



**Sarah A. Reed Children's Center Doctoral Internship in Health Services Psychology  
Intern Training Manual  
2022-2023**

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## Table of Contents

1. [Introduction](#)
2. [Sarah A. Reed Children’s Center](#)
  - a. [Agency Mission](#)
  - b. [Agency Values](#)
  - c. [Sanctuary Model of Trauma Informed Care](#)
3. [Doctoral Internship Mission Statement](#)
  - a. [Internship Diversity Statement](#)
4. [What to Expect from the Internship](#)
5. [Internship Organizational Structure](#)
6. [Philosophy and Training Model](#)
  - a. [Practitioner-Scholar/Scientist Model](#)
7. [Intern Stipend and Benefits](#)
8. [Accrual of Training Hours](#)
9. [General Time Management Requirements](#)
10. [Assessment](#)
  - a. [Process of Intern Skill Development](#)
11. [Competency Levels and Descriptions](#)
12. [Competency Expectations](#)
13. [Schedule of Competency Assessment](#)
14. [Remediation, Retention, and Termination](#)
15. [Intern Evaluations of the Internship](#)
  - a. [Post Internship Distal Survey](#)
16. [Internship Training Settings](#)
17. [Program Training Methods](#)
18. [Training Activities](#)
19. [Intern Time Allocation](#)
20. [Intern Orientation](#)
21. [Intern Policies](#)
  - a. [Administrative, Clerical, and Financial Assistance](#)
  - b. [Appeal Policy](#)
  - c. [Competency Remediation, Retention, and Termination](#)
  - d. [Completion Requirements](#)
  - e. [Contact with Universities](#)
  - f. [Intern Documentation](#)
  - g. [Grievance](#)
  - h. [Recruitment and Selection](#)
  - i. [Maintenance of Intern Records](#)
  - j. [Nondiscrimination](#)
  - k. [Recruitment and Selection](#)
  - l. [Supervisor Responsibility](#)
  - m. [Performance Evaluation and Feedback](#)

- n. [Psychological Evaluations](#)
  - o. [Recruitment and Selection](#)
  - p. [Completion Requirements](#)
  - q. [Relationship between SARCC and Psychology Interns](#)
  - r. [Research](#)
  - s. [Rights and Responsibilities](#)
  - t. [Social Media and Voice Mail](#)
  - u. [Supervisor Responsibility](#)
  - v. [Video Consent Policy and Form](#)
- 22. [Checklist for Completion of Internship](#)
  - 23. [Intern Information and Emergency Contact Form](#)
  - 24. [Employee Benefits Summary](#)
  - 25. [Bibliography](#)
  - 26. Appendix A: [Standards of Accreditation and Program-Specific Competencies](#)

## **Introduction**

Welcome to the Sarah A. 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 opportunity to play a role in your development as a psychologist. This handbook is intended to 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 A. Reed Children's Center (SARCC).

During the internship year, interns engage in a variety of clinical and professional activities, receive training and supervision, and receive regular evaluation and feedback to assist in their ongoing development. We value a strengths-based perspective to help interns build on their existing knowledge and skills. At the same time, we also value developing greater flexibility and expanding intern capacities to understand and intervene in ways that may move them out of their existing comfort zones. We also recognize that differences in individual life experiences, cultural backgrounds, and complex intersecting identities have important influences on our assumptions, values, and worldviews. Therefore, we are continually working towards greater awareness, respect, and appreciation for the ways that these affect all that we do both professionally and personally. Our hope is that at the end of internship, our interns have had the necessary amount and intensity of clinical and professional experiences to build greater self-confidence to function competently as a beginning professional in health service psychology.

We all wish you the best in your training year. Please do not hesitate to come to any one of us to discuss anything at any time.

### **Sarah A. Reed Children's Center**

SARCC is a 150-year-old institution providing a broad range of mental health, behavioral health, psychological, psychiatric, and educational services to children, adolescents, adults, and families in a variety of center-based and community-based programs. SARCC is a private, non-profit, Joint Commission accredited agency with an annual budget approaching 20 million dollars. We have four main program service delivery systems including Psychiatric Residential Treatment, Partial Hospitalization, Outpatient Behavioral Health, and School Based programs.

#### **Agency Mission**

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

#### **Agency Values**

1. Compassion and Understanding

2. Safety
3. Respect
4. Excellence
5. Relationships
6. Innovation
7. Financial Viability
8. Advocacy
9. Ethical Practice

### **Sanctuary Model® of Trauma Informed Care**

SARCC is a *Sanctuary Network* member and a Sanctuary® Certified site. We adhere to the principles and practices of the **Sanctuary Model®** as developed by Dr. Sandra Bloom. Sanctuary is a model of trauma informed care identified on the National Child Traumatic Stress Network as a promising practice. There are seven commitments for Sanctuary, and they are:

1. Nonviolence
2. Emotional Intelligence
3. Social Learning
4. Shared Governance
5. Open Communication
6. Social Responsibility
7. Growth and Change

As an organization, we approach our work with children using trauma informed care. The impact of trauma in the lives of children seen at SARCC is significant. Fundamental to providing effective treatment is to integrate the best available practices in trauma informed care and trauma-specific services with our population of children along with the knowledge about the biopsychosocial context of the child. 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. Interns learn about these concepts and use them as part of working with clients this coming year.

**Equal Employment Opportunity/Affirmative Action:** It is the policy of Sarah A. Reed Children's Center to provide equal employment opportunity to all individuals regardless of their race, creed, color, religion, sex, gender, gender expression, sexual orientation, age, national origin, disability, veteran status, or any other characteristic protected by state or federal law.

### **Doctoral Internship Mission Statement**

*The mission of the Sarah A. 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, and to develop an*

*intermediate to advanced level of competency, enabling successful entry into the field of psychology.*

The internship focuses on guiding and supporting the development of key competencies for successful entry into the field of health services psychology. The internship's commitment is to train psychology interns to act competently, respectfully, ethically, and with integrity in the provision of mental and behavioral health and educational services to children, adolescents, and families.

The Doctoral Internship in Health Services Psychology is fully accredited by the American Psychological Association (APA). Information regarding accreditation and questions related to the program's accredited status can be obtained through the APA Commission on Accreditation (CoA) at [www.apa.org/ed/accreditation](http://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 SARCC Internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information regarding membership can be found at [www.appic.org](http://www.appic.org). SARCC internship abides by all APPIC policies.

### **Internship Diversity Statement**

The internship training program at Sarah A. Reed Children's Center is committed to enduring and practical approaches to address diversity and inclusion in all forms. We foster and create a welcoming, responsive, and supportive environment that is equitable, safe, non-violent, supportive, transparent, and open. We take proactive and progressive steps to identify blocks, barriers, and inequities in our day-to-day interactions with diverse stakeholders and systems. We actively expose interns to the broad spectrum of human diversity and differences while maintaining cultural humility. We enhance our multicultural and cross-cultural communication, and through a process of self-reflection, active dialogue, and discussion, and address and challenge each other to have difficult conversations about diversity, equality, and inclusiveness. Furthermore, we act as role models and take steps to remedy situations that either implicitly or explicitly undermine the values of human decency and the ethical standards, legal requirements, and professional values, beliefs, and ideals of the profession of psychology.

Fundamentally, we recognize that we all are prone to conscious and unconscious bias and prejudice driven and influenced by our own cultural backgrounds as well as institutional racism, sexism, ageism, and other forms of social injustice. We strive to be proactive to identify and remedy situations that put others at risk due to behaviors such as (but not limited to) micro-aggressions. We seek opportunities for on-going multicultural training and education to reduce the impact of our own cultural biases and enhance our cross-cultural knowledge, practice, communication, and cultural responsiveness. Through these practical strategies, we diligently engage in meaningful dialogue to rectify actual, perceived, and potential harm in our interactions with others and in our institutional policies and practices. Our aim is to be as

transparent as possible in our interpersonal interactions with the people with whom we work and serve and practice open communication as a pathway to growth and change.

### **What to Expect from the Internship**

SARCC provides a 12 month, 2,000-hour internship that includes supervised training in psychotherapy and intervention, consultation, assessment, and crisis intervention and opportunity for interns to focus on their professional development and identity as a psychologist. This may include gaining experience working in multidisciplinary settings, development of knowledge through didactic learning experiences, using research to support practice, and disseminating knowledge to other professionals.

SARCC provides 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/their responsibilities as outlined. Interns are matched through the APPIC Match Process to either the SARCC Psychiatric Residential Treatment Program or the SARCC Outpatient Department of Behavioral Health.

The Training Director is responsible for the overall integrity, quality, and implementation of the internship program. Pennsylvania licensed psychologists and/or certified school psychologists provide the bulk of internship supervision. Other senior staff members at the agency as well as community resources provide additional supervision and training to the interns to enhance their experiences in a multi-disciplinary setting.

To accomplish this broad level of training, we see the overarching aim of doctoral internship to guide, direct, and support the development of key competencies for successful entry into the field of health services psychology through experiential practice and learning. We have a specific emphasis on working in the public mental health system with children, adolescents, and their families. The internship has a commitment to train interns to act competently; to practice responsibly, respectfully, ethically, and with integrity; to demonstrate and respond thoughtfully, carefully, and sensitively to people from diverse backgrounds, and to be role models and stewards of the profession of psychology.

Furthermore, developing professional competency and identity as a psychologist occurs through 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 supervision available at SARCC emphasize a broad range of work with diverse clients and their families. Intern activities include individual, family, parenting, and group psychotherapy, as well as psychological assessment, case management, consultation,

preventive and psychoeducational services, community-based work, research, and professional development opportunities. 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 SARCC, all programs and services reflect the agency's mission statement. The clients and families served by our agency face many stressors 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.

### **Internship Organizational Structure**

#### **Intern Supervisor Committee**

- Chair: Dr. Linda Fleming, Ph.D., Training Director
- Dr. Brittany Hayden, Ph.D., Associate VP of Clinical Services
- Dr. Sallie Richards, Psy.D., Supervisor of Psychological Assessment Services and Assistant Training Director

#### **Internship Training Faculty Committee**

- Chair: Dr. Linda Fleming, Ph.D., Licensed Psychologist: Training Director
- Dr. Brittany Hayden, Ph.D., Licensed Psychologist/Certified School Psychologist: Associate VP of Clinical Services
- Dr. Sallie Richards, Psy.D., Licensed Psychologist: Supervisor of Psychological Assessment and Assistant Training Director
- Dr. Wilson Brown, Licensed Psychologist: Leader-Child Trauma Didactic Seminar and group supervision
- Mr. Jay Pashupathi, MS: Co-leader of Cultural Competency/Diversity Didactic Seminar
- Mr. Josh Gadley, MA, LPC: Co-leader of Cultural Competency/Diversity Didactic Seminar
- Ms. Tracey Sampson, MA, LPC, Director of OP BH Services: Co-leader of PCIT Didactic Seminar
- Mr. Michael Bloeser, MS, MSSA, LCSW: Co-leader PCIT Didactic Seminar
- Dr. Kirstin Brunner: Psychiatric Consultation
- Ms. Jennifer Held, MS: Leader of Family Systems Didactic Seminar

**Internship Advisory Council:** The Executive Team at SARCC is kept apprised of Internship activities at the Executive Council meetings. The following members of the Executive Team

comprise the Internship Advisory Council. The Council meets with the interns annually in the spring to review internship training.

- Chair: Adrienne Dixon, Ph.D., President/CEO,
- Mary Barr, Associate VP of Human Resources
- Larry Shallenberger, Associate VP of Compliance

### **Philosophy and Training Model**

The philosophy of the doctoral internship program derives from several sources including various 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 SARCC.

