



**Sarah Reed Children's Center
Doctoral Internship in Health Services Psychology
Intern Handbook
2017-2018**

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Sarah Reed Children's Center
Doctoral Internship in Health Services Psychology
Intern Handbook

Welcome to the Sarah Reed Children's Center's Doctoral Internship in Health Services Psychology. We have been anticipating your arrival since last February. We hope that you are as pleased about the prospect of training with us as we are about having the responsibility and the opportunity to play a role in your development as a psychologist. This handbook is intended provide you with an outline of the internship experience along with some of the policies and procedures most applicable to your internship training and professional functioning at Sarah Reed Children's Center.

As Vice President of Clinical Services and the Director of Psychology Internship Training, I speak for us all in wishing you the best of luck in your training year. Please do not hesitate to come to any one of us to discuss anything at any time.

Sarah Reed Children's Center Mission and Values:

The mission of Sarah Reed Children's Center is to promote the emotional well-being of children and families, helping them to realize their potential and experience success.

These are our core values:

- **Compassion and Understanding**
- **Safety**
- **Respect**
- **Excellence**
- **Relationships**
- **Innovation**
- **Financial Viability**
- **Advocacy**
- **Ethical Practice**

The Sanctuary Model® of Trauma Informed Care: Sarah Reed Children's Center is a *Sanctuary Network* member and a Sanctuary Certified site. We adhere to the principles and practices of **The Sanctuary Model® of Trauma Informed Care** as developed by Dr. Sandra Bloom. Sanctuary is a model of trauma informed care that is identified on the National Child Traumatic Stress Network as a promising practice. There are seven “Commitments” for Sanctuary and they are:

- **A commitment to Nonviolence**
- **A commitment to Emotional Intelligence**
- **A commitment to Social Learning**
- **A commitment to Shared Governance**
- **A commitment to Open Communication**
- **A commitment to Social Responsibility**

➤ **A commitment to Growth and Change**

As an organization we fully recognize the importance of approaching our work with children using a trauma informed care approach. The impact of trauma in the lives of children is significant and integrating our knowledge of trauma and how it affects the biopsychosocial context of the child is fundamental to providing effective treatment. In line with the Sanctuary Model, we use the S.E.L.F. model to address key domains in children's lives as part of treatment. S.E.L.F. stands for Safety, Emotional Management, Loss, and Future. You will learn about these concepts and likely use them as part of working with clients this coming year.

Doctoral Internship Mission Statement

The mission of the Sarah Reed Children's Center doctoral internship in Health Services Psychology is to broadly expose and prepare interns, through training, education, scholarly inquiry, and role modeling to the broad array of experiences, roles, activities, responsibilities, and opportunities that psychologists play in complex organizations.

Our primary aim is to guide and support the development of key competencies for your successful entry into the field of professional health services psychology. The internship has a commitment to train psychology interns to act competently, respectfully, with integrity, and ethically in the provision of mental and behavioral health and educational services to children, adolescents, and families.

The Sarah Reed Children's Center Internship is accredited by the American Psychological Association. Information regarding accreditation can be obtained through the APA Commission on Accreditation (CoA) at www.apa.org/ed/accreditation or by contacting them at **Office of Program Consultation and Accreditation, 750 First Street, NE • Washington, DC • 20002-4242: Phone: 202-336-5979 • TDD/TTY: 202-336-6123; Fax: 202-336-5978.** The Sarah Reed Children's Center Internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information regarding membership can be found at www.appic.org. Sarah Reed Children's Center internship abides by all APPIC policies.

Requirements for Application

The Sarah Reed Children's Center doctoral internship participates in and abides by all APPIC Match policies. Interns are matched to the program through the APPIC match process.

In order to apply to the Sarah Reed Children's Center doctoral internship training program, applicants must have completed all required graduate coursework in an APA accredited doctoral program in psychology. In particular, we are primarily interested in applicants who demonstrate an educational and training background that is firmly grounded in developing competency to work with children, adolescents, and families. While our reputation and past focus has been on training interns with backgrounds in school psychology, our ability to offer highly specialized training with children and adolescents who have significant emotional and

behavioral disorders and trauma to a broader group of interns has recently become more feasible. As such, we will carefully review all applicants who meet the baseline criteria established by the internship.

Baseline Application Criteria:

1. Completion of all academic requirements of the doctoral program by the beginning of the internship.
2. Completion of the on-line AAPI including all required documentation such as transcripts, reference letters, CV, Cover Letter, Essays, and Sarah Reed required supplemental documents.
3. A minimum of at least **600** total hours of combined Direct Intervention Experience and Psychological Assessment Experience.
4. A minimum of at least **50** hours of individual psychotherapy experience with children and adolescents.
5. A minimum of at least **15** integrated test batteries with children and adolescents
6. Coursework or experience in family counseling/intervention/therapy.
7. Multidisciplinary consultation
8. Supplemental Documents:
 - a. Fully redacted **comprehensive Psychological or Psycho-educational battery** of a child or adolescent less than 18 years of age. An evaluation of a person over 18 will not be accepted.
 - b. Fully redacted **clinical treatment case summary** of a child or adolescent less than 18 years of age. A summary of a person over 18 will not be accepted. **The summary must be no longer than 5 pages (12 point font)**
The summary **must** include the following domains:
 - i. Reason for Referral
 - ii. Symptoms/behaviors: Primary area (s) of concern
 - iii. Precipitating stressors
 - iv. Risk and protective factors
 - v. Relevant background/family information and predisposing life events
 - vi. Assessment data (any testing data)
 - vii. Conceptualization from a theoretical perspective of your choice discussing the hypothesized etiology of the primary concerns of the child's presenting problems.
 - viii. Differential Diagnosis (DSM V)
 - ix. Clinical Treatment Process Summary:
 1. Describe the process and outcomes of treatment including interventions used, therapeutic strategies and modalities employed.
 2. Identify any literature and document any specific evidence-based practice used in the course of treatment.
 3. Describe the termination or discharge plan

Interns matched to our site are expected to comply fully with the specific training plan and assigned responsibilities as outlined in the Intern Handbook and in discussions with the Training Faculty. Additional and/or other specific duties or sequences of training will be developed in cooperation with the intern, the VP of Clinical Services/Director of Psychology Internship Training, the intern's supervisor, and the sending graduate institution.

For its part, Sarah Reed Children's Center will provide the doctoral intern with a 12 month, 2000 hour internship training program. The primary goal of this program is to foster and nurture the development of an ethical, responsible, and competent psychologist who holds the values of reflective practice and disciplined scientific inquiry in professional practice of psychology. Sarah Reed Children's Center will provide the necessary opportunities, resources (including clerical support from office staff and technical support from IT), supervision, support, and training to ensure that the doctoral intern can effectively carry out her/his responsibilities as outlined. The intern, once matched through the APPIC Match Process, is assigned to either the Sarah Reed Children's Center Psychiatric Residential Treatment Program or the Sarah Reed Children's Center Integrated Partial Hospitalization Program at the Hamilton Campus. This assignment is made in conjunction with the intern after the match.

The Vice President of Clinical Services/Director of Psychology Internship Training is responsible for the overall integrity, quality, and implementation of the internship program. Pennsylvania licensed psychologists and/or certified school psychologists provide internship supervision. Other senior staff members at the agency as well as community resources are provided to the interns in order to enhance their experiences in a multi-disciplinary setting.

General and Broad Incoming Intern Expectations:

-) Demonstrate practicum experiences working with children, adolescents, and families.
-) Have a foundation in developmental psychology and psychopathology
-) Understand ethical issues and their application to professional practice
-) Have general knowledge of jurisprudence pertaining to psychological practice
-) Have exposure/knowledge of psychiatric diagnosis and nosology
-) Have exposure/training in basic interviewing
-) Familiar with a broad range of psychosocial interventions
-) Have basic professional communication skills
-) Have basic counseling skills
-) Have experience in consultation and working with multidisciplinary teams
-) Understand program evaluation, research design, and statistics
-) General exposure to children with emotional and behavioral problems and trauma
-) Exposure/Training experiences that highlight a range of therapeutic modalities including individual, family, and group psychotherapy, consultation, and crisis intervention
-) Exposure to different systems of care, in schools and mental health settings
-) Exposure/Training in the integration of theory, research and clinical practice including evidence-based practice and trauma informed care.

-) Demonstrate sensitivity, responsiveness, respect and appreciation of cultural diversity and understanding of the impact of one's own culture on diagnostic and therapeutic processes and to support their development as culturally competent professionals.

Doctoral Interns at Sarah Reed Children's Center

Sarah Reed is a unique internship program. We strive to attract a diverse group of students interested in becoming psychologists who can function effectively in multiple settings. Our interns come from many different programs, including students from doctoral programs in school psychology, combined clinical/counseling/school programs, clinical/clinical child or counseling programs. The one characteristic that all of these interns have shared is their desire to become proficient at intervening in multiple systems with a broad range of clients. Over the course of the last 20 years interns have come from the following programs:

-) University of Kentucky (School Psychology)
-) James Madison University (Combined Program)
-) University of North Carolina (School Psychology)
-) University of South Carolina (School Psychology)
-) University of Iowa (School Psychology)
-) Gannon University (Counseling Psychology)
-) University of Florida (School Psychology)
-) Teachers College at Columbia University (School Psychology)
-) University of Northern Colorado (School Psychology)
-) Fielding Institute (Clinical Psychology)
-) Indiana University (School Psychology)
-) Argosy University (Clinical Psychology)
-) Oklahoma State University (School Psychology)
-) University of Texas-Austin (School Psychology)
-) SUNY-Buffalo (Combined School/Counseling)
-) Alfred University (School Psychology)
-) Ball State University (School Psychology)
-) Michigan State University (School Psychology)
-) Texas A& M University (School Psychology)
-) Penn State University (School Psychology)
-) Loma Linda University (Clinical Psychology)
-) SUNY Albany (School Psychology)
-) Duquesne University (School Psychology)
-) University of Washington (School Psychology)
-) University of Nebraska-Lincoln (School Psychology)
-) Texas Women's University (School Psychology)
-) Temple University (School Psychology)
-) Louisiana State University (School Psychology)

Internship Faculty Profiles

Supervising Staff/Faculty

- **Eric Schwartz, Psy.D., ABPP: (Full Time) Licensed Psychologist; Board Certified in Clinical Child and Adolescent Psychology) VP of Clinical Services and Director of Psychology Internship Training.** Received his doctorate from the University of Denver, Graduate School of Professional Psychology in 1992. Dr. Schwartz has been the Director of Psychology Internship Training at Sarah Reed for more than 20 years. He is a Licensed Psychologist in Pennsylvania and Colorado. Specialty and areas of interest include child and adolescent psychotherapy, developmental psychopathology, trauma, preschool children, children who witness domestic violence, attachment disturbances, and play therapy.
- **Laura Amoscato, Ph.D. (Full Time) Licensed Psychologist): Assistant Director of Psychology Internship Training;** Dr. Amoscato received her Ph.D. in School Psychology from the University of Texas-Austin. She completed her doctoral internship at the Sarah Reed Children's Center and her post-doctoral work at Austin Child Guidance Center. Dr. Amoscato supervises clinical work, provides supervision in psycho-educational assessment and leads the Program Evaluation Seminar
- **Brittany Hayden, Ph.D. (Full-Time) Licensed Psychologist/Certified School Psychologist: Supervisor of Assessment and Consultation-Residential Campus School:** Dr. Hayden is a post-doctoral resident at the Sarah Reed Children's Center. She recently passed the EPPP and will complete her post-doctoral residency in early September. She is also a certified school psychologist. She completed her Ph.D. in School Psychology from the State University of NY-Buffalo. She completed her doctoral internship at the Sarah Reed Children's Center. As part of Dr. Hayden's post-doctoral residency, she will be co-leading the doctoral internship in Cultural Competency and will be supervising the doctoral interns on their best practice medical necessity evaluations.
- **Anthony Bostaph, MA (Full-Time) Licensed Psychologist:** Mr. Bostaph is the Director of the Sarah A Reed Children's Center Outpatient Behavioral Health Services program (OP Therapy, Blended Case Management, and Wraparound/BHRS). He also provides outpatient therapy and medical necessity evaluations. Mr. Bostaph co-leads the intern Assessment and Consultation Seminar and Supervision module. He trains and supervises the interns Best Practice Medical Necessity Evaluations.
- **Lisa Schening, Ph.D., Staff Psychologist:** Dr. Schening provides outpatient psychological services including assessment and best practice medical necessity evaluations. She supervises interns on psychological assessment.

Adjunct Staff/Faculty

- **Adrienne Dixon, Ph.D.** (Full-time): Dr. Dixon is the Associate VP of Residential Services and Community Support Programs. She is a former doctoral intern at Sarah Reed Children's Center. Dr. Dixon provides training in issues related to cultural competency, and leads the Family Systems seminar.
- **Jay Pashupathi, MA:** Child Therapist-Residential Treatment Program: Co-leader: Cultural Competency Seminar
- **Tracey Sampson, MA, LPC:** Clinical Supervisor of Partial Therapy and Case Management; Co-leader-PCIT Seminar; PCIT Supervisor
- **Michael Bloeser: LCSW:** Outpatient Therapist; Co-leader PCIT Seminar
- **Kirstin Brunner, D. O.,** Board Certified Child and Adolescent Psychiatrist, Medical Director, Sarah Reed Children's Center. Dr. Brunner meets with the interns on a monthly basis for consultation regarding psychopharmacology and diagnosis.
- **Wilson Brown, Ph.D.** Assistant Professor of Psychology, Penn State University, The Behrend Campus. Conducts child trauma seminar

Internship Supervisor Committee

Chair: Dr. Eric Schwartz, Licensed Psychologist, ABPP; VP of Clinical Services and Psychology Internship Training

- Dr. Laura Amoscato, Licensed Psychologist; Assistant Director of Psychology Internship Training
- Dr. Brittany Hayden- Licensed Psychologist, Certified School Psychologist
- Mr. Anthony Bostaph, MA Licensed Psychologist
- Dr. Lisa Schening, Licensed Psychologist

Internship Training Faculty Committee

Chair: Dr. Eric Schwartz, VP of Clinical Services and Psychology Internship Training

- Dr. Laura Amoscato, Asst. Dir. of Internship Training:
- Dr. Adrienne Dixon, Associate VP Residential Services: Family Systems Seminar
- Anthony Bostaph, Director of OP BH Services: Professional Seminar
- Jay Pashupathi MS, Co-leader of Cultural Competency/Diversity Seminar
- Tracey Sampson: Co-leader PCIT Seminar
- Michael Bloeser: Co-leader PCIT Seminar
- Dr. Wilson James: Leader-Child Trauma Seminar
- Kirstin Brunner, D.O. Medical Director, Psychiatric Consultation

Internship Advisory Council: The internship advisory council represents the senior administration of Sarah Reed Children's Center. The Council is kept apprised of Internship

activities at the Executive Council meetings. The members of the Advisory Council meet with the intern's once/year to review internship training.

Chair: Jim Mando, President/CEO, Sarah Reed Children's Center

- Rob Freeman: Vice President of Finance and Operations
- Mary Barr, Director of Human Resources (SARCC)

Philosophy and Model

The philosophy and goals of the doctoral internship training program derive from several sources including models of training in professional health services psychology, the competencies identified in the professional literature, the priorities and strengths of the psychology faculty, and the mission of Sarah Reed Children's Center. The primary overarching training goal is to support, facilitate, and guide the professional growth and development of interns in order to provide them with the competency, knowledge base, skills, and attitude necessary to become professional, ethical, and responsible practicing psychologists. More specifically and in line with the mission of the Sarah Reed Children's Center, the internship has a commitment to train psychology interns to act competently, respectfully, with integrity, and ethically in the provision of mental and behavioral health and educational services to children, adolescents, and families.

Practitioner-Scholar/Scientist Model

Our training model is best described as practitioner-scholar/scientist. The practitioner-scholar/scientist model acknowledges several key aspects of the internship training experience such as the interaction of practice and science as a feedback loop. The primary objective is to train interns to use data and evidence from multiple sources (e.g. research literature, client/patient values, local norms and context, and clinical judgement), in order to provide services that are grounded in scientifically disciplined practice, effective, culturally competent, meaningful to the client, and enhance the well-being of children, youth and families. Our model reflects the belief that scientific knowledge, evidence-based decision-making, disciplined scientific inquiry and reflective practice are cornerstones of professional practice. We interpret the components of the Practitioner-Scholar-Scientist model as follows:

Practitioner: Students develop competence in the practice of professional health services psychology through experience in education, training, and practice. Interns are expected to apply their scholarly and scientific knowledge to practice by engaging in critical reflection about their own practice, and by using strategies of scientific such as evidence-based assessment and intervention.

