



The Help Group
 Doctoral Internship Program in Health Service Psychology

Intern Handbook 2025-2026
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THE HELP GROUP

Purpose of This Handbook

The Intern Handbook has been created to guide the intern through the internship year by outlining policies and procedures, program requirements, intern advisement and evaluation, and program evaluation, specifically related to the internship year. Commonly used forms will be provided to you electronically. A copy of the relevant pages of the agency Personnel Policy Manual will be provided to interns by the Human Resources department and the entire Manual is available on The Help Group's intranet. It is expected that interns will read and become fully acquainted with the personnel policies of The Help Group. If any of these policies are discrepant with policies in the Intern Handbook, interns should consult the Director of Training to clear up any confusion.

Interns are expected to utilize the forms described in this Handbook for their designated purposes during the internship year. Policies/Procedures in this 2025-26 Intern Handbook are subject to revision during the internship year. Interns will be informed of any such revisions in a timely manner.

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 the majority of its services centralized in the suburban San Fernando Valley, Culver City, and Irvine. 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. Over the years The Help Group has been a pioneering agency, recognizing the unique needs of the community and creating programs to fill them.

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 \$37,000 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 other outpatient and insurance-based 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 training 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 working 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 secondary 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 10-12 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 meet the client need. 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 and 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.

Interns are expected to work on their rotation projects for about three hours per week for approximately four months for a total of forty-eight hours. During the final one to two weeks of the independent rotation, the project supervisor or Director of Training needs to complete an evaluation of the Intern's project and discuss it with the intern. This evaluation will be shared with the Training Team and the intern's individual supervisors.

The following is the scale and items included on the evaluation form. Interns must achieve a minimum score of 3 on all items of the evaluation form in order to successfully complete internship:

*Please rate student using the following scale on these areas:
5=excellent 4=very good 3=good 2=fair 1=poor*

A. Tasks assigned were completed in a reasonable amount of time.	5	4	3	2	1
B. Student was proactive in completing assigned tasks.	5	4	3	2	1
C. Student was reliable and exhibited follow through on tasks.	5	4	3	2	1
D. Student spent the agreed upon amount of time on their project.	5	4	3	2	1
E. Student worked with staff in a collaborative manner.	5	4	3	2	1

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 project 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 explaining 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 training, 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 therapy groups with children, adolescents, or caregivers in a program outside their primary rotation, with a minimum requirement of 20 hours of group therapy provided throughout the year. 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.

- Each intern will conduct at least one to two groups throughout the year for a minimum total of 20 hours for the training year.
- Groups are assigned by the Director of Training and Primary Supervisor.
- Interns meet with their groups weekly.
- Weekly paperwork is submitted within 24 hours of the group session.
- In the event of a clinical emergency during the group (e.g., potential child abuse report, suicidal or homicidal concerns, etc.) the Group Supervisor must be called immediately. If the supervisor is unable to return your call within 15 minutes, or within the amount of time that you are comfortable, then call another clinical supervisor.
- The Primary Therapist of a client is to be informed of all pertinent information that comes out of the group therapy sessions as soon as possible by voice mail or cell phone depending on the nature and volatility of the information.
- If an intern is unable to attend group (due to illness or a clinical emergency with an individual client), the intern must notify their co-leader and their Group Therapy Supervisor as soon as possible. If both co-leaders are unable to attend group, they must consult with their Group Therapy

Supervisor to determine a plan (i.e., if the group should be led by someone else, or if the group should be cancelled for that week).

- Interns must always have with them the phone numbers of all group members, as well as phone/cell phone numbers of their group co-leader and their Group Therapy Supervisor.

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 & Training

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 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.

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 encouraged to their client case conceptualizations to the group. Emphasis will be placed on presenting *concise*, theoretically driven, and digestible summaries of their clients.

Another series of trainings focuses on infusing awareness and understanding of individual and cultural differences in the assessment, conceptualization, and treatment planning of clients. *Cultural complexity groups usually meet monthly and include 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, reflection on available media, a cross-internship EDI media club, 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 develop the awareness, knowledge, and skills necessary to work effectively and ethically with all peoples.

A variety of didactic training courses 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](#). 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 at least 1 video of their cases and present at least 1 full case 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 training courses 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.

Supervisory and Professional Experiences

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.

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).

Autism Consultation Group: Interns will participate in monthly group supervision focused on working with neurodiverse youth and adults. This supervision will be provided by a supervisor with a specialty in working with Autism Spectrum. Interns will bring cases for consultation on meeting the unique needs of neurodiverse individuals.

Professional Development Group: The goal of this monthly 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 half of the training year, 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-master's 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.

ICD supervisors will vary throughout the training year, and each will have their own individual style. Below are common requirements and expectations for ICD:

First ICD Meeting Preparation:

1. Which case do you feel would be most helpful to discuss during ICD? Consider factors such as clinical complexity (e.g., which case aspects you might benefit from extra supervision/support) alongside factors such as client attendance.
2. Prepare material for initial case discussion with ICD team. This does not have to take the form of a formal case presentation, but it is often most helpful to include the following information:
 - a. Client demographics

- b. Presenting problem
 - c. Course of treatment
 - d. Transference/countertransference
 - e. Questions you have, ways in which ICD can be helpful
3. Relevant journal article to the case, to be emailed to clinical team one week prior to first meeting
 4. Video tapes from session, if available

ICD Presentation (occurring on 6th ICD meeting date):

1. Presentation to intern cohort and training department supervisors; typically including a PowerPoint presentation and video segments from select sessions.
2. Although each ICD presentation may be formatted differently, a typical structure may be:
 - a. Identifying Information
 - b. Presenting Concerns
 - c. Family History
 - d. Course of Treatment
 - e. Transference/Countertransference
 - f. Case Formulation
 - g. Treatment Goals
3. ICD presentations will consist of a 45-minute presentation and 15 minutes of QA, followed by feedback from the training department supervisors.

Team Consultation: Each Wednesday at noon, interns participate in a team consultation meeting with their fellow interns. This meeting is intended to build intern cohesion and collegial support, and as a safe space to explore countertransference and process their unique needs as an intern. There are a number of adjustments for trainees as they move beyond the role of student to early career professional and regular support from other interns moving through the same process can help ease these transitions.

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 B.

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 site, 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.

INTERN ADJUNCTIVE PROGRAM REQUIREMENTS

Individual Learning Plan

During the initial eight weeks of the internship year, interns collaborate 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 middle 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. See Appendix A for learning plan flowchart

Observation and Video Review Requirements

As part of the training experience, interns are required to audio or videotape a number of sessions. Your individual supervisors should have access to your work and should have the opportunity to review your work through audiotape and videotape; therefore, interns should be sure to split the amount of therapy tapes they show both therapy supervisors. To facilitate assessment supervision, interns should also show three tapes to the Testing Supervisor throughout the year. Interns must have signed releases from clients prior to taping. This form is available electronically. In lieu of recording, interns may invite supervisors to attend their sessions to conduct a live observation.

For each requirement, the supervisor must sign the Completion of Requirements Form. In addition, when reviewing therapy tapes, interns and supervisors must fill out the Formal Review of Direct and Indirect Observations form. **Interns should bring a copy of the Review of Observations Form with them to supervision when reviewing tape and write in the reason they selected the particular session to share.** Interns must submit an electronic copy of these forms monthly to the Director of Training.

Interns should borrow agency laptops and/or audio recorders. Interns should not save recordings on the actual devices but should instead save recordings to an encrypted flash drive (provided to them by the agency), which must be stored in a locked cabinet/drawer in a locked office at the agency. Or videos can be saved to the internal THG SharePoint/One Drives. This is to ensure compliance with HIPAA regulations related to recording of mental health encounters. In accordance with the Audio and Video Recording contract form, Interns are to immediately save all recordings directly onto your THG OneDrive or internal THG SharePoint.

If Providing sessions virtually, per clinical need, interns must use HIPAA compliant Teams accounts to record sessions. Sessions can be saved to agency issued laptops only or within your secure Help Group OneDrive. **DO NOT download** any client recordings or information onto a personal computer as this will result in a report to the compliance officer, QA, and clients will be notified of the PHI breach. Recordings should be deleted immediately after reviewing the session with their supervisor. Alternatively, interns may invite supervisors to join Teams sessions of client work for live observations.

Video/Audio Review: Interns are required to submit videotapes of their therapy sessions a minimum of nine times over the course of the year. Three of these observations must be completed before the winter break. See the Completion of Requirements Form for specific due dates. Because the use of video and

audio review is a training tool, these deadlines are critical to follow. Interns should bring the Formal Review of Direct and Indirect Observations Form to supervision when reviewing tape. The supervisor must sign and fill out [Formal Review of Direct and Indirect Observations](#). Interns must upload these evaluations to their SharePoint portfolio they share with the Director of Training to be saved in their electronic personnel files.

Interns are permitted to substitute videotapes for audiotapes. However, they may not substitute audiotapes for videotapes.

Interns are also required to submit three videotapes of their assessment sessions over the course of the training year. Interns must specifically tape one session of them conducting an initial intake with a client/family and one tape of them administering an assessment measure before the winter break. Finally, interns should submit at least one tape of a feedback session with a client/family during the spring. Interns should bring the Formal Review of Direct and Indirect Observations Form to supervision when reviewing tape. The supervisor must fill out [Formal Review of Direct and Indirect Observations](#). Interns must upload these evaluations to their SharePoint portfolio they share with the Director of Training to save in their electronic personnel files.

By the end of the training year, interns must have reviewed 12 total audio/video tapes in supervision and submit completed Review of Direct and Indirect Observations Forms submitted to their SharePoint Portfolio. **All Formal review MUST be complete prior July 5th**; no video reviews will be accepted during the last month of internship completion.

Comprehensive Treatment Plans

Interns are expected to turn in a treatment plan which will include the client's history, current concerns, short and long-term goals, and a detailed case formulation. The treatment plan is due to the intern's primary supervisor by November 14th. Interns must upload their treatment plan and their supervisor review of the treatment plan to their SharePoint portfolio. Treatment plans should include:

1. Client history
2. Client's current concerns
3. Short and long-term treatment goals
4. Detailed case formulation

Examples of comprehensive treatment plans can be found in the Intern SharePoint folder.

Comprehensive treatment plan outline includes:

Choice of client: Please indicate why you are choosing this client to conceptualize. Is there a specific area in which you would like to focus and discuss further?

Conceptualization: Please conceptualize the case from a theoretical perspective. Consider relevant background and diversity factors.

Goals and Course of Treatment: What are the client's short-term goals and long-term goals? (Also consider goals not listed on the IEP or CTP, e.g. transfer to lower level of care, college, ability to hold a job, etc.) What will be the course of treatment to help the client attain these goals? Where do you anticipate roadblocks in meeting these goals?

1. Short-term goals
2. Long-term goals
3. Course of Treatment

Countertransference and Transference: What might some of your countertransference reactions to the client be? What are the client's transferences/reactions to you? How have you, or how might you, address and utilize these reactions to further the course of treatment?

Treatment Team: Who does the client's treatment team consist of? What are the potential team conflicts and what is your plan to address and resolve them?

Discharge plan: How will you determine and measure readiness for discharge? Consider this question without the internship end date as a possible factor.

In-service Training Requirement

Interns are expected to lead a formal in-service training during the internship year. The purpose of this in-service training is to offer them the experience of presenting didactic material to an audience of parents (such as those in a school-based program), of paraprofessionals (such as the milieu team or Project 6), or of professionals (such as the teaching staff or the Clinical Department). Interns are encouraged to pick a topic that would be relevant to the work done at the agency. The presentations last approximately one hour.

Interns select preliminary topics when filling out their Intern Training Agreement at the beginning of the internship year. A final topic must be submitted in writing to the Director of Training no later than March 3rd. Prior to presenting your in-service training, submit an outline of your presentation to the Director of Training. Interns generally complete their in-service training requirement during the second semester of their internship year. With guidance from the Director of Training, the intern is responsible for coordinating the date and time of the in-service training with the appropriate administrator of the program in which the in-service training will be held. The in-service training audience fills out a [feedback form](#), which is shared with the intern. These feedback forms are then uploaded to your shared electronic file. Interns must complete their in-service training prior to July 31st.

Intern Seminar Presentation

Each intern will prepare and conduct their own training seminar presentation for the training team. This seminar presentation gives interns an opportunity to give back to the training team and present on a topic in which the intern has specialized training. Topics can range from Evidence-Based Practices to research projects, clinical specialty areas, etc. Past topics have included intern's dissertation research, specialized clinical information (e.g., education on ambiguous loss), alongside specific therapeutic intervention (e.g., DBT, UCLA PEERS curriculum). Presentations should be planned for approximately one hour. Interns are encouraged to select topics they feel they are an "expert" in or have gained unique knowledge/training around during graduate school. The seminar training audience fills out a [feedback form](#), which is shared with the intern. These feedback forms are then uploaded to your SharePoint portfolio electronic file. Interns must complete their seminar presentation training prior to July 31st.

Intensive Case Discussions

Each intern is responsible for presenting a case in the intensive case discussion (ICD) group for a 6-week period. The discussions are one hour in length and supervised by a senior clinical staff. The purpose of this discussion is to gain knowledge and experience related to diagnosis, treatment planning, case conceptualization, cultural/diversity competencies, ethical and legal issues, empirically supported treatments, and professional teamwork concerns. It is required that you review at least [one videotape](#) during the discussions. It is also strongly recommended that work samples relevant to the treatment (e.g.,

drawings, paintings, art projects, behavioral charts, etc.) also be presented for review and discussion.

On the first session of the Intensive Case Discussion, the intern is required to bring [background information](#) and [one journal article](#) relevant to the clinical concerns of the case. Please email the journal article to all members of the group (and the Director of Training) one week prior to the first session to allow ample time for reading. At the 6th ICD meeting, the intern will present the case to the group of interns and other training department supervisors. This will provide an opportunity to consolidate all that the intern has learned during the ICD, to practice their case presentation skills, and to gain the clinical perspectives of other supervisors.

Finally, each intern will be evaluated on the intensive case discussions by the senior clinical staff member in charge of that intensive case discussion. Feedback will be provided to the intern to further training growth and development. In addition, verbal feedback will be provided to the intern on their case presentation by all supervisors in attendance. The supervisor assigned to the ICD must fill out [the ICD Feedback Form](#). Interns must upload these evaluations to their SharePoint portfolio they share with the Director of Training to be saved in their electronic personnel files.

Supervisory Requirements

Throughout the semester the Interns will be introduced to supervision models and supervision seminars. During the second half of the year, interns are expected to engage in simulated or live supervision of a clinical trainee. The Supervisor of Supervision will assign a supervisee to each intern. Interns are expected to set up a regular, weekly supervision time with their supervisee for one hour every week, from approximately February through mid-June. In consultation with their primary supervisor, trainee supervisees will choose one case to be supervised by the intern. In all cases, the licensed clinical supervisor is responsible for the treatment. As a result, the intern supervisor is responsible to contact the trainee supervisee's primary clinical supervisor in the event of critical clinical issues, emergency situations, and the like. Details regarding these procedures will be addressed at the onset of the training on supervision.