#### **Practitioner-Scholar/Scientist Model**

Our training model is a practitioner-scholar/scientist model. The practitioner-scholar/scientist model acknowledges several key aspects of the internship training experience such as the interaction and integration 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), to provide services that are effective, culturally competent, grounded in scientifically disciplined practice, 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. We expect interns to apply their scholarly and scientific knowledge to practice by engaging in critical reflection about their own practice and by using strategies of scientific research 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 to guide the search for answers. We expect interns 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 with the standards defined by the field.

SARCC parallels the goals of the practitioner scholar/scientist model as can be seen in its vision statement below:

*Sarah Reed will be a center of excellence, providing innovative, evidence-based treatment and services through research, clinical practice, and professional training.*

With its clear commitment to evidence-based practice and training, the agency's psychologists and interns are at the forefront of this effort and integral to the agency's vision.

The internship program is committed to balancing the roles of science and practice in training. We continuously and steadfastly affirm 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. To carry out the internship's mission effectively, 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 & 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.

The internship experience broadly focuses on the preparation of the intern for the autonomous practice of psychology, with a particular emphasis on experiential practice with children, adolescents, and their families. Our training model emphasizes practice grounded in the scholarly/scientific discipline of psychology and functioning as a "scientist in a local setting" (Stricker & Trierweiler, 1995 p. 999). Training provides multiple opportunities for the translation of theory, knowledge, and scientific inquiry into "real world" practice. Specifically, we believe that psychological practice works best when it is informed by psychological science in an effective and efficient manner given the context of our settings. 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 to become skilled practitioners.

Donald 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 defines 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” models (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 recognize that there is not always the degree of congruence between research and practice that we would all like.

### **Intern Stipend and Benefits**

The Sarah A. Reed Children’s Center offers three (3) doctoral internship positions through the APPIC match process. **The stipend for the 2022-2023 internship year is \$26,330.** For a summary of benefits, click [here](#). This summary outlines the benefits provided to all SARCC Employees. Intern benefits that differ from that document and what is described in this training manual supersede the summary of benefits.

#### Time Off:

*Vacation:* Interns are provided with 10 vacation days (80 hours). Interns must schedule all vacation leave around their training responsibilities. Interns assigned to the PRTF must arrange for their clients to be seen by another clinician when planning time off from their training.

- Vacation is highly discouraged at the beginning of the internship year (e.g., August/September) or at the end of the internship year (July).
- Time-off during August and July is usually only approved for special circumstances and at the discretion of the Training Director. If an intern wishes to take vacation time during these months, please alert the Training Director as soon as possible.
- Vacation hours are **not** included in calculating the hours needed toward the 2000 hours
- All vacation requests must be made within a reasonable period
- Interns may not take off more than one (1) week at a time, unless specifically approved by the Training Director.
- All vacation time should be used by June 30th of the internship year. Any vacation remaining after June 30<sup>th</sup> can only be taken with approval by the Training Director.

- If an intern is going to have vacation time left after June 30<sup>th</sup>, the intern must inform the Training Director prior to June 15<sup>th</sup>.
- SARCC does not pay out vacation time after the completion of the internship. Any unused vacation time is forfeited.

*Holiday:* Interns receive nine agency-approved holidays (Labor Day, Thanksgiving -2days, Christmas-2 days, New Year's Day, Good Friday, Memorial Day, and July 4<sup>th</sup>).

- 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.
- Interns can only use holiday time once it is earned, and it must be taken at the time it occurs.

*Sick Time:* Interns earn 7 days (56 hours) of sick time.

- Sick days taken are not counted against the intern time (i.e., interns do not have to make up the time used for sick days).

Professional Development/Self-Care: Interns may take up to **4 days (32 hours)** for dissertation release, continuing education, or self-care. All hours count in the accrual of training hours. Use of these hours does not constitute release of any on-going internship training responsibilities.

#### 1. Dissertation Release Time

- We define dissertation release time as time used for dissertation-related activities. A couple of examples: taking a day or a portion of the workday to focus on your dissertation at home or taking time to defend your dissertation.
- You may only take **one** dissertation day at a time to work on dissertation writing.
- *Dissertation Defense:* If time is being used for dissertation defense, you may use up to three consecutive days including travel (if you need four days, this requires additional information and clearance from the Training Director).
- For dissertation time to count towards internship hours, the intern must provide the Training Director with a written plan describing the activity to be completed and a summary of the activity once it is completed.
- Interns must request dissertation release time in advance for approval by the Training Director.
- Interns are not allowed to combine dissertation days with other annual personal paid time off (e.g., vacation or holiday) without written permission from the Training Director.

#### 2. Continuing Education

- Interns can use professional development time for any type of training that occurs outside of SARCC. For example, an intern who has applied to and been approved to present at a conference may use up to four consecutive professional development days, including travel, for that conference.

- Interns are not permitted to combine professional development with other agency approved annual personal paid time-off such as vacation or holiday.
3. Interns can use Self-Care days (one/quarter) to manage stress and maintain a good work-life balance.

### **Accrual of Training Hours**

Training begins in early August and runs for one calendar year. Interns work 40 hours/week and complete 2080 hours. It is the intern's ethical and professional responsibility to maintain accurate and current documentation regarding all internship hours. Interns are prohibited, unless prior approval has been given, to remove any information containing protected health information (PHI) from any SARCC work site.

Interns must accrue 2000 hours to successfully complete the internship training program. Of those 2000 hours, 25% or 500 hours must be face to face/direct service hours. Direct services hours must include an individual, group, or organization that is listed as a client or a consultee. This can include the following:

- Individual, Family, or Group Therapy
- Crisis Intervention
- Psychological Assessment (administration of tests, feedback sessions)
- Multidisciplinary team meetings or other team meetings (ISPT) with a client or family present
- Consultation
- Crisis intervention
- Supervision provided to others

### **General Time Management Requirements**

- **Hours:** Successful completion of 2000 hours and 12 months.
- **Work Schedule:** Interns, in conjunction with the Training Director and their site supervisor(s), can develop their own day-to-day schedule as they adjust to their training sites.
- **Schedule Changes:** Interns must discuss any schedule changes or schedule related modifications with the Training Director in advance.

### **Assessment**

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 there is an active and on-going evaluation process of intern performance as well as intern evaluation of the internship training activities. These evaluative procedures occur in formal and 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 ongoing self-assessment and self-study.

Providing interns with ongoing formative feedback and summative evaluations is key to facilitating interns' professional and personal growth. Hence, interns receive ongoing informal evaluation and feedback throughout the year, as well as formal written evaluations at certain points during the internship year.

The internship focuses on supervised training on the key competencies in the professional practice of health services psychology. Competencies are broken down into narrower learning elements that are identified as behavioral anchors for these competencies. We measure intern progress across key competency areas according to the [APA Standards of Accreditation](#) (SoA) and program-specific competencies.

Competency develops through intern participation in a variety of training activities and experiences encompassing the breadth and depth of psychological practice with children, adolescents, and families. Our belief is that varied repeated exposure, sustained supervised practice, 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. Interns 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, consultation, and client advocacy. Interns conduct psychological evaluations addressing a multitude of referral questions including learning disabilities, mental health disorders, developmental psychopathology, differential diagnosis, educational concerns, and treatment recommendations.

### **Process of Intern Skill Development**

The internship has a commitment to train psychology interns to act competently; to practice responsibly, respectfully, and with integrity; to practice ethically; to demonstrate and respond thoughtfully, carefully, and sensitively to people from diverse backgrounds, and to be role models and stewards of the profession of psychology. Conceptually, training is divided into three broad areas: exposure, experience, and expertise (Roberts et al., 1998).

- Exposure (Novice/Beginning): 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 (Emerging/Intermediate): Provide interns with direct supervised experience in identified competencies enabling them to translate their broad-based knowledge into direct clinical practice.
- Expertise (Intermediate-Advanced-Exit Level): Develop an advanced level of competency through a combination of didactic learning, supervision, and experience.

In general, interns gain 1) exposure to profession-wide competencies and knowledge in the SoA, 2) apply skills and knowledge (experience) in the SoA in professional settings serving children, adolescents, and families, and 3) develop an intermediate to advanced level of proficiency (i.e., expertise) in the application of the skills and knowledge needed to become a health services psychologist.

### **Competency Levels and Descriptions**

The following is an overview of the specific competency areas. Each intern is expected to perform at the intermediate to advanced intermediate level of competency by the end of the training year.

#### **Competency Rating Guidelines**

**Advanced Level of Competency** (Competent to proceed to post internship training): **Rating: (4)**

Evidence:

- a. Supervisor Role: The primary responsibility for case discussion and direction of supervision is given to the intern. The intern has significantly more decision-making responsibilities in clinical practice. Supervisor can approach supervision in a more collegial/consultative manner.
- b. Intern Role: Routinely and habitually demonstrates skills and knowledge of what is expected in this domain. Intern demonstrates the requisite skills, knowledge, attitudes, and behaviors present at all other levels and incorporates the professional attitudes, values, and beliefs of an emerging professional psychologist. Has developed a strong sense of self in relation to functioning as a psychologist. This level of practice is 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.

**Intermediate Level of Competency** (Competent with Process Supervision). (Minimum Necessary to Exit Internship): **Rating: (3)**

Evidence

- a. Supervisor Role: Supervision consists of weekly discussions focused on process and practice that is beyond the need for specific directives and/or the need for frequent observation of practice.
- b. Intern Role: Consistently demonstrates a solid and expanding level of knowledge, skills and experience including and presents themselves in a manner, that consists of mature judgment, ethical and rational decision-making, and a demeanor appropriate for the setting. The intern is beginning to assume greater responsibility for the supervision. Supervision is still a vital component of the intern's continued growth and development, and additional directive supervision is needed in limited, new, or specific practice areas or situations.

**Emerging Level of Competency (Competent with Direct Supervision): Rating (2)**

Evidence

- a. Supervisor Role: Supervisor still provides directive suggestions to support intern competency with more limited observation, as necessary. Supervisor feels confident that the intern can use supervision without regular direct observation.
- b. Intern role: Demonstrates some prior experience, training, or knowledge and shows 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.

**Novice/Exposure/New/Beginning (Competent with Direct Observation): Rating: (1)**

- a. Supervisor Role: Supervision consists of mostly directive intervention statements made by the supervisor to the intern. The supervisor requires regular (e.g., weekly) video review or direct observation of the intern in practice.
- b. Intern Role: Intern has had limited experience or training in this area. Supervisor fully directs intern activity in this domain.

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

- a. Needs Improvement (NI): Progressing but at a less than expected rate. A specific competency remediation plan may need to be developed.
- b. Poor Professional Functioning/Significant Skill Deficit-Remediation Plan (RP): Any decision to rate an intern with "Poor Professional Functioning" or a "Significant Skill Deficit" should be done on a separate piece of paper attached to this evaluation. This type of rating indicates that a remediation plan has already been attempted but no progress has been made and that additional actions are required (i.e., formal remediation actions as outlined in the Competency Remediation, Retention, and Termination Policy).
- c. N/O: Not observable/applicable for this training experience/setting or supervisor cannot assess.

## **Competency Expectations (Minimum Levels of Achievement (proximal data))**

Evaluation of Performance: Internship Competency Rating Scale (Proximal Outcomes): Interns are expected to reach a proficiency in each domain at an intermediate to advanced intermediate level of competency. 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.

### 1. Midyear Evaluation:

- a. Individual Learning Elements: Interns are expected to earn a rating of 2 or higher on each learning element at midyear. Learning elements that do not reach a 2 or higher at midyear require activities to strengthen that skill or knowledge (e.g., if an intern gets a 1 on “Able to discuss the pros and cons of using EBP’s”, the intern is assigned an activity to strengthen the skill or knowledge).
- b. Domain Competencies: Interns should be at emerging to intermediate level of competency for each domain (domain score 2.0-3.0). Total domain scores that do not reach a rating of 2 or above by midyear will be addressed. See the [Competency Remediation, Retention, and Termination Policy](#) for details.