Scholar: The program emphasizes the importance of developing a breadth of basic and applied knowledge across psychology, including human development, developmental psychopathology, individual differences, social, cognitive/ affective, and biological bases of behavior, and research and quantitative methods. The scholar generates questions from issues of practice and places these concerns in an appropriate theoretical perspective so as to guide the search

for answers. Interns are expected to be able to integrate knowledge from different domains and to interpret problems they encounter in a meaningful way.

Scientist: From our perspective, the intern as scientist in the context of experience forms the third leg of professional practice. The integration of established scientifically supported practice along with the effective use of disciplined scientific inquiry and reflective practice allow the intern to practice in accordance within the standards defined by the field.

The internship program is committed to balancing the roles of science and practice in training. We have continuously and steadfastly affirmed psychology's historically strong link between the inquiry and method of the scientist and the application of the practitioner. In carrying out this model, we recognize the inherent tensions that exist between science and practice and make every effort to apply science to practice in a variety of ways. We make every reasonable effort to use the current literature and knowledge base in psychology to inform our clinical training and thus the practice of our interns. We believe that there should be a strong emphasis on understanding the "local environment" and its unique contextual influence and impact on practice. In order to effectively carry out the internship's mission, we focus on training interns to use skills which we believe are the critical linkages between science and practice. These skills include the psychologist's reliance on observation, data collection, hypothesis generation, and hypothesis testing in the context of practice (Stricker and Trierweiler, 1995, 1997-1998; Schon, 1983, 1963). By providing this focus on science and practice in a local context, our internship training fosters professional development and growth as we prepare interns in their final stages of training for practice as competent, ethical, and responsible professional psychologists.

As the sponsoring institution, Sarah Reed Children's Center is committed to providing training and supervision to doctoral psychology interns serving children, adolescents, and their families. As part of the training of doctoral interns, the agency's Strategic Plan, emphasizes the dissemination of evidence-based practices throughout the clinical services provided by the Center and the agency's psychologist's and interns are at the forefront of this effort. Our training model provides a unique balance of opportunities for the practice of health services psychology. The internship experience is broadly focused on preparation of the intern for the autonomous practice of psychology, with a particular emphasis on experiential practice. While the psychology staff and the interns come from a variety of academic backgrounds and areas of specialization, the internship program itself most closely reflects a Practitioner-Scientist/Scholar model. Integrated into this model is an emphasis on preparation for practice grounded in the scholarly/scientific discipline of psychology and functioning as a "scientist in a local setting" (Stricker and Trierweiler, 1995 p. 999). Training is designed to provide multiple opportunities for the translation of theory, knowledge, and scientific inquiry into "real world" practice. Specifically, we believe psychological practice is guided by critically applying psychological science. A practitioner should be capable of case formulation, critical inquiry, and the application of the scientific knowledge base to practice. While we encourage efforts to do active, applied research in clinical practice, we also use scientific inquiry and research along with the development of data-based clinical judgment to strengthen practice in order to

become skilled practitioners.

Schon (1983, p. 63) describes the “skilled practitioner’s work as “reflects-in-action”.

“When someone reflects-in-action, he becomes a researcher in the practice context. He is not dependent on the categories of established theory and technique, but constructs a new theory of the unique case. His inquiry is not limited to a deliberation about means, which depends on a prior agreement about ends. He does not keep means and ends separate, but define them interactively as he frames a problematic situation. He does not separate thinking from doing, ratiocinating his way to a decision, which he must later convert into action. Because his experimenting is a kind of action, implementation is built into his inquiry.”

The “Reflective Practitioner” and “Reflective Educator” (Schon, 1983; Peterson 1995) define the profession and professional psychologist in terms of a cooperative spirit between scientists/researchers and practitioners working together to meet the pressing needs of society through the process of disciplined scientific inquiry. In our setting, we are looking to educate and train our interns to be “Reflective Psychologists” who engage in deliberate and disciplined scientific inquiry in the practice of professional psychology. As Schon (1983) put it, the practitioner “becomes researcher in the practice context” and though we certainly recognize and reinforce incorporating the use of established empirical research into practice when appropriate, we also recognize that there is not always the degree of congruence between research and practice that we would all like.

Furthermore, developing professional competency and identity is nurtured and consolidated through an organized training model, composed of supervised clinical practice, didactic training, scholarly inquiry, and the opportunity to work collaboratively with psychologists and professionals from other disciplines. In a coordinated, sequential, organized, and selective manner, the intern increasingly discharges major clinical responsibilities with appropriate supervisory direction, guidance, role modeling, and support.

The experiences and the supervision available at Sarah Reed Children's Center emphasize a broad range of work with diverse children and their families. Intern activities include individual, family, parenting and group psychotherapy, as well as psychological assessment, case management, consultation, preventive and psycho-educational services, community-based work, research and professional development opportunities. The psychology supervisors and other staff support the importance of interns’ enhancing and developing a variety of skills, knowing that the interns who complete our program pursue a variety of post-doctoral or practice-based employment options.

At Sarah Reed, all of the programs and services reflect the agency’s mission statement. The children and families served by our agency face many stresses in their lives and providing high quality mental health and educational services offers real opportunities for genuine change as well as satisfaction to the professional. The agency also has a strong commitment to respecting and appreciating the diversity of staff, interns, and trainees and to providing culturally competent services to its clients.

Intern Stipend and Benefits

The Sarah Reed Children's Center offers three (3) doctoral internship positions through the APPIC match process. We abide by all APPIC Match policies as established and set forth by the Association of Psychology Post-doctoral and Internship Centers. **The stipend for the 2019-2020 internship year is \$24,582.00**

The doctoral internship is twelve months and 2000 hours. Training begins in early August and ends the last day of the following July. Interns are expected to prepare to complete internship on the last day in July unless other arrangements have been made with the Director of Training.

Typically interns work 8-10 hours/day or between 40 and 50 hours/week. It is the intern's responsibility to maintain accurate, current documentation regarding all internship hours. All intern sanctioned/assigned work must be completed at an approved work site. No Sarah Reed Children's Center work can be removed from any Sarah Reed Children's Center work site without approval. If a site is closed and the intern has a work to complete they can always access their computer at their office at the main agency site.

Accrual of Hours: The internship is a total of 51 weeks or 2040 hours. Interns must accrue 2000 hours to successfully complete the internship. Of those 2000 hours, 25% or 500 hours must be direct service hours. Interns are not permitted to leave internship early even if they complete 2000 hours prior to the last working day of July. Vacation (see below) hours are not included in the accrual of internship training hours.

Total Hours: 2040 (51 weeks)

Total Hours for Completion: 2000 hours

Vacation Hours: 40 hours (not counted in 2040 hours)

Holiday Hours: 72 hours (counted in 2040 hours)

Floating Vacation: 16 hours (not counted in 2000 hours)*

Sick Hours: 56 hours (counted in 2000 hours)

Total Available Counted Hours: 1984 hours*

Given this scenario, the total number of hours for 51 weeks at 40 hours/week is 2040 hours. Vacation hours (40) are not included in this total, leaving a total of 2000 hours of accruable training time. *If the two additional (2) Floating Vacation days are used as vacation they also cannot be included in the accrual of hours. In this scenario, the available accruable training hours would be 1984. This would require the intern to "make up" the missing 16 hours over the course of the year to obtain the required minimum number of hours for completion of the internship.

The intern stipend for 2019-2020 will be \$24, 582.00.

Interns are provided 7 total days of vacation (56 hours), 9 agency holidays (72 hours), 7 sick days (56 hours), and 2 Professional Development days.

Interns are expected to schedule all vacation leave around their training responsibilities. *Any time an intern takes vacation, they are required to make alternative arrangements to meet client needs when planning time off from their training.* This means that the intern must arrange for their clients to be seen by a clinician while they are on vacation.

Vacation:

- Interns receive **7** vacation days (5 days + 2 floater)* (56 hours).
- **Vacation is generally not approved for use at the beginning of the internship year (August/September) or at the end of the internship year (July).**
- *****Time-off during August, September or July is usually only approved in special circumstances.**
- *****This must be done in writing as soon as possible to the Director of Psychology Internship Training.**
- **Vacation hours are not included in calculating the hours needed toward the 2000 hours**
- Vacation requests must be made within a reasonable period of time, typically during the pay period prior to the requested dates, and must be made in writing (email) to the Director of Psychology Internship Training.
- Interns may not take off for more than one (1) week at a time, unless specifically approved by the VP of Clinical Services/Director of Psychology Internship Training.
- All vacation time must be used by June 30th of the internship year. Any vacation remaining after June 30th can only be used with approval by the Director of Training.
- If an intern is going to have vacation time left after June 30th, the intern must inform the Director of Training prior to June 15th.
- The intern must have a plan to use all vacation days prior to June 30th or obtain special approval to use the vacation time after June 30th.
- **Any unused vacation time will be forfeited by the intern. Intern vacation time will not be paid out after the completion of the internship.**

Holiday:

- Interns receive 9 agency-approved holidays (Labor Day, Thanksgiving -2days, Christmas- 2 days, New Year's Day, Good Friday, Memorial Day, and July 4th).
- **Holidays are included as hours accrued for internship. (Please note that this may conflict with a specific state's licensure laws). It is up to the intern to determine if there is a potential problem with this practice.**
- Holiday time can only be used once it is earned and must be taken at the time it occurs.

Professional Development Time:

- Interns may take up to 2 paid days between October and June for professional development activities.

Options:**1. Dissertation**

- Dissertation time is defined as a day or period of a day in which the intern uses for their dissertation-related activities. A couple of examples might be taking a day or a portion of the day to work on your dissertation at home taking time to defend your dissertation
- You may only take one (1) dissertation day at a time if the time is being used to work on writing your dissertation.
- If the time is being used for dissertation defense, you may use up to 2 consecutive days.
- In order for a dissertation time to count towards internship hours, the intern must provide the Director of Training (in advance) a brief written plan describing the activity to be completed and a summary of the activity once it is completed.
- Dissertation time must be requested in advance and approved by the Director of Psychology Internship Training.
- Dissertation days cannot be combined with other agency approved time-off (e.g. vacation or holiday).
- Any remaining dissertation days can be used as professional development days.

2. Continuing Education

- Interns, who have successfully completed their dissertation/dissertation defense prior to the internship year, may take up to 2 professional development days (between October and June 30th).
- Professional Development time is to be used for training that is not sponsored by Sarah Reed Children's Center. For example, an intern who has applied to and been approved to present at a conference may use up to 2 consecutive professional development days for that conference.
- 2 professional development days may be used at one time.
- Professional development days cannot be combined with other agency approved time-off such as vacation or holiday.

Malpractice Insurance:

- The agency provides malpractice insurance for activities covered under the umbrella at the agency. It is at the intern's discretion about whether or not to have additional coverage.

Health Insurance:

- The agency pays a portion of the cost of individual medical insurance for the intern.

Interns will have an opportunity to choose their specific health insurance benefit package when they arrive. Insurance for dependents is available at an additional cost.

Sick Time:

- Interns earn 7 days of sick time.
- Sick days taken are not counted against the intern (i.e. intern's do not have to make up the time used for sick days).

General Time Management Issues:

- **Hours:** Successful completion of the doctoral internship program requires 2000 hours and 12 months. Interns are **not** permitted to leave the internship early even if they complete 2000 hours prior to the last day of the internship.
- **Work Schedule:** Interns will develop their own day to day schedule as they adjust to their training sites. Interns typically work between 40 and 50 hours/week. There is an expectation that interns will at times need to work beyond the 40 hour work week (e.g. when it is clinically necessary to meet the needs of their cases such as if family therapy needs to occur on a weekend) or to participate in required training activities. At times, interns may need flexibility in their schedule to accommodate different training needs at different sites. Every effort will be made to support the intern however, it is the sole responsibility of the intern to work with the faculty to accommodate this need and develop a plan to make up the time (if necessary).
- **Schedule Changes:** Interns must discuss any schedule changes or schedule related modifications with the Director of Psychology Training in advance.
- **Face to Face Direct Service:** Interns must accrue at least 25% face to face direct clinical time during the internship year. Based on a 40 hour work week this means that interns must conduct at least 500 total hours or 10 hours/week of face to face clinical service. It is the intern's responsibility to keep track of face to face clinical/direct service hours. Face to face direct clinical time includes, but is not limited to individual, family, and group psychotherapy, psycho-educational testing (administration time and feedback), medical necessity evaluations, classroom behavioral observations with specifically identified clients, and face to face crisis intervention.

Internship Completion Requirements: Broad and general completion requirements

- Completion of Departmental and Agency Orientation:
- Passing SCM Training
- Exposure to Sanctuary Model of Trauma Informed Care
- Adherence to SARCC Ethical Code and APA Ethical Code of Conduct
- Knowledge of Internship Philosophy and Model
- Completion of 12 months and 2000 hours of training
- Development, participation, and completion of an agency research project.

- Completion of ethics paper and presentation.
- Completion of all assigned training activities.
- Completion of personal journal project
- Completion of all documentation and paperwork.

Training Mission Aim:

The primary aim of the Doctoral is to train, to support, facilitate, and guide the professional growth and development of interns in order to provide them with the knowledge base, skills, and competencies necessary to become competent, ethical, and responsible health service psychologists. This overarching aim is divided into three broad areas: exposure, experience, and expertise (Roberts et al., 1998).

-) **Exposure:** Expose interns through didactic training, scholarly inquiry, role modeling, and research to the broad roles, responsibilities, settings, practices, and experiences in the day to day functioning of a professional psychologist.
-) **Experience:** Provide interns with direct supervised experience in identified competencies enabling them to translate their broad-based knowledge into direct clinical practice. Intermediate to Advanced Level of Competency
-) **Proficiency:** Develop an intermediate to advanced level of competency through a combination of didactic learning, supervision, and experience.

Program Outcomes:

1. **Proximal Data:** Evaluation of Performance: Internship Competency Level Rating Scale
Proximal Outcomes: Interns are expected to reach a proficiency in each domain at an intermediate to advanced intermediate level of competency. Our competencies are scored on a likert type rating scale from 1 (Novice/Basic/Exposure) to 4 (Advanced). Interns must score at a total competency domain score of 3 or above in each domain by the completion of internship. Intermediate/mid-year scores for each total competency domain score must be 2 or above in each domain.
2. **Distal Data:** Data gathered by survey (survey monkey) after one year post internship. The survey attempts to gather data reflective of the training competencies during the internship year.

Profession-Wide Competency Measurement:

Evaluation of intern progress is measured across key competency areas. Each broad competency is associated with specific goals, objectives and behavioral anchors. Interns will gain 1) exposure to profession-wide skills and knowledge in many different areas, 2) will learn to apply the skills and knowledge (experience) in professional settings serving children, adolescents, and families, and 3) will develop an intermediate to advanced level of proficiency in the application of these skills and knowledge (proficient).

Competency will be developed through intern participation in a variety of training activities and experiences encompassing the breadth and depth of professional psychological practice with children, adolescents, and families. Our belief is that varied repeated exposure, sustained supervised practice/experience, and mentoring are essential elements of professional growth and development. These experiences enable the intern to engage in a sequence of core activities, which build on and consolidate their existing skills, and prior knowledge. Our interns are exposed to, learn about, and apply diverse approaches to individual and systemic issues. Treatment modalities include individual therapy, group therapy, family therapy, parent-child interactional processes, parent focused interventions, school consultation, and client advocacy. Interns conduct psycho-educational and psychological evaluations addressing a multitude of referral questions including learning disabilities, mental health disorders, developmental psychopathology, differential diagnosis, educational concerns, and treatment recommendations. The following is an overview of the specific competency areas that are addressed at our training site. Each intern is expected to perform at the intermediate to advanced intermediate level of competency by the end of the training year.