At the outset of the supervisory experience, interns are expected to complete a [supervisory contract](#), which outlines the roles and responsibilities of both the intern supervisor and trainee supervisee. The supervisory contract serves as an agreement between the intern and the trainee regarding scheduling of supervision, expectations of the supervisory experience, and the evaluation process. Interns will also be expected to complete an [evaluation form](#) on their supervisee towards the end of the supervision experience. These evaluations need approval from the designated training supervisor prior to sharing with the trainee supervisee. In addition to sharing these evaluations with the trainee supervisee, they will be shared with the supervisee's primary clinical supervisor, and Director of Training.

Supervisees likewise will be expected to fill out an [evaluation form](#) on their intern supervisors towards the end of the supervision experience. These evaluations will be shared with the supervisor as well as with the intern's individual supervisor, and the Director of Training.

TRAINING DEPARTMENT FACULTY

Robert Kretz, Psy.D., Core Faculty, Director of 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, Ph.D., Core Faculty, Outpatient Services

Dr. Jason Bolton has over 20 years of experience working with

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: 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.

PERSONNEL POLICIES

Agency Policies for Interns

Please read and sign the document entitled Agency Policies for Interns and return it to the Director of Training by the end of the Orientation.

Supervision Agreement for Supervised Professional Experience

As of January 1, 2005, the Board of Psychology put into effect a mandated supervision agreement, which was most recently updated in September 2020. This agreement must be completed and signed by all supervisors and the intern before the commencement of any supervised clinical experience. Complete this form with your Primary Supervisor on the first day of orientation. All delegated supervisors will also need to sign this agreement. Your primary supervisor will keep this document until the end of the internship year.

Remote Working:

The Help Group Doctoral Internship is a full-time, in-person program, with interns providing all clinical services while on campus, for both in-person sessions/meetings and for telehealth sessions with clients. Select Didactic trainings, team meetings, and supervision will be on-line.

Tele-supervision: Clinical supervision is integral to continuing professional development of interns in training. Supervision may be delivered via HIPAA compliant technology or in person, depending on the comfort level of the supervisor and intern. The requirements and platform for supervision may change over the course of the training year to stay in alignment with changing state and federal mandates.

While engaging in tele-supervision (or supervision in person) it is expected that the intern presents themselves appropriately (i.e., professional dress code), be fully present (i.e., reduce distractions such as texting and emails), maintain privacy, attend supervision on time, stay for the scheduled duration, and be prepared in supervision with questions regarding cases or professional development.

Didactics via virtual platforms: The Help Group may provide didactic training and group supervision virtually. This policy is subject to change at any time.

Intern expectations

Proper use of the telehealth equipment and technology (e.g., camera is on; not utilizing private chat function with other interns during training).

The trainee is attentive and engaged (i.e., not distracted by phone calls, emails).

Effective communication techniques (i.e., the trainee is engaged in the training through discussion).

Intern Clinical Activities Record

A record of all clinical activities and a Supervision Log is required both by this internship program as well as the State of California, as documentation of the student's activities during internship as well as the supervised hours accrued.

This **Clinical Activities Record (CAR)** is a summary of your Supervised Professional Experience (SPE) and is completed on a **weekly** basis by each intern. Every time you have supervision, or you have a consultation

with a supervisor on the phone or on site for 10 minutes or more, please log this supervision time. As required by the Board of Psychology, be sure to fill in the name of your primary supervisor in the space provided on every supervision log.

Logs must be signed and dated by your Primary Supervisor within one week of accumulating those hours (i.e., your Primary Supervisor will sign and date the log during the following week of work). The Interns are responsible for keeping the CAR up to date. The CAR may be signed electronically or physically but must be continually maintained by the intern. The CAR will remain stored in each student's personal SharePoint file so supervisors and the Training Director can retain access. If using physical forms for supervisor initial/signature, Interns must retain the original logs for their own files.

The following is some of the Internship requirement information recorded in the CAR:

- Direct Clinical Services
- Indirect Clinical Services
- Vacation/Sick/Holiday Time
- Active Client Lists
- Case Conceptualization Log
- Treatment Plan Log
- Individual Supervision
- Group Supervision
- Didactic Seminars
- ICD Presentations
- Learning Plan
- Self-Assessment
- Program Evaluation
- Intake Evaluations
- Crisis Intervention
- Psychological testing
- Recordings Review
- In-Service Seminar
- Secondary Rotation

Intern Personnel Files

Records documenting interns' performance evaluations, supervision/training logs, supervision agreements, and California Board of Psychology forms are kept in electronic intern personnel files. During the training year, the Director of Training maintains these records and then moves them to the Human Resource Department confidential electronic files where they will be maintained permanently.

Intern Stipend

The stipend for Doctoral interns is \$37,000 per year, with an additional \$3,000 for interns who are fully bilingual in Spanish and can conduct therapy in Spanish. Interns are paid on a regular basis every other Friday.

The pay period consists of two weeks. Interns are required to clock in and out of the ADP portal daily. If, for any reason, an intern is unable to clock in or out, they should contact the Director of Training to ensure that the error or omission is corrected. Interns are required by law to take a half-hour lunch break and two ten-minute breaks every day in which they work 8 hours. That first ten-minute break *must* be taken before you have worked 4 hours straight. **The half-hour lunch break must be taken before you have**

worked 5 hours straight (e.g., if you start work at 9:00 AM, you MUST take a 10-minute break before 1:00PM and ½ hour lunch break prior to 2:00 PM). Your lunch break can be no less than 30 minutes. The second break must be taken before your 8th hour of work. **Interns should clock in and out for their half hour lunch break but do not need to clock in and out for ten-minute breaks.** Due to California state laws, Interns are not allowed to work more than 40 hours in a week and should plan to work 8 hours per day.

The full-time 12-month internship begins the first week of August. 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 should be available to work approximately two evenings per week per clinical need.

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.

Intern Schedules

Regular Work Hours: The agency is open Monday through Friday from 8:00a.m.to 7:30p.m. As there is no remote work during the training year, all interns will be expected to be on site Monday through Friday. The specific hours during these days have some flexibility, though interns are encouraged to be on site daily from 9:00 am to 3:00 pm while clients are attending school. However, if the intern is meeting with families in the evening, they can come in later that day. Interns are required to choose one to two evenings per week to be on site to accommodate families. Interns who have a primary concentration in the outpatient department may need to work two to three nights per week depending on their clients' schedules. Interns are required to submit a preliminary schedule to the Director of Training by September 15th for approval. This schedule is to be amended as per client need, and another schedule is to be handed in by September 30th for approval.

Leave Time

Agency Closure Dates (subject to change): The agency has historically been closed for Thanksgiving Week - November 24 through 28. November 27 and 28 will be paid holidays. Therefore, 3 days (24 hours) of vacation, professional development, or research time will be needed to cover 11/24, 11/25, and 11/26. Sick time cannot be used. You MUST use professional, research, or vacation time for these days in order to receive pay.

The agency has historically been closed between Christmas and New Year's Day. Thursday, December 25 and Thursday, January 1 are paid holidays. You MUST use paid time off for the other days in order to receive pay for those days. Sick time cannot be used.

Vacation and Holidays: Interns receive 2 weeks' vacation time. Because paid vacation time cannot be taken during the first months of employment, they will not be available for use until the second quarter. Interns may not take vacation time during orientation time.

The best times to take vacation, and minimize impact on clinical teams and accruing SPE, are during Thanksgiving week, the two weeks at the end of December, or Spring Break.

Interns are paid for the following holidays over the course of the year when the agency is closed (subject to change)

MARTIN LUTHER KING, JR. DAY
PRESIDENT'S DAY
MEMORIAL DAY
INDEPENDENCE DAY
LABOR DAY
THANKSGIVING DAY
FRIDAY AFTER THANKSGIVING
CHRISTMAS DAY
NEW YEAR'S DAY

Professional Development/Research Time: The internship program is dedicated to supporting interns in their transition from student to professional. Interns may use up to forty hours of time over the course of the internship year for professional development tasks. This time is to be used to schedule such things as graduations, dissertation orals, job interviews, and presentations at professional conferences. 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.

Interns are highly encouraged to schedule professional development needs, when possible, on days when school-based students are not on campus or when there is minimal clinical/training impact. However, often this will not be possible.

Sick Time: Interns accrue paid sick time per pay period based on the intern's scheduled working hours starting at the date of hire/first day of internship. Interns should not work on internship activities from home when using a sick day. The internship is designed so that interns should be able to complete all internship activities during their regular workday. For sick time requested on the day before or the day after a paid holiday, interns will need to provide a note from a doctor to Human Resources in order to be credited for sick time.

The Help Group recognizes that during the training year, interns may become pregnant, adopt children, or have family members who require their assistance due to illness. The Help Group complies with state, federal, and institutional standards regarding parental and family leave. Interns should meet with the Director of Training and Human Resources department in these situations.

Steps to Request Paid Time-off: All time-off must be discussed with your rotation supervisor (site director) and clinical team to ensure clinical coverage is facilitated. Once your clinical team approves your time-off, email your rotation supervisor, clinical supervisors, and Training Director to notify them. A formal Time-Off Request then must be submitted to the Director of Training through ADP, at *least 2 weeks* prior to taking the time. Please DO NOT make any travel plans until you receive approval from the Director of Training.

Steps (at least 2 weeks prior to time off)

1. Discuss time with site supervisor
2. If approved by the primary rotation site supervisor, notify (email) clinical supervisors and Director of Training, and include your site supervisor, making the request and include the site supervisors approval.
3. Once the clinical and training team have also approved the request a formal request may be submitted to ADP.

Working during School Breaks: Unless time has been petitioned and approved for the above noted purposes, the expectation for interns during school breaks is that they are to be involved in the myriad of activities and tasks generated by the needs of the agency. These tasks may include, but are not limited to, the following: assessment cases, projects related to internship self-study; selection and interviewing of master's level trainees; milieu camp-based activities, grant writing and program development and evaluation. This application of intern time is consistent with their professional development and their role as a member of a team. Interns are also expected to continue seeing their DMH clients and attending individual all supervision appointments during these weeks.

Interns will be presented with the school schedules during the month of August and at this time specific dates for the school year will become clear.

Leave of Absence/Parental Leave and Lactation Policy Statement: The Help Group's Training Program acknowledges that interns may experience significant health or mental health concerns, become pregnant, or chose to adopt during the internship training year. Thus, the Training Program has developed a policy for leave to provide guidance to the intern on taking leave while remaining in the Training Program. Additionally, The Help Group has a designated lactation room to ease the transition of lactating mothers who return to the training program following the birth of a child.

The Training Program will work closely with Human Resources to ensure compliance in providing leave time. The Training Program intends to comply with state and federal standards regarding maternity leave, while also considering what is practical and feasible for the intern. Additionally, the Director of Training will adhere to APPIC Membership Criteria and the American Psychological Association's Standards of Accreditation. Internship leave policies follow and include those policies set forth by The Help Group Employee Handbook. The Help Group will grant family and medical leaves of absence in accordance with the federal law known as the Family and Medical Leave Act ("FMLA") and the state law known as the California Family Rights Act ("CFRA"). Interns must contact the Human Resources Department as soon as they become aware of the need for a family and medical leave.

Leave will be granted only for one or more of the following:

- The birth and care of a newborn child.
- Adoption or placement of a foster child.
- Care of a spouse, parent, child with a serious health condition and/or their dependent children.
- Employee's own serious health condition.
- Under the FMLA only, a qualifying event arising out of a spouse's, son's, daughter's, or parent's active duty or notification of an impending call or order to active duty in the Armed Forces in support of contingency operations.
- To care for a recovering U.S. military service member if the employee has a spouse, parent, son, daughter, or next of kin who is a covered service member.

The Help Group supports breastfeeding women onsite by providing a private, clean location for milk expression during scheduled break times. Additional time to lactate outside of scheduled break or mealtimes will be unpaid or the intern may choose to use PTO/sick time. Interns/fellows should contact the Director of Training or their site supervisor to assist in identifying business needs and coverage when necessary.

The Training Program recognizes that it is essential to balance the need for the intern to both complete their training with acceptable outcomes and to allow appropriate time for critical needs and bonding and recuperation from maternity leave or for adjustment after an adoption. Please note that APPIC Guidelines

are clear that adoption or pregnancy are not acceptable reasons for deferment of the internship year and that it is the sole responsibility of the intern to ensure that the hours required to complete the internship are completed pursuant to APPIC Guidelines. It is important that the intern still receives the benefit of the full training experience. It is important that trainees address their personal needs and withdrawing without the pressure of returning on a certain date seems to be one option that may be considered. They would likely be able to re-enter the match at a different time. APPIC does not typically allow training programs to "hold" slots without specific permission from APPIC. Each request will be considered individually and assessed to determine if the following conditions will be maintained, without undue burden on the training program or agency:

1. Interns/fellows who met leave requirements would be eligible for unpaid leave time up to the maximum per federal and state policy standards, but no more.
2. The requested leave time cannot significantly disrupt the cumulative, sequential, and graded complexity of the internship training.
3. Interns/fellows requesting leave must complete a Request for Leave of Absence Request with HR and notify the Director of Training as early as it is reasonably possible, but no less than four (4) weeks before the anticipated date of leave.
4. Interns/fellows must contact the Director of Training to provide updates on the intended start date and end date of the leave if circumstances lead to adjustments of the approximate dates of leave.
5. No additional financial resources will be provided to cover leave time. No additional benefits will be provided.
6. The intern/fellow may choose to use any accrued PTO/sick time as part of the parental leave or designate parental leave time without utilizing PTO/sick time. Unless otherwise stated on the Request for Leave of Absence form, accrued PTO/sick time will not be utilized. If the intern uses PTO/sick time for parental leave, he/she will not be required to make up that time.
7. To fulfill the requirements of the internship/fellowship program, any additional time off after PTO will be added on and extend the internship/fellowship year.

If have concerns about the training program's APPIC membership criteria and the program being out of step with those criteria: [Internship Membership Criteria \(appic.org\)](http://www.appic.org) or out of step with the APPIC policies <https://www.appic.org/About-APPIC/APPIC-Policies> you can review those on our website and submit a formal complaint with APPIC (see below).