### 2. Final Evaluation:

- a. Each intern is expected to reach an intermediate to advanced level of competency for each domain by the completion of the internship (e.g., achieving a total domain score of between 3.0 and 4.0).
- b. If an intern receives one or more total domain scores of less than 3 at the end of the internship year, the intern may have a summary letter placed in their file.

## **Schedule of Competency Assessment**

Informal Intern Feedback: Informal feedback regarding intern performance occurs throughout the year via supervisory meetings, clinical case presentations, and feedback from other staff.

Intern Self-Assessment: In early August, interns discuss their skill levels and experiences with their supervisors. This initial informal self-assessment is intended to provide a snapshot of intern strengths as well as directions for further development. The faculty familiarizes interns with the goals of the internship and the competencies that will be the focus of their training year. Interns, in discussion with relevant faculty, determine initial training goals during this period.

We ask interns to complete a more formal self-assessment at the midpoint and at the end of the year (to provide a longitudinal approach for their own sense of professional growth and development).

Formal Intern Evaluations: ([See Performance Evaluation and Feedback Policy](#))

### **Remediation, Retention, and Termination**

Interns who are identified, either through formal or informal evaluations, as not performing at an adequate level are immediately informed of their deficiencies and provided with guidance on how to improve. The steps involved in this process are outlined in the [Competency Remediation, Retention, and Termination Policy](#).

### **Intern Evaluations of the Internship**

Intern evaluation of the internship occurs in several contexts. Informally, interns have many opportunities in individual and group supervision to provide feedback to supervisors and the Training Director regarding their training. Interns provide informal feedback in writing (anonymously or not) and verbally at any time during the training year. We recognize that the psychological safety of interns is important to allow them to feel comfortable providing feedback. In supervision and seminars with the Training Director, this topic is regularly addressed. Our goal is to encourage a collegial training atmosphere, characterized by psychological safety, in the hopes that interns, at any time, feel comfortable enough to give direct feedback to supervisors regarding their 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. This is part of our effort to practice social responsibility (one of the commitments of the Sanctuary Model).

See the [Performance Evaluation and Feedback Policy](#) for further detail.

### **Post Internship Distal Survey**

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

### **Internship Training Settings**

Psychiatric Residential Treatment Program: Two interns are matched to the SARCC Residential Treatment Program full time. The SARCC 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 can 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 and videotaping can be used as teaching aids in many areas.

Outpatient Department of Behavioral Health: One intern is matched to the agency's outpatient behavioral health department. The outpatient department encompasses several programs including outpatient psychotherapy, intensive behavioral health services, and community and school-based behavioral health. The program serves about 200 children per day across all outpatient programs. The intern is primarily housed at the Professional Building in our main suite. 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 and videotaping can be used as teaching aids in many areas.

The intern receives supervised training in the following:

1. Outpatient psychotherapy with children, adolescents, and families. There may be opportunities for the intern to serve adults as well.
2. Consultation: The intern works with a psychologist providing consultative services to the Community and School-based Behavioral Health Team.
3. PCIT: The intern may work with a PCIT therapist to develop skills conducting PCIT.
4. Group Therapy: The intern receives supervised training in group therapy. This may take place at another setting within the agency.

Psychological Assessment Clinic: All three interns receive supervised training in clinical assessment and psychological testing in the agency's outpatient psychological assessment clinic.

### **Program Training Methods**

1. 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. A client is any individual who is on the receiving end of a psychological service provided by the intern. This includes individual, family or group psychotherapy, psychological assessment (observations, administration), clinical assessment, consultation/interventions, crisis intervention, behavioral observations, supervision of practicum student, and practice on multidisciplinary teams. Direct psychological services may also

include direct consultation or program development to an identified entity (i.e., consultation with another program/department at SARCC.)

2. Role Modeling: Interns observe psychologists and other professionals engage in the practice of serving children and adolescents with emotional and behavioral disorders.
3. Supervision (doctoral level licensed psychologists): At least 4 hours per week of supervision by licensed doctoral level psychologists
  - a. Individual supervision: at least 2 hours/week by doctoral level licensed psychologists
  - b. Group supervision: 1 hour/week by doctoral level licensed psychologists
  - c. Psychological assessment supervision (Group): 1 hour/week by doctoral level licensed psychologists
  - d. Supervision of supervision (Group): 1 hour/weekly by doctoral level licensed psychologists
  - e. Research Supervision: Meets as needed based on the research project which is supervised by doctoral-level licensed psychologists
4. Adjunct Supervision and Consultation (not included as part of APA SoA requirements):
  - a. Residential clinical group supervision: 1 hour/week (PRTF interns)
  - b. OP Group Supervision: at least 2 hours/month (OP intern)
  - c. Psychiatric Consultation: A monthly seminar dedicated to case conceptualization and didactic issues related to psychopharmacology and interdisciplinary consultation.
5. Formal Didactic Training (1.5 hours/week):
  - a. 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 also explores the intern's own cultural identity and its impact on psychological services as well as similarities and differences in psychological functioning among cultural groups.
  - b. Child Trauma Seminar: This seminar introduces interns to the field of trauma and trauma informed care particularly as it relates to children.
  - c. Family Systems Seminar: This seminar introduces interns to the theory and practice of family therapy. Case consultation is provided in some sessions.
  - d. Parent Child Interaction Therapy Seminar: This seminar is conducted by two trained PCIT therapists who focus on giving the interns a broad overview of the evidence-based practice of PCIT.
6. Continuing Professional Education: Opportunities for professional development are available during the year. These may include meetings, contact with local professionals, and/or participation in workshops, trainings, and external seminars.

7. Scholarly Reading and Inquiry: Throughout the year articles from 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 a small intern library with materials related to the practice of child and adolescent psychology.
8. 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).
9. 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.
10. Administration: Interns may participate as members of an agency administrative team.
11. Research: Interns have an opportunity to engage in a project which involves the application of research principles to clinical or programmatic issues.

### **Training Activities**

1. Psychotherapy: Clinical cases supervised by licensed psychologists. Clinical interventions include individual therapy, family therapy, and group therapy.
2. Psychological Assessment: Interns conduct psychological assessments on referred clients to the agency's psychological testing clinic.
3. Consultation: Provide consultation as assigned (depending on program).
4. Crisis Intervention: Formal Training in crisis intervention and participation in crisis intervention with clients.
5. Supervision: Training in models of supervision and if able, practice in supervision of others.
6. Research: Interns participate in developing, implementing, and carrying out a research project
7. Additional Training Activities: Other training opportunities include attendance at agency meetings, agency-based trainings, and attendance at outside conferences and workshops.

### **Intern Time Allocation (Approximate)**

Interns are not expected to work (on average) more than 40 hours/week.

- **Psychiatric Residential Treatment Program:**
  - Supervision: **6 hrs/week**
    - Individual Supervision (Lic Psych sup) **2+ hrs/week**

▪ Group Supervision (Lic. Psych sup)	1 hr/week
▪ Assessment Supervision (Lic Psych Sup)	1 hr/week
▪ Group Supervision of Supervision (Lic. Psych. Sup)	1 hr/week
▪ Research Project Supervision	1 hr/week
• Didactic Training	<b>1.5 hrs/week</b>
▪ Child Trauma Seminar	
▪ Family Therapy Seminar	
▪ Cultural Competency Seminar	
▪ PCIT Seminar	
• Direct Service/Face-to-Face	<b>20.5 hrs/wk</b>
▪ Psychotherapy (face-to-face)	10 hrs/wk
▪ Consultation	1.5 hrs/week
▪ Providing Supervision	1 hour/week
▪ Crisis Intervention	1 hour/week
▪ Assessment (Psych and Clinical)	7 hrs/week
• Other	<b>12 hrs/wk</b>
▪ Research	2 hrs/wk
▪ Associated support work	10 hrs/wk
	<b>Average Total = 40</b>
▪ <b>Outpatient Department of Behavioral Health:</b>	
• Supervision:	<b>6 hrs/week</b>
▪ Individual supervision (Lic. Psych)	2+ hrs/wk
▪ Group supervision (Lic Psych)	1 hrs/wk
▪ Assessment Supervision (Lic Psych)	1 hr/wk
▪ Group Supervision of Supervision	1 hr/wk
▪ Research Project Supervision	1 hr/wk
• Didactic Training	<b>1.5hrs/wk</b>
▪ Child Trauma Seminar	
▪ Family Therapy Seminar	
▪ Cultural Competency Seminar	
▪ PCIT	
• Direct Service/Face-to-Face	<b>20.5 hrs/week</b>
▪ Psychotherapy	10 hrs/wk
▪ Assessment (Psych and Clinical)	8 hrs/week
▪ Providing Supervision	1 hr/week
▪ Consultation	1.5 hr/week
• Other	<b>12 hrs/wk</b>
▪ Research	2 hrs/wk
▪ Associated support work	10 hrs/wk

### Intern Orientation

Orientation at SARCC occurs over a period of two weeks. The first week is typically oriented to internship and departmental orientation and includes meetings acquainting the intern with internship specific responsibilities and activities as well as a series of meetings with a variety of people with whom the intern interacts with over the course of the year at SARCC. There are opportunities to engage in observations of the units and the classrooms to give the intern 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 orientation is learning how to use the electronic medical record.

The second week involves required agency training in a variety of areas. These are required by the state of Pennsylvania for all new employees.

\*\*\*\*\* Sample Agency Orientation (40 hours) \*\*\*\*\*

(For All New Hires)

Monday  Location: Residential Ad Bldg.	1:00 – 3:00 p.m.	SARCC Orientation
	3:00 – 3:30 p.m.	Computer Training
	3:30 –4:00 p.m.	Business Portal/Email/Sigmund
	4:00 – 5:00 p.m.	Overview of Trauma / Intro to Sanctuary
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	CPR Training

Tuesday  Residential Ad Bldg.	1:00 – 2:00 p.m.	Fire/Safety/Hazmat Training
	2:00 – 3:00 p.m.	Blood borne Pathogens / Hand washing
	3:00 – 4:00 p.m.	HIPAA / Compliance Training
	4:00 – 5:00 p.m.	Professional Ethics
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Cultural Competency I

Wednesday  Pro Building	1:00 – 5:00 p.m.	Safe Crisis Management
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Thursday  Pro Building	1:00 – 5:00 p.m.	Safe Crisis Management
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Friday, Pro Building	1:00 – 5:00 p.m.	Safe Crisis Management
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Locations: Administrative Building: 2445 W. 34<sup>th</sup> St., Erie, PA 16506  
Professional Building: 1611 Peach Street Erie, Pa 16501



## Intern Policies

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

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Administrative, Clerical, and Financial Assistance Policy</b>	<b>Date: 12/3/15</b>	<b>Revised Date: 7/3/19; 10/13/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

Sarah A. Reed Children's Center (SARCC) provides administrative assistance to the intern in accordance with the agency's policies and practices with any other employee at SARCC. Interns have full access to supplies and equipment appropriate for their training needs.

### Clerical and Technical Support

The Sarah A. Reed Children's Center provides clerical, IT technical support and support for the electronic health record to the doctoral interns during the internship training year.

1. Clerical Support: Interns can access clerical support from the administrative assistant in the front office at the main agency or the outpatient facility. Clerical support may include copying (large jobs), mail, telephone support, office supplies, and paging for appointments.
2. IT Support: Support is available for all computer related activities including the IT Help Desk at x7685.
3. EHR Support: Support for use of the electronic medical record can be accessed by emailing the Clinical EHR support specialist or the IT department.

### Stipend and Benefits

SARCC provides interns with a stipend and benefits equivalent to other first year employees. The agency gives additional consideration regarding benefits to the doctoral intern due to their status as an intern and their time-limited educational training. For example, unlike employees, interns may access their time off at the beginning of the training year.