Profession-Wide Competencies in Professional Health Services Psychology:

- I. Integration of Research and Practice: Application of best research + clinical expertise + client/patient/consumer values.**
- II. Applied Research**
- III. Professionalism**
 - 1. Professional Values, Attitude, and Behaviors**
 - 2. Ethics/Ethical Decision-Making**
 - 3. Teamwork**
 - 4. Communication and Work Skills**
 - 5. Reflective Practice/Response to Supervision**
 - 6. Reflective Practice/Self-Assessment and Self Care**
 - 7. Teaching/Training of Others**
- IV. Relationships and Systems**
 - 1. Professional Interdisciplinary Relationships and Systems**
 - 2. Client and Family Relationships**
- V. Diversity and Individual Differences**
- VI. Professional Practices**
 - 1. Clinical Assessment**
 - 2. Psychological and Psycho-educational Assessment**
 - 3. Psychological Intervention: Case Formulation**
 - 4. Psychological Intervention/Treatment Practice Skills**
 - 5. Crisis Intervention**
 - 6. Consultation**
 - 7. Trauma and Trauma Informed Care**
- VII. Providing Supervision**

COMPETENCY RATING GUIDELINES

-) **Advanced Level of Competency: Routinely and habitually** demonstrates skills and knowledge beyond what is expected in the domain. This is demonstrated by routinely and habitually using the requisite skills, knowledge, attitudes and behaviors present at all other levels and also demonstrating practice that substantially and consistently incorporates the professional attitudes, values, and beliefs of an emerging professional psychologist. This level of practice is generally unlikely in an intern at the midyear and potentially, only expected at the end of internship training. Supervision, while still required is more consistent with a relationship based on collegiality and professional reciprocity. The intern can be given significantly more decision-making responsibilities in clinical practice. **Rating: (4)**
-) **Intermediate Level of Competency: Intern consistently** demonstrates a base of experience including expanding levels of skill, knowledge, and competency, and presents him/herself in a manner, that consists of mature judgment, ethical and rational decision-making, and a demeanor appropriate for the setting. Supervision is an important component of the intern's continued growth and development and additional directive supervision may be still needed in limited, new, or specific practice areas or situations. **Rating: (3)**
-) **Emerging Level of Competency: Intern generally** demonstrates some prior experience or training or knowledge and is generally showing growth and development (i.e. gaining the necessary experience, knowledge, skills, practices, attitudes, values) to practice under close supervision in this domain. There is clearly growth in the expected competency area, characterized by an increasing level of competence and confidence. At times, directive supervision is still required to address specific competence and/or confidence issues **Rating (2)**
-) **Novice/Exposure/New/Beginning:** Intern has had minimal experience or training in this area. Supervisor is required to fully direct intern activity in this domain **Rating: (1)**

Special Considerations: (Separate documentation is required including an action plan)

Needs Improvement (NI): Progressing but at a less than expected rate. A specific competency remediation plan has been developed with the intern.

Remediation Plan (RP): Any decision to rate an intern with "Poor Performance" should be done on a separate piece of paper attached to this evaluation. Poor Performance indicates that a remedial plan has been attempted but no progress has been made and that additional actions are required.

N/O: Not observable/applicable for this training experience/setting or supervisor cannot assess.

A: Competencies:

Standard I: Integration of Research and Practice: Application of best available research + clinical expertise + client values, beliefs, identity, perspectives, and world view.

-) **Training Goal:** Routinely and habitually demonstrate the ability to critically evaluate, disseminate, use and apply the professional scientific literature and disciplined scientific inquiry in clinical practice (Reflective Practitioner model).
-) **Training Objective (s):**
 - To develop a cohesive practice model, integrating the best available research, clinical proficiency and client/patient/consumer/system values.
 - Discuss, identify, and implement when possible, relevant, evidence-based interventions (e.g. TF-CBT; PCIT) drawn from the professional literature and/or training and/or use disciplined scientific inquiry and reflective practice to support individualized or adapted EBT.
-) **Training Expectations:** The intern will be expected to demonstrate practice that emphasizes a consistent pattern of integrating research and practice.
-) **Training Plan and Activities:**
 - Didactics and Supervision: Provide access to current literature and scientific information through journal articles, internet access, materials, and practice.
 - Completion of on-line TF-CBT modules
 - Completion of PCIT Seminar Training
 - Case Presentations that include relevant articles and integration of research supported interventions or interventions supported by local data
 - Case presentations that include the use of data to document clinical progress
- **Expected Competencies at the Midyear:**
 -) Provide best available research citations/articles from the professional literature demonstrating theoretical or scientific support for clinical practice.
 -) Recognize that specific client variables can impact the use of evidence-based practices.
 -) Intern identifies and discusses opportunities to operationalize, use and apply disciplined scientific inquiry and reflective practice
 -) Demonstrate understanding of the concept of evidence based practice.
- **Expected Competencies: End of the year:**
 -) Intern routinely and habitually documents evidence-based decision making (e.g. using local data such as client variables, therapist variables, and setting variables in conjunction with reflective practice and disciplined scientific inquiry to guide practice.
 -) Demonstrate use of an evidence-based practice or adapted practice, or evidence-based decision-making/evidence-driven practice including progress monitoring (e.g.TF-CBT; PCIT).

-) Identifies specific variables in their clinical cases that may impact the incorporation and use of evidence-based practice and integrates this information into their case conceptualization.
 -) Cites and integrates information from the literature into supervision and/or discusses the use of reflective practice and/or disciplined scientific inquiry to support their clinical practice
 -) Routinely Incorporates discussion of pros and cons of using specific EBP's with a client.
- **Expected Outcomes:**
 1. **Quantitative:** Domain rating score of 3 or better by completion of the internship
 2. **Qualitative:**
 -) Demonstrate knowledge and recognition, integration, and mutual influence of psychological science, research, and clinical practice.
 -) Demonstrate disciplined scientific inquiry, reflective practice, and when applicable evidence based treatments.
 -) Identify specific evidence-based practices used in psychotherapy and assessment and how these fit/don't fit into the current practice milieu.
 -) Identify the pros and cons of evidence-based practice.
 -) Demonstrate how practice is guided by the local context/local data.
- **Supporting Evidence:**
 -) Documentation (e.g. supervision notes, professional literature, clinical progress notes, case presentations) identifying use of evidence-based practice or evidence-based decision making strategies guiding interventions.
 -) Documentation (e.g. supervision notes, professional literature, case presentation, clinical progress notes) of pros and cons of using EBT with a client.
 -) Documentation demonstrating effort to use progress monitoring tools.
- **Competency Measurement:**
 -) On-going multi-informant evaluation: Intern will be evaluated on a regular basis through feedback, supervision, and formal evaluative processes.

Standard II: Applied Research

-) **Training Goal:** To conduct, implement, and document an applied research project.
-) **Training Objective:** Interns will generate an applied research project that contributes to the professional knowledge base at the Sarah Reed Children's Center.
-) **Training Expectations:** Interns will be expected to complete a research project using standard research strategies including but not limited to program evaluation, surveys, or other methods of data collection.
-) **Training Plan and Activities:** Provide oversight, coordination, and supervision for completion of agency research project.

through feedback, supervision, and formal evaluative processes.

Standard III: Professionalism:

a. Values, Attitudes, and Behaviors

-) **Training Goal:** Develop the requisite skills, knowledge, relationships, and experience to function as a professional psychologist.
-) **Training Objective:** Develop a broad and contextually responsive understanding of the role of the psychologist across professional settings.
-) **Training Expectations:** Intern will demonstrate the values, attitudes, and behaviors that represent the characteristics of professionalism, ethical integrity, collaborative teamwork, effective communication skills, reflective practice, and giving away knowledge and skills to others.
-) **Training Plan and Activities:** Provide opportunities to observe and interact with professional psychology role models as well as role models across disciplines. Activities will include MDT's, Clinical Team Meetings, Community Meetings
- **Program Specific Competency Outcomes Expected:**
 - **Midyear:**
 -) Demonstrates a general understanding and application of skills, abilities, areas of knowledge, values, attitudes, and behaviors needed to function as a psychologist in the professional context.
 -) Begin to identify ways in which the role of the psychologist influences, differs from, and impacts professional settings.
 -) Demonstrates understanding about the unique organizational structure and culture of each training setting.
 - **End of Year:**
 -) Intern will demonstrate a sustained pattern of practices, values, attitudes, and behaviors reflective of the field of health services psychology and the culture of Sarah Reed.
 -) Demonstrate a pattern of behavior consistent with safeguarding the welfare of others.
 -) Intern is able to identify their areas of competence, expertise, and areas of additional need.
 -) Intern identifies sources of role conflict/confusion/diffusion and is able clarify his/her role across settings.
 -) Intern is able to recognize the complexity of their role in systems and to identify specific competencies and areas of growth.
- **Expected Outcomes:**
 1. **Quantitative:** Domain rating score of 3 or better by completion of the internship
 - **Advanced:** Routinely and independently applies knowledge and performs skill in this competency domain across settings/situations. (i.e. demonstrates congruency between knowledge, skill, and experience). **Rating: (4)**

- **Intermediate Competency:** Intern demonstrates broad knowledge, skill, or experience in this competency area. Some consultative supervision may still be necessary, but is limited to specific practice areas or situations. **Rating: (3)**

2. Qualitative:

- Intern is able to identify their professional role in relevant settings.
- Intern is able to cite ways in which their role as a psychologist influences and impacts relevant settings.
- Intern identifies the complexity of their role
- Intern identifies areas of competence and areas of additional need.
- Intern is able to identify and clarify sources of role conflict/confusion/diffusion.
- Intern is able to recognize the complexity of their role in systems and to identify specific competencies and areas of growth.

○ **Supporting Evidence:**

-) Treats others with respect, dignity, integrity, and practices non-violence.
-) Attend to day to day activities with consideration, social responsibility, and concern for the welfare of others.
-) Represents the profession of psychology by adhering to all appropriate ethics codes and Sarah Reed Children's Center policies, practices, and procedures.
-) Intern must demonstrate and articulate specific ways in which they have established their role as a psychologist in each setting.

○ **Competency Measurement:**

- On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

b. Ethics, Ethical Decision-making and Legal Issues in Psychology

-) **Training Goal:** Train interns to be aware of and responsive to the broad array of ethical, legal and regulatory issues relevant to practicing with children, adolescents, and families.
-) **Training Objective:** To expose interns to specific ethical codes and standards, ethical dilemmas and legal mandates governing the professional practice of psychology.
-) **Training Expectation:** Completion of an ethics paper
-) **Training Plan and Training Activities:** To expose interns through didactic training, clinical experience, role modeling, supervision, and consultation to the unique ethical issues working with children, adolescents, and families. Activity: Ethics Paper

- **Program Specific Competency Outcomes Expected:**
 - **Midyear:**
 - Ñ Interns will act in accordance with all applicable ethical codes and standards and identify any potential ethical concerns, dilemmas, situations, or processes that require consultation.
 - Ñ Articulate and identify situations when ethics, law, and regulations impact psychological practice.
 - Ñ Identify key steps in ethical decision making
 - **End of Year:**
 - Ñ Identify any unique contextual ethical issues in the assessment and treatment of children and families in specific practice settings.

- **Expected Outcomes:**
 1. **Quantitative:** Domain Score of 3 or better by completion of the internship
 - **Advanced:** Routinely and independently applies knowledge and performs skill in this competency domain across settings/situations. (i.e. demonstrates congruency between knowledge, skill, and experience). **Rating: (4)**
 - **Intermediate Competency:** Intern demonstrates broad knowledge, skill, or experience in this competency area. Some consultative supervision may still be necessary, but is limited to specific practice areas or situations. **Rating: (3)**
 2. **Qualitative:**
 - Interns will contribute to the discussion on ethical issues and ethical decision making models.
 - Complete and present an ethical decision-making paper.
 - May conduct a training on ethics

- **Supporting Evidence**
 - Ñ Discusses in supervision and other venues (e.g. case presentations) general ethical issues relevant to clinical practice.
 - Ñ Identifies potential ethical issues pertinent to their clinical work with clients.
 - Ñ A completed ethics paper.

- **Competency Measurement:**
 -) Intern will be evaluated on a regular basis, through multiple informant direct observations, feedback, and supervision and competency at the intermediate to advanced level of proficiency.

- c. **Interdisciplinary Teamwork:**
 -) **Training Goal:** To gain experience functioning as an emerging psychologist on interdisciplinary teams.

applicable Sarah Reed Children's Center dress code policies.

- **Expected Competencies: End of Year**
 -) Presentation of professional self and identity as emerging early career psychologist as evidenced by a consistent and recognized pattern of growth and development in all of the above areas of professional functioning.
 - **Expected Outcomes:**
 - 1. **Quantitative:**
 -) Domain Score of 3 or better by completion of the internship
 - **Advanced:** Routinely and independently applies knowledge and performs skill in this competency domain across settings/situations. (i.e. demonstrates congruency between knowledge, skill, and experience). **Rating: (4)**
 - **Intermediate Competency:** Intern demonstrates broad knowledge, skill, or experience in this competency area. Some consultative supervision may still be necessary, but is limited to specific practice areas or situations. **Rating: (3)**
 - 2. **Qualitative:**
 -) The intern will demonstrate a level of organization, communication, and professional appearance congruent with his/her role as a psychologist.
 - **Supporting Evidence**
 -) Professional behavior that is in compliance with all policies and procedures as identified in this intern handbook and the Sarah Reed Children's Center employee handbook.
 -) All documentation (clinical, non-clinical, administrative) is complete, timely, and thorough.
 - **Competency Measurement:**
 -) On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.
- e. **Reflective Practice: Responding to Supervision (Receiving)**
 -) **Training Goal: Growth and Development:** Participate and use supervision to improve skills and knowledge in the practice of health services psychology.
 -) **Training Objective:** Intern will gain confidence and competence in a variety of clinical skills and will demonstrate the ability to manage and use constructive supervisory feedback.

standards of practice and behavior in the work context.

○ **Supporting Evidence:**

-) All supervision is documented, signed by the intern and co-signed by the supervisor and is turned into Director of Training at the completion of the internship.
-) Intern develops personal/professional IMLO's
-) Intern reviews and updates IMLO's
-) Intern is able to give feedback to supervisor about supervisor strengths and weaknesses.
-) Intern completes reflective journal
-) Intern identifies future areas of practice for growth and development

○ **Competency Measurement:**

-) Supervisor Evaluation, Informant Feedback, Self Evaluation: On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

f. Reflective Practice-Self Assessment and Self-Care

-) **Training Goal:** To develop and practice within appropriate and acceptable bounds of professional competence
-) **Training Objective:** To promote and support intern's continued use of life-long learning, scholarship, critical thinking, disciplined scientific inquiry, reflective practice, and self-care in their day to day functioning.
-) **Training Expectation:** Intern will actively document and discuss in supervision and other contexts their own level of skill, competency, knowledge, attitudes, beliefs, values, and expectations relevant to the practice of health services psychology in the professional work setting.
-) **Training Plan and Activities:** To use supervision and training to help promote self-reflection and self-awareness as tools for good practice. Use the professional literature and experiential learning to reinforce self-care. Activities will include Professional Journal, Self Care Plan, intern disclosure of concerns, feelings, and thoughts about their work, and ability to respond to supervisory feedback about self-care.

○ **Program-Specific Competency Outcomes Expected/Measured:**

 ▪ **Midyear**

-) Identifies examples of a "researcher in practice" approach
-) Understands when practice environments may exceed the technical requirements of evidence-based practice.
-) Actively seeks out ways to identify and apply disciplined inquiry and systematic assessment linked with change

Standard IV: Relationships and Systems

a. Professional Interdisciplinary Relationships and Systems

-) **Training Goal:** Establish, develop, and maintain professional relationships with colleagues, supervisors and other professionals.
-) **Training Objective:** To model and support the development of a network of professional relationships, which are characterized by respect, integrity, support, trust, and mutual recognition of each person's unique contribution to the team.
-) **Training Expectation:** Intern will identify and document the development and maintenance of key interdisciplinary and professional relationships within work settings.
-) **Training Plan:** Interns will engage in relationships with clients, staff, and professional colleagues.

- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Expected Competencies: Midyear**
 -) Relationships with other professionals are characterized by professional respect, courtesy, professionalism, and integrity.
 -) Relationships include documented efforts to consult with others
 -) Relationships have begun to extend beyond own discipline, educational level, and/or position.
 - **Expected Competencies: End of Year**
 -) Interdisciplinary relationships are characterized by mutual respect and mutual recognition of the role of each professional.
 -) Ability to effectively negotiate and navigate relationships in conflict situations
 -) Handles professional relationships in a mature manner without personalizing constructive feedback
 -) Seek out and use feedback from others regarding interpersonal interactions

- **Expected Outcome:**
 1. **Quantitative:**
 -) Total Domain Score of 3 or better by completion of the internship.
 - **Advanced:** Routinely and independently applies knowledge and performs skill in this competency domain across settings/situations. (i.e. demonstrates congruency between knowledge, skill, and experience). **Rating: (4)**
 - **Intermediate Competency:** Intern demonstrates broad knowledge, skill, or experience in this competency area. Some consultative supervision may still be necessary, but is limited to specific practice areas or situations. **Rating: (3)**
 2. **Qualitative:**
 -) The intern will be able to demonstrate the capacity to develop and maintain

- professional relationships.
 -) The intern will be able to effectively articulate the key aspects of building professional relationships.
- **Supporting Evidence**
 -) Articulates and documents at least 3 examples of on-going professional relationships in each setting (colleague, staff, or superior).
 -) Documents at least 3 examples of seeking performance feedback (colleague, staff, superior)
- **Competency Measurement**
 -) On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

b. Client and Family Relationships:

- Ñ **Training Goal:** To create opportunities for effective engagement with clients and families
 - Ñ **Training Objective:** Interns will be able to highlight and discuss ways in which they have engaged with clients and families and will be able to identify barriers to engagement and solutions.
 - Ñ **Training Expectation:** Interns will develop, establish, and maintain therapeutic relationships with their clients and families
 - Ñ **Training Plan:** Interns will be provided opportunities through clinical practice (therapy, assessment, crisis intervention, and consultation to demonstrate effective engagement
- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Expected Competencies: Midyear**
 -) Intern has an identifiable caseload of clients (therapy and assessment).
 -) Intern can identify mutually agreed upon goals and objectives when working with clients and families.
 -) Intern establishes a plan to provide feedback on progress in therapy.
 -) Identify strategies demonstrating active engagement with individuals and families
 -) Determine obstacles or barriers to, and potential remedies to effective engagement
 - **Expected Competencies: End of Year**
 -) Intern can identify and discuss problems and disturbances in client and family relationships.
 -) Intern can identify and discuss ways in which those relationships were repaired.
 -) With new clients, intern is comfortable setting and establishing clear expectations for client and family engagement and the reasons this is important.
 -) Regularly seek out client and family feedback for monitoring engagement

-) Remain sensitive and responsive to diversity as an engagement dynamic.
- **Expected Outcomes:**
 - 1. **Quantitative:**
 -) Total Domain Score of 3 or better by completion of internship.
 - **Advanced:** Routinely and independently applies knowledge and performs skill in this competency domain across settings/situations. (i.e. demonstrates congruency between knowledge, skill, and experience). **Rating: (4)**
 - **Intermediate Competency:** Intern consistently demonstrates broad knowledge, skill, or experience in this competency area. Some consultative supervision may still be necessary, but is limited to specific practice areas or situations. **Rating: (3)**
 - 2. **Qualitative:**
 -) The intern will be able to demonstrate the capacity to maintain relationships with clients and families that are characterized by respect, courtesy, professionalism, integrity, collaboration, and dedication
- **Supporting Evidence**
 -) Identify and demonstrate a specific strategy or set of strategies used for engaging a client and a family in a session.
 -) Provide evidence of obtaining feedback from a client and family about therapy.
- **Competency Measurement**
 -) On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced intermediate level of proficiency.

Standard V: Diversity and Individual Differences

-) **Training Goal:** Routinely apply practices that demonstrate the complex integration of knowledge, skills, and attitudes regarding self and other dimensions of diversity.
-) **Training Objective:** To use discussion, supervision, professional literature, and didactics to address and respond to issues of diversity and cultural competence.
-) **Training Expectation:** Interns will integrate culturally relevant information and culturally competent best practices (e.g. research, practices) to support their work when with individuals from diverse backgrounds and cultures.
-) **Training Plan:** Interns will apply skills and knowledge and engage in reflective practice with diverse individuals. Interns will participate in Cultural Competence Seminar.

- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Midyear**
 - ⌋ Recognize that diversity occurs along multiple dimensions of humanity.
 - ⌋ Able to articulate and choose assessments, treatments, and interventions that are appropriate for the individual's cultural, racial and ethnic background.
 - ⌋ Identify treatment approaches that may be problematic due to cultural barriers
 - **End of Year**
 - ⌋ Consistently recognizes how cultural, racial, ethnic and other diversity variables impact client's response to therapist and treatment.
 - ⌋ Addresses in therapy and assessment any potential issues of diversity with a client.
 - ⌋ Consistently monitors and applies knowledge of one's own behavior and culture background during assessment, treatment, and intervention.
 - ⌋ Routinely integrates data about cultural background
 - ⌋ Review the literature to identify and uses culturally relevant best practices.
- **Expected Outcome:**
 - 1. **Quantitative:**
 - ⌋ Total Domain Score of 3 or better by completion of internship.
 - 2. **Qualitative:**
 - ⌋ The intern will be able to demonstrate the capacity to maintain relationships with diverse clients and families
 - ⌋ Intern will independently monitor and reflect on own process vis-à-vis his/her own cultural identity in relation to work with others.
- **Evidence**
 - ⌋ Demonstrate integration of culturally relevant data in case conceptualization and assessment.
 - ⌋ Identify situations requiring additional research to inform practice with diverse clients.
- **Competency Measurement**
 - ⌋ On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

Standard VI: Professional Practice: Applications of Practice and Experience

- ⌋ **Identified Practice Areas:**
 - 1. **Assessment**
 - a. **Clinical Assessment**
 - b. **Psychological/Psycho-educational Assessment**
 - 2. **Case Formulation and Conceptualization**
 - 3. **Psychological Intervention/Practice Skills**

4. Consultation
5. Crisis Intervention
6. Trauma and Trauma Informed Care

1. Assessment:

a. Clinical Assessment: Interviewing, Diagnosis, and Treatment Recommendations

-) **Training Goal:** Interns will develop the skills, knowledge, and practices to conduct comprehensive clinical assessments from an integrated orientation or framework within a biopsychosocial model.
-) **Training Objective:** Interns will learn to conduct clinical interviews (data and information gathering) and develop diagnoses, and treatment recommendations.
-) **Training Expectation:** Interns will conduct at least 1 full Best Practice Medical Necessity Evaluation
-) **Training Plan:** To provide opportunities for interns to learn how to develop a comprehensive assessment as part of clinical practice.

○ **Program-Specific Competency Outcomes Expected/Measured:**

▪ **Midyear**

-) Identify domains of functioning requiring additional investigation beyond intake or standard assessment strategies.
-) Develops and carries out strategies for additional data collection (e.g. conducts additional interviews and/or observations with client and family; seeks out information from referral sources and other external team members).
-) Present updated assessment results to supervisor during supervision
-) Routinely integrates newly developed information into a revised biopsychosocial and diagnostic picture of the child and family.
-) Conduct interview to obtain relevant developmental, educational, medical, social/emotional history, establish diagnosis, and make treatment recommendations with direct involvement of supervisor.

▪ **End of Year**

-) Conduct best practice medical necessity interview to obtain relevant developmental, educational, medical, social/emotional history, make diagnosis, and develop treatment recommendations for approval/review of supervisor.

○ **Expected Outcomes**

1. Quantitative:

-) Total Domain Score of 3 or better by completion of the internship.
-) Complete at least 2 comprehensive best practice medical necessity evaluations including diagnosis and treatment recommendations. This evaluation must be signed by the supervisor.

○ **Expected Outcomes:**

2. Qualitative

- **Competency Measurement**
 - ⌋ On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

2. Case Formulation and Conceptualization

- ⌋ **Training Goal:** Prepare and develop a comprehensive case conceptualization and course of treatment formulation
 - ⌋ **Training Objective:** To present a clear, concise and comprehensive case conceptualization using an eco-systemic/biopsychosocial model leading to the formulation of a course of treatment/plan of action.
 - ⌋ **Training Expectation:** Present 4 formal case presentations (3 clinical and 1 advanced assessment)
 - ⌋ **Training Plan:** Expose interns to case conceptualization and case formulation through didactics, training, practice, and supervision.
- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Midyear**
 - ⌋ Use data from intake and clinical assessment to develop a detailed synopsis of the individual child and systemic/relational functioning
 - ⌋ Include information about trauma history in case conceptualization
 - ⌋ Include a summary of the client and family strengths and areas of need
 - ⌋ Include and account for relevant information regarding diversity (e.g. cultural differences, language, gender, race, ethnicity, SES, religion, environment, etc.)
 - ⌋ Include accurate diagnostic formulation using DSM-5 and ICD-10
 - ⌋ Presentation of case conceptualization includes appropriate requests for constructive feedback and suggestions
 - **End of Year**
 - ⌋ Conceptualization is organized from an identifiable theoretical viewpoint or perspective.
 - ⌋ Able to formulate a treatment plan/course of treatment based on case conceptualization.
 - ⌋ Effectively communicate findings in oral case presentations
 - ⌋ Develop competence using DSM V diagnosis.
 - ⌋ Identify personal and professional challenges developing a comprehensive case conceptualization and case formulation.
 - **Expected Outcomes:**
 1. **Quantitative:**
 - ⌋ Total Domain Score of 3 or better by completion of the internship.
 2. **Qualitative:**

-) Enable the client to actively participate in treatment. **M**
-) Recognize and attempt to repair disturbances in the therapeutic alliance. **E**
-) Maintain objectivity. **M**
-) Establish a treatment focus. **M**
-) Provide a holding/safe therapeutic environment. **E**
- **Listening – the ability to:**
 -) Listen non-judgmentally and with openness. **M**
 -) Listen and effectively summarize what the client/family states and provide feedback/validation/reflection/challenge. **E**
- **Emotions – the ability to:**
 -) Recognize and specifically describe affects. **M**
 -) Tolerate direct expressions of hostility, affection, sexuality, and other powerful emotions. **E**
 -) Recognize and describe (to one’s supervisor) one’s own affective response to the client. **M**
 -) Recognize and tolerate one’s uncertainties as a trainee in psychotherapy. **E**
- **Understanding – the ability to:**
 -) Empathize with the client’s feeling states. **M**
 -) Convey empathic understanding. **M**
 -) Respect client as a whole person with strengths and needs. **M**
 -) Validate feelings in contrast to behaviors. **E**
- **Use of Supervision – the ability to:**
 -) Establish an educational alliance with the supervisor. **M**
 -) Identify supervisor’s model of supervision. **M**
 -) Incorporate material discussed in supervision into psychotherapy. **M**
 -) Identify strengths and areas for growth in supervision. **M**
 -) Identify ways in which psychotherapy skills have improved. **E**
 -) Identify parallel aspects of supervision and therapy. **E**
- **Resistance/Defenses – the ability to:**
 -) Identify problems in collaborating with treatment or the therapist. **M**
 -) Recognize defenses as clinical phenomena. **E**
 -) Recognize obstacles to change and an understanding of possible ways to address them. **E**
- **Techniques of Intervention – the ability to:**
 -) Maintain focus in treatment. **M**
 -) Confront a client’s statement, affect, or behavior. **E**
 -) Assess patient’s readiness for certain interventions. **E**
 -) Implements interventions (e.g. when applying evidence-based interventions attempts to do so with fidelity to the model or when applying adapted interventions using local data, does so with fidelity to the gathered data. **E**
 -) Assess the patient’s response to interventions (progress monitoring). **M**

problem area, behavior, or program.

- **Supporting Evidence:**
 - ⌋ Identify in written format at least 2 separate consultative activities which include feedback to consultee (one clinical and one school).
- **Competency Measurement**
 - ⌋ On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

6. Trauma and Trauma Informed Care (Program Specific): Provide training in treating children and adolescents with a history of trauma

- ⌋ **Training Goal:** To expose interns to practices consistent with evidence-based trauma specific interventions and trauma-informed care.
 - ⌋ **Training Objectives:** Provide opportunities to use trauma specific interventions and apply trauma informed practices.
 - ⌋ **Training Expectations:**
 - Complete TF-CBT online training.
 - Complete Sanctuary Model Training
 - ⌋ Incorporate trauma informed approach to case conceptualization
 - ⌋ **Training Plan:** Provide interns with exposure to the Sanctuary Model and evidence-based trauma specific interventions.
- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Mid-Year**
 - ⌋ Ability to discuss and/or apply concepts from trauma specific intervention literature
 - ⌋ Ability to articulate the basic premises of the Sanctuary Model of Trauma Informed Care
 - **By End of Year**
 - ⌋ Apply S.E.L.F. model to clinical cases
 - ⌋ Directly address implications of trauma in clinical work
 - ⌋ Apply interventions derived from evidence-based trauma specific services.
 - **Expected Outcomes:**
 1. **Quantitative:**
 - ⌋ Total Domain Score of 3 or better by completion of the internship.
 2. **Qualitative:**
 - ⌋ The intern will apply the Sanctuary Model and evidence-based trauma specific services in clinical practice.

- **Supporting Evidence:**
 -) Completion of TF-CBT on-line training with certificate
 -) Application of at least one intervention focused on improving clients understanding, knowledge, or skill coping with trauma
- **Competency Measurement:**
 -) On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

Standard VII: Supervision (Providing Supervision):

Training Goal: Expose interns to the professional practice of supervision

-) **Training Objective:** To develop the knowledge and, if available, the practical skills necessary for supervising a trainee in the field
 -) **Training Expectation:**
 - To demonstrate an understanding and appreciation for the various models of supervision.
 - To provide supervision to a student within the intern’s scope of practice.
 -) **Training Plan:** Interns will be exposed to various models of supervision and if able, to practice supervising.
- **Program-Specific Competency Outcomes Expected/Measured:**
 - **Mid-Year**
 -) Discuss previous supervisory experiences including strengths and areas for growth.
 -) Demonstrate knowledge of models of supervision
 -) Identify key components of an effective supervision process.
 -) Gain conceptualization of ethical, legal, and contextual issues surrounding supervision
 - **By End of Year**
 -) Demonstrate the ability to provide feedback in a mature, constructive manner
 -) Establish a “safe” environment for supervision
 -) Identifies key components of various supervision models and identifies a model that he/she is comfortable with in their own work.
 -) Apply a selected supervision model in actual practice (when available within the agency)
 -) Participate in “supervision of supervision”.
 - **Expected Outcomes:**
 1. **Quantitative:**

-) Total Domain Score of 3 or better by completion of the internship.
- 2. **Qualitative:**
 -) The intern will be articulate and if able, to apply models of supervision in practice.
- **Supporting Evidence:**
 -) Provides evidence of supervision to supervisee (e.g. supervision notes).
 -) Obtains direct feedback from supervisee regarding supervisor performance including strengths and weaknesses of supervisor.
 -) Develops a plan for future growth and development as a supervisor
- **Competency Measurement**
 -) On-going multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency.

Internship Clinical Training Settings

- **Sarah Reed Children's Center Psychiatric Residential Treatment Program:** For the 2019-2020 training year, two interns will be assigned to the Sarah Reed Children's Center Residential Treatment Program full time. The Sarah Reed Children's Center Psychiatric Residential Treatment program is an intensive, medium-long term placement for children and adolescents struggling with severe emotional and behavioral disorders often resulting from significant histories of complex trauma. Treatment occurs within a milieu and includes group milieu therapy, individual psychotherapy, group therapy, family therapy, school, social skill development, medication management, and case management. Children are referred by county teams with specific recommendations for residential treatment made by a psychiatrist. Children in our residential treatment program come from all parts of Pennsylvania. We also may get children from the Southern Tier of NYS as well as Ohio. Interns engage in a variety of clinical and consultation activities and have the opportunity to experience, observe, and learn a wide range of therapy techniques, consultation skills, and outreach practices. Training is experiential and complimented by didactic and case presentations, discussions with supervisors, co-therapy, or collaborative therapy with an experienced staff member and through individual and group supervision meetings (case presentations followed by discussion). Audio-taping and videotaping can be used as teaching aids in many areas.
- **Sarah Reed Children's Center Integrated Partial Hospitalization Program:** One intern will be assigned to the Sarah Reed Children's Center Partial Hospitalization program. The Partial Hospitalization program serves children from 3-21 in a milieu-based therapeutic program combined with the delivery of appropriate educational services. Children are referred a variety of ways from local communities and must have documented mental health/emotional and behavioral disorders. Services occur in classroom settings with certified teachers and behavioral support staff. The primary purpose of the program is to provide opportunities for

children to improve their mental health while still maintaining their educational programming. Interns engage in a variety of clinical and consultation activities and have the opportunity to experience, observe, and learn a wide range of therapy techniques, consultation skills, and outreach practices. Training is experiential and complimented by didactic and case presentations, discussions with supervisors, co-therapy, or collaborative therapy with an experienced staff member and through individual and group supervision meetings (case presentations followed by discussion). Audio-taping and videotaping can be used as teaching aids in many areas.