Procedure for Being Off Campus: If an intern is off campus due to illness or for any other reason (taking a professional development day, research time, etc.) the intern needs to follow the following procedure:

1. Once approval has been granted for time off, inform the Director of Training and all individual supervisors of the absence from campus. Create a calendar event for the Training Director indicating you are away.
2. Inform any other supervisors with whom they had meetings scheduled that day.
3. Plan for coverage where one or more of the other full-time interns covers your clients in the event of emergency (if all interns are gone, find a staff therapist to cover); have this coverage person put a note on your door and/or inform clients as needed.
4. Inform the receptionist, individual supervisors, Director of Training, coverage partner, and possible others including clinical directors, deans, teachers, etc., as needed for the coverage plan.

Maintenance and Supplies

Maintenance Requests: Maintenance Requests refer to issues related to the upkeep of the work environment. Such requests should be made only to the Director of Training. Requests are prioritized and addressed within two weeks. If there is a maintenance emergency (flooding, power outage, spills), you should contact an administrator at your campus (please see the Intranet for instructions).

Do not contact maintenance if you are locked out of your office – please find an administrator to let you in.

Supplies: For standard supplies when working in an office (pens, paper, stapler), interns should provide a list to the Director of Training.

Parking and Mileage Reimbursement

At the Sherman Oaks campus, parking is assigned by the Human Resources Department and is subject to change. A parking permit will be given to you during orientation. Please place it on your dashboard. At other campuses, parking spaces will be assigned as available. At any campus, you may move your car into the main lot after 4:00 PM if you plan to work after it gets dark. Please ask the parking attendant for assistance.

Interns may be reimbursed for their travel mileage when providing services off site or when traveling to different agency sites (but not traveling to/from their main campus to/from home). Interns will need to complete the employee mileage log each time you travel for agency business. Interns should include the numerical address, city and zip code of all starting locations and destinations on the mileage log. Interns should submit the completed log monthly and attach an Employee Expense reimbursement form as well as an employee time sheet, which is available in ADP. These must be submitted within TWO WEEKS of the month end for reimbursement to be made. The current reimbursement rate is 56 cents per mile.

Onboarding Procedures

There are several tasks you will need to complete as you commence internship. Several will be delegated and monitored by HR, but many others will be assigned and monitored by the Director of Training. Interns are expected to complete onboarding and documentation requirements detailed in the provided onboarding checklist within the first month of internship. See Appendix L for details.

Procedure for Leaving the Agency

There are several tasks you will need to complete before leaving the internship. There is a checklist with due dates that will be helpful in keeping track of these tasks. An updated version will be emailed to you during the month of July. See Appendix C for details.

PROFESSIONAL POLICIES

Agency Communication

Voice Mail: Interns are expected to check their voice mail regularly (approximately every 2 hours) during the days they are working. Whenever possible, messages should be retrieved and not saved, as saving messages clogs the system. Voice mail instructions are on the intranet. It is also highly advised each intern sets up a Goto account to utilize online access to their voicemail as well.

The Answering Service: Interns are on call for their clients. If a client calls the answering service, the service will first try to contact the client's therapist. If the therapist is not available, the supervisor will be contacted. If the supervisor is not available a clinical administrator will be contacted. There is ALWAYS someone on call. In the event that a client contacts the service, and the service contacts the therapist/intern, the intern may always contact their supervisor or another clinical administrator for a consultation. All supervisors have cell phones. Cell phone numbers are on the intranet phone directory and interns are given a main list of essential numbers during orientation that they should keep with them at all times. Interns **must** contact supervisors in the event of a clinical emergency. (These procedures are outlined during orientation and in this Handbook). Note: If an intern plans to be away for the weekend, a coverage plan needs to be implemented with another intern covering for the on-call responsibilities (see prior section for coverage plans).

Interns should always have their clients' phone numbers, as well as have the phone numbers of fellow interns, supervisors, and group co-leaders.

Cell phones: An intern is considered on-call 24-hours a day throughout the internship year unless an alternative coverage plan has been distributed and approved. The agency will contact employees via their personal cell phones for urgent issues. The 24-hour call center will notify interns via text message if they receive a call for you. The call center will provide a detailed message.

Interns should not give their cell phone numbers to clients, but can be called/texted by the service, the receptionists, clinical or intervention staff when urgent matters arise. The phone number of the main desk at Sherman Oaks is (818) 781-0360.

E-mail: All interns are required to use The Help Group email account (which is provided by the agency).

All email communications with clients, students, and students' families should occur on agency email accounts, and be copied and/or forwarded to supervisory personnel and parents or guardians of clients/students who are under 18 or conserved adults. Interns are prohibited from emailing or texting clients, students, and students' families using their personal email or personal cell phone accounts.

Interns should only use email to schedule appointments. Sensitive and confidential information should not be put in email. As part of informed consent, interns should explain to clients and parents that email is not to be used to communicate crises and that interns will not exchange any information pertaining to treatment through email. If clients/parents send an email with clinical information, interns should respond to the message with times the intern is available to discuss the content over the phone.

The Help Group Intranet: The intranet carries a wealth of information relating to upcoming events, as well as various forms and instructions. It is only accessible on computers that are on campus and connected to the internet.

Inter-agency Correspondence & Letters: All written communication leaving the agency must be co-signed by the appropriate clinical supervisor responsible for the case or by their designee. This includes but is not limited to letters to client family members, to DCFS workers, DMH workers, Probation Officers, or any other outside team members. The Help Group letterhead is available in the QA department.

When clients or caregivers request records to be released, interns should ask the legal guardian to sign a release and put their specific request in writing. Interns should scan the written request to DLRecordsRequest@thehelpgroup.org and cc their supervisor. Interns should note that the clinical team and QA/custodian of records will review their request and provide them with a response in a few days.

Policies and Procedures for Clinical Care

The following policies and procedures include the general policies and procedures for each program as well as the specific policies for supervised interns:

Productivity: All therapists working in the agency are expected to document a certain amount of case activity each week. This expectation is referred to as productivity. Interns differ from staff therapists in that they do not have productivity expectations, per se. The CAR will calculate your overall productivity rate, with a goal of aiming for 40% of your time as billable. This number is used as a guideline to help ensure you receive the appropriate number of clinical hours and for professional development. Most salaried full-time positions require at least a 60% productivity rate. The following can be used as a guideline for typical billable activity for DMH clients. For DMH clients, therapists generally bill at least 1.5 hours (90 minutes) of activity per week (typically 60 minutes of direct contact and documentation, with additional time spent on collateral work, case consultation, etc.). For these clients, the minimum tends to be 1.5 hours each week. Billing may exceed this if there is clinical justification for the service. For School-Based clients, interns are expected and required to provide the number of minutes of counseling specified in the IEP (typically 30 or 60 minutes).

School Based Clients: Clients are assigned by the Director of Training in conjunction with the Clinical Directors of each program. Upon receipt of a new case, note the type of funding (DIS, ERICS, etc.), type of service provided (group, individual, family), and number of minutes per week funded. Also make sure for school cases that the funding and services match those on the IEP.

The therapist should attempt to reach the caregiver by phone and introduce themselves to the client within 48 hours of receiving the case, unless instructed otherwise by their supervisor. They should clarify their status as an intern/unlicensed status, the fact that they are being supervised, and the limits of confidentiality. This information must be documented in the progress note you write for that session. A regular meeting time should be arranged (please consult with the client's teacher regarding appropriate therapy times).

The intern should discuss the case in supervision and prepare a letter to discuss and send to each family, (from their primary supervisor), informing the family of the intern's status and of the availability of the supervisor. Attached to this letter will be a consent for audio/videotaping and a self-addressed stamped envelope.

The caregiver should be contacted regardless of whether a client is funded for family therapy. It is important to make contact simply as an introduction and to help families know who they should contact regarding questions or concerns. The intern should introduce him or herself and clarify their intern status, and the fact that they are supervised. They should note that they can be reached either through their direct office line or on the main number (818) 781-0360 and that after hours the answering service will

pick up that number. You should not give clients or families your personal cell phone number.

Outpatient/DMH/Lumina Clients: Upon receipt of a new case note the type of funding (EPSDT, OCS, Insurance, etc.) and type of service provided (psychotherapy, case management, medication, etc.). The family should be contacted within 24 hours. The intern should introduce themselves and clarify their intern status, and the fact that they are supervised. They should note that they can be reached via their direct office number or main number (818) 781-0360 and that the answering service will pick up after hours if they call the main number.

The intern should discuss the case in supervision and a letter will be sent to each family, by the primary supervisor, informing the family of the intern's status and of the availability of the supervisor.

The therapist should see the client for the first appointment within five days of receiving the case. In the first session, they should clarify their status as an intern, the fact that they are being supervised and give them supervisor notification form, and the limits of confidentiality. In your progress note, please document that you covered these areas. A regular meeting time should be arranged.

Group Therapy Cases: Each intern must run groups throughout the year. Interns are *highly encouraged* to run at least one group outside of their primary rotation. A minimum of 20 hours of group therapy is required by the end of the year.

In the event of a clinical emergency during the group (e.g., potential child abuse report, suicidal or homicidal concerns, etc.) the Intern's primary supervisor must be called immediately. If the supervisor is unable to return your call within 15 minutes, or within the amount of time that you are comfortable, then call the next clinical supervisor in the contact tree.

If an intern is unable to attend group (due to illness or a clinical emergency with an individual client), the intern must notify their co-leader and their supervisor and/or clinical rotation team as soon as possible.

Testing Cases: Interns are assigned between six and eight testing cases over the course of their training year. The number of testing cases depends upon the type of case and the complexity of the battery and is to be evaluated by the assessment supervisor. Therefore, care will be taken to ensure interns have the time to complete the number of batteries assigned.

Interns will be exposed to, and gain experience administering, measures that assess cognitive, personality, neurodevelopmental, perceptual, and academic functioning. A thorough battery is expected to include both *objective and projective* tests and collateral data. School observations are highly encouraged when applicable. Interns will be trained in or be exposed to additional measures beyond their selected batteries throughout the year.

Cases are assigned by the Assessment Supervisor, in consultation with the Director of Training. The intern is given the Referral Form, which includes the name of the client, the referent, reason for referral, and other pertinent information. Please see the [PLAN Center manual](#) for procedure details.

The intern meets with the Testing Supervisor to discuss initial thoughts regarding a battery after careful review of all pertinent supporting documentation. The intern should schedule testing with the client, parent, and/or school within one week of being assigned the case.

Sign up for testing materials using the PLAN center outlook calendar. Please include your name and what tests you are checking out and for the specified duration of time. All testing materials MUST be returned

to the same, if not better, condition as when checked out. If checking out the iPads for interactive testing. All iPad testing will be set up with the testing supervisor and stored in the Assessment Supervisor's office. See iPad notes for creating clients etc. (Click on 'calendar,' and 'testing materials' under the Psychology Training Department. When signing up for Testing Materials, please include:

During your first meeting with the client/parents, limits to confidentiality, supervisor notice, should be discussed. Testing clients should sign consent to tape testing and feedback sessions. Interns are required to share a minimum of three assessment tapes (intake, administration, and feedback) over the course of the training year.

Administration of the battery should be completed within approximately 8 hours. Once testing is completed, the data is reviewed with the supervisor to compile hypotheses. Interns have **one week to score** their protocols following the last testing session. Scores will then be brought to supervision for full review and discussion of diagnostic conclusions. Then Interns will have **one week to write the first draft** of the report. All drafts and data will be kept in the client's SharePoint file. The draft of the report will also be kept here to maintain supervisor access. **NO TESTING DATA/BOOKLETS/SCORING SHEETS CAN BE TAKEN HOME OR TO ANY SETTING OTHER THAN A HELP GROUP PROGRAM.** Such documents should be scanned and uploaded to the PLAN Center Shared Drive to be accessed from different locations.

When a final draft is completed and approved by the supervisor, the referent is then informed that the testing is completed, and plans are made to provide feedback. Generally, a feedback session is set with the referent and the family; if clinically appropriate, a copy of the report is given to the family.

Just as with clinical cases, if there is a potential crisis with a testing client (e.g., suicidal ideation, Tarasoff, child abuse report, etc.), the Assessment Supervisor must be notified immediately. In consultation with the Assessment Supervisor, it may be decided that the Primary Therapist of the client should be contacted, as well as the parents.

Crisis Intervention

Suicide/Homicide: If an intern is informed, either directly or indirectly, of any concerns about a client's potential to harm themselves or others, the intern is required to inform their supervisor immediately by cell.

If you become aware of a client's suicidal or homicidal intent, immediately call your primary supervisor for that case. If the supervisor does not return the call within the expected amount of time, (e.g., 15 minutes) or within the amount of time that you are comfortable with, then call the Training Director. If you are unable to reach the Training Director, call your delegated supervisors. Their contact information will be distributed during the orientation and these numbers are also available on the intranet. Whenever another member of the training staff or clinical supervisor consults on a crisis (rather than the supervisor of that case), interns are required to inform their primary supervisor and follow-up as soon as possible.

Clients may recant information or deny the veracity of their original claim. However, interns are still required to notify their supervisors immediately, and give a full account of the situation. In other words, interns are required to consult with a supervisor in all suicidal or homicidal situations regardless of their independent assessment of client's volatility.

Whenever in doubt about contacting a supervisor, always err on the side of caution and call immediately.

Abuse, Abandonment, or Neglect: Interns are mandated reporters of any suspected abuse,

abandonment, or neglect. If any suspicion arises, either through direct report, observation, or inference, the supervisor should be called on their cell phone immediately. If the supervisor does not return the call within the expected amount of time, (e.g., 15 minutes) or within the amount of time that you are comfortable with, then call another supervisor/training staff member. A list of clinical supervisors/training staff members and their locations and phone numbers will be distributed during orientation. These numbers are also available on the intranet. Whenever another member of the training staff or clinical supervisor consults on a crisis (rather than the supervisor of that case), interns are required to inform their supervisor by voicemail, and follow-up in person as soon as possible.

Reports are made by phone to the Child Abuse Hotline (800) 540-4000, immediately following consultation with the supervisor. An online report on a Suspected Child Abuse Report form must be submitted and reviewed by your supervisor, as soon as possible, and by law within thirty-six (36) hours. If the incident to be reported is determined by the intern's supervisor to be non-urgent (e.g., historical report of alleged abuse), the intern may be instructed to make a non-urgent report on the CARES website instead of calling the child abuse hotline. If using CARES to make a report, you no longer file a verbal and written report.

Emergency Preparedness and Procedures: The Director of Facilities ensures the safety and security of the facility. They ensure that all first-aid supplies are readily available, including generators, water supply, emergency tarps, and food.

Emergency evacuation drills are held monthly. In the event of an earthquake, staff and students will be commanded to assume a drop drill position, away from windows and potential hazards. The drop is held for 60 seconds, and then staff and students are expected to evacuate to their emergency positions.

Each campus has a different area for evacuation, but it is typically in the center yard. Please ask the Education Director or Clinical Director at your site.