1. Active engagement with SARCC HR department following the Match and throughout the training year
2. Assistance completing all necessary SARCC administrative paperwork including but not limited to background checks, medical clearances, criminal history check, and finger printing

3. Establishment of an HR employee record
4. Completion of agency orientation
5. Salary as defined in the letter of agreement
6. Benefits: Interns are eligible for the full benefits package including but not limited to health, vacation, holiday, short-term disability etc. Eligible employees, including interns, pay a portion of their health benefits (see excerpted benefits page at the end of this handbook. All specific benefit questions can and will be addressed by Human Resources prior to employment
7. Access to and use of all agency facilities and equipment (e.g., computers, office supplies) as approved by the Training Director

<b>SARAH A. REED CHILDREN'S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Appeal Policy</b>	<b>Date: 10/11/21</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

Policy: This policy provides a framework to ensure that interns can appeal decisions of the internship program. The internship in Health Services Psychology at the Sarah A. Reed Children's Center (SARCC) employs specific evaluative procedures applied equitably to all trainees. Additionally, the internship employs other avenues of dispute resolution, problem remediation, and appropriate grievance procedures, as necessary. With all decisions made by the program about the intern, the intern may appeal those decisions through the following process.

#### Appeal Process:

If an intern does not agree with and wishes to challenge any program decision, including remediation or sanctions, an appeal is made to the Internship Advisory Council (IAC). The IAC is an advisory group comprised of the CEO/President, Associate Vice President of Compliance, and Associate VP of Human Resources. The IAC will hear the intern's appeal and then render their decision, which will be communicated to all involved parties, including the Training Committee and the sending graduate institution.

1. The intern submits a written request for an appeal to the Training Director (TD).
2. Once the TD receives the request, the TD has three (3) workdays to inform the IAC of the request appeal.
3. The IAC has ten (10) workdays to implement a review of the intern's appeal.

#### Review

1. The Chair (CEO/President) will convene the IAC to hear the appeal.
2. The TD presents written documentation outlining the position of the Internship Program.
3. The intern provides written documentation outlining their position.
4. The review panel reviews all written materials and has an opportunity to interview the parties involved or any other individuals with relevant information. They then recommend a course of action based on a simple majority vote.
5. In the event of a conflict of interest, the TD may designate a substitute representative.
6. The decision of the IAC will be forwarded, in writing, to the TD, members of the training staff, the IAC, and the intern's sending graduate institution of the decision and any action taken or to be taken. This will be completed within ten (10) workdays following the convening of the council.
7. The decision of the IAC is final.

SARAH A. REED CHILDREN'S CENTER, ERIE, PENNSYLVANIA		
Competency Remediation, Retention, and Termination Policy	Date: 12/3/18	Revised Date: 10/14/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

**Policy:** It is the policy of the doctoral internship to require interns to address, in a timely fashion, all competency problems, inadequate performance, and/or problematic behaviors to assure they meet all competency requirements for successful completion of the internship.

**Purpose:** To provide guidelines for competency remediation, retention, and termination.

**Definitions:** For purposes of this policy, inadequate performance or competency deficiency or problematic behavior refers to a trainee's behaviors, attitudes, values, skills, knowledge, or practices which do not meet specific competency expectations and cannot be resolved through informal dispute/conflict resolution or supervisory intervention. Interns have the right to appeal remediation decisions (see the Appeal Policy). Interns may also file a complaint at any time during the internship (see the Grievance Policy).

Serious competency problems, problematic behaviors, or other types of inadequate intern performance or behavior typically become identified when they include one or more or a pattern of the following characteristics:

1. Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. An inability to acquire professional skills to reach an acceptable level of competency
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning
4. The intern does not acknowledge, understand, or address the problem when it is identified
5. The problem is not merely a reflection of a knowledge deficit, which can be rectified by academic or didactic training
6. The problem is a skill or competency deficiency that negatively affects client quality of care
7. The problem is not restricted to one area of professional functioning
8. A disproportionate amount of attention from training personnel is required
9. The trainee's behavior does not change as a function of feedback
10. The problematic behavior has potential for ethical or legal ramification
11. The intern's behavior negatively impacts the public view of the agency

12. The problematic behavior negatively affects the intern class.

**Problem behaviors:** Problem behaviors subject to formal review and subsequent informal action, formal remediation, or termination from internship include situations that may include, but are not limited to, any of the following behaviors:

1. Sexual Harassment
2. Violation of professional codes of conduct such as the APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines, Pennsylvania Psychologist Practice Act and all other local, state, and federal laws, regulations, and guidelines)
3. Insubordinate behavior
4. Exploitive or abusive behavior
5. Other behaviors that represent substantial infringement on the rights, privileges, and responsibilities of interns, professionals, other volunteers/employees, other members of the community and/or clients of the agency
6. Egregious behaviors, including illegal behavior, may result in termination of the intern's employment and notification of the intern's graduate program.

**Addressing and Remediating Competency Problems, Problematic Behaviors, or Inadequate Intern Performance:** It is important to have timely and meaningful ways to address identified intern competency deficiencies, problem behavior, or other types of inadequate intern performance. In implementing these measures, training staff must balance the needs of the intern, clients involved, intern-training group, training staff, and other agency personnel. Additionally, it is critical to provide interns with specific opportunities to remedy the concerns as well as avenues to address these concerns. There are formal and informal plans of action to remedy concerns.

The key differences between Improvement and Action Plans (informal actions) and a Remediation Plan (formal action) include the following:

1. The formal remediation plan becomes part of the intern's professional file.
2. A formal remediation plan indicates the concern presents a heightened risk to stakeholders, the situation is amenable, but requires additional time to remedy the concern, and the remediation is necessary for the intern to successfully complete internship.
3. Formal remediation automatically places an intern on probation.
4. Successful remediation is necessary for the intern to successfully complete internship.

#### **Informal Actions**

**Improvement Plan (Supervisor and Intern):** An Improvement Plan is a written plan between a supervisor or other faculty member and the intern that recognizes that a concern has been raised and that the concern is being handled between the intern and the identified supervisor or faculty member. An Improvement Plan does not necessarily indicate a need to get the

Training Director (TD) involved in the situation. The intern and supervisor collaboratively develop the Improvement Plan and must include a timeframe for resolving the concern.

Improvement Plans are developed as early as possible once a concern has been identified about an intern's competency, performance, or behavior, and any time an intern's performance on a performance evaluation does not meet expected standards.

**Action Plan** (Supervisor, Intern, and TD): An Action Plan is a written plan developed with the supervisor (or other faculty member), the intern, and the TD and is implemented when an Improvement Plan does not remedy the concern. Action Plans include the specific nature of the problem, the previously employed plan of improvement, and additional steps with an agreed upon period for remedying the concerns. The Action Plan also informs the intern that if the performance or behavior does not improve in the agreed upon time, that the program will move to a formal remediation plan and process.

### **Formal Actions**

#### **Formal Review Meeting:**

1. A formal review meeting is conducted by at least two members of the faculty and the TD within seven (7) working days of notifying the intern of the concern. Once the intern is notified, they have four (4) working days to write a statement of their understanding of the issue and their perspective of it. The following items will be reviewed at the meeting: 1) the identified competency problem or problem behavior or unsatisfactory evaluation; 2) previous attempts to resolve the issue; and 3) the intern's written statement. They will determine if remediation is appropriate and what type of remediation is required to address the issue.
2. The outcome of the formal review meeting will be communicated to the intern within five (5) working days of the meeting and will include one of the following:
  - a. Recommendation for the development of a Remediation Plan
  - b. Suspension
  - c. Retention
  - d. Termination

### **Remediation Plans**

Remediation plans can include modifications ranging in severity from least restrictive to most restrictive, up to and including termination from the internship. These different options should be implemented in a timely fashion and consistent with governing regulations, laws, guidelines, and professional standards (e.g., SoA, APA Code of Ethics). Options can include but are not limited to the following interventions and can be implemented in any order, based on the severity of the competency or performance issue or problematic behavior.

If a remediation plan is to be implemented, a written plan will be developed between an intern, the concerned supervisor or faculty member, the TD, and the intern's sending graduate institution.

Once a remediation plan is developed, it is distributed to the intern, faculty, and the intern's sending graduate institution. Remediation plans can begin at any level (see below for detail) depending on the recommendation made at the formal review meeting.

- 1. Level 1 Remediation:** The intern, their supervisor, at least one other faculty member, and the TD develop these plans. This plan includes a clear description of the concern, previous steps taken to remedy the concern, specific steps to demonstrate progress, requirements for resolution of the concern and specific dates to address the problem area.
- 2. Level 2 Remediation:** If the Level 1 Remediation Plan does not result in improved performance or behavior within the agreed upon timeframe, the faculty member will inform the TD. Within fifteen (15) working days, the TD will meet with the intern, supervisor, at least one additional faculty member, and a member of the intern's sending graduate institution to discuss the concern and develop a Level 2 Remediation Plan. This plan will detail the sustained concerns, the time for improvement, steps to be taken to improve the performance or behavior, any sanctions applied to the intern, and a written statement signed by the intern, supervisor, TD, and sending graduate institution, documenting that the performance and/or behavior has not been remedied by the intern.
- 3. Level 3 Remediation: Written Notification of Sanctions:** If the intern has not demonstrated improved performance or behavior on the Level 2 Remediation Plan, or the concern warrants immediate sanction, the TD writes a formal letter of notification of sanctions to the intern, the faculty member, and the intern's sending graduate institution. The letter will acknowledge the TD's continued concern with the intern's inadequate performance/competency or other problematic behavior and includes the following information:
  - The nature of the continued concerns including an updated and detailed description of the performance issue or skill deficit.
  - Documentation of all previous attempts to resolve the situation.
  - A statement indicating that the TD and the internship faculty will provide one final attempt to help the intern remedy the concern.
  - Specific sanctions along with specific steps the intern must make to remedy the situation within an agreed upon timeframe.
  - A letter to the American Psychological Association and the Association of Post-Doctoral and Psychology Internship Centers indicating the serious nature of the concerns and the potential termination of the intern.

## Sanction Options

**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 a personal reaction to a temporary environmental stress, with the full expectation that the intern will return to a full schedule and successfully complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and concurrent courses of action may be included in modifying a schedule. These include:

- a. Increasing the amount of supervision, either with the same or other supervisors
- b. Changing the format, emphasis, and/or focus of supervision
- c. Recommending personal therapy
- d. Reducing the intern's clinical or other workload
- e. Requiring specific academic coursework

**2. Probationary Supervision:** This is a period of lengthier, remediation-oriented supervision. It is typified by a more closely supervised training period, including regular contact with the TD. Its purpose is to assess the ability of the intern to complete the remediation plan and to return the intern to a more fully functioning state. Probationary supervision defines a relationship, in which the TD systematically monitors for a specific length of time, the degree to which the intern improves the behavior associated with the inadequate rating. The intern is informed of the probationary supervision period in a written statement, which includes the following:

- a. Updated description of inadequate performance/competency or problematic behavior
- b. Recommendations for rectifying the problem
- c. Period for probationary supervision
- d. Procedures to ascertain whether the problem has been appropriately rectified

**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 by continued contact with the intern. If the TD determines that this is the situation, the TD will suspend direct service activities 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 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. Retention:** Retention involves the decision by the training program that the intern's performance/competency or problematic behavior, even though there have been repeated plans and remediation steps to support the intern, can be improved or ameliorated to the point of successful completion with additional training for a specified period. This additional training cannot exceed one month following the completion of the training year and is completed without additional compensation from SARCC.