- **Sarah Reed Children’s Center Outpatient Assessment Clinic:** All three interns will receive supervised training in psychological and clinical assessment in the agency’s outpatient psychological assessment clinic. Training in assessment will include both formal psychological evaluations and Best Practice Medical Necessity Evaluations.

Program Training Methods

- **Direct Psychological Services (at least 25% of 2000 hours = 500 hours):** Direct psychological service requires direct contact with a client (s) and/or a family. These services will occur in both the residential treatment program, the partial hospitalization program and when applicable a school district placement. This would include individual, family or group psychotherapy, psychological and psycho-educational assessment (observations, administration), best practice medical necessity evaluations, unit and/or classroom consultation/interventions, crisis intervention, and practice on multidisciplinary teams.
- **Role Modeling:** Interns will observe psychologists and other professionals engage in the practice of serving children and adolescents with emotional and behavioral disorders.
- **Supervision:** At least four to six hours per week of supervision by licensed doctoral level psychologists. Each intern receives 3 1/2 hours of individual clinical supervision each week (2.5 hours at Sarah Reed Children's Center and 1 hour at school placement). In addition, the interns receive group supervision for 1 1/2 hours per week. Interns are scheduled for weekly supervision for assessment and consultation. Interns are also invited and encouraged to attend residential clinical supervision on a regular basis.
 - **Psychologist (Doctoral level) Supervision**
 -) Individual supervision: 2.5 hours/week by doctoral level licensed psychologists.
 -) Group supervision: 2 hours/week by doctoral level licensed psychologists
 -) Assessment supervision (Group): 1 hour/week by doctoral level licensed psychologist.
 -) Consultation supervision (Group): 1 hour/week by doctoral level licensed psychologist.

- **Adjunct Supervision:**
 -) Residential Clinical Group Supervision: 1 hour/week
 -) Partial Clinical Group Supervision: 1 hour/week
- **Formal Didactic Training (1.5 hours/week):**
 -) **Cultural Competency Seminar:** Cultural Competency Seminar: A comprehensive overview of cross-cultural interactions and theory in a broad range of areas to include human development, perception, emotion, social behavior, personality, cognition and counseling theories. The seminar will explore similarities and differences in individual psychological functioning among various cultural groups.
 -) **Child Trauma Seminar:** This seminar will introduce interns to the field of trauma particularly as it relates to children.
 -) **Family Systems Seminar:** This seminar will introduce interns to the theory and practice of family therapy with particular attention to cultural dynamics influencing family systems.
 -) **Psychiatric Consultation Seminar:** A monthly seminar dedicated to case conceptualization and didactic issues related to psychopharmacology and interdisciplinary consultation.
 -) **Parent Child Interaction Therapy Seminar:** This seminar conducted by two trained PCIT internal trainers will focus on giving the interns a broad overview of the evidence-based practice of PCIT.
- **Continuing Professional Education:** Opportunities for professional development will be available during the year. These may include contact with local professionals, participation in workshops, trainings, and external seminars, meetings.
- **Scholarly Reading and Inquiry:** Throughout the year articles from the professional literature are provided to interns to help them keep abreast of current research and practice in the field. In addition, opportunities are made for the interns to provide formal presentations and in-services to agency personnel. The interns have an intern library consisting of current journals related to the practice of child and adolescent psychology.
- **Peer-group meetings:** A strong effort is made to encourage the interns to meet regularly as a group both formally (peer supervision) and informally (fun and support).
- **Multidisciplinary Treatment Teams:** Interns are integrated members of the clinical department. They are expected to be part of the treatment team that is working with each child.
- **Administration:** Interns may participate as members of an agency administrative team.

- **Research:** Interns will have an opportunity to engage in the development of a project (group or individual) which will involve the application of research principles to clinical or programmatic issues.

Clinical Training Activities

- **Psychotherapy:** Clinical cases supervised by licensed psychologists. Clinical interventions include individual therapy, family therapy, and group therapy.
- **Assessment**
 - **Clinical Assessment:** Best practice medical necessity evaluations focused on clinical interviewing, diagnosis, and treatment recommendations.
 - **Psychological/Psycho-educational Assessment:** Psychological and Psycho-educational assessment will be conducted as part of the intern training at the RTF, Partial Hospitalization program, and the outpatient program. Assessment training will include both a didactic seminar and direct supervision of all assessment related activities.
- **Consultation:** Multidisciplinary consultation in clinical, school, and community settings.
- **Crisis Intervention:** Training in crisis intervention and participation in crisis intervention with clients.
- **Research and Program Evaluation:** Interns will participate in developing, implementing, and carrying out a research project related to their participation on the agency's Quality Assurance/Quality Improvement.
- **Additional Training Activities:** Other training opportunities include attendance at agency meetings, agency-based trainings and attendance at outside conferences and workshops.

Intern Activities and Time Allocations (Approximate)

1. Sarah Reed Children's Center Psychiatric Residential Treatment Program:

- | | |
|--|----------------|
| ○ Individual Supervision (Lic Psych sup) | 2.5 hrs/week |
| ○ Intern Group Supervision (Lic. Psych sup) | 2 hrs/week |
| ○ Psychological Assessment Supervision (Lic Psych Sup) | 1.75 hrs/wk |
| ○ Consultation Supervision (Lic Psych Sup) | 1 hr/week |
| ○ Clinical Assessment Supervision | 1.5 hrs/week |
| ○ Seminar/Didactic Training | 1.5 hours/week |
| ▪ Child Trauma Seminar | |
| ▪ Family Therapy Seminar | |
| ▪ Cultural Competency Seminar | |
| ▪ PCIT Seminar | |
| ○ Psychotherapy (face-to-face) | 10 hrs/wk |
| ○ Consultation | 2 hrs/week |

- Crisis Intervention 2 hours/week
- Assessment 8 hrs/week
- Research 2 hrs/wk
- Associated support work 7 hrs/wk

Average Total = 41.25

3. Integrated Partial hospitalization assignment:

- Individual supervision (Lic. Psych) 2.5 hrs/wk
- Intern Group supervision (Lic Psych) 2 hrs/wk
- Psychological Assessment Supervision (Lic Psych) 1.75 hrs/wk
- Clinical Assessment Supervision 1.5 hrs/wk
- Consultation Supervision (Lic Psych) 1 hr/wk
- Seminar/Didactic Training 1.5hrs/wk
 - Assessment Seminar
 - Child Trauma Seminar
 - Family Therapy Seminar
 - Cultural Competency Seminar
 - PCIT
 - General Didactic
- Psychotherapy 10 hrs/wk
- Crisis Intervention 2 hrs/wk
- Assessment 8 hrs/week
- Group Therapy 3 hrs/week
- Consultation (RtI Model) 2 hrs/wk
- Research 2 hrs/wk
- Associated support work 4.0 hrs/wk

Average Total Internship Hours = 41.25 hrs/wk

Supervision:

Interns receive at least 4-6 hours per week of formal scheduled supervision. Two hours per week are dedicated to individual supervision by licensed doctoral level psychologists and 2 hours are dedicated to group supervision with licensed doctoral level psychologists. Interns must have access to at least one of their supervisors at all times.

- Individual Clinical Supervision: (2.5 hours/week)-Licensed Psychologist
- Intern Group Supervision (2 hours/week)-Licensed Psychologists
- Psychological Assessment Supervision: 1.75-hours/week-Licensed Psychologist
- Clinical Assessment Supervision: 1.5 hours/week
- Consultation Supervision: 1 hour/week-Licensed Psychologist
- Adjunct Partial/Residential Clinical Group Supervision (Recommended-Weekly)

Intern and Internship Evaluation Procedures

Evaluation is critical to training. As Robiner, Saltzman, Hoberman, Semrud-Clikeman, et al.

(1997) stated,

“Evaluation requires judgments about supervisees’ capabilities for exercising appropriate clinical judgment and their level of clinical proficiency. Administrative determinations of supervisees; ability to proceed to more advanced stages of training and ultimately to achieve autonomy in clinical activities are based on supervisory evaluations. (p.50)”

During the internship year at Sarah Reed Children's Center there will be an active and on-going evaluation process of intern performance as well as intern evaluation of the internship training activities. These evaluative procedures will occur in formal and in informal ways. Evaluations are used for a variety of purposes including evaluating intern performance, providing feedback of intern performance, gathering data about the level of training the interns are receiving, and obtaining information from the interns regarding their training experiences to use in our on-going self-assessment and self-study.

1. Supervisory Evaluation of Intern Performance: Informal feedback regarding intern performance will occur throughout the year via supervisory meetings, clinical case presentations, and feedback from other staff. If it should happen that a particular intern is not meeting the expectations of the agency, program, or supervisors, there is a written policy, which addresses the steps to be taken.

) **Schedule of Formal Intern Evaluations:**

- a) August-Development of Individual Measurable Learning Objectives
- b) October: First quarter evaluation: Initial evaluation of adjustment to internship
- c) February: Second quarter evaluation: Full evaluation of competencies and skills. A copy and/or written narrative summary will be forwarded to the intern’s sending graduate institution. 2nd Intern Self-Assessment.
- d) April: Third quarter evaluation: Narrative update.
- e) July: Fourth and final evaluation: Full evaluation of competencies and skills. A copy and/or written summary will be forwarded to the intern’s sending graduate institution. Final Intern Self-Assessment.

2. Intern Evaluations of the Internship: Intern evaluation of the internship occurs in several contexts. Informally, interns have ample opportunities in individual and group supervision to provide feedback to supervisors as well as the Vice President of Clinical Services and Director of Psychology Internship Training regarding their training. Informal feedback can be provided in writing (anonymously or not) and verbally at any time during the training year. Portions of the weekly group supervision process are dedicated to enhancing the safety of interns to allow them to feel comfortable providing feedback. Twice each year, interns have the opportunity to give formal feedback to the internship regarding their experiences and perceptions of the training program. The evaluation includes both written and oral feedback.

At the midyear point, interns complete feedback forms for each supervisor and a general

evaluation of the internship. These forms are electronic surveys completed on Survey Monkey and names are optional. In general it is our hope that you would feel comfortable enough to give direct feedback to your supervisors and to the Vice President of Clinical Services and Director of Psychology Internship Training regarding your overall experience in training. This kind of direct feedback is admittedly difficult to give and must be acknowledged in the context of the unequal power involved in the supervisor-supervisee relationship. Interns always have the option of completing the form without identifying information. The feedback will be included in our database. General feedback to specific supervisors regarding their performance will be given by the Vice President of Clinical Services and Director of Psychology Internship Training or Assistant Director of Internship Training.

At the end of the year the same process is repeated. The only difference is that the interns have the opportunity to meet with the Internship Advisory Council. This group is comprised of the CEO/President, Vice President of Programs and Services, and the Director of Human Resources. Interns provide written and verbal feedback to this group about issues relevant to the internship training program. Once interns have completed the internship and are no longer at the agency, the Vice President of Clinical Services and Director of Psychology Internship Training will meet with the IAC to review and address the intern’s feedback.

Lastly, interns will be asked to complete a survey that will be sent to them one year post-internship to assess the congruency of training objectives and professional practice as a psychologist.

Intern Orientation

Orientation at Sarah Reed Children's Center will occur over a two week period. The first week is typically oriented to internship and departmental orientation and is filled with meetings acquainting the intern with internship specific responsibilities and activities as well as a series of meetings with a variety of people with whom you will interact with over the course of the year at Sarah Reed Children's Center. There will be opportunities to engage in observations of the units and the classrooms to give you a sense of the children’s daily life experiences while they are in our care. There is a lot to learn and a lot to absorb. One of the most important aspects of your orientation is learning how to use the Electronic Medical Record-Sigmund.

The second week typically involves required agency training in a variety of areas. These are required by the state of Pennsylvania for all new employees. Please feel free at any time to search me out for anything you are unsure of or have questions about.

Sample Agency Orientation

ORIENTATION	<i>Mandatory for <u>all</u> staff</i>
New Employee Agency Orientation	(initial)
Departmental Orientation	(initial)
CORE TRAINING - Part I	<i>Mandatory for <u>all</u> staff</i>

Safe Crisis Management*	
CPR/First Aid	
Child Abuse Reporting**	(annual)
Compliance and HIPPA	(initial)
Cultural Competence (Part I)	(initial)
Cultural Competence (Part II)	(initial)
Cultural Competency II - Refresher	(annual)
Infectious Disease Control/Handwashing	(annual)
Juvenile Act/Legal Rights & Responsibilities**	(annual)
Overview of C&A MH Disorders & Treatment**	(initial)
Fire/Safety Awareness	(annual)
Suicide Awareness	(initial)

Intern Policies and Procedures:

The following are policies and procedures are relevant to interns. This is not an exhaustive list. Our expectation is that you will familiarize yourself with the policies and practices at Sarah Reed Children's Center using Business Portal.

-) **Application Requirements:** The applicant must have completed all required coursework in an **APA accredited** doctoral program in psychology. Full consideration is given to applicants from APA-approved programs in Clinical Child/Clinical, School, or Counseling Psychology.
 - o It is required that all applicants will have had at least **500 hours** of combined practicum experience in standard psychological/psycho-educational assessment and psychotherapy with children and adolescents.
 - o At least **50 hours** must be in direct individual therapy experience and the applicant must document either
 - o At least **15** integrated child and adolescent psychological assessment batteries.
 - o Coursework, training, or experience in family counseling or therapy. Group experience is highly desirable.
 - o Experience in the assessment and treatment of children, adolescents, and families is expected and experience with urban, low-income and/or ethnically diverse populations is highly desirable.
 - o A master's degree is required.
 - o At least one letter of recommendation from a supervisor able to attest to the applicants skills and experience in psychological or psycho-educational assessment

-) **Intern Selection:** Intern selection is based on the completeness of the AAPI. This would include but not be limited to their performance in their graduate courses, experience in practicum settings, the APPIC application, examples of a de-identified assessment report, a de-identified example of a treatment summary, three letters of

recommendation and a personal interview. Furthermore, in concert with Sarah Reed Children's Center's policies and practices regarding non-discrimination, it is the practice and policy of this internship to provide a training program that proactively minimizes any policies or practices that encourage or promote either covertly or overtly any discrimination. Furthermore, it is a goal of the internship program to actively make all reasonable attempts to recruit interns of diverse backgrounds and to provide a training program that is responsive and sensitive to the multiplicity of issues that arise when working with people of diverse backgrounds. We also strive to employ and retain psychology faculty that is equally diverse and that strongly advocates for tolerance and responsiveness to all individuals. Finally, we acknowledge the fact that each of us, particularly those of us who are members of the dominant racial culture, must make extra special efforts to ensure that the policies and practices of our program do not inherently encourage any type of discriminatory practices and that we are open to communication from others who may experience unintended institutional discriminatory practices.

-) **Intern Selection Process:** The intern selection process is a 4 step process. First, the intern applies to the program through the APPIC Match process. Second, the Director of Training reviews all applications to determine the completeness of the application and does a cursory review to ensure that all applications meet the following basic criteria:
- APPIC Application is complete
 - Student is from an APA accredited program
 - Basic minimum hours criteria is met
 - Supporting documentation is included

Once the application is deemed complete by the T.D., he/she assigns a second reviewer to the application. The application is given a full review by the T.D. and a second reviewer. Step 3, the reviewing faculty meet to discuss the reviews and create an interview list. Step 4, the T.D. contacts each applicant (typically by phone) to invite them to interview at the site. On site interviews are required unless there is some specific reason that the intern cannot make one of our interview days. Step 4, the applicant interviews with faculty and current doctoral interns. Step 5, the faculty meets to create a rank order list based on the application data plus the interview data. Step 6, the T.D. submits the final rank order list to NMS and awaits the match results.

1. Selection Process Steps

- Ñ Director of Training AAPI Application Screening Review
- Ñ Director of Training assigns a second reviewer to acceptable applications
- Ñ Review team meeting to determine intern interviews.
- Ñ Intern interviews
- Ñ Rank Order review team meeting
- Ñ Match Day

2. Selection Criteria

- Ñ Completed Application:
- Ñ Intern applicants use the online AAPI
- Ñ Official Graduate Transcripts
- Ñ Curriculum Vitae
- Ñ Psychological or Psycho-educational Testing Report with all identifying information redacted.
- Ñ Psychological Case Summary with all identifying information redacted.
- Ñ Three letters of recommendation

3. Selection Rating Scale:

- Ñ Intern applications are scored based on criteria using an internally developed rating scale.

