and/or focus of supervision
- reducing the intern's clinical or other workload
- requiring specific readings, courses, and/or writing

The Competency Problem will be added to the intern's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors. After the specified period, the Director of Training, intern, and Supervisors will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the intern has adequately corrected the behavior, they may choose to end the plan at that point.

If the Competency Problem is not adequately resolved, the Internship Program can either continue the Corrective Action Plan for another time-limited period, or go to Option B, C, D, or E, depending on the situation.

Before moving to Option B, C, D, or E, a Review Committee is convened. In addition, The Director of Training will also be in contact again with the intern's Director of Clinical Training at their graduate school for their input. The Review Committee is comprised of two members of the Internship Program's training staff who do not individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee interviews the intern, supervisors, Director of Training, and others relevant to the problem area and makes a recommendation to the Executive Director and/or Senior Risk Management Officer as to further action within ten (10) working days of first being convened. The Executive Director and/or Senior Risk Management Officer will make the final decision. All meetings of the Review Committee are documented.

Option B: Probation: *Probation is considered a disciplinary action.* The problems that may warrant probation and possibly dismissal include but are not limited to failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond to supervision, difficulties with professionalism, and/or other issues interfering with clinical functioning that put patient wellbeing in jeopardy.

Probation is also a time limited, remediation-oriented, more closely supervised training period. The purpose of Probation is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Time limits are set based on reasonable expectations needed for the Intern to correct the behavior based on the complexity of the goal and significance of the concern, typically lasting one month. During Probation, the Director of Training systematically monitors for a specific length of time the degree to which the Intern addresses, changes and/or otherwise improves their performance. The Intern is informed of the probation in a written statement which includes:

- The specific performance issues being displayed and the areas of competency that are a problem
- The requirements for rectifying the problem.
- The time frame for the probation during which the problem is expected to be ameliorated.
- The procedures to ascertain whether the problem has been appropriately rectified.

If the Director of Training determines there has not been sufficient improvement in the Intern's behavior to remove the Probation, then the Director of Training re-convenes the Review Committee to determine the next course of action. This could include continuation of Probation, or movement to Option C, D, or E. The Director of Training will also be in contact with the intern's Director of Clinical Training at their graduate school for their input.

Option C: Suspension of Case Privileges: Suspension of Case Privileges, which may or may not also include implementation of an Administrative Leave (Option D), occurs if the Review Committee determines the welfare of the Intern's clients is in jeopardy. All direct service activities (e.g., individual, family, group, and testing cases) will be suspended for 7 days or as determined by the Review Committee. The intern is informed of the Suspension in a written statement which includes:

- The specific performance issues being displayed and the areas of competency that are a problem.
- The recommendations for rectifying the problem.
- The time frame for the suspension during which the problem is expected to be ameliorated.
- The procedures to ascertain whether the problem has been appropriately rectified.

At the end of the suspension period, based on the plan as specified above, the Director of Training and the intern's supervisors will assess the intern's capacity for effective functioning and determine when direct service can be resumed. If the decision is made that case privileges cannot be resumed, the Director of Training may choose to continue the Suspension of Case Privileges or re-convene the Review Committee to determine if Option D or E are appropriate. The Director of Training will also be in contact with the intern's Director of Clinical Training at their graduate school for their input.

Option D: Administrative Leave: Administrative Leave involves the temporary withdrawal of all responsibilities and privileges Administrative leave would be invoked for reasons including, but not limited to, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond

to supervision, difficulties with professionalism, and/or when the Intern is unable to complete the training due to physical, mental, or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable period, and the Intern seems unable to alter her/his performance, the Director of Training will convene a Review Committee within 24 hours. The Review Committee is comprised of two members of the Internship Program's training staff who do not individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee will discuss the possibility of administrative leave from the Training Program and agency. The Committee will make their determination and provide their final suggestion to the Executive Director and/or the Senior Risk Management Officer, who will make the final decision. When an intern has been placed on Administrative Leave, the Director of Training will communicate within 24 hours to the intern and to the intern's Director of Clinical Training of their graduate school that the intern is on Administrative Leave. The intern is informed of the Administrative Leave in a written statement that includes:

- The specific performance issues being displayed and the areas of competency that are a problem.
- The recommendations for rectifying the problem.
- The time frame for the administrative leave during which the problem is expected to be ameliorated.
- The procedures to ascertain whether the problem has been appropriately rectified.

At the end of the Administrative Leave period, 7 business days, the Review Committee will assess the Intern's capacity for effective functioning and determine when the Intern can return to work. If the decision is made the intern cannot return to work, the next step in Due Process could be Option E below.

If the Probation, Suspension of Case Privileges, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Director of Training will inform the intern of the effects the leave will have on the intern's stipend and accrual of benefits.

Option E: Dismissal from the Internship Program: Dismissal/permanent withdrawal from the Internship Program would be invoked for reasons including, but not limited to, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, failure to respond to deficits identified in a remediation plan, significant failure to meet administrative requirements of the program (e.g., attendance, documentation), failure to respond to supervision, difficulties with professionalism, and/or when the Intern is unable to complete the Training Program due to physical, mental, or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable period, and the intern seems unable to alter her/his performance, the Director of Training will convene a Review Committee Hearing.