**6. Termination/Dismissal from the Internship:** This action is the most severe and involves the permanent withdrawal of all internship and agency responsibilities and privileges. When specific interventions, including and up to retention, do not lead to a satisfactory improvement in the intern's performance, competency, or problematic behavior, and/or the trainee seems unable or unwilling to alter their behavior, the TD will discuss with the CEO/President the possibility of termination from the training program and dismissal from the agency. If dismissal from the internship due to continued performance or competency issues remain, even after remediation and retention, a letter is generated to the intern as well as to the Internship Advisory Council and the intern's sending graduate institution outlining the rationale for the dismissal. In addition, either administrative leave or dismissal is also invoked in cases of severe violations of the APA or SARCC 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. Prior to an intern being dismissed, the TD will communicate to the intern's academic department that the intern will not successfully complete the internship.

If the decision is to terminate, the CEO/President and the TD will direct Human Resources to terminate the intern's appointment. All relevant parties, including the intern's sending institution will be notified of this decision in writing. This notification will indicate the nature of the concern, the specific remedies that have been attempted, a summary of the process followed with dates, and a summary of the justification for the termination.

### Doctoral Internship Competency Remediation Plan (SAMPLE)

Date of Initial/Final Remediation Plan Meeting:      Name of Intern:  
Supervisor:      Names of Persons Present at the Meeting:  
Other Pertinent Personnel:      Date for Follow-up:

**1. Check all competency domains that do not meet expectations:**

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interpersonal/interdisciplinary skills
- Reflective Practice: Self-Assessment and Self Care
- Trauma Informed Care and Trauma Specific Interventions

2. Date(s) the problem(s) was brought to the intern's attention and by whom:  
3. Steps already taken by the intern to rectify the problem (s) that was identified:  
4. Steps already taken by the supervisor/faculty to address the problem(s):  
5. Description of the problem(s) in each competency domain circled above:

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

**Initial Remediation Plan Agreement:**

I, \_\_\_\_\_, have reviewed the above competency remediation plan with my primary supervisor, any additional supervisors, faculty, and the Training Director. 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).***

All individuals with responsibilities for actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement of the plan.

**Intern Comments:**

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Intern Name                      Date

---

TD                      Date

**Summative Evaluation of Competency Remediation Plan (SAMPLE)**

Date of Remediation Review: \_\_\_\_\_ Date of Original Remediation Meeting: \_\_\_\_\_  
 Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Other Pertinent Personnel: \_\_\_\_\_ Date for Follow-up: \_\_\_\_\_  
 Attendees: \_\_\_\_\_  
 Original Level of Remediation: \_\_\_\_\_ Current Level of Remediation (if needed): \_\_\_\_\_

- Competency or Problem Review:
  - Competency Domain or Problem Area
  - What were the expectations for Acceptable Performance?
  - What is the Outcome?
  - Due Process Implemented
    - Met Performance Expectations
    - Partially Met Performance Expectations
    - Expectations Not Met
  - Next Steps
    - Remediation concluded
    - Remediation continued and plan modified
    - Modifications:
      - TD Comments:
      - Intern's Comments:
      - Summative Evaluation Agreement

I, \_\_\_\_\_, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor, any additional supervisors, faculty, and the Training Director. My signature below indicates that I fully understand the evaluation.

I  agree, I disagree  with the above outcome assessments and the next steps (please circle one). My comments (if any) are below. (Please note: If intern disagrees with the outcomes and next steps, comments, include a detailed description of the interns' rationale for the disagreement).

Intern Name (Print)	Date	Signature
Supervisor Name (Print)	Date	Signature
TD Name (Print)	Date	Signature

<b>SARAH A. REED CHILDREN'S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Completion Requirements Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 11/18/2021</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ASPP Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

Below are the minimum requirements for completion of the doctoral internship in Health Services Psychology.

1. Completion of Intern and Agency Orientations including Safe Crisis Management Training
2. Completion of initial self-evaluation
3. Completion of TF-CBT Training
4. Completion of Sanctuary Modules
5. Completion of 2000 hours and 12 months of training
6. Active participation in a research project
7. Completion of all requirements in didactic seminars
8. Completion of all assigned psychological evaluations (batteries + report + feedback)
9. Presentation of assessment case presentation
10. Presentation of three clinical case presentations (full written report and presentation)
11. Achievement of minimal levels of competency in all required training areas

<b>SARAH A. REED CHILDREN'S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Contact with Universities</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/13/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b> <b>Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

The psychology internship program at the Sarah A. Reed Children's Center maintains working relationships with the interns' sending graduate institution throughout the training year. Interns are strongly encouraged to maintain contact with their university Director of Clinical Training (DCT) throughout the year.

**Formal Contact Points:**

1. Match Day: In February, the Training Director (TD) will provide a letter or email to the intern and the intern's DCT acknowledging that the intern has matched with the internship.
2. Beginning of Internship: In August, the TD notifies (letter or email) the DCT to acknowledge the beginning of the intern's training. At that time, the DCT will be invited to specify any training goals for the intern. If the DCT identifies any goals, the intern is given a copy of that response. The intern will meet with the TD and/or primary supervisor to develop a plan to address these training goals.
3. Midterm Evaluation
4. Final Evaluation

Contacts initiated by the DCT will be responded to promptly. The intern in question will be notified of such contacts.

Additional contact with the DCT will occur when an intern is not performing to the standards of the program. The specifics for contact in these situations are outlined in the Competency Remediation, Retention, and Termination policy.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Intern Documentation Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/13/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b> <b>Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:**

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 with samples of necessary documentation at the beginning of internship.

**Clinical Documentation:**

- All clinical documentation should be completed immediately upon completion of the clinical activity, or within 24 hours.
- All clinical documentation must be completed at Sarah A Reed Children's Center (SARCC).
- Any documentation, in any medium, which is being removed from SAARCC 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)

<b>SARAH A. REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Grievance Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/8/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP Revised by Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

This policy provides additional protection and avenues of recourse for doctoral interns at Sarah A. Reed Children’s Center (SARCC) to address intern-initiated grievances against doctoral internship faculty or any employee of the agency.

A grievance is invoked when an intern has a complaint against the training program or individual involved in the training program. Interns may initiate an informal or formal grievance about the conduct of another intern, staff member supervisor, the training faculty, the Training Director (TD), or the Training Program and its policies and procedures.

Grievances must be raised in good faith consistent with APA Ethics Standard 1.07, which states that psychologists do not file or encourage the filing of complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

**Informal Problem Resolution Procedure**

1. First, attempt to address and resolve the problem with the individual as soon as possible. We recognize that, in some situations, the trainee may feel uncomfortable about talking directly with a staff member about an issue. If that is the case, the intern is advised to consult with the TD.
2. If addressing the issue with the staff member is not successful, or the intern prefers not to first address the issue with the individual, they may consult with the TD. The TD will assist by using one or more of the following actions.
  - a. Serving as a consultant to assist in deciding how best to communicate with the individual
  - b. Facilitating a mediation session between the staff person and the intern
  - c. Taking the issue to faculty members for consultation and problem solving

In the case of an issue with the TD, the trainee should consult with the Assistant TD. In the case of an issue in which the TD or Assistant TD cannot be consulted, the trainee should consult with the Associate VP of HR.

3. If a satisfactory resolution is still not attained, the intern may then file a formal grievance.

## **Formal Procedure**

### **Grievance against doctoral internship faculty (other than the TD)**

1. The aggrieved intern should complete and submit an agency grievance form to the TD. The TD will forward a copy of the form to the Human Resources Department.
2. Within five (5) workdays of receipt of the grievance by the TD, the TD, the aggrieved individual, and the intern will meet to discuss the matter (this may be done separately if necessary). The goal of the meeting will be to develop a plan of action to resolve the problem. The plan of action will include the following:
  - a. The behavior associated with the grievance
  - b. The specific steps to rectify the problem
  - c. The procedures to ascertain whether the problem has been appropriately rectified.
3. If there is no resolution, the TD-assigned designee formally alerts the Internship Advisory Council (IAC). The IAC is comprised of the CEO/President, Associate VP of Human Resources, and the Associate VP of Compliance.
4. The CEO/President will convene the Internship Advisory Council to discuss the grievance.
5. Within ten (10) workdays, the IAC will conduct a review in which the grievance is heard, and relevant material is presented.
6. Within three (3) workdays of the completion of the review, the IAC will submit a written report to the TD including any recommendations for further action. Recommendations made by the IAC will be by majority vote.
7. Within three (3) workdays of receipt of the recommendation, the TD will either accept or reject the IAC's recommendations.
8. If the recommendations are rejected, the TD may refer the matter back to the IAC for further deliberation and revised recommendations or may make a final decision.
9. If referred back to the IAC, they will submit final recommendations to the Training Director within ten (10) workdays of receipt of the request for further deliberation.
10. If the TD rejects the final recommendations of the IAC, the President/CEO alone shall have the power to render a final and binding decision regarding any action to be taken.
11. The TD informs the intern and, if necessary, the training program of the decision.

### **Grievance Procedures against the Training Director**

1. The aggrieved intern should complete and submit an agency Grievance Form to the Associate VP of Human Resources or any member of the Internship Advisory Council.
2. The Associate VP of Human Resources and the other members of the IAC will meet with the TD to review the grievance within ten (10) workdays.
3. The TD will provide a written response to the grievance to the Associate IAC within three (3) working days.

4. Within ten (10) working days, the IAC will render a written decision on the grievance. The decision will be by majority vote. The IAC will meet separately with the intern and TD to share their decision.
5. If the intern or the TD disagrees with the decision of the IAC, they may lodge a written appeal for further review by the President/CEO.
6. The President/CEO has final say to review the decision of the IAC and has final say on any changes to that decision.

**Grievance Procedures against the President/CEO**

1. An intern who wishes to file a grievance against the President/CEO must file an agency grievance form with the Associate VP of Human Resources and/or the Associate VP of Compliance who will assume coordination of the process with the Board of Directors.
2. The Associate VP of Human Resources and/or the Associate VP of Compliance will alert the TD of the grievance against the President/CEO; however, the process of addressing the grievance will take place at the agency level and the TD will be consulted as needed.

<b>SARAH A. REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Completion Requirements Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 11/17/2021</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ASPP</b> <b>Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

Below are the minimum requirements for completion of the doctoral internship in Health Services Psychology.

1. Completion of Intern and Agency Orientations
2. Completion of initial self-evaluation
3. Completion of Safe Crisis Management Training
4. Completion of TF-CBT Training
5. Completion of Sanctuary Modules
6. Completion of 2000 hours and 12 months of training
7. Active participation in a research project
8. Presentation of topical issue (determined annually)
9. Completion of a cultural genogram and cultural experience (CC Seminar)
10. Documentation of at least two different roles in teams in which you are a member
11. Completion of at least 3 presentations or training sessions to other professionals (i.e., disseminating research, knowledge, or practice)
12. Completion of all assigned psychological evaluations (batteries + report + feedback)
13. Presentation of assessment case presentation
14. Presentation of three clinical case presentations (full written report and presentation)
15. Achievement of minimal levels of competency in all required training areas

<b>Sarah Reed Children's Center, Erie, PA</b>	
<b>Maintenance of Intern Records</b>	<b>Date Approved: 8/1/19</b> <b>Date Revised: 9/15/21</b>
<b>Areas Affected: Doctoral Internship</b>	<b>Approved by: Linda M. Fleming, Ph.D.</b>
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>	

Policy: The Doctoral Internship in Health Services Psychology will maintain accurate and complete records of intern training as part of the doctoral internship.