Policy: Relationship between Sarah Reed and Psychology Interns

Interns are accepted for a twelve-month period of time and must complete 2000 hours of training. Interns are provided training resources to allow them, as students, to develop proficiencies and skills necessary for competent and ethical practice as future psychologists. Sarah Reed Children's Center Internship in Professional Psychology abides by all APPIC Match Policies and there is no implied contractual agreement of employment after the completion of the internship. **Unemployment benefits at the completion of internship are not available to interns.** The internship is an educational and training activity for the sole purpose of enabling interns to meet the training requirements of their advanced degree and is not for meeting the Sarah Reed Children's Center staffing or reimbursement requirements.

Interns are paid a stipend of _____ for the year and are granted the following benefits: 16 days of earned leave (i.e. 5 days of vacation, 9 holidays, and 2 floating vacation days), 7 sick days, 2 professional development days, medical and dental insurance (a portion paid by intern), long term disability, life insurance and 403b benefits as defined elsewhere. The center also covers the intern's malpractice insurance.

It is agreed by the intern/student, the intern's doctoral program, and the Sarah Reed

Children's Center that the **sole and primary** purpose for this internship is as an **educational training experience** to enable the student/intern to fulfill the requirements for the doctoral degree. This experience does not entitle the intern nor does it bind the agency to any employment of the intern following the completion of the internship experience.

Explicit in this agreement between Sarah Reed Children's Center the intern, and the intern's sending educational institution/doctoral program is the acknowledgement that the intern will be paid a full-year stipend and will be identified as a **Doctoral Psychology Intern**. The intern is accepted under the binding conditions established by the APPIC Match Process for a 1 year/12 month-2000 hour doctoral internship training program at Sarah Reed Children's Center for the sole and primary purpose of education and training. This internship training program independent of any staffing or reimbursement needs of the agency.

Policy: Clerical and Technical Support Policy Procedures

The Sarah Reed Children's Center will provide as needed clerical, IT technical support and support for the electronic health record to the doctoral interns during the internship training year. The following general procedures are covered under this procedure:

1. Clerical Support: Interns can access clerical support, when needed from the administrative assistant in the front office at the main agency or in the front office at the Hamilton Campus. Clerical support will include copying (large jobs), mail, telephone support, office supplies, typing (when required), and paging for appointments.
2. IT Support: Support is available for all computer related activities including the IT Help Desk at 7685.
3. Sigmund EHR Support: Support for use of the electronic medical record can be accessed by emailing the Clinical EHR support specialist.

Policy: Documentation Expectations:

Interns are expected to maintain current and accurate documentation of all internship activities. This documentation is critical to maintaining all legal, ethical, and regulatory standards for mental health and educational services as well as internal tracking of training hours and activities and for assuring that the intern is engaging in and completing all goals and objectives identified in the internship plan. Interns will be provided a binder with samples of necessary documentation at the beginning of internship.

) Clinical Documentation:

- All clinical documentation must be done immediately upon completion of the clinical activity, but no later than the end of your work day at Sarah Reed

Children's Center. For example, you have a therapy session at 4:00 pm. Your session ends at 5 pm. Your note should be completed immediately following the session or before you leave for the day.

- All clinical documentation must be completed at Sarah Reed Children's Center.
- Any documentation, in any medium, which is being removed from the Sarah Reed Children's Center and includes PHI (Protected Health Information) or any identifying data, must first be completely de-identified to protect the client.
- Approval to complete any documentation that includes PHI or other identifying information at home must be obtained in advance from a supervisor.

- **Types of Clinical Documentation**
 - Clinical Progress Notes
 - Collateral Notes
 - Therapy Updates
 - Contact Log
 - Child Line Reports (See Child Abuse Reporting Policy)

Policy: Psychological and Psycho-educational Evaluations

Conducting assessments and providing consultation are critical competencies of the internship year and is integral to the training of our interns. Performing psycho-educational and psychological assessments, in addition to its main purposes of providing a service to clients and training to interns, also affords interns the opportunity to consult with non-psychology staff, have input into treatment planning and interpret to clients and their parents the meaning of the evaluation.

Once an evaluation has been assigned by the assessment supervisor, s/he is responsible for contacting the referral source (if necessary) as soon as possible and the first evaluation session with the client should be scheduled. The battery should be completed and the report available in its final version by the agreed upon deadline or in accordance with regulations. Interns are generally expected to be working on no more than two batteries at any given time. On rare occasions, an evaluation may be needed on an urgent basis, an intern may be asked to take an additional assessment.

When an evaluation is completed, a copy of the report is placed in the client's file (educational file if it is a psycho-educational evaluation). The raw data are given to the Assessment Supervisor where they are kept in a separate file. Agency policies, FERPA, HIPPA guidelines, and APA guidelines regarding confidentiality and release of information to outside sources apply to all psychological evaluation materials.

Any questions regarding assessment may be directed to the Supervisor of Assessment and Consultation.

Policy: Videotaping/Audiotaping Clinical or Assessment Sessions:

There are two reasons to seek permission to video clients during therapy sessions:

1. It is often difficult for a therapist working with a child to be aware of all of the dynamics and issues in the session. A supervisor or colleagues viewing a tape of the session may be able to provide valuable input thereby strengthening the quality of the service provided to the child and improving outcomes.
2. The skills of the therapist are improved by observing his/her own session and by getting the input of other therapists. These improved skills then benefit not only the child, but also other children seen by the therapist. This is an extremely valuable tool for developing child therapists.

) Procedures for Videotaping a Child Therapy Session at the Agency

1. Interns must discuss case with supervisor prior to videoing a therapy session.
2. An intern must review the child's intake documentation to determine if the legal guardian and/or the child (if 14 or over) has provided informed consent (i.e. signed the appropriate consent form) to videotape. For children in the custody of the state, permission must be obtained from OCY.
3. Clients (Children and Collaterals) are always informed that a session will be taped. They can be shown the equipment and questions are answered. If client objects to the videotaping, postpone until discussed with the supervisor.
4. Taped sessions are only to be viewed by the clinician, supervisor and group supervision participants, who consist of experienced staff leaders and interns. Confidentiality of sessions must be adhered to carefully and conform to all appropriate standards of practice, policies, regulations, and laws.
5. After the tape is shown and discussed, it must be erased within a reasonable amount of time (unless otherwise directed by the supervisor or his/her designee or another Sarah Reed Children's Center senior administrative staff).
6. It is **prohibited** (and is a violation of agency policy) to remove any type of record of the client (notes, videos or any other type of kind of documentation with protected health information/identifying information) from the agency at any time without approval by the Vice President of Clinical Services and Director of Psychology Internship Training.

Policy: Intern Research

Throughout the history of the psychology internship program at the Sarah Reed Children's Center, there has a policy and practice to engage interns in active research. A research component is intended to be one aspect of intern training which meets APA accreditation guidelines for integrating science and practice and for requiring that interns demonstrate skills in the area of "strategies of scholarly inquiry."

The options for research are open and very flexible. Research projects, may be

completed individually or as a group. In many instances, the research will be assigned by the training faculty based on current projects underway at the agency. This will be discussed with the interns at the beginning of the internship. The Assistant Director of Psychology Internship Training is responsible for the overall direction of the research component of the interns training experience.

The Research component preserves the value that psychologists should regularly devote time to the thoughtful application of literature and research to their clinical work and adhere to the philosophy that psychological practice and science mutually influence and inform each other.

Please be aware that all documents/reports or other products (e.g. data) completed as part of the internship program are the property of Sarah Reed Children's Center, unless other arrangements have been made. The Vice President of Clinical Services and Director of Psychology Internship Training and relevant agency administrators must approve any exception to this policy.

****Acceptable research projects for psychology interns: All research projects must be reviewed and approved by the Assistant Director of Psychology Internship Training ****

A) Proposal outline for research project: Interns are to use this outline in writing the proposal for the research project as well as the final form of their research proposal. Keep the proposal under two pages.

- 1) **Overall Plan of Project:** Give a brief description of your hypotheses; of the planned subject population and sampling techniques; what resources might be needed; of intervention and data collection procedures, including all measures; and of expected analyses and outcomes. Also include weekly tasks you will be involved with; use of agency staff and/or populations, including whether this use has been approved by the necessary people; planned use of non-agency populations, and whether permission for access has been given; any specific needs for research or statistical consultation.
- 2) **Schedule for Entire Project:** Outline a tentative schedule for the project: when data collection will begin and end; when all analyses will be complete; when final project report for the agency will be complete.
- 3) **Supervision Plan:** Report who will provide primary supervision on the project and how often the two of you will meet. If the project is part of a dissertation, describe the status of dissertation prospectus and whether the dissertation committee has approved the project.
- 4) **Ethical Issues and Safeguards**

Whether procedures present any *risk* to subjects; what procedures will be used to gain *informed consent*; what procedures will be used to keep data *confidential*.

Orientation of New Employees

Policy: It is the policy of the Sarah Reed Children's Center to formally welcome new employees and provide them with mandated, agency- and program-specific information during their first 30 days of employment.

Purpose: To provide each employee with necessary information upon employment, as outlined in 55 PA Code, Ch. 3810 and Joint Commission on Healthcare Accreditation standards, and to help them make a positive adjustment to their new work environment.

Procedure: Upon hire, and throughout the first 30 days of employment, all employees participate in two phases of orientation training. Orientation is designed to last a period of up to 30 days to allow the employee time to process and assimilate information, while becoming familiar with the Center, their role, their work environment. The following is an outline of the orientation process:

Agency Orientation

The agency orientation is designed to help employees become better acquainted with Sarah Reed Children's Center. Agency orientation, which is typically presented during the last full week of each month to new employees, covers the following topics: organizational structure, working conditions, agency benefits, policies and procedures, performance evaluation, communication, safety and health issues, as well as mandated training sessions. See attached "Agency Orientation and Training" Form.

Department Orientation

The department orientation is conducted by the department supervisor and/or a designated senior staff member in the department. The purpose of the department orientation is to acquaint the new employee with the day-to-day operation of their assigned department, as well as the overall structure and operation of the program. The department orientation is usually scheduled on an individual basis with the new employee. See attached "Department Orientation and Training" Form. Employees assigned to the Wraparound Program will be scheduled to attend one of the regularly scheduled Wraparound Program orientation sessions.

Upon completion of each phase of orientation, the trainer(s) and employee sign the acknowledgement forms, which are then forwarded to the Human Resources Department for inclusion in the employee's personnel file. Orientation training hours are recorded in the employee's training record by the Human Resources Department,

and apply toward the 40 hours of annual training required for all direct care, treatment and clinical staff.

Employees must complete both phases of orientation prior to working independently with clients. Employees assigned to the Wraparound Program will be required to receive initial on-site assessment and assistance (based on previous Wraparound experience) as required by the Dept. of Public Welfare in the Medical Assistance Bulletin.

Policy: Contact with University Training Directors

The psychology internship program at the Sarah Reed Children's Center attempts to maintain good relationships with the interns' sending graduate institution. Interns are strongly encouraged to maintain contact with their university training directors throughout the year. The internship program will maintain regular contact with the University of each Intern. In February, the VP of Clinical Services and Director of Psychology Internship Training will provide a letter or email to the intern and to the intern's academic director of training acknowledging that the intern has matched with the internship. In August, the internship director will again write to the university training director to acknowledge the beginning of the intern's training. At that time, the university director will be invited to specify any training goals for the intern. If the university director responds, the intern is given a copy of that response. He/she will meet with the internship director and/or primary supervisor to develop a plan to address these training goals. If there is no response, the subsequent contacts will consist of sending mid-year and final evaluations. Again, the university director will be invited to comment on the evaluations, and the intern will be informed of any such response. Contacts initiated by university training directors will be responded to promptly. The intern in question will be notified of such contacts.

Other contact with the university training director will generally only occur in the rare circumstances where an intern is not performing to the standards of the program. Specific steps for this process are outlined in a separate policy.

) Unethical or Illegal Conduct by Internship Staff

Supervisors or other psychology staff who are accused of unethical behavior, as defined by the APA Ethical Standards, Pennsylvania Ethical Code of Conduct, Sarah Reed Children's Center Organizational Ethics Code or Sarah Reed Children's Center Code of Conduct for Clinical Staff or engage in illegal activity, are subject to agency investigatory and disciplinary procedures including and up to termination. An intern who witnesses a supervisor or psychology staff engage in such behavior should report this to his/her primary supervisor and complete an agency incident report. If the primary supervisor is involved in the behavior the intern may report to the internship training director (or the most senior psychologist, if the internship training director is the person accused).

) **Unethical or illegal conduct by interns**

Any intern accused of unethical behavior, as defined by the APA Ethical Standards, Pennsylvania Ethical Code of Conduct for Psychologists or Sarah Reed Children's Center Organizational Ethics Code or Sarah Reed Children's Center Code of Conduct for Clinical Staff or engages in illegal activity, is subject to investigatory and disciplinary procedures (See Due Process Procedures). The Director of Internship Training coordinates the investigation, and the CEO/President of the agency is immediately notified. The investigation involves the Vice President of Clinical Services and Director of Psychology Internship Training, the Assistant Director of Psychology Internship Training, the intern, her/his primary supervisor, the CEO/President of Sarah Reed Children's Center, and the Director of HR, and any other involved parties. Depending on the behavior in question, the intern may be suspended from work during the investigation and the Intern's University Training Director may be notified verbally, depending on the seriousness of the allegation.

If the behavior is verified, the Intern's University Training Director is notified verbally and in writing. If, in the opinion of the Vice President of Clinical Services and Director of Psychology Internship Training, the Assistant Director of Psychology Internship Training, the agency's CEO, the agency's Director of HR, the Psychology Internship Training Committee and the University Training Director, that the unethical or illegal behavior is of such nature as to require considerable rehabilitation, the intern can be terminated from the program. If the behavior is judged to be of less severity and not likely to be repeated, a resolution plan may be developed and a re-evaluation date will be established. If there is disagreement as to the resolution of the specific matter, the Vice President of Clinical Services and Director of Psychology Internship Training in consultation with the agency's CEO and Director of HR will make the final decision for the agency.

Policy: Competency/Problematic Behavior and Due Process Procedures

This document delineates the procedures used by the Director of Psychology Internship Training (TD), Internship faculty and the Internship Advisory Council to

- (a) evaluate intern performance
- (b) respond to problematic, inadequate or impaired intern performance
- (c) insure that due process is accorded all parties during the evaluation and review process

This document is divided into six sections:

- 1) Introduction
- 2) Intern Rights
- 3) Intern Responsibilities
- 4) Due Process-Non Training

- 5) Definitions
- 6) Responding to Inadequate Intern Performance
- 7) Remediation Considerations and Options
- 8) Due Process General Guidelines
- 9) Due Process Procedures
- 10) Filing Grievances
- 11) Grievance Procedures

Introduction: The Sarah Reed Children's Center internship faculty has the responsibility to assess the competency and progress of each intern throughout his/her training year. In order to maximize intern professional growth and development, it is critical that such assessment be done on a continual basis at regular, timely intervals. In accordance with the Guidelines and Principles of the American Psychological Association, interns regularly receive verbal feedback and regularly scheduled written formal evaluation of their performance in the identified competency domains. The evaluation is completed at midyear and at the end of the year. **In addition, as per the Pennsylvania Code, Title 49. Professional and Vocational Standards, section 41.32 Standards for supervisors, #15, interns shall receive quarterly written evaluations of their work.**

An equally important aspect of assessment is providing interns with advance notice of what is expected of them, along with the processes and procedures should problems or dilemmas regarding competency arise. The internship training staff recognizes that certain stresses (e.g. developmental, personal) are inherent in the transition from graduate school to the internship setting, as well as during the internship itself. For example, an intern's entrance into the internship setting requires fairly rapid assimilation of multiple domains of information, including specific expected internship competencies in diverse clinical activities. The transition may also be stressful with the increased level of intensity of the workload and the concentration and frequency of the supervision. As interns confront significant developmental transitions, they may need special kinds of assistance. In order to provide pertinent information and to derive supportive measures for appropriate remediation, it is necessary for the internship program, in concert with the individual intern, to have an accurate sense of how the intern is progressing in relation to standardized criteria or norms. Recognizing that, at best, evaluations and measures of intern performance are susceptible to bias and subjectivity, every effort is made to insure that interns understand the program's expectations about competency areas as well as levels of performance. Further, because interns receive ongoing feedback from the Training Director, the training staff (including individual supervisors in various core areas), and other professionals with whom they have significant contact, an intern should have "no surprises" resulting from more formal evaluation procedures. Below are procedures for addressing issues related to intern problem behavior and/or impairment.