Evacuation is expected to be immediate upon hearing the evacuation alarm. If you are with a student, inform the teacher or school principal of where you are, and keep the student with you until you can safely return them to the rest of their class.

A Lockdown may be implemented when a situation occurs that may be a hazard to health or is life threatening. It is intended to limit access and hazards by controlling and managing staff and students to increase safety and reduce victimization.

If there is a situation in the agency that requires a Lockdown, you will be informed in one or more of the following manner:

1. Audible Telephone Announcement and/or audible PA announcement
2. E-mail notification
3. Text notification

The building will have restricted access until the "All Clear" is given or individuals are directed by emergency personnel or staff. A lockdown may be called for a variety of reasons including weapons, intruders, police activity in or around the school, contamination or hazardous materials or terrorist events. Interns will receive a copy of "School Lockdown Procedures" during orientation. This document is also available on the intranet under the Safety tab. Interns are to keep this card with them at all times.

ADVISEMENT & EVALUATION FOR INTERNSHIP COMPLETION

Criteria for Evaluating Intern Competency upon Completion of The Help Group's Doctoral Internship Program

During the initial eight weeks of the internship year, interns collaborate 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.

The following list contains the specific competency areas, skills needed, training opportunities, and assessments of competencies for each of the areas of training that are focused on during the internship year. For the mid-year and end-year evaluations, Interns are assessed on the following rating scale, which includes six 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. Additionally, examples of competency standards can be found in the [Competency Examples](#) document in SharePoint.

During internship, interns will have specific requirements 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 4 testing reports, maintenance of therapy caseload, completion of documentation, accrual of at least 1750 Supervised Professional Experience hours, etc.).

Intern Self-Assessments are a central feature of the competency evaluation process. Interns are required to fill out the self-assessment form during orientation (**due the end of week 2, 8/15**). This self-assessment provides information on perceived competencies at the start of internship. Subsequent self-assessments are completed by interns by **October 31, January 31, and July 31**, as a means of observing perceived changes in competency and noting areas which need focus. Interns are responsible for completing the self-assessments and uploading them to their shared folder. The self-assessment will be reviewed with the Training Director and/or their supervisor. Interns must upload these evaluations to their SharePoint file they share with the Director of Training to be saved in their electronic personnel files.

The October 31st assessment is a measure of the intern's perceived skill level within the first months of internship. The self-assessments completed in October, January, and July have a section wherein the intern indicates which area of training/supervision they feel contributed to their feeling of competency in each goal area (Appendix F).

An individual **Learning Plan** is created during the first six weeks of training, the interns, along with their individual supervisors, will review the training goals for the internship year with an eye towards defining specific areas of strength as well as areas in need of supervisory focus. Areas of specific focus are determined based upon past experiences (as indicated on the intern application), intern and school advisor assessment form, intern self-assessment form, and initial supervisory observation and assessment. The selection of areas of focus is an ongoing process and reflects the intern's development over the course of training. This will also include the selections for secondary rotations. This will be written into the Individual Learning Plan. Furthermore, progress in all areas of competence will be formally reviewed in the mid- and end-year evaluations. These goals and areas of focus are formalized in the Individual Learning Plan, which should be completed by you and your supervisors and uploaded to their SharePoint portfolio they share with the Director of Training by **October 17th** (see Appendix H for details).

Formal Review of Direct and Indirect Observations are ongoing tools the training team utilizes to assess and intern's strengths, growing edges, and progress throughout the year. Interns are expected to review **9 audio or videotapes** of therapy sessions *and* **3 videotapes** of assessment sessions, at a minimum, with their supervisor and note areas of strength as well as areas that could benefit from further supervisory focus. This feedback will be noted on a formal review form. This form serves as a means of tracking the growth of an intern's intervention and professional skills. A copy of this form should be forwarded to the Director of Training. Interns must review **a total of at least 12 audio/videotapes** in supervision and submit the completed formal review form to the Director of Training in order to successfully complete internship (see Appendix I for details).

At the conclusion of an Intensive Case Discussion (ICD) series, the group leader and the supervisor attendees will conduct a **Formal Review of the Intensive Case Discussion**. Supervisors will provide the intern with feedback noting areas of strength as well as areas that would benefit from further supervisory focus. Furthermore, the supervisors in attendance at the Formal Case Presentation at the end of the ICD

experience will provide feedback on strengths and areas for further supervisory focus based on the formal case presentation.

Interns are expected to present at least one videotape of a session as one part of the Intensive Case Discussion. Please note that interns are expected to use a case for their Case Conference Presentation that is different from the case presented in the Intensive Case Discussion (see Appendix J for evaluation).

Didactic seminar attendance, participation, and presentations are additional methods the training team uses to measure Intern competency and progress. Interns receive a calendar of scheduled didactic trainings for the year, which is subject to change. The didactic training provided and attended are entered and tracked within the intern's CAR. Outside training attended can also be included within the CAR if attended during the internship year. Each Intern will be responsible for organizing one didactic seminar throughout the year on a clinical and/or research topic of their choice and approved by the Director of Training. The calendars along with the intern's written evaluations of the didactic trainings are submitted to the shared portfolio and the Director of Training at the end of the month (see Appendix K for eval).

Intern Training Agreement

The Intern Training Agreement is a formal agreement between the intern and the Agency regarding the intern's program for the year. This contract specifies the activities interns will be involved with over the course of the year, the internship requirements, and the internship expected competencies.

The Training Agreement is to be completed no later than **September 26th**. Interns must upload these evaluations to their SharePoint portfolio they share with the Director of Training to be saved in their electronic personnel files (see Appendix G).

Mid-Year Evaluation

The mid-year evaluation is a formal evaluation that covers the period from the onset of the internship year, through the end of January. As the supervisory process is oriented to provide interns with ongoing feedback and observation over the course of the year, it is expected that little in this formal evaluation should be surprising or new, rather the formal evaluation is a consolidation of supervisory feedback.

The intern's primary supervisor prepares the mid-year evaluation, with input from all supervisors, training faculty, and clinical staff who collaborate with the intern. The Mid-Year Evaluation is presented to the intern by both intern's individual supervisors during the month of February. During that meeting, interns will be provided with an opportunity to compare their own self-assessments (from October and January) to their supervisors' mid-year assessment.

The mid-year evaluation addresses the intern expected competencies in narrative and objective rating form, presenting an in-depth analysis of competency areas and in particular noting areas of strength as well as areas of potential growth. If an intern's school requests the training site fill out a particular form, this form is added to our narrative statement. Discussion of the mid-year evaluation usually results in refinement and clarification of goals for the remainder of the internship year. The intern's Learning Plan is significantly strengthened because of this mid-year evaluation process.

The mid-year evaluation is signed and sent to the intern's school. Interns have the opportunity to write a written response to the evaluation. A copy of the mid-year evaluation is provided to the intern for their records and a copy is maintained in their personnel file.

Year End Evaluation

The end-year evaluation is a formal evaluation that covers the period from February through the end of the internship year. The end-year evaluation is prepared by the intern's primary supervisor with input from all supervisors, training faculty, and clinical staff who work with the intern. The end-year evaluation is presented to the intern by both intern's supervisors during the last two weeks of their internship. It is sent to the intern's school at the end of the internship year. A copy of the end-year evaluation is provided to the intern for their records and an electronic copy is maintained in their personnel file.

The end-year evaluation addresses the intern's expected competencies and noted areas of growth since mid-year in a structured checklist format, with briefer narrative statements. If an intern's school requests the training site fill out a particular form, this form is added to our form.

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, 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 feels 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.

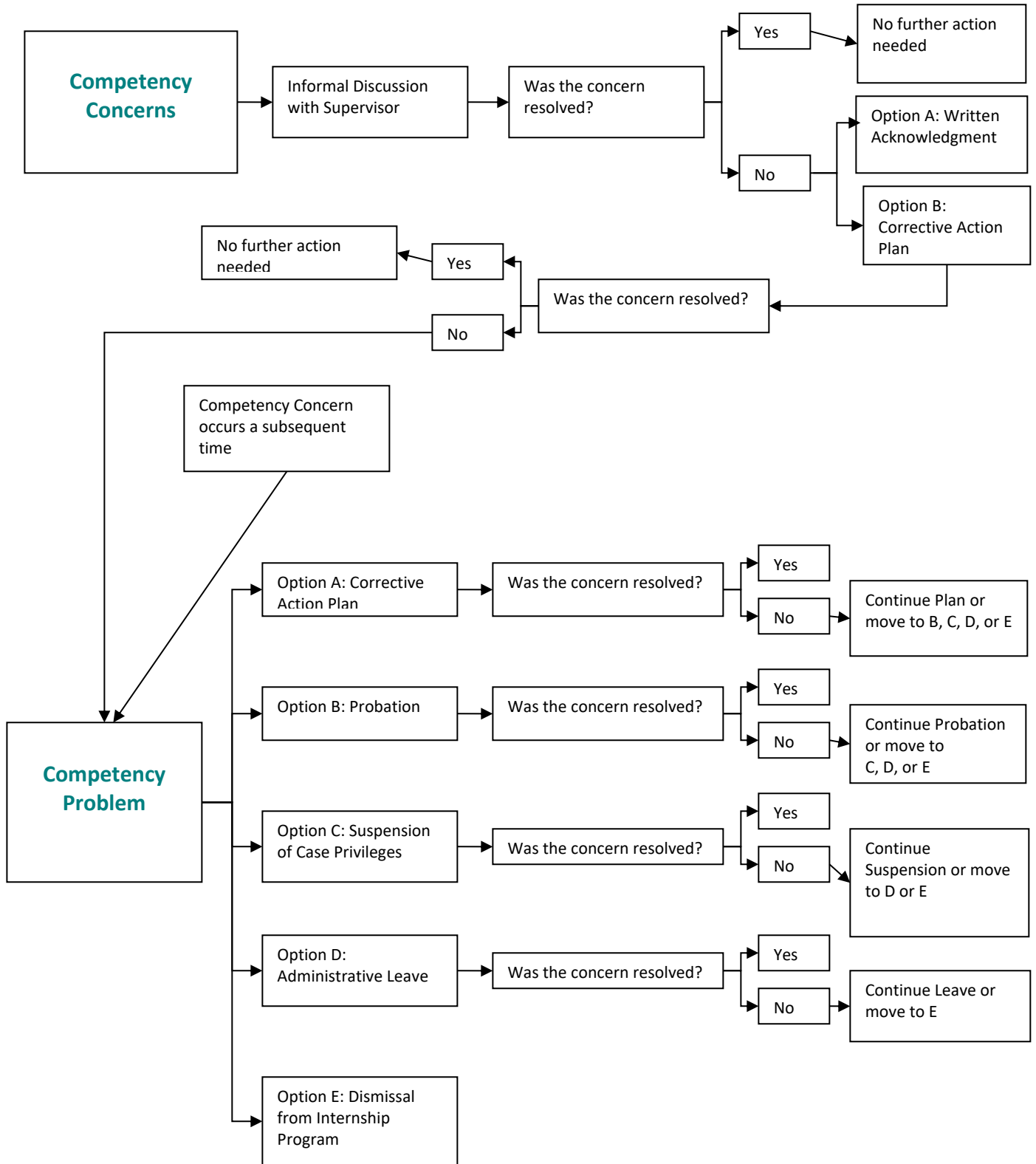
At the end of the Administrative Leave period, 7 business days, the Review Committee will assess the Intern's capacity for effective functioning and determine when the Intern can return to work. If the decision is made the intern cannot return to work, the next step in Due Process could be Option E below.

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.

Due Process Flowchart



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."

INTERN EVALUATION OF PROGRAM

Program Evaluation

Interns are asked to formally evaluate the program at three points during the internship year. The first evaluation is due on December 16th, the second by July 31th. The purpose of the evaluation is to assist in identifying areas of strength in the program as well as areas that need further development. Intern program evaluations are part of the internship program's ongoing self-study process.

Interns should complete the online Program Evaluation via Survey Monkey. The link will be sent to them at least 2 weeks prior to the due date. The evaluations are reviewed by the Director of Training and the training faculty. Portions of the evaluation that are pertinent to training staff will be distributed to them directly. Interns are required to put their names on all evaluations.

Evaluations will be reviewed with interns in their individual and group supervision sessions as a means of strengthening the learning contract.

Didactic Seminar Evaluation

Interns are asked to formally evaluate each didactic seminar using the Evaluation of Didactic Seminar form (available electronically). Evaluations should be filled out immediately following the didactic seminar. These evaluations should be attached to the monthly training log and uploaded to the shared folder at the end of each month to the Director of Training (see Appendix K).

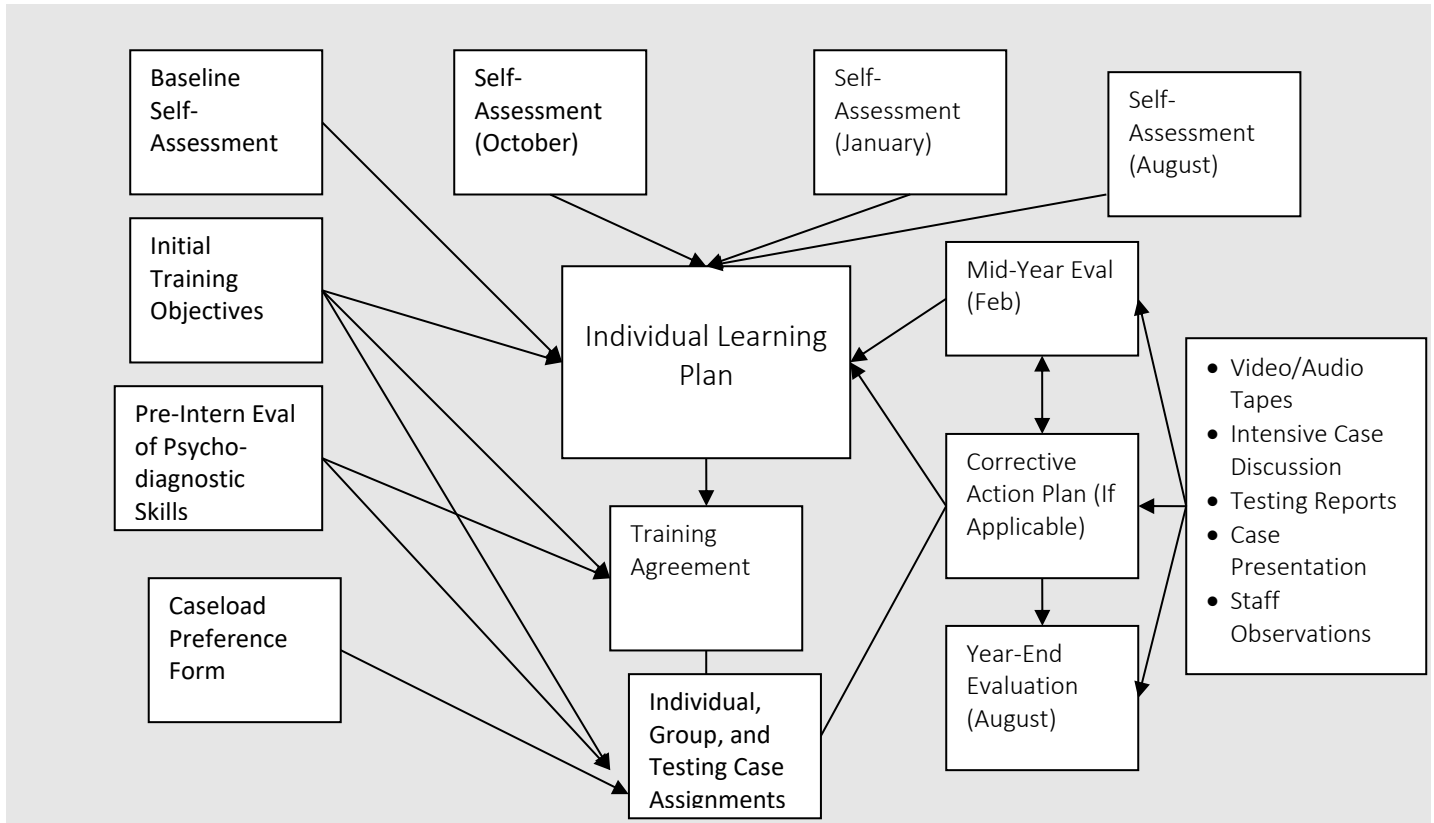
Supervisor Evaluations

Interns are asked to formally evaluate their individual and group supervisors during mid-year and year end evaluations. Evaluations are completed via SurveyMonkey, and links will be distributed by the Director of Training. The evaluations are reviewed by the Director of Training. Each supervisor's evaluations are distributed to supervisors directly and will be reviewed with interns in their individual and group supervision sessions as a means of strengthening the learning contract and augmenting supervision effectiveness. Interns are required to put their names on all evaluations.