Maintenance During Accreditation Period: Each intern record is maintained and organized in a folder with the following sections:

1. Correspondence: Communication with university Training Directors (see Contact with Universities policy)
2. Hours: Time to Track
4. Self-Evaluations
5. Evaluations of Intern
6. Supervision Notes
7. Miscellaneous
  - a. Certificates of completion
  - b. Emergency Contact Form
  - c. Letters of recommendation
  - d. Other
8. AAPI, Match, and Contract
  - a. AAPI submission
  - b. signed Intern contract
  - c. communication with intern prior to internship
9. Completion Documents: Certificate of completion

Maintenance after Accreditation Period: Intern records will be maintained in accordance with all applicable regulations, guidelines, and standards. Intern records are securely maintained in paper or electronic form.

<b>SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA</b>		
<b>Nondiscrimination Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:** The Psychology Internship Training Program and its sponsoring institution the Sarah A. Reed Children’s Center (SARCC), is an equal opportunity employer. SARCC and the Doctoral Internship do not discriminate in employment based on race, religion (including religious dress and grooming practices), color, sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sex stereotype, gender identity/gender expression/transgender (including whether or not individuals are transitioning or have transitioned) and sexual orientation; national origin, ancestry, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), sexual orientation, military or veteran status, or any other basis protected by federal, state or local law or ordinance or regulation.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Performance Evaluation and Feedback Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/22/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:**

It is the policy of the Doctoral Internship in Health Services Psychology to ensure that interns have adequate knowledge about performance requirements and performance evaluation to successfully complete the doctoral internship. This policy addresses evaluation of interns as well as the interns' evaluations of the program.

**Training Atmosphere:**

Our goal is to provide a supportive training atmosphere that promotes professional and personal growth. To provide pertinent information and to establish supportive measures for appropriate remediation, it is necessary for the internship program, in concert with each intern, to have an accurate sense of how the intern is progressing in relation to standardized criteria or norms. As a faculty, we understand and recognize that evaluations and measures of intern performance can be susceptible to bias, and every effort is made to ensure interns understand program expectations about competency areas and levels of performance. Further, because interns receive ongoing feedback from the Training Director (TD), the training faculty (including individual supervisors), and other professionals with whom they have significant contact, our goal is that an intern should have “no surprises” resulting from more formal evaluation procedures.

**Intern Evaluation Procedure:**

During the internship year at Sarah A. 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. 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. Supervisor 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 a particular intern is not meeting the expectations of the agency, program, or supervisors, please see the **Competency Remediation Retention, and Termination Policy.**
2. Schedule of Formal Intern Evaluations:
  - a. October: First quarter evaluation: Initial evaluation of adjustment to internship.

- b. 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. Mid-year Intern Self-Assessment is completed at this time.
  - c. July: Fourth and final evaluation: Full evaluation of competencies and skills. A copy and/or written summary is forwarded to the intern's sending graduate institution. Final Intern Self-Assessment is completed at this time.
3. Requirements:
- a. Midyear:
    - i. Individual Learning Elements:
      - a. Interns are expected to earn a rating of two (2) or higher on each learning element within a domain at midyear.
      - b. Learning Elements that do not reach a two (2) or higher at midyear require activities to strengthen that skill or knowledge. (e.g., if an intern gets a one (1) on "Able to discuss the pros and cons of using EBP's, intern will be assigned an activity to strengthen the skill or knowledge as part of a plan of improvement or plan of action).
    - ii. Domain Competencies
      - a. Interns should be at emerging to intermediate level of competency for each domain (domain score 2).
      - b. Total Domain Scores that do not reach a rating of 2.0 or above by midyear will be addressed by competency remediation.
      - b. Final Evaluation: Each intern is expected to reach an intermediate to advanced level of competency for each domain by the completion of the internship (e.g., scoring a total domain score of between 3.0 and 4.0). Domain Scores that do not reach 3.0 or above by the end of the internship year will result in a letter in the intern's file.

**Intern Evaluations of the Internship:** Intern evaluation of the internship occurs in several contexts. Informally, interns have many opportunities in individual and group supervision to provide feedback to supervisors as well as the Vice President of Clinical Services, Associate TD, and TD regarding their training. Also, informal feedback can be provided in writing (anonymously or not) and verbally at any time during the training year. Twice each year, interns give formal feedback to the internship regarding their experiences and perceptions of the training program. The evaluation includes both written and oral feedback.

At midyear, interns complete feedback forms for each supervisor and a general evaluation of the internship. It is our hope that interns feel comfortable enough to give clear and direct feedback to supervisors and to the Vice President of Clinical Services and TD regarding their overall experience in training. This kind of 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. The Training Director or Assistant Training Director will give summarized feedback to specific supervisors.

At the end of the year the same process is repeated. The only difference is that the interns meet with the Internship Advisory Council (IAC). The IAC is comprised of the CEO/President, Associate VP of Compliance, and the Associate VP 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 Training Director 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 one-year post-internship to assess the congruency of training objectives and professional practice as a psychologist.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Psychological Evaluations Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:**

Conducting assessments and providing consultation are critical competencies of the internship year and integral to the training of our interns. Performing 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, the intern 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 deadline or in accordance with regulations. Interns are expected to work on no more than two batteries at any given time. On rare occasions, an evaluation may be needed on an urgent basis. In that case, 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. The raw data are given to the Supervisor of Psychological Assessment 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 Assessment Supervisor.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Recruitment and Selection Policy</b>	<b>Date: 12/3/15</b>	<b>Revised Date: 9/16/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ASPP Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy: Recruitment and Selection:** It is the policy of the Doctoral Internship in Health Services Psychology to recruit and select interns solely on the basis of competencies, skills, and

knowledge as defined below and in accordance with the Association of Post-Doctoral and Psychology Internship Centers (APPIC) and the American Psychological Association Commission on Accreditation Standards of Accreditation.

**Purpose:** To provide for an organized application, recruitment, and selection policy for doctoral interns.

### **Selection Process Steps**

- Training Director (TD) AAPI Application Screening Review
- TD assigns a second reviewer to applications that meet criteria
- Intern applications are scored using an internally developed rating scale.
- Review team meeting to determine intern interviews
- Intern interviews
- Rank Order review team meeting
- Submission of Rank Order list to NMS
- Match Day

### **Minimum Requirements for Application:**

1. APA accredited doctoral program
2. Completion of all academic requirements of the doctoral program by the beginning of the internship.
3. Master's Degree
4. Completed AAPI including all required documentation such as transcripts, reference letters, CV, Cover Letter, Essay
5. A minimum of at least **500** total hours of combined Direct Intervention Experience and Psychological Assessment Experience.
6. At least 100 Hours of Therapy/Counseling Experience at the doctoral level (may include individual, group, or family)
7. A minimum of at least **50** hours of psychotherapy experience (individual and group) with children and adolescents.

### **Preferred but not required:**

1. Successful Proposal of Dissertation by internship start date
2. A minimum of at least **15** integrated reports with children and adolescents)
3. Coursework or experience in family counseling/intervention/therapy
4. Experience in multidisciplinary consultation

All applicants to our program need to have completed all required graduate coursework in an APA accredited doctoral program in psychology by the time internship begins.

Materials required for a complete application include:

- Official Graduate Transcripts
- Completed online AAPI Application:

- Curriculum Vitae

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Performance Evaluation and Feedback Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/22/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:** It is the policy of the Doctoral Internship in Health Services Psychology to ensure that interns have adequate knowledge about performance requirements and performance evaluation to successfully complete the doctoral internship. This policy addresses evaluation of interns as well as the interns' evaluations of the program.

**Training Atmosphere:** Our goal is to provide a supportive training atmosphere that promotes professional and personal growth. To provide pertinent information and to establish supportive measures for appropriate remediation, it is necessary for the internship program, in concert with each intern, to have an accurate sense of how the intern is progressing in relation to standardized criteria or norms. As a faculty, we understand and recognizing that evaluations and measures of intern performance can be susceptible to bias and subjectivity and every effort is made to ensure interns understand program expectations about competency areas and levels of performance. Further, because interns receive ongoing feedback from the Training Director (TD), the training faculty (including individual supervisors), and other professionals with whom they have significant contact, our goal is that an intern should have "no surprises" resulting from more formal evaluation procedures.

#### **Intern Evaluation Procedure**

During the internship year at Sarah A. 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. 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. Supervisor 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 a particular intern is not meeting the expectations of the agency, program, or supervisors, please see the Competency Remediation, Retention, and Termination Policy.
2. Schedule of Formal Intern Evaluations:
  - a. August: Initial self-assessment and 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. 2<sup>nd</sup> Intern Self-Assessment.
- d. April: Third quarter evaluation.
- 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.

3. Requirements:

a. Midyear:

i. Individual Learning Elements:

- Interns are expected to earn a rating of two (2) or higher on each learning element within a domain at midyear.
- Learning Elements that do not reach a two (2) or higher at midyear require activities to strengthen that skill or knowledge. (e.g., if an intern gets a one (1) on "Able to discuss the pros and cons of using EBP's, intern will be assigned an activity to strengthen the skill or knowledge as part of a plan of improvement or plan of action).

ii. Domain Competencies

- Interns should be at emerging to intermediate level of competency for each domain (domain score 2).
- Total Domain Scores that do not reach a rating of 2.0 or above by midyear will be addressed by competency remediation.

- b. Final Evaluation: Each intern is expected to reach an intermediate to advanced level of competency for each domain by the completion of the internship (e.g. scoring a total domain score of between 3.0 and 4.0). Domain Scores that do not reach 3.0 or above by the end of the internship year will result in a letter in the intern's file.

**Intern Evaluations of the Internship:** Intern evaluation of the internship occurs in several contexts. Informally, interns have many opportunities in individual and group supervision to provide feedback to supervisors as well as the Vice President of Clinical Services, Associate TD, and TD regarding their training. Also, informal feedback can be provided in writing (anonymously or not) and verbally at any time during the training year. Twice each year, interns give formal feedback to the internship regarding their experiences and perceptions of the training program. The evaluation includes both written and oral feedback.

At midyear, interns complete feedback forms for each supervisor and a general evaluation of the internship. It is our hope that you would feel comfortable enough to give clear and direct feedback to your supervisors and to the Vice President of Clinical Services and TD regarding your overall experience in training. This kind of 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. The Training Director or Assistant Training Director will give summarized feedback to specific supervisors. At the end of the year the same process is repeated. The only difference is that the interns can meet with the Internship Advisory Council (IAC). The IAC is comprised of the CEO/President, Associate VP of Compliance, and the Associate VP 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 Training Director 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.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Psychological Evaluations Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
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**Policy:**

Conducting assessments and providing consultation are critical competencies of the internship year and integral to the training of our interns. Performing 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, the intern 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 work on no more than two batteries at any given time. On rare occasions, an evaluation may be needed on an urgent basis. In that case, 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. The raw data are given to the Supervisor of Psychological Assessment 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 Assessment Supervisor.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Recruitment and Selection</b>	<b>Date: 12/3/15</b>	<b>Revised Date: 9/16/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ASPP</b> <b>Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy: Recruitment and Selection:** It is the policy of the Doctoral Internship in Health Services Psychology to recruit and select interns solely based on their competencies, skills, and knowledge as defined below and in accordance with the Association of Post-Doctoral and Psychology Internship Centers (APPIC) and the American Psychological Association Commission on Accreditation Standards of Accreditation.

**Purpose:** To provide for an organized application, recruitment, and selection policy for doctoral interns.

#### **Selection Process Steps**

1. Training Director (TD) AAPI Application Screening Review
2. TD assigns a second reviewer to applications that meet criteria
3. Intern applications are scored using an internally developed rating scale
4. Review team meeting to determine intern interviews
5. Intern interviews
6. Rank Order review team meeting
7. Submission of Rank Order list to NMS
8. Match Day

#### **Minimum Requirements for Application:**

1. APA accredited doctoral program
2. Completion of all academic requirements of the doctoral program by the beginning of the internship
3. Master's Degree
4. Completed AAPI including all required documentation such as transcripts, reference letters, CV, Cover Letter, Essay
5. A minimum of at least **500** total hours of combined Direct Intervention Experience and Psychological Assessment Experience
6. At least 100 Hours of Therapy/Counseling Experience at the doctoral level (may include individual, group, or family)
7. A minimum of at least **50** hours of psychotherapy experience (individual and group) with children and adolescents

**Preferred but not required:**

1. Successful Proposal of Dissertation by internship start date
2. A minimum of at least **15** integrated reports with children and adolescents)
3. Coursework or experience in family counseling/intervention/therapy
4. Experience in multidisciplinary consultation

All applicants to our program need to have completed all required graduate coursework in an APA accredited doctoral program in psychology by the time internship begins.