Ñ Intern Rights

1. The right to a clear statement of general rights and responsibilities upon entry into the internship, including a clear statement of goals and parameters of the training experience.
2. The right to be trained by professionals in accordance with the APA ethical guidelines.
3. The right to be treated with professional respect, dignity, honesty, and integrity.
4. To recognize the training and experience the intern brings with him/her to the training program.
5. The right to ongoing evaluation that is specific, respectful, and pertinent to the skills, knowledge, experience, and outcomes of the training program.
6. The right to engage in an ongoing evaluation of the training program experience.
7. The right to initiate an informal resolution of problems that might arise in the training experience (supervision assignments, etc.) through discussion or request letter to the staff member concerned and/or to the internship Training Director.
8. The right to due process and appeal to the Director of Psychology Internship Training to deal with problems after informal resolution has failed (either with supervisor and/or Assistant Training Director) or to determine when rights have been infringed upon.

Ñ Intern Responsibilities

1. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence.
2. The responsibility to behave within the principles set forth by the statutes and regulations of the American Psychological Association, the Pennsylvania Ethics Code, the PA Psychologists' Practice Act, the PA State Board of Psychology, and Sarah Reed Children's Center.
3. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff and agency personnel.
4. The responsibility to give timely, constructive feedback that evaluates the training experience or other experiences in the internship.
5. The responsibility to conduct oneself in a professionally appropriate manner if due process is initiated.
6. The responsibility to actively participate in the training, clinical services and the overall activities of the Psychology Department.
7. The responsibility to meet training expectations by developing competency in (1) assessment skills, (2) psychotherapy skills, (3) consultation skills, and (4) other areas as delineated in the position description and position evaluation forms (see attached).

Due Process for Non-training Concerns

Interns are subject to the policies and procedures outlined in the Sarah Reed Children's Center Policy and Procedures Manual and the Sarah Reed Children's Center Employee Manual. Training on these policies is made available to all staff members during new employee orientation and on an ongoing basis through Human Resources.

1. Due Process: Identification and management of trainee problems/grievances.

a. Definitions

- i. **Doctoral Intern:** Doctoral intern refers to any person in training at the internship level.
- ii. **Training Director (Director of Psychology Internship Training):** Throughout this document, the term "Training Director or Director of Psychology Internship Training" refers to the individual who oversees the Sarah Reed Children's Center Internship in Professional Psychology.
- iii. **Inadequate competency skills/knowledge/attitudes and/or Problematic Behavior**
 - o Behavior that is defined broadly as an interference in professional functioning, reflected in one or more of the following ways:
 - o inability and /or unwillingness to acquire and integrate professional standards into ones' repertoire of professional behavior;
 - o an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
 - o An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior is problematic or becomes impaired, it can be understood that a problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one of more of the following characteristics:

- o The intern does not acknowledge, understand, or address the problem when it is identified
- o The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training
- o The quality of services delivered by the intern is sufficiently negatively affected
- o The problem is not restricted to one area of professional functioning
- o A disproportionate amount of attention by training personnel is required; and/or
- o The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Due Process: The basic meaning of due process is to inform and provide a framework to respond, act, or challenge/dispute. Due process ensures that decisions made about Doctoral interns are done so in a manner that minimizes arbitrary or personally based decisions. It requires that the Training Program clearly spell out specific procedures which are applied to all trainee complaints,

concerns, and appeals.

Due Process Guidelines: Due process ensures that decisions made by programs about interns (e.g. responses to competency problems, problem behavior or impairment) are not arbitrary or personally based. Due process requires identification of specific evaluative procedures, which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the programs action. General due process guidelines include the following:

- During the orientation period, presenting to all interns, in writing, the program's expectations related to professional functioning. Discussion of these expectations is encouraged in both group and individual settings.
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- Articulating the various procedures and actions involved in making decisions regarding impairment.
- Communicating, early and often, with graduate programs about any suspected difficulties with interns and seeing input from these academic programs about how to address such difficulties.
- Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- Providing a written procedure to the intern, which describes how the intern may appeal the program's action? Such procedures should be included in the program's handbook and made available to the intern at the beginning of the internship.
- Ensuring that interns have sufficient time to respond to any action taken by the program.
- Using input and consultation from multiple professional sources when making decisions or recommendations regarding the intern's performance
- Documenting, in writing to all relevant parties, the action taken and its rationale.

Responding to Competency problems, problematic behavior or inadequate performance by an Intern: If an intern receives an evaluation or feedback, which identifies one or more competency problems, problematic behaviors or impaired functioning (e.g. ethical or legal violations, demeanor or professional incompetence) the following steps/procedures may be initiated:

- In many cases, it may be appropriate to address the identified concern or problematic behavior directly with the intern. In other cases, it may be more appropriate to consult with the TD. The decision about how best to proceed is at the discretion of the staff or intern who has the concerns.
- Consultation with Director of Psychology Internship Training: The concerned staff or intern consults with the Director of Psychology Internship Training (TD) or

his/her designee to determine if there is reason to move ahead, the direction, and/or if the behavior in question is being rectified.

- If the staff member who brings the concern to the TD or his/her designee is not the intern's primary supervisor, the TD will discuss the concern with the intern's primary supervisor.
- If the TD or his/her designee and primary supervisor determine that the alleged competency problem and/or behavior at issue, if proven, would constitute a serious violation, the TD or his/her designee will inform the staff member who initially brought the complaint.
- The TD or his/her designee may meet with the Internship Advisory Council to discuss the performance rating, problem, or impairment.
- The TD may meet with the Director of Human Resources to discuss the concerns and possible courses of action to be taken to address the issues.

Notification Procedures to Address and/or Remedy Competency Problems, Problematic Behavior or Inadequate Intern Performance: It is important to have meaningful and timely ways to effectively and efficiently address problem behavior or impairment once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the impaired or problematic intern, the clients involved, and members of the intern-training group, the training staff, and other agency personnel. The following initial steps may be taken:

When the TD or his/her designee and/or the Director of Human Resources have made a decision about the intern's training program or status in the agency, the TD may take one or more of the following actions: **All steps must be thoroughly documented.**

1. **Verbal Notice/Warning:** T.D. or faculty member verbally communicates to the intern the identification of a competency problem or a problematic behavior and the need to improve competency or discontinue the Identified problematic behavior.
2. **First Written Notification:** A letter, written by the T.D. that formally acknowledges that the TD is aware of and concerned with the performance rating of the intern. This is done when an area of concern is identified and a verbal notice or warning has been given and no improvement is documented. The letter includes the following information:
 - That a concern has been brought to the attention of the intern
 - That the TD/Internship Faculty will work with the intern to rectify the problem or skill deficits
 - That the behaviors associated with the rating are not significant enough to warrant more serious action.

- Written Acknowledgement will be forwarded to the intern's academic institution.
 - Notification the intern has the right to request a review of this action.
 - A copy of this letter and all associated documentation will be kept in the intern's file.
3. **Second Written Notification:** Possible Sanction Alternatives: This second written letter will contain the following items:
- A description of the intern's unsatisfactory performance and/or behavior
 - Specific actions needed by the intern to correct the unsatisfactory performance rating and/or problematic behavior.
 - A timeline for correcting the behavior.
 - A statement indicating possible sanction (s) that may be implemented if the problem is not corrected; and
 - Notification that the intern has the right to request an appeal of this action.

Competency Remediation: Competency remediation is a formal plan that is adopted and agreed to by all parties with the primary goal of remediating the competency problem, problematic behavior, impairment, and or other inadequate performance by an intern. Competency remediation plans must use the Competency Remediation Plan form.

Sarah Reed Children's Center Doctoral Internship Remediation Plan Form (Sample)

Date of Remediation Plan Meeting:

Name of Intern:

Supervisor (s):

Present at the Meeting:

Date for Follow-up:

Circle all competency domains in which the intern performance does not meet expectations:

Practice, Professionalism, Relationship Diversity Ethics, Program
Evaluation/Research Supervision

Description of the problem (s) in each competency domain circled above:

Date (s) the problem (s) was brought to the intern's attention and by whom:

Steps taken by the intern to rectify the problem (s) that was identified:

Steps already taken by the supervisor (s)/faculty to address the problem (s):

-) Define Competency Domain or Problem Area
-) Identify specific and measurable problem behaviors
-) Establish expectations for acceptable intern performance
-) Describe intern responsible actions
-) Describe supervisor responsible actions
-) Establish time frames
-) Establish assessment methods
-) Identify dates of evaluation
-) Specify consequences for unsuccessful remediation

I, _____, have reviewed the above competency remediation plan with my primary supervisor, any additional supervisor (s)/faculty and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below **(Please Note: If intern disagrees, comments, including a detailed description of the intern's rationale for disagreement are required).**

Intern Comments:

Remediation Sanctions:

- 1. Schedule Modification:** This is a time-limited, remediation-oriented activity which includes a supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reaction to environmental stress, with the full expectation that the interns will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - Increasing the amount of supervision, either with the same or other supervisors;
 - Changing the format, emphasis, and/or focus of supervision;
 - Recommending personal therapy (a list of community practitioners and other options is in the intern handbook or through agency EAP)
 - Reducing the intern's clinical or other workload
 - Requiring specific academic coursework.

The TD or his/her designee in consultation with the supervisor and the Internship Advisory Committee will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor.

- 2. Probationary Supervision:** This is also a time limited, remediation-oriented plan typified by a more closely supervised training period. Its purpose is to assess the ability of the intern to complete the remediation plan and to return the intern to more fully functioning state. Probationary Supervision defines a relationship that the TD systematically monitors for a specific length of time, the degree to which the intern addresses changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes the following:
 - the specific behaviors associated with the unacceptable rating
 - the recommendations 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 TD determines that there has not been sufficient improvement in the intern's competency or behavior to remove the Probation or modified schedule, the TD will discuss with the primary supervisor and the Director of Human Resources additional courses of action.

The TD will communicate in writing (using the Competency Remediation Plan) to the intern that the expectations for revoking the probation or modified schedule have not been met. This notice will include any additional courses of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, The TD will communicate to the Internship Advisory Council that if the intern's behavior does not change, the intern additional steps may be taken, including and up to termination from the internship. The following are additional courses of action open to the TD:

3. Suspension of Direct Service Activities: This action requires a determination that the welfare of the intern's client or consultee has been or is likely to be jeopardized. Therefore, direct service activities will be suspended for a specified period, as determined by the TD in consultation with the Internship Advisory Council. At the end of the suspension period, the intern's supervisor in consultation with the TD and, if necessary, the Internship Advisory Council, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

4. Administrative Leave: This action involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, 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 TD will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

5. Dismissal from the Internship: This action involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the CEO/President the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA or Sarah Reed Children's Center Ethics Code, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental, or emotional illness. When an intern has been dismissed, the TD will communicate to the intern's academic department that the intern has not successfully completed the internship.

If the intern accepts the decision any formal action taken by the Training Program will be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.

Intern Due Process: The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are detailed below.

Due Process: Procedures

The basic meaning of due process is to inform and to provide a meaningful framework to respond to or act on a dispute. When a matter cannot be resolved between the TD and the intern or the intern and staff, through the procedures detailed above, the following steps may be taken:

Filing Grievances: There are two situations in which grievance procedures can be initiated: An intern can challenge the action taken by the TD and/or the Internship Faculty, or a member of the training staff may initiate an action against an intern.

Types of Grievances:

1. **Intern-Grievance:** If an intern wishes to formally challenge actions taken by the TD and/or the Internship Faculty, the intern must, in writing and within 10 workdays of the receipt of the TD's decision, inform the TD, on an agency Grievance Form. When a grievance is filed, the intern must provide the TD information supporting the intern's position or concern. Within three (3) workdays of receipt of this notification, the TD will consult with the CEO/President, and/or the Director of Human Resources and will implement the agency procedures as described below.

2. **Faculty-Intern Grievance:** If a member of the Internship staff has a specific concern about an intern that is not acceptably resolved among the parties through competency remediation, the training staff member may seek resolution and review of the conflict by written request to the TD. Within three (3) working days of receipt of this challenge, the TD will consult with the CEO/President and/or the Director of Human Resources and will implement the agency procedures as described below.

Grievance Procedures: If satisfactory agreement for resolution of the grievance cannot be made through initial meetings with the TD, intern, and training staff member, a grievance may be made via the following formal process:

1. The aggrieved intern should complete and submit an agency Grievance Form to the Director of Psychology Internship Training within a maximum of ten (5) calendar days. A copy of the form must also be forwarded to the Human Resources Department.
2. As soon as possible but within five (5) calendar days of receipt of the grievance by the TD, the matter will be discussed between the supervisor and employee.
3. If no resolution can be obtained between the supervisor and the intern, the Director of

Training or his/her designee formally alerts the Internship Advisory Council (CEO/President, VP of Finance and Operations, and Director of Human Resources).

4. The TD will convene a review panel. This panel will consist of at least two internship training staff members and an agency representative with recommendations from the Advisory Council and the intern involved in the dispute. The intern has the right to hear all of the facts with the opportunity to dispute or explain the behavior of concern.
5. Within five (5) workdays, a hearing will be conducted in which the grievance is heard and relevant material is presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the Internship Advisory Council CEO including any recommendations for further action. Recommendations made by the Review Panel will be by majority vote.
6. Within three (3) work days of receipt of the recommendation, the Internship Advisory Council will either accept or reject the Review Panel's recommendations. If the recommendations are rejected, due to an incomplete or inadequate evaluation of the dispute, the Internship Advisory Council may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
7. If referred back to the panel, they will report back to the Internship Advisory Council and the Training Director within 5 work days of the receipt of the request for further deliberation. The President/CEO shall render a final and binding decision regarding what actions are to be taken.
8. The TD informs the intern and if necessary the training program of the decision made.

POLICY: NON-DISCRIMINATION

Selection of Personnel: The Children's Center is a private, non-profit, non-sectarian and inter-denominational agency. It is the continuing policy of Sarah Reed that all employees and potential employees be judged on the basis of qualifications and ability to perform the essential functions of the available jobs without regard to age, race, sex, creed, color, national origin, veteran status, use of a guide dog or non-job related handicap in all personnel actions, including recruitment, promotions, training, transfers, demotions or layoffs and in all matters involving compensation. We are firmly committed to this policy and will continue to adhere to its principles as the only acceptable way of life. We believe that discrimination is wasteful and counter-productive. Like any other responsible employer, we are interested only in finding and keeping qualified employees regardless of their membership in, or affiliation with, a minority group. We encourage all of our employees to work with us in combating bias and prejudice in our work place and look forward to the day when discrimination is no longer present in America.

Policy: It is the policy of Sarah Reed Children's Center to provide an open and equitable personnel system. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex.

Purpose: To provide personnel policies, procedures and practices designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex.

Policy Directive: Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee, who believes he/she has been discriminated against, may file a grievance or complaint with any of the following:

Sarah A. Reed Children's Center
2445 West 34th Street
Erie, PA 16506

Bureau of Equal Opportunity
Department of Public Welfare

P.O. Box 2675
Harrisburg, PA 17105

Office for Civil Rights
U.S. Department of Health and Human Services, Region III
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission
11th Floor, Pittsburgh State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Bureau of Equal Opportunity
Department of Public Welfare-Western Field Office
702 State Office Building, 300 Liberty Avenue
Pittsburgh, PA 15222

PERSONNEL SELECTION

Policy: It is the policy of the Sarah Reed Children's Center to fairly consider all candidates applying for available positions with the organization.

Purpose: To ensure, through established employment procedures, that the most appropriate and qualified candidates are selected for vacant positions, based on consistently applied selection criteria.

Procedure: One of the key functions of the agency is personnel selection. The staff planning process is coordinated with the strategic plan and annual budget, and takes into consideration the organization's current staff composition and projected staffing needs.

Ñ **Ethical Conduct of Clinical Staff Policy:** It is the policy of Sarah Reed Children's Center to expect Sarah Reed Children's Center staff to maintain the highest ethical standard of conduct in their work.