Evaluations will be reviewed with interns in their individual and group supervision sessions as a means of strengthening the learning contract.

Appendix A

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



Appendix B

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	6 batteries = 5 hrs./week
TOTAL:	21-22
Indirect Service	
School Dept. Clinical Meeting	1
Independent Projects	3-4
Supervision of Practicum Student (clinical)	1 (Jan-June)
Intern Program Requirements (e.g., case presentations, treatment plans, etc.)	3.5
TOTAL:	7.5 – 8.5
Training	
Individual Clinical Supervision	1.5
Individual Testing Supervision	1-1.5
Group Supervision (Groups, Case Conceptualization and Countertransference)	.5-1.5
Specialized Group Supervision (Professional Development, Supervision of Supervision, Intensive Case Discussion, Assessment)	1-1.5
Didactic Seminars/Training	2-5
TOTAL:	6-11

Appendix C

2025 -2026 Year End Tasks

Due Date	Task	✓ When Complete
Last Month		
June/July	Discuss with your supervisor cases to be transferred/ discharged.	<input type="checkbox"/>
June/July	Determine with supervisor when all billing and notes for clients are due for feedback, final version, etc. <input type="checkbox"/> DMH: <input type="checkbox"/> Lumina: <input type="checkbox"/> School:	<input type="checkbox"/>
During July	Make sure all PLAN assessment protocols and scoring records, signed Word and PDF version of the report are uploaded to the PLAN SharePoint. Ensure PDF signed report uploaded to client chart.	<input type="checkbox"/>
Discuss with Sup	Notify parents/guardians of your departure date and plans for either closing the case or transitioning client to a new therapist. <i>If clients are being transferred to a new intern, you must, at a minimum, have collateral phone contact with caregivers up until your final week of internship because cases need weekly contact and new interns will not be able to start seeing transfer clients until their 3rd week of internship.</i>	<input type="checkbox"/>
Week of		
7/7	Review charts using URC tools (audits) and submit to supervisors (make all correcting during remaining two weeks)	<input type="checkbox"/>
7/14	For any DMH cases that will be transferred to staff therapists, schedule a time to consult with the new therapist and schedule a transition session with the new therapist and client, if possible.	<input type="checkbox"/>
7/14	Exit review and wrap-up with the Director of Training for the week of July 22 or 29. Bring this checklist, signed and initialed CAR, VOE and all forms.	<input type="checkbox"/>
7/14	Schedule an appointment for the week of July 22 with both supervisors to discuss the end-year evaluation.	<input type="checkbox"/>
7/14	Ensure all records, work samples, and portions of the CAR completed and in SharePoint prior to year-end TD mtg.	<input type="checkbox"/>
7/21	If your school requires any documentation such as hours completed, give this to your supervisor or the Director of Training with at least 2 weeks' notice of when your school requires it, but no later than July 19.	<input type="checkbox"/>
7/21	Complete the supervisor evaluations by July 19 (or before final eval review).	<input type="checkbox"/>
7/21	If any DMH clients are being discharged, close the chart. <i>See IBHIS workflow and Discharge Checklist from QA for steps.</i>	<input type="checkbox"/>
7/21	Complete the final self-assessment by July 26.	<input type="checkbox"/>
7/29	Complete all evaluations for seminars and evaluation of the internship program by July 28th	<input type="checkbox"/>
7/29	School Clients: email final copies of Transfer/Discharge Summaries to the Director of Training and supervisors by 7/29. Lumina/DMH clients: email final copies of Transfer/Discharge Summaries to the Director of Training and supervisors by 7/29 and complete the Transfer Note in Welligent following final session.	<input type="checkbox"/>

Ongoing;	Complete all paperwork, including upcoming IEPs and DMH paperwork due by the end of the month after your departure date (i.e., any paperwork that will be due through the month of August, i.e., – cycle date is September or earlier). Be sure to do the ENTIRE annual packet. BUT if a DMH annual is due in September, do NOT get signatures. For school-based clients with IEPs in August or early September, please generate new IEP goals and present level of performance. Check IEP spread sheets and revisit IEP annual dates to determine when your clients' next IEP is.	<input type="checkbox"/>
Last Week		
Last Week	Remove extraneous client and personal information in your office and shred it.	<input type="checkbox"/>
Last Week	Return to Director of Training: Company Cellphone – if phone has password, collect password, Laptop, accessories and charger, Badge, Parking Pass, Google account – ask if the account attached to their phone, if so, as to please disable, confirm contact information is current (address, phone number and email address)	<input type="checkbox"/>
Last Week	Destroy all audio and videotapes of clients – even those in SharePoint	<input type="checkbox"/>
Last Week	If you feel your office needs paint or other major maintenance, let the Director of Training know.	<input type="checkbox"/>
Last Week	Turn in all agency-purchased/reimbursed toys or books to the Director of Training (or ask if they should stay in your office)	<input type="checkbox"/>
Last Week	Return all manuals and assessment materials to PLAN Center and inform Lidia who will verify their presence.	<input type="checkbox"/>
Last Week	Clean office (clean off bulletin boards, discard old clay, straighten shelves, clean off desk)	<input type="checkbox"/>
Last Week	Wipe voicemail, and reset password to 0000	<input type="checkbox"/>
Last Week	Return personal alarm, encrypted thumb drive including password, and/or locked file folder with key	<input type="checkbox"/>
Last Week	Update computer software and restart to ensure it is running properly. Notify TD if laptop/desktop is not working properly.	<input type="checkbox"/>
Last Week	Turn in all keys and badges to the Director of Training. Put them in one envelope labeled with your name.	<input type="checkbox"/>
Last Week	Submit all school-based paperwork/billing, including final August MSL. Ask the school based clinical director if you should 'inactivate' ESY records for all summer school-based clients in Welligent.	<input type="checkbox"/>
Last Week	If you have any mileage logs or other expenses that need to be reimbursed, submit them to the Director of Training by 8/4. Please include a mailing address where we can mail your check to you.	<input type="checkbox"/>
Last Day with TD	Give the BOP Verification of Experience form to the Director of Training. The original Supervised Professional Experience (SPE document) in a sealed envelope. You should save both and submit them along with your application to the California BOP for licensure.	<input type="checkbox"/>
Last Day with TD	Interns who worked in a school-based setting only: Cancel your Psych Assistantship Registration. Complete the PSB 101 (remove/change supervisor) with the psych assistant to end the psych assistantship. **If you plan to continue working as a Psych Assistant at your next training/job site, complete the 'Notification to Add or Change Supervisor or Service Location' form and provide TD with a copy.	<input type="checkbox"/>
Last Day	Email all corrections, finalize all time punches, and approve timecard by the end of final shift.	<input type="checkbox"/>
Last Day	Pick up your final paycheck from Human Resources on 8/1	<input type="checkbox"/>

Appendix D

Internship Requirements Checklist and Timeline

The internship checklist is intended to be reviewed and tracked throughout the training year. Interns are encouraged to input requirement deadlines into their Microsoft outlook calendar at the onset of the training year to ensure adherence to task deadlines. More detailed information regarding requirements can be found under appropriate sections of the intern handbook; the checklist is intended as a quick reference guide.

Requirements and Deadlines	Due Date	Supervisor initials	Date Completed
<u>Training Agreement</u> <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed and signed by training director <input type="checkbox"/> Reviewed and signed by supervisor <input type="checkbox"/> Obtained signature/email confirmation from graduate school director of clinical training	09/26/2025		
<hr/>			
<u>Learning Plan</u> Initial <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed with supervisor	10/17/2025		
Mid-Year <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed with supervisor	01/31/2026		
<hr/>			
<u>Comprehensive Treatment Plan</u> <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed with supervisor	11/14/2025		
<hr/>			
<u>Self-Assessment</u> Onboarding <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed and signed by supervisor <input type="checkbox"/> Submitted to portfolio/shared folder	8/29/2025		
Initial <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed and signed by supervisor <input type="checkbox"/> Submitted to portfolio/shared folder	10/31/2025		
Mid-Year <input type="checkbox"/> Submitted for review <input type="checkbox"/> Reviewed and signed by supervisor <input type="checkbox"/> Submitted to portfolio/shared folder	01/31/2026		
Year End <input type="checkbox"/> Submitted for review	07/31/2026		

<input type="checkbox"/> Reviewed and signed by training director and supervisor <input type="checkbox"/> Submitted to portfolio/shared folder			
Requirements and Deadlines	Due Date	Supervisor initials	Date Completed
Program Evaluation			
Mid-Year <input type="checkbox"/> Submitted program feedback via online survey <input type="checkbox"/> Submitted individual supervisor feedback via online survey <input type="checkbox"/> Submitted assessment supervisor feedback via online survey <input type="checkbox"/> Submitted ICD supervisor feedback via online survey <input type="checkbox"/> Review supervisor and agency feedback with primary supervisor <input type="checkbox"/> Review agency feedback with training director	01/31/2026		
Year End <input type="checkbox"/> Submitted assessment supervisor feedback via online survey <input type="checkbox"/> Submitted ICD supervisor feedback via online survey <input type="checkbox"/> Submitted program feedback via online survey <input type="checkbox"/> Submitted individual supervisor feedback via online survey <input type="checkbox"/> Review supervisor and agency feedback with primary supervisor <input type="checkbox"/> Review agency feedback with training director	07/31/2026		
Intensive Case Discussion (ICD) <input type="checkbox"/> Clinical summary and questions prepped for meeting 1 <input type="checkbox"/> Relevant article submitted for review <input type="checkbox"/> Video session shared weekly in ICD group <input type="checkbox"/> ICD presentation completed, last 40 minutes with 15 minutes for questions and further clinical focus <input type="checkbox"/> Presentation, evaluation , and article submitted to portfolio/shared folder	Individually Scheduled		

Requirements and Deadlines	Due Date	Supervisor initials	Date Completed
Intern Seminar Presentation <input type="checkbox"/> Topic submitted for review/approval <input type="checkbox"/> Presentation complete <input type="checkbox"/> Obtained evaluation <input type="checkbox"/> Submitted presentation and evals to portfolio/shared folder	Individually Scheduled		
Intern In-Service Presentation <input type="checkbox"/> Topic submitted for review/approval <input type="checkbox"/> Presentation complete <input type="checkbox"/> Obtained evaluation <input type="checkbox"/> Submitted presentation and evals to portfolio/shared folder	Individually Scheduled		
Independent Project <input type="checkbox"/> Proposal Submission & Approval <input type="checkbox"/> Submission of final project <input type="checkbox"/> Evals to completion, meeting, or exceeding rating requirements <input type="checkbox"/> Submitted project to portfolio/shared folder	End of training year		
<u>Audio/Video Recordings (12 minimum)</u>			
Therapy Recordings (9 minimum) <input type="checkbox"/> Formal feedback form completed with supervisor (per therapy recording) Dates: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ *3 must be completed prior to holiday break <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ *all reviews complete prior to 7/05/26 <input type="checkbox"/> Feedback forms uploaded to Portfolio			
Assessment Recording (3 minimum) <input type="checkbox"/> Formal feedback form completed with supervisor (per therapy recording) Dates: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ *all reviews complete prior to 7/05/26 <input type="checkbox"/> Feedback forms uploaded to Portfolio			
Requirements and Deadlines	Due Date	Supervisor initials	Date Completed

<p>Psychological Assessment Report</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Signed report saved to PLAN drive</p> <p><input type="checkbox"/> Protocols and consents saved to PLAN drive</p>	<p>End of training year</p>		
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Appendix E Intern Evaluation



Health Service Psychology Doctoral Internship Program Intern Evaluation

Intern Name: [Click here to enter text.](#)

Start Date: [Click here to enter a date.](#)

Anticipated Completion Date: [Click here to enter a date.](#)

Date of this Evaluation: [Click here to enter a date.](#)

Evaluation Period: Mid – Evaluation Final – Evaluation Other [Click here to enter text.](#)

Primary Supervisor Name: [Click here to enter text.](#)

Other Staff Who Provided Input: [Click here to enter text.](#)

Instructions:

Please discuss all ratings with the Intern, along with the Intern's feedback about your supervision. In the feedback, it is important to give specific examples if you have concerns about the Intern's progress. It is also important to give clear examples of what you think the Intern does well. Please use the feedback session to plan what you would like the Intern to emphasize in their continued training. As you discuss feedback, please keep in mind that an overarching goal of the program is to help the Intern develop a sense of their own professional identity as a psychologist, so we urge you to include areas of focus that may help them in that process.

Competency Rating Descriptions:

The following rating scale shall be used to evaluate the Intern on each of the competency areas:

- 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.
- N/A Not Applicable** - Not applicable during this training experience or evaluation period.

Competency Goal:

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. A rating of

5 or higher will indicate competence within that competency domain and skill and indicates readiness for entry level practice.