Materials required for a complete application include:

- Official Graduate Transcripts
- Completed online AAPI Application
- Curriculum Vitae
- Letter of Interest

<b>SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA</b>		
<b>Relationship Between Sarah A. Reed &amp; Interns Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 10/13/21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
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**Policy: Relationship between Sarah Reed and Psychology Interns**

We accept interns for a twelve-month period, and they must complete 2000 hours of training. Interns will be identified as Doctoral Psychology Interns. Sarah A. Reed Children's Center (SARCC) provides interns with the resources necessary to allow them to develop the knowledge, skills, practices, and professionalism necessary for competent and ethical practice as future health service psychologists. SARCC Internship in Health Services 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 SARCC staffing or reimbursement requirements. 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.

Interns are paid a stipend for the year and are granted the following benefits: 10 paid vacation days (80 hours), 9 agency approved holidays (72 hours), 7 sick days (56 hours), 4 professional development days (32 hours). The agency also provides medical and dental insurance (a portion paid by intern), long-term disability, life insurance and 403b benefits as defined elsewhere. SARCC covers the intern for malpractice.

<b>SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA</b>		
<b>Research Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:**

Throughout the history of the psychology internship program at the Sarah A. Reed Children's Center (SARCC), there has been a practice to engage interns in active research. A research component is one aspect of intern training to integrate science and practice and allows interns the opportunity to demonstrate skills in “strategies of scholarly inquiry.” 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.

The options for research are open and flexible. Research projects may be completed individually or as a group. In many instances, the research will be based on current projects underway at the agency.

All documents, reports, or other products (e.g., data) completed as part of the internship are the property of SARCC, unless other arrangements have been made. The Training Director (TD) and relevant agency administrators must approve any exception to this policy in writing.

All research projects must be reviewed and approved by the Assistant TD and the agency’s Executive Council.

**Proposal outline for research project:** Interns are to use this outline in writing the proposal for the research project, which should be no more than two pages.

- 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. 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.
- Schedule for Entire Project:** Outline a tentative schedule for the project: when data collection will begin and end; when all analyses will be complete; and when the 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**
5. 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.

<b>SARAH A. REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA</b>		
<b>Rights and Responsibilities</b>	<b>Date: 10/30/21</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed on an annual basis in December.</b>		
<b><i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i></b>		

**Policy:** Interns have basic rights and responsibilities, while the training program also has certain responsibilities.

**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. The right to ongoing evaluation that is specific, respectful, and pertinent to the skills, knowledge, experience, and outcomes of the training program.
5. The right to engage in ongoing evaluation of the training program experience.
6. 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 Training Director (TD).
7. The right to file due process and appeal to the TD to deal with problems after informal resolution has failed (either with supervisor and/or Assistant TD) or to determine when rights have been infringed upon.

**Intern Responsibilities:**

1. 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 A. Reed Children's Center.
2. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.
3. The responsibility to give timely, constructive feedback that evaluates the training experience or other experiences in the internship.
4. The responsibility to conduct oneself in a professionally appropriate manner in all circumstances.
5. The responsibility to actively participate in the training, clinical services, and overall activities of the Psychology Department.
6. 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 intern evaluation forms.

**Responsibilities of the Intern Program:**

The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to their professional functioning. Sarah A. Reed Children's Center strives to create a work environment where people treat each other fairly and reasonably and in accordance with the mission and values of the agency as well as the seven commitments of the Sanctuary Model of Trauma Informed Care. Sarah Reed encourages an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response. In response to the above intern expectations, the training program assumes several general responsibilities.

1. **Respect:** The program will recognize the training and experience the intern brings with them to the training program.
2. **Professional Standards and Guidelines:** The training program will provide interns with information regarding relevant professional standards, regulations, and guidelines as well as provide appropriate forums to discuss the implementation of such standards.
3. **Ethics and Legal Guidelines:** The training program will provide interns with information regarding relevant legal regulations, which govern the practice of psychology as well as provide appropriate forums to discuss the implementation of such guidelines.
4. **Program Expectations:** The training program will provide interns with the training program expectations in writing at the beginning of the internship training year.
5. **Procedures for Evaluation:** The training program will inform interns about the evaluation procedures including when, how, and who will conduct evaluations. If an intern has skills deficits and/or problem behaviors, the training program will communicate early and often with the intern and their graduate program when needed.
6. **Procedures for Evaluation of Performance and Problem Behavior:** The training program will inform interns when performance and problem behaviors are identified as truly problematic and how they will be addressed.
7. **Data for Performance Evaluation:** The training program will use input from multiple professional sources to the extent that it is feasible when making decisions or recommendations regarding the intern's performance.
8. **Policies:** The program maintains and adheres to its written policies.
9. **Communication:** The internship program will maintain ongoing communication with the intern's graduate department regarding the trainee's progress during the internship year.

<b>SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA</b>		
<b>Social Media &amp; Voice Mail Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
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## **Policy**

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 A. Reed Children's Center (SARCC) and the Doctoral Internship have some interest in how they are portrayed. If interns 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 SARCC and/or the Internship to determine an appropriate response up to and including termination from the doctoral internship. In these cases, SARCC 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, SARCC 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.

<b>SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA</b>		
<b>Supervisor Responsibility Policy</b>	<b>Date: 12/3/18</b>	<b>Revised Date: 9.15.21</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b> <b>Revised by: Linda M. Fleming, Ph.D.</b>	
<b>This policy will be reviewed as needed</b>		
<b><i>Sarah A. Reed Children’s Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i></b>		

**Policy:** It is the policy of the doctoral internship program in Health Services Psychology to assume full responsibility for the training, supervision, direction, guidance, and evaluation of the doctoral interns matched to the Sarah A. Reed Children’s Center (SARCC). This policy remains in force under the organizational structure of the SARCC.

**Purpose:** To provide clarity regarding supervision of doctoral intern’s clinical work within agency programs.

**Process:** Doctoral interns in Health Services Psychology receive supervised training in the delivery of clinical services (intervention, assessment, consultation, supervision, crisis intervention) by doctoral level licensed psychologists within the parameters established by the American Psychological Association’s Commission on Accreditation. *Each intern receives at least 2 hours of supervision weekly with doctoral level licensed psychologists in accordance with the Standards of Accreditation.* In addition, each program has a variety of organizational layers, which may or may not include psychologists, and these other professionals have varying degrees of responsibility for the care and treatment of the clients being served. Within each of these programs, the attending psychiatrist assumes the overall responsibility for the care and treatment of the child (from a regulatory and legal standpoint). Overall decision-making of the treatment program is the legal and regulatory responsibility of the psychiatrist and the agency’s Medical Director.

As per longstanding agreement, programs that host doctoral interns agree that the supervising psychologist retains direct control, guidance, supervision, and direction of the intern’s clinical work with clients. Furthermore, when there is a difference of opinion between the supervising psychologist’s directions, supervision, or guidance to the intern regarding a particular case, the supervising psychologist works collaboratively with the other professionals to address and resolve the issue. The supervising psychologist is the individual responsible for resolving the conflict, not the doctoral intern.

If the difference between the supervising psychologist and the other professional cannot be resolved, either party may escalate the issue to a higher administrative level (e.g., Vice President of Clinical Services, Training Director).

<b>SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA</b>		
<b>Video Consent Policy &amp; Form</b>	<b>Date: 12/3/18</b>	<b>Revised Date:</b>
<b>Areas Affected –Doctoral Internship</b>	<b>Approved by: Eric Schwartz, Psy.D., ABPP</b>	
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**Policy: Videotaping Clinical or Assessment Sessions:**

There are important training reasons to obtain permission to video clients as it is difficult to be aware of all 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. The skills of the therapist are improved, which benefits all children seen by the therapist

**Procedures for Videotaping a Child Therapy Session at the Agency**

- Complete Internship Video Consent Form
- Review client chart for agency video consent
- For the protection of the intern and client, the PRTF intern therapy office is monitored in real time by video in accordance with the agency’s video surveillance policy.
- Interns assigned to the PRTF must make clients and families aware that the room is monitored by video.
- Interns assigned to the Outpatient Department will use an agency supplied, encrypted, and authorized agency camera or cell phone.
- All interns 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) for the video to be reviewed for supervision purposes.
- For children in the custody of the state, permission must be obtained from OCY.
- All parties must sign the Intern Video Taping and Video Reviewing Consent form.
- Clients (Children and Collaterals) should be regularly reminded that sessions are recorded and potentially reviewed by their supervisor.
- Recorded 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.
- It is prohibited 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 Training Director.

## Intern Video Taping and Video Reviewing Consent Form

**Intern Name:**

**Supervisor Name:**

**Supervisor Contact Information:**

**Individual Name:**

**Parent/Guardian Name:**

**Parent/Guardian Name:**

**Date of Consent:**

This consent form is to obtain your consent to videotape and to review video of your child and your family, for the express purpose of providing supervision to the doctoral intern who will be working with you and your child. Your therapist is a doctoral intern in psychology. Doctoral interns are completing their doctoral degree in psychology and who are doing their final clinical internship before finishing their degree. The intern you and your child will be working with has typically had at least 3-5 years of experience in many different professional settings and already has a master's degree. The doctoral intern may be providing one or more of the following services under the supervision of a licensed psychologist:

- Individual Therapy  Family Therapy  Clinical Assessment  
 Group Therapy  Psychological Assessment  Other:

Under Pennsylvania law as well as the Standards of Accreditation established by the American Psychological Association, all doctoral intern activity is required to be supervised by licensed psychologists. All the psychologists are appropriately licensed in the State of Pennsylvania and maintain active licenses to practice in the State. Supervision of the doctoral intern is provided through direct and video observation, consultation, and role modeling. Supervisors are expected to directly observe (either through live observation or video recording) the doctoral intern.

By signing this informed consent, you and your child fully understand and consent to the videotaping and video review of activities performed by the doctoral intern by the supervising psychologist, other doctoral interns, and other supervising psychologists, for the sole and primary purpose of supervising, directing, guiding, supporting, and facilitating the treatment of your child and their family. If you should have any questions or concerns, please do not hesitate to contact either the above-named supervising psychologist or the Training Director.

Thank you for allowing us the opportunity to provide treatment to your child and family.

Page Break

I/We \_\_\_\_\_ give informed consent to allow the videotaping and review of video to my child's therapist or evaluator and their supervisor and others as identified by the supervising psychologist or Training Director.

I \_\_\_\_\_ (any client aged 14 or over) give my informed consent to my therapist who is a doctoral intern operating under the direct supervision of a licensed psychologist, to video and review video with their supervisor, other licensed psychologist supervisors, and other doctoral interns to provide supervised treatment while I am a client at the Sarah A. Reed Children's Center.