Definitions:

1. **Ethics:** Ethics is the study of making decisions about right and wrong. Professional ethics in the human services involves the following four dimensions (Adapted from Ethics in Counseling and Psychotherapy, Welfel 2002):
 - Developing and using sufficient knowledge, skill, and judgment to deliver effective interventions.
 - Respecting the dignity and freedom of the client.
 - Using the power inherent in the professional's role responsibly.
 - Acting in ways that promote confidence in your work.
2. **Clinical Staff-**Includes all staff directly involved in the treatment of children and families. This includes, therapists (licensed and unlicensed), interns at all levels, psychiatrists, nurses, case managers, and direct care staff employed by Sarah Reed Children's Center.

Basic Ethical Expectations

- 1.** In accordance with this policy, the clinical staff at Sarah Reed Children's Center is expected to act in the highest ethical manner in the course of their professional responsibilities.
- 2.** Licensed professional staff (e.g. licensed psychologists, licensed social workers, psychiatrists, nurses, and licensed professional counselors) are committed to adhering to the ethics code of their respective professional organizations. In addition, licensed staff is expected to adhere to the organization's clinical ethical code.
- 3.** Unlicensed therapists and interns are expected to adhere to the ethical code which is most closely aligned with their degree (e.g. an individual with a master's degree in psychology should adhere to the APA Ethical Code of Conduct for Psychologists) as well as this code.
- 4.** Clinical staff who do not have ready access to a professional society's or organization's ethical code of conduct are expected to adhere to the specific ethical code of conduct adopted by the agency.
- 5.** Sarah Reed Children's Center Ethical Code of Conduct is the minimal standard for all clinical staff. All professional staff (licensed mental health practitioners) must also adhere to their respective profession's ethical code of conduct. All staff are expected to review on a regular basis the ethical code.
- 6.** All new Sarah Reed Children's Center clinical staff should review the ethics code during their orientation and sign off that they have completed this task.
- 7.** At least once per year (upon annual review) each Sarah Reed Children's Center clinical staff member should review the agency ethics code with their supervisor. The staff and the supervisor should sign off that the ethics code has been reviewed.
- 8.** We will always act to conduct ourselves in a professional and ethical manner.
- 9.** Above all, Sarah Reed staff will do no harm to the child, youth, or family in our care.
- 10.** We will not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, or psychologically or physically harmful or damaging.
- 11.** If it is suspected that danger or harm may occur to a client or others, we will act in an appropriate and professional manner to protect the safety of those individuals. This may involve consultation, supervision, and/or breaking the confidentiality of the relationship.
- 12.** All clinical staff will treat clients and families with dignity and compassion and will respect

their unique differences in culture, religion, race, gender, age, marital status, political belief, and sexual orientation.

- 13.** We will attempt to meet client's and families' individual needs within the bounds of our professional competencies.
- 14.** We will ensure that services are culturally competent, sensitive and non-discriminatory.
- 15.** We strive to be knowledgeable about the cultures and communities we serve. We make every effort to obtain the appropriate level of training and education necessary to maintain competence in working within a multicultural society.
- 16.** We strive to understand and maintain awareness about our own beliefs, attitudes, personal needs, biases, values, and assumptions, in an effort to avoid imposing or negatively impacting our clients.
- 17.** All staff will respect and safeguard the confidentiality of each client and family.
- 18.** Clinical staff have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationships.
- 19.** Discussing the Limits of Confidentiality: Clinical staff discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.
- 20.** We will strive to protect the integrity, safety, and security of client information.
- 21.** We will abide by all agency, state, federal, and JCAHO guidelines and regulations.
- 22.** We diligently avoid breaches of confidentiality, except when such confidentiality could or would cause harm to the client or others or when agency, state, federal, legal and accreditation guidelines, regulations, statutes, and laws require.
- 23.** Professionals inform clients of the limits of confidentiality at the beginning of treatment.
- 24.** Clients and their family are informed that information related to their treatment may be shared with other agency professionals (e.g. for supervision and consultation).
- 25.** Supervision and consultation discussions are to be kept confidential.
- 26.** Sexual intimacy with clients is unethical. Any sexual contact or intimacy with children is also illegal. Sexual intimacy or contact with a client's family members is unethical.
- 27.** Dual Relationships are unethical. We recognize that there is an unequal balance of status and power in our relationships with clients.
- 28.** Engaging in dual or multiple relationships with client's and/or their family members increases the risk of harm to, or exploitation of clients.
- 29.** Engaging in dual or multiple relationships may impair professional judgment.
- 30.** When, due to circumstances, engaging in a dual or multiple relationship is unavoidable, we make every effort to insure that the individual is aware of the issues and take all reasonable steps to protect the welfare and well-being of the client and/or family member.
- 31.** At the outset of treatment, we strive to inform clients of the purpose, goals, benefits, limitations, and nature of our relationship.

- 32.** Treatment and care is conducted holistically, encompassing the client, family, and other natural support systems.
- 33.** We diligently seek the informed assent and consent of our clients and their families.
- 34.** We recognize and protect the right to client self-determination and autonomy.
- 35.** We respect the client's right to receive or refuse services.
- 36.** Recognizing that we are catalysts for change, we will:
- 37.** Seek to acquire and maintain up-to-date information and knowledge about current issues as they affect our work.
- 38.** Use current knowledge and best practice approaches to provide high quality service to clients.
- 39.** Accurately describe the effectiveness of programs, treatments, and/or techniques employed at the agency.
- 40.** Promote professional development and growth in our co-workers and colleagues.
- 41.** As professionals at all levels, we strive to represent our qualifications and training accurately and comprehensively.
- 42.** All staff are aware of the limits and scope of their knowledge, training, and experience, and act to stay within these boundaries.
- 43.** Licensed professionals are required (as per state board regulations) to have the appropriate documentation and credits to maintain their licensure.
- 44.** Licensed professionals are required to provide the agency with up to date and accurate information regarding current licensure and/or any change in the status of their licensure.
- 45.** We strive to treat our colleagues and co-workers with respect, courtesy, fairness, and attempt to act in good faith.
- 46.** When conflicts arise, we take the following steps to resolve the conflict:
 - a. Meet with the individual first and attempt to resolve the conflict.
 - b. If the issue is not satisfactorily resolved, we may seek the consultation of other professionals or the assistance of a supervisor in an effort to manage the conflict.
- 47.** In the case of unethical behavior by a co-worker or colleague, the individual:
 - a. Meets with the individual and identifies the unethical behavior
 - b. Clarifies the rationale for the behavior as unethical.
 - c. Requests that the individual refrain from continuing in the unethical behavior.
 - d. If the individual refuses to refrain from continuing the unethical behavior or there is no resolution forthcoming, the individual is obligated to report the problem to an immediate supervisor and/or his/her designee.
- 48.** When appropriate, clinical staff seeks out consultation and supervision to assist in ethical, legal, and clinical decision-making.
- 49.** All clinical staff actively promotes an interdisciplinary model of service delivery. Specifically, pro-active efforts ensure cooperation among and between treatment team members, including the client and family.
- 50.** Staff is aware of and knowledgeable of the CASSP principles.
- 51.** Clinical staff adheres to all professional commitments made to Sarah Reed.
- 52.** Clinical staff participates in efforts to establish, implement, and administer employment conditions, policies, procedures, and practices which are conducive to an atmosphere of

respect, dignity, compassion, and high quality service delivery.

- 53.** As individuals we strive to personify characteristics which best represent our commitment to our work and our profession: These include, but are not limited to:
- a. Respect for self and other
 - b. Responsibility for self
 - c. Genuineness
 - d. Honesty
 - e. Integrity
 - f. Empathy
 - g. Cultural Sensitivity and responsiveness
 - h. Accountability
- 54.** As individuals, we recognize providing the highest quality service requires a commitment to lifelong learning, and to continually acquire new knowledge and skills.
- 55.** As individuals, we participate and contribute in regular efforts to educate and train others

POLICY ON SOCIAL MEDIA AND ANSWERING MACHINES

Doctoral Psychology Interns who use social media (e.g., Facebook, Twitter, Google +) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Sarah Reed Children's Center and the Doctoral Internship has some interest in how they are portrayed. If interns report doing, or are depicted on a website or social media site or in an email as doing something unethical or illegal, then that information may be used by Sarah Reed Children's Center and/or the Internship to determine an appropriate remedy up to and including termination from the doctoral internship. In these cases, the Sarah Reed Children's Center and the Doctoral Internship will contact the intern’s graduate training program and may seek additional consultation with the American Psychological Association. As a preventive measure, the Sarah Reed Children's Center and the Internship advise that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University). Credit also goes to Dr. Jennifer Cornish at the University of Denver, Graduate School of Professional Psychology for her efforts to share this policy.

Sarah Reed Children’s Center Doctoral Intern Services Disclosure Statement

The purpose of this statement is to inform you that you and your child’s Therapist or Assessor _____ is a Doctoral Psychology Intern at the Sarah Reed Children's Center and as such, is working under the direct supervision of _____ PA Psychology License # _____ in accordance with all applicable Pennsylvania regulations.

_____ has a Doctoral Degree in Psychology or a Master’s Degree in Psychology and is qualified by licensure in the State of Pennsylvania to provide supervision in the areas being performed by the doctoral psychology intern.

The nature of the relationship between the supervisee and the supervisor is critical to the effective, ethical, and competent provision of services to your child and family. As such, the supervisee (Doctoral Psychology Intern) is required to meet weekly with his/her supervisor to review and discuss all aspects of the work and to take direction and instruction from the supervisor. While the supervisee is conducting the course of psychotherapy or the psychological assessment, the ultimate responsibility for the treatment is with the psychologist/supervisor. You have a right to meet the supervisor and to have information regarding the qualifications of the supervisor. If you or your child has any questions or concerns regarding your child’s treatment, you have the right to contact the supervisor for consultation. Any questions or concerns may also be directed to Dr. Eric Schwartz, VP of Clinical Services and Director of Psychology Internship Training at 814-835-7661.

Program:

- Residential Treatment Program
- Partial Hospitalization Program
- Outpatient Behavioral Health Program

Services Provided

- Individual Therapy
- Family Therapy
- Psychological Assessment
- Psycho-educational Assessment
- Consultation
- Other:

Please List:

Parent/Guardian: This disclosure was reviewed with me and my child, and as the legal guardian of my child I give my full consent for services (checked and/or listed) for my child:

Parent/Guardian Name (print)

Date

Parent/Guardian Name (sign)

Date

Parent/Guardian Name (print)

Date

Parent/Guardian Name (sign)

Date

Child (14 or over) This disclosure had been reviewed with me and I give my consent

Child (if 14 or over) (print)

Date

Child (if 14 or over) (sign)

Date

Doctoral Intern Name (print)

Date

Doctoral Intern Name (sign)

Date

Supervising Psychologist (print)

Date

Supervision Psychologist (sign)

Date

Copy given to client and family

Internship End-Of-Year Check List

- ___ Turn in keys, ID badge and notify HR of your departure
- ___ Return/Erase videos (Group Supervision, client sessions, etc.)
- ___ Return all testing supplies to Supervisor of Assessment and Consultation
- ___ Complete and turn in all HR documentation
- ___ Arrange for computer cleaning with IT Dept.
- ___ Leave forwarding address, email, and telephone number for HR, Payroll
- ___ Remove all personal items, artwork, etc. from your workspace.
- ___ All cases closed or transferred, paper work completed and reviewed.
- ___ Turn in copies of all psychological evaluations and raw data.
- ___ Complete all evaluation forms
- ___ Turn in all internship paperwork.
- ___ Turn in research project.
- ___ Clean and prepare work space for new interns
- ___ Receive completion certificate

Intern Signature

Date

Director of Psychology Training

Date

Intern Contracts and Agreements (Sample)

Sarah Reed Children's Center Internship/School District Agreement

This is a Memorandum of Mutual Understanding among the following:

- 1) Sarah Reed Children's Center
- 2) School District _____
- 3) Doctoral Intern _____

Dr. _____ and Dr. Eric Schwartz, Vice President of Clinical Services and Director of Psychology Internship Training at the Sarah Reed Children's Center are responsible for the quality and integrity of the School District portion of the Training Program.

A Doctoral Intern matched to Sarah Reed Children's Center will be assigned to the above named school district for an average of 2 days per week for the _____ school year.

The services to be provided will not replace or supplant existing psychological services, and will consist of assessment, consultation, intervention, program planning, and program implementation as assigned by the district supervisor and in accordance with all APA guidelines and principles for Internship training.

The district supervisor in conjunction with Dr. Eric Schwartz, Vice President of Clinical Services and Director of Psychology Internship Training will decide the specific school building for intern assignment. The district supervisors, at least one of whom must be a doctoral level licensed psychologist is a member of the Sarah Reed Children's Center Internship Training Committee, and will provide weekly face to face supervision to the assigned intern. For its part, Sarah Reed Children's Center will, as needed, provide additional consultation, including on-site visitation sufficient to carry out effective review and consultation on individual interns.

The Director of Psychology Internship Training at Sarah Reed Children's Center will maintain regular contact (at least once per quarter) with the site supervisor to review the intern's performance. The site supervisor agrees to provide written and/or oral feedback to the Vice President of Clinical Services and Director of Psychology Internship Training on the performance of the intern.

Director of Internship Training

Date

District Supervisor

Date

Doctoral Intern

Date

Sarah Reed Children's Center Doctoral Contract with Psychology Interns (Sample)

This agreement set forth on this date _____ is made between Sarah Reed Children's Center and _____ for the purpose of confirming the APPIC Match occurring on _____ and to establish general expectations for the completion of the Sarah Reed Children's Center Internship in Professional Psychology.

The Internship Training Program in Professional Psychology of the Sarah Reed Children's Center is fully accredited by the American Psychological Association. The agency belongs to the Association of Psychology Postdoctoral and Internship Centers (APPIC). According to APPIC Policies the Match is a binding process however, if an intern violates agency policy(s) as specifically outlined in the Agency Policy and Procedures Manual and/or the Intern Handbook, the Agency is responsible for taking appropriate action to insure the safety and well-being of its clients and staff.

The Sarah Reed Children's Center will offer three internship positions for the _____ training year. Appointments are for twelve months, starting on or about August _____ and ending on July 31, _____. Interns are required to complete 2000 hours of training. The current stipend is _____. Interns are provided five (5) days of vacation, nine (9) holidays, two (2) floaters, seven (7) sick days and four (4) professional development days. All other arrangements for time-off must be approved by the Director of Psychology Internship Training. The agency provides malpractice insurance and a portion of the cost of individual medical insurance for interns; insurance for dependents is available for an additional cost. Interns must obtain appropriate child abuse registry and police/FBI clearances as per agency policy at their expense.

In Witness Whereof, intending to be legally bound by terms thereof, the parties hereto have caused this agreement to be executed on their behalf on this the _____. This agreement is binding until _____

ATTEST:

By:

Eric Schwartz, Psy.D.
VP of Clinical Services and Psychology Internship Training
Sarah Reed Children's Center

Date

Jim Mando, CEO/President
Sarah Reed Children's Center

Date

Doctoral Intern

Date

Intern Information/Emergency Contact Form

1. Name:
2. Internship Year:
3. Date of Birth:
4. Spouse/Significant other's name:
5. Local Address:
6. Email Address:
7. Local Telephone Number:
8. Permanent Address and Telephone Number:

9. Emergency Contact #1:
Relationship:
Address:
Telephone #:

10. Emergency Contact #2:
Relationship:
Address:
Telephone:

11. Any additional information you would like us to know:

**American Psychological Association Code of Ethics
2010**

History and Effective Date Footnote

INTRODUCTION AND APPLICABILITY

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and

General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than

is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to

exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect 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 consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure

that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. HUMAN RELATIONS

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile

workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as

clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be

regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1)

facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
- (b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

- (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

- (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
- (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
- (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

- (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
- (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
- (g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

- (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. ASSESSMENT

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of

information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics

of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. THERAPY

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary

nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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Bibliography

Hsu, J., & Simoneu, T., (Eds), (2002) *Association of Psychology Postdoctoral and Internship Centers Directory*,

Washington, D.C.

Hynd, George, (1996) More than a Change is Needed! *The School Psychologist*, 50, 4, p.97.

Peterson, D.R., Peterson, R. L., Abrams, J. C., & Stricker, G. (1997). *Professional Psychology: Research and Practice*, 28 (4) 373-386

Peterson, D. R. (1995). The Reflective Educator. *American Psychologist*, 50, 975-983.

Schön, D. A.(1983). The reflective practitioner: How professionals think in action. New York: Basic Books.

Stricker, G. & Trierweiler, S.J. (1995). The Local Clinical Scientist. *American Psychologist*, 50, 995-1002.