Any areas of concern must be addressed with a supervisor following the guidelines in the Intern Handbook. All areas warranting supervisor's attention must first be addressed through informal discussion through supervision to help the intern 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 internship program (see Competency Problem Section in the Handbook).

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.

Method of Supervision:

This evaluation is based on the following methods of supervision:

- | | |
|---|---|
| <input type="checkbox"/> Consultation with team member | <input type="checkbox"/> Review of audio recordings |
| <input type="checkbox"/> Review of video recordings | <input type="checkbox"/> Intern's self-report of therapy sessions |
| <input type="checkbox"/> Direct observation (may include co-facilitation) | <input type="checkbox"/> Review of written material |
| <input type="checkbox"/> Group supervision sessions | <input type="checkbox"/> Role play or response to vignettes |
| <input type="checkbox"/> Individual supervision sessions | <input type="checkbox"/> Other: |

(A) – RESEARCH

Competency around science and research includes a demonstration of the integration of science and practice. Interns must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and/or to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

Interns must demonstrate the independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. Interns demonstrate the ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level. Program evaluation projects that involve the analysis of data are considered research.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each

competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(A) Research	Mid-Year Rating	End of Year Rating
A1. Critically evaluates relevant health and behavior research related to populations served and can independently apply research in a clinical setting.		
A2. Uses research and critical analysis skills for program evaluation or disseminating findings of research/scholarly endeavors through poster presentations, professional papers, local/national presentations, team meetings, or didactics.		
A3. Independently integrates awareness and knowledge of individual and cultural diversity in research/scholarly work.		
A4. Integrates awareness and knowledge of research/scholarly publications specific to methods and the appropriate use of telehealth.		
A5. Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior, data collection, research methods, ethics, clinical research findings, and information technology) and independently applies them to practice.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (A) Research:		
Click here to enter text.		

(B) ETHICAL AND LEGAL STANDARDS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Meeting competence for entry level independent practice include demonstrating knowledge of *and* acting in accordance with the current APA (American Psychological Association) Ethical Principles of Psychologists and Code of Conduct, professional standards and guidelines, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal level.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(B) Ethical and Legal Standards	Mid-Year Rating	End of Year Rating

B1. Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.		
B2. Demonstrates advanced knowledge and application of the relevant laws, regulations, rules, and policies governing health/telehealth service psychology at the organizational, local, state, regional, and federal level.		
B3. Independently recognizes ethical dilemmas and conducts self in ethical manner as situations arise and utilizes an ethical decision-making process to resolve the dilemma.		
B4. Independently integrates ethical and legal standards with all competencies.		
B5. Adheres to all Help Group, organization, and the Postdoc policies and procedures, including, but not limited to crisis consultation, mandated reporting, notifications, etc.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (B) Ethical and Legal Standards:		
Click here to enter text.		

Please also see items in other sections regarding ethics in assessment, intervention, consultation, and research/scholarly activities.

(C) INDIVIDUAL AND CULTURAL DIVERSITY

Interns must demonstrate awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds broadly defined and consistent with APA guidelines. Interns display the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Cultural and individual differences and diversity are defined as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(C) Individual and Cultural Diversity	Mid-Year Rating	End of Year Rating
C1. Consistently exhibits awareness, sensitivity, and skills working with individuals across the health professions, via physical or virtual settings.		
C2. Is knowledgeable about the literature on diversity factors and health disparities and applies that knowledge in practice.		
C3. Independently monitors and applies knowledge of <i>self and others as cultural beings</i> in assessment, treatment, and consultation.		

C4. Consistently integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, telehealth practices, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.		
Required Comment – Please provide written comments including areas the intern is doing well and areas where they could improve regarding competency in (C) Individual and Cultural Diversity:		
Click here to enter text.		

(D) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence throughout the entirety of their training. Professionalism is reflected in behavior and comportment that reflect the values and attitudes of psychology. These include, but are not limited to, integrity, honesty, personal responsibility, deportment, accountability, self-awareness and reflection, concern for the welfare of others, adherence to professional values, and the development of a professional identity. Competence in this area is indicated through evidence of maturing professional identities and senses of themselves as "Psychologists" and awareness of and receptivity in areas needing further development.

Interns are expected to conduct themselves in ways that reflect the values and attitudes of psychology especially the process of lifelong learning, continual self-reflection regarding one's personal and professional functioning, and regularly engaging in activities to maintain and improve performance, well-being, and professional effectiveness. Entry level independent practitioners actively seek and demonstrate openness and responsiveness to feedback and supervision.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(D) Professional Values, Attitudes, and Behaviors	Mid-Year Rating	End of Year Rating
D1. Monitors and independently resolves situations that challenge professional values and integrity.		
D2. Conducts self in a professional manner across and within increasingly complex settings and situations: Performs in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		

D3. Independently accepts personal responsibility across settings and contexts, physical or virtual.		
D4. Regularly demonstrates self-awareness, employs self-reflection, and self-assessment regarding one's personal and professional functioning; As evidenced by, but not limited to, engaging in activities to maintain and improve performance, well-being, and monitors self-care and adjusts improve professional effectiveness.		
D5. Independently acts to safeguard the welfare of others.		
D7. Actively, <i>and appropriately</i> , seeks and demonstrates openness and responsiveness to feedback and supervision.		
D8. Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (D) Professional Values, Attitudes, and Behaviors:		
Click here to enter text.		

(E) COMMUNICATION AND INTERPERSONAL SKILLS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence throughout training. Effective communication and interpersonal skills are foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are embedded within the program's training and reflected at all levels of an Intern's expected competencies.

To meet competency standards Interns are expected to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Interns will regularly produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, and demonstrate a thorough grasp of professional language and concepts.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(E) Communication and Interpersonal Skills	Mid-Year Rating	End of Year Rating
E1. Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities.		
E2. Manages difficult communication effectively and professionally; possesses strong interpersonal skills.		

E3. Verbal, nonverbal, and written communications are informative, articulate, succinct, free of jargon, and well-integrated; demonstrate thorough grasp of professional language and concepts		
E4. Relates effectively with professionals from other disciplines through all communication modalities (in-person, telephone, email, video conference, etc.) and demonstrates competence in interprofessional collaborative practice.		
E5. Forms and maintains productive, effective, and respectful relationships/interactions, physical or virtual, with clients, peers/colleagues, supervisors, program leadership, and professionals from other disciplines, and can adjust to meet interpersonal needs.		
E6. Understands diverse views in complicated interactions.		
E7. Integrates awareness and knowledge of individual and cultural diversity in communication in consultation and interpersonal contexts.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (E) Communication and Interpersonal Skills:		
Click here to enter text.		

(F) ASSESSMENT

Interns must develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. To meet competency standards, interns must demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Interns must also display understanding of human behavior within its context (e.g., family, social, lifespan, societal and cultural, biological), and apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process across physical and virtual settings. Independently understands the strengths and limitations of diagnostic approaches, (i.e., structured, unstructured, virtual, objective, etc.) and interpretation of results from multiple approaches for diagnosis and treatment planning. Intern is able to conduct assessments that use psychological and behavioral components of physical and mental health to diagnose problems and highlight strengths as a basis for planning prevention, treatment, or rehabilitation.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(F) Assessment	Mid-Year Rating	End of Year Rating
F1. Independently selects multiple methods and means of evaluation, physical or virtual, that draw from the best available empirical literature and evidence-based		

practice and uses these tools in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.		
F2. Independently understands the strengths and limitations of diagnostic approaches, physical or virtual, and interpretation of results from multiple methods and multiple sources relevant to individual/diversity characteristics for diagnosis and treatment planning.		
F3. Collects relevant information using multiple sources and methods appropriate to clinical goals/questions as well as relevant individual/diversity characteristics.		
F4. Administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.		
F5. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.		
F6. Manages necessary documentation required for assessment.		
F7. Conceptualizes the multiple dimensions of the case based on the result of assessment.		
F8. Communicates results and/or case formulations across physical and virtual platforms, in written and verbal form clearly, constructively, and accurately in a conceptually effective manner that is sensitive to a range of audiences.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (F) Assessment:		
Click here to enter text.		

(G) INTERVENTION

Interns must demonstrate knowledge of, and competence in, evidence-based models and interventions consistent with a variety of diagnoses, problems, and needs across a range of therapeutic orientation, techniques, and approaches across physical and virtual settings. Intervention is being defined broadly to include but not be limited to psychotherapy, and includes those directed at an individual, a family, a group, a community, a population, or other systems.

Interns are expected to demonstrate the ability to establish and maintain effective relationships with the recipients of psychological services, develop evidence-based intervention plans specific to the service delivery goals, implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, and demonstrate the ability to apply the relevant research literature to clinical decision making. Engages in evidence-based practice that integrates “the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273.). Interns are expected to independently modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each

competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(G) Intervention	Mid-Year Rating	End of Year Rating
G1. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context via physical or virtual platforms and are designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
G2. Independently and effectively implements a range of intervention strategies appropriate to practice setting, incorporating local population-based information, and adapts empirical models of treatment to fit the clinical need.		
G3. Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.		
G4. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.		
G5. Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures, and terminates treatment successfully.		
G6. Discusses issues of confidentiality and informed consent and revisits those issues in ongoing treatment when needed.		
G7. Manages expected workload, including documentation, pertaining to psychological intervention.		
G8. Collaborates effectively with other providers in the system of care.		
G9. Displays personal and professional knowledge of self, including reflecting on and processing one's emotions as a part of the therapeutic process and awareness of the bidirectional impact during individual/group/organizational interventions.		
G10. Evaluates own performance in the treatment role, and seeks consultation when necessary		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (G) Intervention:		
Click here to enter text.		

(H) SUPERVISION

Supervision involves the mentoring and monitoring of Interns and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors must act as role models and maintain responsibility for the activities they oversee. Interns are expected to demonstrate knowledge of supervision models and practices and be able to apply this knowledge in direct or simulated practice with psychology Interns, or other health professionals across physical and/or virtual settings. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(H) Supervision	Mid-Year Rating	End of Year Rating
H1. Is knowledgeable about theories, models, and effective practices in supervision.		
H2. Applies this knowledge in direct or simulated practice with supervisees.		
H3. Provides effective supervised supervision, or simulated supervision, to supervisees, which may include less advanced students, peers, or other service providers in typical cases appropriate to the service setting, either physical or virtual.		
H4. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.		
H5. Manages and responds to resistance and other challenges with supervisee.		
H6. Provides constructive feedback/guidance to supervisees.		
H7. Demonstrates knowledge of learning strategies and how to accommodate the supervisee to meet developmental, training, and/or individual differences.		
H8. Manages boundary issues and the power differential with supervisee.		
H9. Integrates awareness and knowledge of individual and cultural diversity with supervisee and applies different teaching/supervision methods based on the setting.		
H10. Understands the ethical, legal, and contextual issues of the supervisor and supervisee role.		
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (H) Supervision:		
Click here to enter text.		

(I) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to demonstrate knowledge and respect for the roles and perspectives of other professions and knowledge of consultation models and practices. Interns are expected to be able to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, and consultation to other Interns.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each

competency for narrative description of the Intern's level of functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competence</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competence</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(I) Consultation and Interprofessional/Interdisciplinary Skills	Mid-Year Rating	End of Year Rating
11. Demonstrates knowledge and respect for the roles and perspectives of other professions and applies it to collaborative practice.		
12. Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.		
13. Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation, even when faced with disagreement.		
14. Acquires or regularly utilizes available health/historical information about people and groups served and with health information technology (electronic record) systems to help improve interdisciplinary collaboration to provide better healthcare and utilize different service delivery models.		
15. Demonstrates awareness of multiple and differing worldviews, core competencies, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals		
16. Develops and maintains collaborative relationships with other providers in the system of care over time despite differences.		
17. Recognizes improvements regarding management and leadership of organization and provides input appropriately.		
18. Interacts with management of direct delivery of professional services; responds appropriately in management hierarchy		
19. Demonstrates emerging ability to participate in administration of service delivery programs and participates in system change.		
Required Comment – Please provide written comments including areas the intern is doing well and areas where they could improve regarding competency in (I) Consultation and Interprofessional/Interdisciplinary Skills:		
Click here to enter text.		

Overall or Additional Comments (optional):
Click here to enter text.

I have reviewed all the evaluation material with the Intern on the date listed above. We have discussed the Intern's strengths and any areas of expected improvements. We also have reviewed the Intern's ratings of my supervision and the training setting.

If deficiencies were noted, a plan for performance improvement was generated, which is attached to this document. No deficiencies noted Deficiencies noted; document attached.

If significant deficiencies were noted, the Intern has / has not passed this rotation (if at any point during the rotation the Intern is not passing, please contact the Training Director as soon as possible for consultation).

By signing below, the Intern is indicating agreement with this evaluation. If the Intern disagrees with aspects of this evaluation, they are encouraged to attach a document with points of disagreement explained therein. A document of disagreement is / is not attached to this evaluation. (Please refer to The Help Group Grievance Procedures if significant differences exist between supervisor and Intern.)

Signatures			
The supervisor and intern will discuss the evaluation, sign the form, and deliver it to the Training Director. The Training Director will forward a copy to the Intern's graduate school.			
Supervisor		Date	Click here to enter a date.
Intern		Date	Click here to enter a date.
Training Director		Date	Click here to enter a date.

Appendix F

Intern Self-Evaluation



Health Service Psychology Doctoral Internship Program Intern Self Evaluation

Intern Name: [Click here to enter text.](#)

Start Date: [Click here to enter a date.](#)

Anticipated Completion Date: [Click here to enter a date.](#)

Date of this Evaluation: [Click here to enter a date.](#)

Evaluation Period: Initial October Mid-Year Year End Other [Click here to enter text.](#)

Instructions:

Within each category, interns may select one of six scores to indicate their own assessment of their professional competency-based abilities, what they have achieved, and are moving towards in their training.

Competency Rating Descriptions:

The following rating scale shall be used to evaluate the Intern on each of the competency areas:

- 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.
- N/A Not Applicable** - Not applicable during this training experience or evaluation period.

Competency Goal:

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 in order to successfully complete internship. A rating of 5 or higher will indicate competence within that specified professional area and indicate readiness for entry level practice.

(A) – RESEARCH

Competency in the area of science and research includes a demonstration of the integration of science and practice. Interns must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and/or to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

Interns must demonstrate the independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. Interns demonstrate the ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level. Program evaluation projects that involve the analysis of data are considered research.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(A) Research	Initial	October	Mid-Year	Year End
A1. Critically evaluates relevant health and behavior research related to populations served and can independently apply research in a clinical setting.				
A2. Uses research and critical analysis skills for program evaluation or disseminating findings of research/scholarly endeavors through poster presentations, professional papers, local/national presentations, team meetings, or didactics.				
A3. Independently integrates awareness and knowledge of individual and cultural diversity in research/scholarly work.				
A4. Integrates awareness and knowledge of research/scholarly publications specific to methods and the appropriate use of telehealth.				
A5. Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior, data collection, research methods, ethics, clinical research findings, and information technology) and independently applies them to practice.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (A) Research:				
Click here to enter text.				