The Review Committee is comprised of two members of the Internship Program's training staff who do not individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee will conduct a Review Hearing within 7 business days after Intern notification. The Director of Training will chair the review hearing. At this hearing, the intern will be given the opportunity to hear all facts with the opportunity to dispute or explain his or her behavior. The Review Committee will discuss the possibility of termination from the Training Program and the agency. The Committee will make their determination and provide their final suggestion to the Chief Operating Officer and/or the Senior Risk Management Officer, who will make the final decision. When an Intern has been dismissed, the Director of Training will communicate within 24 hours to the Intern and to the

intern's Director of Clinical Training of their graduate school that the intern has/will not successfully complete the internship.

Intern Appeals Process

Should the intern disagree with an action taken in the Due Process procedures (Written Acknowledgement, Corrective Action Plan, Probation, Suspension of Privileges, Administrative Leave, Dismissal from Internship Program), the Intern can file an appeal regarding the action taken by the Training Department/Agency.

1. The intern must, within 5 business days of receipt of the decision, inform the Director of Training, in writing, of such an appeal. The Director of Training will then inform the intern's Director of Clinical Training at their graduate school.
2. The Director of Training will convene a Review Committee, which will conduct a review hearing within 7 business days consisting of two training faculty members and/or clinical administrators selected by the Director of Training and two training faculty members and/or clinical administrators selected by the intern. Interns are given a list of training faculty members and clinical administrators during orientation. The review hearing will be chaired by the Director of Training. At this hearing, the appeal is heard, and the evidence is presented. The intern will be given the opportunity to hear all facts with the opportunity to dispute or explain his or her behavior.
3. Within 7 business days of the completion of the review hearing, the Review Committee submits a written report to the Executive Director and/or the Senior Risk Management Officer, including any recommendations for further action. Decisions made by the Review Committee will be made by majority vote. The intern is informed of the recommendations.
4. Within 5 business days of receipt of the recommendations, the Executive Director and/or the Senior Risk Management Officer will either, (a) accept the Review Committee's action, (b) reject the Review Committee's action and provide an alternative, or (c) refer the matter back to the Review Committee for further deliberation. The Review Committee then reports back to the Executive Director and/or the Senior Risk Management Officer within 5 business days of the receipt of the Executive Director and/or the Senior Risk Management Officer's request for further deliberation. The Executive Director and/or the Senior Risk Management Officer then decide regarding what action is to be taken and that decision is final.
5. Once a decision has been made, the intern, the intern's graduate school, and other appropriate individuals are informed in writing of the action taken.

Intern Rights and Responsibilities

Should an Intern perceive a problem or wish to file a complaint about *any* portion of the Training Program or The Help Group (e.g. complaints about evaluations, due process procedures, supervision, stipends/salary, harassment, etc.), each trainee is encouraged to attempt to first resolve the problem informally and/or in person. If the Intern believes the problem has not been resolved after an informal attempt is made, the following formal procedure is available. At any point in the process, the Director of Training might also consult with the agency's Human Resources Department. The Director of Training maintains a record of formal trainee complaints within secure electronic files.

Grievance Policy and Procedures

1. If the complaint is regarding a staff member, the Postdoc should discuss the difficulty with his/her supervisor. The supervisor may wish to meet with the Intern and other staff member(s) to discuss the

problem. The supervisor may choose to contact the other staff member's supervisor, depending on the nature of the problem.

2. If the complaint is regarding the Intern's supervisor, the Intern may request a meeting with the Director of Training to aid in problem solving approaches toward resolution of the matter.
3. The Director of Training will meet with the Intern within seven (7) working days of receipt of the grievance.
4. The Director of Training will meet with the Intern's supervisor within seven (7) working days of meeting with the Intern and will then meet with the Intern and supervisor. If necessary, a plan for resolution of the problem will be created. This plan will be in writing and will detail specific actions and a timeline for them.
5. Should the grievance not be resolved by these means, the Director of Training will convene a Review Committee, comprised of the Director of Training, at least two other training staff, a representative from the Human Resources Department, and at least one other Help Group Administrator. The Review Committee will meet within seven (7) working days of being convened, will consult with the Intern, the supervisor, and all others relevant to the grievance, and will develop a written plan of action to resolve the grievance.
6. If the complaint is regarding the Director of Training, the Intern may consult with the Director of Training's supervisor (i.e., Senior Director), who will follow similar procedures as above.
7. Interns are always free to consult with the HR department for guidance, direction, or intervention with perceived problems. Interns may also consult with APPIC at any time using APPIC's Informal Problem Consultation (IPC; <https://www.appic.org/Problem-Consultation>).
8. If an Intern does not feel that a grievance has been adequately addressed, he or she may send a written account of that grievance to The Help Group's HR Director.
9. If the problem has not been resolved, the HR Director will meet with the Intern.
10. The decision of the HR Director concerning the grievance is final.

Should an Intern disagree with the Training Department's actions during Due Process Procedures, they should follow the steps in the above section titled "Intern Appeals Process."