In which training settings supported or augmented your competency in the Research domain either directly or indirectly:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Supervision of Supervision |
| <input type="checkbox"/> Intensive Case Discussion | <input type="checkbox"/> Other: |

(B) ETHICAL AND LEGAL STANDARDS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Meeting competence for entry level independent practice include demonstrating knowledge of *and* acting in accordance with the current APA (American Psychological Association) Ethical Principles of Psychologists and Code of Conduct, professional standards and guidelines, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal level.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- 1. Sig. Below Expected Competency
- 2. Below Expected Competency
- 3. Emerging Competence
- 4. Anticipated Competence
- 5. At Expected Competence
- 6. Advanced Competence

(B) Ethical and Legal Standards	Initial	October	Mid-Year	Year End
B1. Demonstrates advanced knowledge and application of the APA Ethical Principals and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.				
B2. Demonstrates advanced knowledge and application of the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal level.				
B3. Demonstrates advanced knowledge and application of the relevant laws, regulations, rules, and policies governing <i>telehealth</i> at the organizational, local, state, regional, and federal level.				
B4. Independently recognizes ethical dilemmas as they arise and utilizes an ethical decision-making process in order to resolve the dilemma.				
B5. Conducts self in an ethical manner in all professional activities.				
B6. Independently integrates ethical and legal standards with all competencies.				
B7. Adheres to all Help Group, organization, and the internship policies and procedures, including, but not limited to crisis consultation, mandated reporting, notifications, etc.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (B) Ethical and Legal Standards:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Ethical and Legal Standards domain either directly or indirectly:

- Clinical Supervision
- Testing Supervision
- Other Didactic Seminars
- Cultural Complexity

- Group Supervision
- Professional Development
- Intensive Case Discussion
- Psychodiagnostic Seminar
- Supervision of Supervision
- Other:

(C) INDIVIDUAL AND CULTURAL DIVERSITY

Interns must demonstrate awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds broadly defined and consistent with APA guidelines. Interns display the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Cultural and individual differences and diversity are defined as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- 1. Sig. Below Expected Competency
- 4. Anticipated Competence
- 2. Below Expected Competency
- 5. At Expected Competence
- 3. Emerging Competence
- 6. Advanced Competence

(C) Individual and Cultural Diversity	Initial	October	Mid-Year	Year End
C1. Consistently exhibits awareness, sensitivity, and skills working with individuals across the health professions, via physical or virtual settings.				
C2. Is knowledgeable about the literature on diversity factors and health disparities and applies that knowledge in practice.				
C3. Independently monitors and applies knowledge of <i>self as a cultural being</i> in assessment, treatment, and consultation.				
C4. Independently monitors and applies knowledge of <i>others as cultural beings</i> in assessment, treatment, and consultation.				
C5. Consistently integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, telehealth practices, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.				
Required Comment – Please provide written comments including areas the intern is doing well and areas where they could improve regarding competency in (C) Individual and Cultural Diversity:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Individual and Cultural Diversity domain either directly or indirectly:

- Clinical Supervision
- Testing Supervision
- Group Supervision
- Professional Development
- Intensive Case Discussion
- Other Didactic Seminars
- Cultural Complexity
- Psychodiagnostic Seminar
- Supervision of Supervision
- Other:

(D) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence throughout the entirety of their training. Professionalism is reflected in behavior and comportment that reflect the values and attitudes of psychology. These include, but are not limited to, integrity, honesty, personal responsibility, deportment, accountability, self-awareness and reflection, concern for the welfare of others, adherence to professional values, and the development of a professional identity. Competence in this area is indicated through evidence of maturing professional identities and senses of themselves as "Psychologists" and awareness of and receptivity in areas needing further development.

Interns are expected to conduct themselves in ways that reflect the values and attitudes of psychology especially the process of lifelong learning, continual self-reflection regarding one's personal and professional functioning, and regularly engaging in activities to maintain and improve performance, well-being, and professional effectiveness. Entry level independent practitioners actively seek and demonstrate openness and responsiveness to feedback and supervision.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- 1. Sig. Below Expected Competency
- 4. Anticipated Competence
- 2. Below Expected Competency
- 5. At Expected Competence
- 3. Emerging Competence
- 6. Advanced Competence

(D) Professional Values, Attitudes, and Behaviors	Initial	October	Mid-Year	Year End
D1. Monitors and independently resolves situations that challenge professional values and integrity.				
D2. Conducts self in a professional manner across and within increasingly complex settings and situations: Performs in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.				
D3. Independently accepts personal responsibility across settings and contexts, physical or virtual.				
D4. Regularly employs self-reflection and self-assessment regarding one's personal and professional functioning.				
D5. Demonstrates self-awareness; As evidenced by, but not limited to, engaging in activities to maintain and improve performance, well-				

being, and monitors self-care and adjusts improve professional effectiveness.				
D6. Independently acts to safeguard the welfare of others.				
D7. <i>Actively, and appropriately</i> , seeks and demonstrates openness and responsiveness to feedback and supervision.				
D8. Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (D) Professional Values, Attitudes, and Behaviors:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Professional Values Attitudes and Behaviors domain either directly or indirectly:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Supervision of Supervision |
| <input type="checkbox"/> Intensive Case Discussion | <input type="checkbox"/> Other: |

(E) COMMUNICATION AND INTERPERSONAL SKILLS

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence throughout training. Effective communication and interpersonal skills are foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are embedded within the program's training and reflected at all levels of an Intern's expected competencies.

To meet competency standards Interns are expected to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Interns will regularly produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, and demonstrate a thorough grasp of professional language and concepts.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(E) Communication and Interpersonal Skills	Initial	October	Mid-Year	Year End
E1. Relates effectively and meaningfully with individuals, groups, and/or communities.				

E2. Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities.				
E3. Manages difficult communication effectively and professionally; possesses strong interpersonal skills.				
E4. Verbal, nonverbal, and written communications are informative, articulate, succinct, free of jargon, and well-integrated; demonstrate thorough grasp of professional language and concepts				
E5. Relates effectively with professionals from other disciplines through all communication modalities (in-person, telephone, email, video conference, etc.) and demonstrates competence in interprofessional collaborative practice.				
E6. Interacts effectively with psychology staff and program leadership.				
E7. Forms and maintains productive and respectful relationships/interactions, physical or virtual, with clients, peers/colleagues, supervisors, and professionals from other disciplines, and can adjust to meet interpersonal needs.				
E8. Understands diverse views in complicated interactions.				
E9. Integrates awareness and knowledge of individual and cultural diversity in consultation and interpersonal contexts.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (E) Communication and Interpersonal Skills:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Communication and Interpersonal Skills domain either directly or indirectly:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Supervision of Supervision |
| <input type="checkbox"/> Intensive Case Discussion | <input type="checkbox"/> Other: |

(F) ASSESSMENT

Interns must develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. To meet competency standards, Interns must demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Interns must also display understanding of human behavior within its context (e.g., family, social, lifespan, societal and cultural, biological), and apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process across physical and virtual settings. Independently understands the strengths and limitations of diagnostic approaches, (i.e., structured, unstructured, virtual, objective, etc.) and interpretation of results from multiple measures for diagnosis and treatment planning. Intern is able to conduct assessments, not just limited to psychological testing, that use psychological and behavioral components of physical and mental health to diagnose problems and highlight strengths as a basis for planning prevention, treatment, or rehabilitation.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(F) Assessment	Initial	October	Mid-Year	Year End
F1. Independently selects multiple methods and means of evaluation, physical or virtual, that draw from the best available empirical literature and reflect the science of psychometrics and uses these tools in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.				
F2. Independently understands the strengths and limitations of diagnostic approaches, physical or virtual, and interpretation of results from multiple measures for diagnosis and treatment planning.				
F3. Collects relevant information using multiple sources and methods appropriate to goals/questions of the assessment as well as relevant individual/diversity characteristics.				
F4. Administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.				
F5. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.				
F6. Manages necessary documentation required for assessment.				
F7. Independently and accurately conceptualizes the multiple dimensions of the case based on the result of assessment.				
F8. Communicates results and/or case formulations across physical and virtual platforms, in written and verbal form clearly, constructively, and accurately in a conceptually effective manner that is sensitive to a range of audiences.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (F) Assessment:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Assessment domain either directly or indirectly:

- | | |
|---|--|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |

- Group Supervision
- Professional Development
- Intensive Case Discussion
- Psychodiagnostic Seminar
- Supervision of Supervision
- Other:

(G) INTERVENTION

Interns must demonstrate knowledge of, and competence in, evidence-based models and interventions consistent with a variety of diagnoses, problems, and needs across a range of therapeutic orientation, techniques, and approaches across physical and virtual settings. Intervention is being defined broadly to include but not be limited to psychotherapy, and includes those directed at an individual, a family, a group, a community, a population, or other systems.

Interns are expected to demonstrate the ability to establish and maintain effective relationships with the recipients of psychological services, develop evidence-based intervention plans specific to the service delivery goals, implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, and demonstrate the ability to apply the relevant research literature to clinical decision making. Engages in evidence-based practice that integrates “the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273.). Interns are expected to independently modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- 1. Sig. Below Expected Competency
- 4. Anticipated Competence
- 2. Below Expected Competency
- 5. At Expected Competence
- 3. Emerging Competence
- 6. Advanced Competence

(G) Intervention	Initial	October	Mid-Year	Year End
G1. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context via physical or virtual platforms and are designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.				
G2. Independently and effectively implements a range of intervention strategies appropriate to practice setting, incorporating local population-based information, and is able to adapt empirical models of treatment to fit the clinical need.				
G3. Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.				

G4. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.				
G5. Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures, and terminates treatment successfully.				
G6. Discusses issues of confidentiality and informed consent and revisits those issues in ongoing treatment when needed.				
G7. Manages expected workload, including documentation, pertaining to psychological intervention.				
G8. Collaborates effectively with other providers in the system of care.				
G9. Displays personal and professional knowledge of self, including reflecting on and processing one's emotions as a part of the therapeutic process and awareness of the bidirectional impact during individual/group/organizational interventions.				
G10. Evaluates own performance in the treatment role, and seeks consultation when necessary				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (G) Intervention:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Intervention domain either directly or indirectly:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Supervision of Supervision |
| <input type="checkbox"/> Intensive Case Discussion | <input type="checkbox"/> Other: |

(H) SUPERVISION

Supervision involves the mentoring and monitoring of Interns and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors must act as role models and maintain responsibility for the activities they oversee. Interns are expected to demonstrate knowledge of supervision models and practices and be able to apply this knowledge in direct or simulated practice with psychology Interns, or other health professionals across physical and/or virtual settings. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(H) Supervision	Initial	October	Mid-Year	Year End
H1. Is knowledgeable about theories, models, and effective practices in supervision.				
H2. Applies this knowledge in direct or simulated practice with supervisees.				
H3. Provides effective supervised supervision, or simulated supervision, to supervisees, which may include less advanced students, peers, or other service providers in typical cases appropriate to the service setting, either physical or virtual.				
H4. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.				
H5. Manages and responds to resistance and other challenges with supervisee.				
H6. Provides constructive feedback/guidance to supervisees.				
H7. Demonstrates knowledge of learning strategies and how to accommodate the supervisee to meet developmental, training, and/or individual differences.				
H8. Manages boundary issues and the power differential with supervisee.				
H9. Integrates awareness and knowledge of individual and cultural diversity with supervisee and applies different teaching/supervision methods based on the setting.				
H10. Understands the ethical, legal, and contextual issues of the supervisor and supervisee role.				
Required Comment – Please provide written comments including areas where the intern is doing well and areas where they could improve regarding competency in (H) Supervision:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Supervision domain either directly or indirectly:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Supervision of Supervision |
| <input type="checkbox"/> Intensive Case Discussion | <input type="checkbox"/> Other: |

(I) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to demonstrate knowledge and respect for the roles and perspectives of other professions and knowledge of consultation models and practices. Interns are expected to be able to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, and consultation to other Interns.

Please use the following rating scale for evaluation. For each area of competency, several specific objectives are listed. Please provide a rating for all items. Space is provided at the end of each competency for narrative description of your functioning. Please remember that all ratings should be made relative to the level of performance.

- | | |
|--|----------------------------------|
| 1. <u>Sig. Below Expected Competency</u> | 4. <u>Anticipated Competence</u> |
| 2. <u>Below Expected Competency</u> | 5. <u>At Expected Competence</u> |
| 3. <u>Emerging Competence</u> | 6. <u>Advanced Competence</u> |

(I) Consultation and Interprofessional/Interdisciplinary Skills	Initial	October	Mid-Year	Year End
I1. Demonstrates knowledge and respect for the roles and perspectives of other professions and applies it to collaborative practice.				
I2. Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.				
I3. Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation, even when faced with disagreement.				
I4. Acquires or regularly utilizes available health/historical information about people and groups served and with health information technology (electronic record) systems to help improve interdisciplinary collaboration to provide better healthcare and utilize different service delivery models.				
I5. Demonstrates awareness of multiple and differing worldviews, core competencies, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals				
I6. Develops and maintains collaborative relationships with other providers in the system of care over time despite differences.				
I7. Recognizes improvements regarding management and leadership of organization and provides input appropriately.				
I8. Interacts with management of direct delivery of professional services; responds appropriately in management hierarchy				
I9. Demonstrates emerging ability to participate in administration of service delivery programs and participates in system change.				
Required Comment – Please provide written comments including areas the intern is doing well and areas where they could improve regarding competency in (I) Consultation and Interprofessional/Interdisciplinary Skills:				
Click here to enter text.				

Which training settings supported or augmented your competency in the Consultation and Interprofessional/Interdisciplinary Skills domain either directly or indirectly:

- | | |
|---|---|
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Other Didactic Seminars |
| <input type="checkbox"/> Testing Supervision | <input type="checkbox"/> Cultural Complexity |
| <input type="checkbox"/> Group Supervision | <input type="checkbox"/> Psychodiagnostic Seminar |

- Professional Development
- Intensive Case Discussion
- Supervision of Supervision
- Other:

Overall or Additional Comments:
Click here to enter text.

Signatures			
The Training Director will maintain a copy of this evaluation.			
Supervisor		Date	Click here to enter a date.
Intern		Date	Click here to enter a date.
Training Director		Date	Click here to enter a date.

Appendix G

The Help Group Psychology Doctoral Training Agreement

Intern: Primary Supervisor:

Starting Date Anticipated Completion Date Hours per week at internship
Stipend

Weekly Schedule: Please include 30 minutes for lunch daily; total weekly hours should not exceed 40.

M	T	W	Th	F
to	to	to	to	to
Total				

I) Supervision Provided

Supervision: The supervisor has a dual responsibility for the quality of care given the client and for the professional growth of the intern. The supervisor is responsible for the treatment that interns provide. Supervisors expect interns to inform them of all matters in the therapy. Crises must be addressed immediately with the supervisor. Interns are expected to tell their clients of their professional status and of the supervisor's role in treatment. Supervisors will meet with interns regularly at the designated times below or another time that week in the event of schedule changes. In the event of a supervisor's absence (e.g., vacation, sick day, etc.) a back-up supervisor will be designated.

- A) Individual Supervision** (approximate # of hours per week): 2.5
Primary Supervisor (name, day & time of supervision) _
Testing Supervisor (name, day & time of supervision: 4-6 hours/battery)
Secondary Supervisor – if applicable (name, day & time)
- B) Group Supervision** (approximate total hours per week) 2-4
Group Supervision - (day & time):
Professional Development Group (day & time)
Cultural Complexity Discussion Group (day & time)
Intensive Case Discussions (# of hours per # of sessions)
Supervision on Supervision (day & time)

II) Training Provided

- A) Seminars and Didactic Training** (average # of hours per month) 8-12
Didactic seminars (psychodiagnostic seminar, EBP seminars, cultural complexity series).
- B) Administrative Training Experiences** (average # of hours per year) 28-30
Utilization Review Committee, Quality Management, Research.
- C) Adjunctive Meetings** (average # of hours per week) 1-1.5
Intern administrative meetings, clinical department meetings

III) Evaluation of Interns

Supervisees will be evaluated according to the criteria and methods outlined under "Intern Expected Competencies" in the intern handbook. Students are evaluated on the following areas:

A. 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

B. Ethical Standards

Students are given or instructed how to access the following publications:

1. APA Professional Practice Guidelines*
2. Ethical Guidelines and Code of Conduct (APA Publication)*
3. They are expected to be familiar with California State laws* and the laws and regulations put forth by the California Board of Psychology*.
4. Students agree to have read the above publications during the orientation week.
5. All students have been made aware of the grievance and due process procedures during their orientation.

*All of the above booklets are available for reference online.

C. Internship Requirements

Students are required to maintain a record of all supervision hours.

- A) Number of individual therapy cases per week 7-9
- B) Number of groups per week 1-2
- C) Number of family cases per week 2-3 (within primary 7-9)
- D) Number of psychodiagnostic assessments per year 4-6
- E) Approximate number of weekly hours of Indirect services (IEPs, case conferences, documentation, case management) 9

- F) Proposed Secondary Rotations:
 - (a)
 - (b)
 - (c)
 - (d)
- G) Supervisory Tools
Case Conceptualizations (Client caseload specific): 8-15
In-service Training: 1
Didactic Seminar Provided: 1
Minimum # of times intern will submit audio and/or video tapes to supervisors: 12
Minimum # of treatment plan write-ups due: 1
ICD Presentations: 1

V) Adjunctive Data

- A) Number of hours devoted to research/dissertation (up to 40 allotted for the year)

B) Number of hours devoted to professional development (up to 40 allotted for the year)

Is your dissertation completed? Yes No

Director of Training Signature

Date

Primary Supervisor Signature

Date

Intern Signature

Date

Appendix H

The Help Group

Psychology Doctoral Intern Individual Learning Plan

Doctoral Intern:

Primary Supervisor:

Each intern arrives with a particular set of experiences and levels of competency. In consultation with your individual supervisors, please provide areas of strength, as well as areas of focus for each of the following training goals. Interns may wish to review the specific objectives for each goal that are provided in the Intern Handbook.

I. Professional Values and Attitudes: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

Essential Components:

- A. Integrity - Honesty, personal responsibility, and adherence to professional values: Continually monitors and independently resolves situations that challenge professional values and integrity
- B. Deportment: Consistently conducts self in a professional manner across and settings and situations
- C. Accountability: Independently accepts personal responsibility across settings and contexts
- D. Concern for the welfare of others: Independently acts to safeguard the welfare of others
- E. Professional Identity: Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

II. Reflective Practice/Self-Assessment/Self-Care— Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care

Essential Components:

- A. Reflective Practice: Reflectivity in context of professional practice (reflection-in-action), reflection acted upon, the self and used as a therapeutic tool
- B. Self-Assessment: Accurate self-assessment of competence in all competency domains; integration of self-assessment in practice.
- C. Self-Care (attention to personal health and well-being to assure effective professional functioning): Self-monitoring of issues related to self-care and prompt interventions when disruptions occur

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

III. Research - Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

Essential Components:

- A. Scientific Mindedness: Independently applies scientific methods to practice
- B. Scientific Foundation of Psychology: Knowledge of core science
- C. Scientific Foundation of Professional Practice: Knowledge and understanding of scientific foundations independently applied to practice

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

IV. Communication and Interpersonal Skills - Relate effectively and meaningfully with individuals, groups, and/or communities

Essential Components:

- A. Interpersonal Relationships: Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities
- B. Affective Skills: Manages difficult communication; possesses advanced interpersonal skills
- C. Expressive Skills: Effective command of language and ideas

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

V. Individual and Cultural Diversity- Awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Essential Components:

- A. Self as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context: Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
- B. Others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context: Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation
- C. Interaction of self and others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context: Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation
- D. Applications based on individual and cultural context: Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity for example, the relationship between one's own dimensions of diversity and one's own attitudes towards diverse others to professional work

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

VI. Ethical Legal Standards and Policy - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Essential Components:

- A. Knowledge of ethical, legal, and professional standards and guidelines: Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant and other ethical, legal and professional standards and guidelines of the profession
- B. Awareness and Application of Ethical Decision Making: Commitment to integration of ethics knowledge into professional work
- C. Ethical Conduct: independently and consistently integrates ethical and legal standards with all foundational and functional competencies

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

VII. Interdisciplinary systems/Consultation –Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines

Essential Components:

- A. Knowledge of the shared and distinctive contributions of other professions: Working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, intermediate level knowledge of common and distinctive roles of other professionals
- B. Functioning in multidisciplinary and interdisciplinary contexts: Beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, supporting and utilizing the perspectives of other team members
- C. Understands how participation in interdisciplinary collaboration/ consultation enhances outcomes: Recognizes and engages in opportunities for effective collaboration with other professionals toward shared goals at an intermediate level of ability
- D. Respectful and productive relationships with individuals from other professions: Develops and maintains collaborative relationships over time despite differences

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

Functional Competencies

I. Assessment - Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations

Essential Components:

- A. Measurement and Psychometrics: Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context
- B. Evaluation Methods: Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
- C. Application of Methods: Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
- D. Diagnosis: Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
- E. Conceptualization and Recommendations: Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment

- F. Communication of Findings: Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

Please identify the two projective measures you would like to focus on during the training year and which you will be evaluated for competency:

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

II. Intervention- Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations

Essential Components:

- A. Knowledge of Interventions: Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences
- B. Intervention planning: Independent intervention planning, including conceptualization and intervention planning specific to case and context
- C. Skills: Clinical skills and judgment
- D. Intervention Implementation: Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
- E. Progress evaluation: Evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

III. Supervision: Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities

Essential Components:

- A. Expectations and Roles: Understands complexity of the supervisor role including ethical, legal, and contextual issues
- B. Processes and Procedures: Knowledge of procedures and practices of supervision
- C. Skills Development: Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
- D. Awareness of factors affecting quality: Understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice, able to engage in reflection on the role of oneself on therapy and in supervision
- E. Participation in Supervision Process: Provides supervision independently to others in routine cases

- F. Ethical and Legal Issues: Command of and application of relevant ethical, legal, and professional standards and guidelines

Strengths

Areas in need of supervisory focus

Additional activities needed to compliment the training program in order to achieve competency, if necessary

Appendix I

Formal Review of Direct and Indirect Observations

THERAPY SESSIONS

Doctoral Intern's Name Date Audiotape Videotape

Intern, please explain why you chose this particular session for review:

The doctoral intern and supervisor should complete the following checklist after reviewing a session or segment of a session together. Please note: doctoral interns are not expected to cover each item every session.

	1 Disagree	2 Agree Somewhat	3 Agree	4 Strongly Agree	NA
Organization and Management of the Session					
Bridged former sessions into current session					
Managed client's affect					
Appropriately confronted/challenged as necessary					
Environment was set up so it was maximally conducive to the therapist's objective					
Verbal and Non-verbal Style of Communicating					
Language was clear, concise, and meaningful to the client					
Good use of metaphor					
Good tracking					
Culturally appropriate eye contact and body language					
Honored silences as appropriate					
Interventions					
Interventions were grounded in theory/treatment plan					
Not agenda-driven					
Properly timed interventions					
Good process comments					
Moved client from manifest content to latent meaning					
Interpersonal					
Attuned to client					
Demonstrated genuine concern/empathy for client					
Good use of self					
Utilized own affect in the service of the client					
Demonstrated self confidence					
Conducted self in ways consistent with ethical principles of the APA					
During Supervision Meeting...					
Recognized client's transference, intern's countertransference reactions, and/or a parallel process					
Able to describe the plan or goal of the session which was based on a theoretical rationale					
Able to identify things that were done well in the session					
Able to identify things that the intern would have liked to have done differently and had alternative ideas for what intern would have said or done.					
Was aware of cultural dynamics between intern and client					
Utilized feedback from previous supervision					

Additional comments:

Doctoral Intern's Name

Date

Audiotape

Videotape

ASSESSMENT SESSIONS

 Doctoral Intern's Name

 Date

 Audiotape

 Videotape

Intern, please explain why you chose this particular session for review:

The doctoral intern and supervisor should complete the following checklist after reviewing a session or segment of a session together. Please note: doctoral interns are not expected to cover each item every session.

	1 Disagree	2 Agree Somewhat	3 Agree	4 Strongly Agree	NA
Organization and Management of the Session					
Engaged client in the session					
Managed client's behaviors					
Kept client focused on testing					
Environment was set up so it was maximally conducive to the assessor's objective					
Culturally appropriate eye contact and body language					
Administration					
Follows manual instructions accurately without having to rely heavily on text					
Flexible during administration, as needed					
Records responses accurately					
Knows when to test the limits					
Feedback					
Uses meaningful, understandable language					
Feedback is tailored to the audience					
Explains scores clearly and accurately					
Checks for understanding					
Sensitive to client and parents' feelings regarding results					
Provides client and family with hope					
During Supervision Meeting...					
Recognized client's transference, intern's countertransference reactions, and/or a parallel process					
Able to identify things that were done well in the session					
Able to identify things that the intern would have liked to have done differently and had alternative ideas for what intern would have said or done.					
Was aware of cultural dynamics between intern and client					
Utilized feedback from previous supervision					

Additional comments:

Appendix J

ICD Feedback Form

Case Discussion Feedback Form

Name of Doctoral Intern: _____

Date: _____

Name of Observer: _____

Please make a mark along these lines to indicate your level of agreement with the following statements regarding the intern's case presentation.

The intern was not clear in what help they needed from the team.	----- -----	The intern was clear in what help they needed from the case discussion team.
Note:		
The presentation included too much or too little information (Specify below)	----- -----	The presentation included the most pertinent information.
Note: 		
The diagnosis and the client's areas of impairment were not evident.	----- -----	The diagnosis and the client's areas of impairment were evident.
Note:		
The treatment plan was not evidence based and developmentally appropriate.	----- -----	The treatment plan was evidence based and developmentally appropriate.
Note:		
The parent/s or caregiver/s involvement or lack of involvement in the treatment was not appropriate.	----- -----	The parent/s or caregiver/s involvement in the treatment was appropriate.
Note:		
The intern did not meaningfully discuss transference or countertransference.	----- -----	The intern meaningfully discussed transference and countertransference.
Note:		
The presentation did not discuss the client-therapist relationship.	----- -----	The presentation discussed the client-therapist relationship.
Note:		
The presentation did not discuss the role of culture in the client's treatment.	----- -----	The presentation discussed the role of culture in the client's treatment.
Note:		
This presentation incorporated ethical/legal considerations.	----- -----	This presentation incorporated ethical/legal considerations.
Note:		

State three strengths of the clinical work presented.

What are two things the intern should consider as they move forward with the case?

Additional Comments:

Appendix K

Seminar/In-service Feedback Form

**The Help Group
Evaluation of Didactic Seminar**

Topic of Seminar: _____ **Presenter:** _____

Date: _____

Please indicate the degree to which you agree or disagree with the following statements, then write comments on the lines provided.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I was interested in the topic of this seminar. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The seminar stimulated thought either during or after the Seminar. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The topic was covered thoroughly/adequately. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The topic was focused. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The presenter was prepared. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The reading material/handouts were valuable to the presentation. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The seminar was valuable to my training. _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Please write any other substantive comments that would be helpful _____

Appendix L

Onboarding Checklist

- Supervision agreement form for BOP sign and date
- HR online trainings
- SSO account sign-up (School-Based Interns)
 - Role: "school caseload manager"
 - Supervisor= clinical supervisor
- Log-in to email and change password. Confirm access to 365
- Set up additional email (Gmail based - Village Glen Trainees only)
- Obtain NPI number – and email to Michele Burton mburton@thehelpgroup.org
 - Designation Student in an Organized Health Care Education/Training Program
- Find Primary office location _____
- Obtain and save supervisor contact information and call tree triage:
 - Primary:
 - Secondary:
 - Delegated:
- Obtain Keys
- Obtain laptop and sign/submit Laptop policy form
- Obtain parking spot assignment (email Gabrielle in HR) gcohen@thehelpgroup.org
- Set-up and review ADP
- CANS training – submit certification to Dr. Kretz and upload to your Portfolio on Sharepoint (2-3 Hrs)
- CARES – online registration and review Child Abuse reporting Procedures (20 min)
- School Based Interns: Complete the LAUSD Child Abuse training.
- Phone and Voicemail set up – GoTo and verify phone # is correct in contact log
- Create an e-signature (image/adobe)
- Set up DocuSign account
- Agency policies – sign and upload
- Training Agreement – Sign and upload within first 3-4 weeks
- Baseline Intern Self-Evaluation – complete and upload By 9/1

Power School Training Video (2 hours)- School Based Therapists only available on IT support page

<https://www.thehelpgroup.org/itservice/>

Most set-up issues have information support through IT info page:

<https://ithelpdesk.thehelpgroup.org/app/itdesk/ui/solutions>

Other Onboarding Tools

Locate IT helpdesk and ticket creator (email for IT: servicedesk@thehelpgroup.org)

Locate Calendars on Intranet

Set up outlook calendars and Share with supervisors

Ensure successful log-in to the VPN via your desktop

Create Chrome account and set up bookmarks

Create SharePoint shortcuts