\_\_\_\_\_  
Parent /Guardian Name and Signature Date

\_\_\_\_\_  
Parent /Guardian Name and Signature Date

\_\_\_\_\_  
Client Name and Signature (14 and over) Date

\_\_\_\_\_  
Intern Name and Signature Date

\_\_\_\_\_  
Supervisor Name and Signature Date

## Checklist for Completion of Internship

### August:

- Complete internship orientation
- Complete agency orientation and Safe Crisis Management Training
- Arrange for Sanctuary training with the Manager of Training and Employee

### Development

- Get first clinical cases
- Attend clinical team supervision meetings (RES interns only)
- begin supervising practicum student(s) (if available)
- begin to attend intakes, Clinical Treatment Team, Multidisciplinary Team Meetings, Residential Clinical Meetings (RES interns only)

### September:

- get 2<sup>nd</sup> and 3<sup>rd</sup> case assignments (RES interns only)
- get new cases in OP
- Begin to provide consultation. **Keep log of consultation activities.**
- begin formulating agency research project
- submit hours in Time 2 Track **to electronic intern file**

### October:

- Complete TF-CBT training and **submit certificate to electronic intern file**
- start at least one psychological evaluation
- Present first case conceptualization and **submit to electronic intern file**
- Complete Sanctuary training
- submit hours in Time 2 Track **to electronic intern file**

### November:

- document working plan for agency research project
- complete at least one psychological evaluation; **submit to electronic intern file**
- submit hours in Time 2 Track

### December:

- begin considering goals for second half of internship
- start second psychological evaluation
- supervision presentation: lead discussion about a supervision model
- submit hours in Time 2 Track **to electronic intern file**

### January:

- complete second psychological evaluation and **submit to electronic intern file**
- complete self-assessment and **submit to electronic intern file**
- complete 6-month supervisor evaluations

- \_\_\_ complete 6-month seminar evaluations
- \_\_\_ Ensure that you have completed ½ of the hours needed for the internship
- \_\_\_ submit hours in Time 2 Track **to electronic intern file**

February-April:

- \_\_\_ Present second case conceptualization and **submit to electronic intern file**
- \_\_\_ submit hours in Time 2 Track **to electronic intern file**

May-July:

- \_\_\_ complete 3<sup>rd</sup> case conceptualization and **submit to electronic intern file**
- \_\_\_ complete all assigned psychological assessments and **submit list of all assessments** with client initials, age, and measures given.
- \_\_\_ finish consultations summary and **submit document to electronic intern file**
- \_\_\_ present psychological assessment case and **submit to electronic intern file**
- \_\_\_ present research project and **submit to electronic intern file**
- \_\_\_ plan for transition of client cases to new therapists
- \_\_\_ submit hours in Time 2 Track **to electronic intern file each month**

End of Year Requirements:

- \_\_\_ Clean therapy room and office space
- \_\_\_ Discharge/Transition summaries completed for all clients
- \_\_\_ Complete all End of Year Evaluations (seminars, supervisors, internship program)
- \_\_\_ Erase all videos
- \_\_\_ **Submit cultural genogram to electronic intern file**
- \_\_\_ **Submit all individual supervision forms and other outstanding documentation to electronic intern file**
- \_\_\_ Make sure all notes are signed and co-signed
- \_\_\_ **Submit Hours Log to electronic intern file**
- \_\_\_ Provide your forwarding address to HR and TD
- \_\_\_ Meet with Internship Advisory Council
- \_\_\_ Turn in keys to HR
- \_\_\_ Leave something nice for new interns

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Director

\_\_\_\_\_  
Date

### **Intern Information/Emergency Contact Form**

- Name:
- Internship Year:
- Date of Birth:
- Spouse/Significant other's name:
- Local Address:
- Email Address:
- Local Telephone Number:
- Permanent Address and Telephone Number:
  
- Emergency Contact #1:
  - Relationship:
  - Address:
  - Telephone #:
  
- Emergency Contact #2:
  - Relationship:
  - Address:
  - Telephone:
- Any additional information you would like us to know:



# Employee Benefits Summary

The Sarah Reed Children's Center is pleased to provide insurance coverage for the benefit of eligible employees. The following benefits reflect the package in effect as of 7/1/2021. The Center reserves the right to change benefit offerings and/or the level of financial participation by employees, as necessary. Benefits are reviewed regularly for cost, quality, and value to employees.

## Health

- **UPMC Health Plan** UPMC Health Plan is owned by the University of Pittsburgh Medical Center (UPMC), one of the nation's top-ranked health systems. As part of an integrated health care delivery system, UPMC Health Plan partners with UPMC and community network providers to improve clinical outcomes as well as the health of the greater community. Our plan options emphasize preventative care with minimal "out of pocket" expense utilizing a network of Pennsylvania medical providers.

The **UPMC EPO (Exclusive Provider Organization)** utilizes 2-benefit levels based on the medical facility used. The deductible for Level 1, uses the Health Reimbursement Account (HRA) to reduce the deductible to \$750 Individual / \$1,500 Family; Level 2 providers have a significantly higher deductible. Routine Preventive services are payable at 100%, including some prescriptions.

**Level 1:** All UPMC owned facilities including UPMC Hamot, Millcreek Community Hospital (LECOM), Corry Memorial Hospital, Meadville Medical Center, Titusville Hospital, Bradford Regional Medical Center, Olean Hospital and Cleveland Clinic.

**Level 2:** St. Vincent Health Center and **many** affiliated Allegheny Health Network providers in the Pittsburgh area.

*The Health Reimbursement Plan will only be available on Level 1 expenses. Providers who do not participate in any networks are considered "out of network." The annual employee deductible is \$750 Individual/\$1,500*

SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

## Dental

- **BAI Dental**

Basic dental coverage is provided through an extensive local preferred provider network. Preventative services are covered in full, including dental exams every six months. Calendar year deductible of \$25/individual or \$75/family applies to primary and major services only, with \$1,200 maximum benefit per calendar year. The plan provides a lifetime orthodontia benefit of \$1,000 for qualified family members. SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

## Vision

- **VBA Vision**

Vision exams are covered every 12 months. Lenses are covered every 12 months and frames every 24 months or contacts for employee and eligible covered dependents.

The provider network can be found at: [www.vbaplans.com](http://www.vbaplans.com)

SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

## Life Insurance

- **Basic Term Life Insurance and Accidental Death & Dismemberment**
- **Supplemental Employee and Dependent Life Insurance**

Term life insurance provides a degree of security to employees and their families. Coverage is equal to an employee's annual salary, rounded up to the nearest thousand. Accidental death benefits double the base coverage. Supplemental coverage available through payroll deduction at reduced rates for employees and their dependents.

Employee Coverage: SARCC pays 100% of cost for basic term life insurance

## Disability

- **Short-Term Disability Coverage**

*Provides salary continuation for employees during periods of short-term disability (benefits begin on 1<sup>st</sup> day for accident/8<sup>th</sup> day for disability or illness). After an employee's carry-over balance of reserve sick leave has been depleted, the plan will compensate employees for qualified periods of disability at 60% of salary, up to a weekly maximum benefit of \$1,500.*

- **Long-Term Disability Insurance**

Provides salary continuation for employees during periods of long-term disability (6+ months). Disability benefit replaces 60% of salary, to a maximum monthly benefit of \$5,000. Benefits are paid monthly.

Employee Coverage: SARCC pays 100% of cost

## Employee Assistance Program (EAP)

**Provides 24-hour/day, 365 days/year confidential employee assistance, work-life and managed behavioral healthcare services to full-time employees and their immediate family members and other relatives living in their household. Network of counselors are available to help covered individuals with life's challenges such as these: difficulties in relationships, stress from marital problems, troubled children and adolescents, parenting issues, alcohol and drug abuse, work- or career-related stress,**

## illness, or loss of loved one, financial planning and debt management, and legal consultation and referral.

Employee Coverage: SARCC pays 100% of cost

### Paid Time-Off Benefits

- **Vacation, Holiday, and Sick Leave**

The agency provides eligible full- and part-time employees with competitive paid leave benefits. Annual leave for full-time employees is based on seniority. Full time employees are provided with nine (9) scheduled holidays, two (2) floating vacation days, and seven (7) sick days during a full 12-month period. \*School-year employees should refer to their letter of agreement.

### Retirement

- **401(k) Plan**

Upon hire, employees are eligible to voluntarily participate in the Center's 401(k) retirement savings plan, taking advantage of pre-tax salary deferrals and choosing from among a variety of investment options. After fulfillment of a one-year waiting period, during which an employee works 1,000 hours, SARCC will begin to contribute to the Plan on behalf of the employee and match any voluntary contributions up to determined maximums, based on level of service. Enrollment periods are January 1 and July 1, following the one-year waiting period. Employer Discretionary Contribution: 2%, 3% or 4% of gross compensation; Employer Matching Contribution: \$0.25-\$1.00 for each \$1.00, based on the first 4% of compensation deferred to the plan. Benefit levels for Discretionary and Matching contributions are based on an employee's qualified years of service.

### Tax Savings

- **Section 125 Flexible Spending Plan**

Employees are eligible to allocate, through payroll deduction, pre-tax dollars to be used to cover non-reimbursed medical expenses, dependent care expenses, and insurance premium payments. The plan year is July 1 through June 30.

### Tuition Assistance

- **\$1,000 Tuition Assistance Grants**

Since 1995, the Center has been providing up to ten (10) tuition assistance grants each Fall, Spring, and Summer term to eligible full time employees who apply to the program. Grants may be used at the college or university of their choice toward graduate or under-graduate coursework relevant to an employee's job or career plans with the Center.

**NOTE: Paid interns and employees in school-year positions should refer to their annual letter of agreement for specific paid leave and benefit entitlement information.**

*Rev. 06/23/2021*

## **Bibliography**

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

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

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## Appendix A

### APA Standards of Accreditation and Program-Specific Competencies

For detail about the Standards of Accreditation that this program adheres to, please see <https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation
- Interpersonal/interdisciplinary skills

#### **Program-Specific Competencies (PS):**

- Reflective Practice: Self-Assessment and Self Care
- Trauma Informed Care and Trauma Specific Interventions

#### **Competency Descriptions:**

##### **1. Research (SoA)**

###### **A. Disseminate Scientific Information and Research (SoA): Demonstrate the ability to utilize the professional literature to disseminate psychological knowledge and/or skills.**

###### **○ Training Aims:**

- Interns will identify opportunities to disseminate research-based, scientific psychological concepts, ideas, or practices to others

###### **○ Qualitative Outcomes:**

- Interns will develop, offer, and conduct research-based presentations to the agency
- Presentations will demonstrate information appropriately geared to the audience
- Presentations will include use of technology to enhance information delivery
- Presentations will utilize agency evaluation strategy to assess effectiveness of presentation

###### **○ Training Plan and Activities:**

- Develop and execute a plan to conduct at least two agency-wide training sessions, disseminating research-based information relevant to the practice of behavioral health

###### **○ Learning Elements**

- Demonstrates a high level of comfort, competence, and confidence presenting to an audience
- Obtains feedback using agency-approved feedback form of their training

###### **○ Expected Minimal Quantitative Outcomes:**

- Total Domain Score of 3 or better by completion of internship

###### **○ Supporting Evidence**

- Complete at least two presentations (not including case presentations)

###### **○ 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. Consume and Use Research (SoA): Demonstrates the ability to critically evaluate, use, and apply the professional scientific literature and disciplined scientific inquiry in clinical practice (Reflective Practitioner model).**

- **Training Aims:**
  - Demonstrate competence in critically evaluating, disseminating, and applying the professional scientific literature, including evidence-based interventions, through the integration of research, data, and disciplined scientific inquiry
  - Demonstrate the application of best available research + clinical expertise + client values, beliefs, identity, perspectives, and worldview in day-to-day practice
- **Qualitative Outcomes:**
  - 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 in psychotherapy and assessment and discuss how these fit/do not fit into the current practice milieu
  - Identify the pros and cons of evidence-based practice
  - Use and include professional literature support for interventions
- **Training Plan and Activities (Practice Requirements):**
  - Didactics and Supervision: Provide access to current literature and scientific information through journal articles, internet access, materials, and practice
  - On-line TF-CBT modules (Certificate Required)
  - 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
- **Learning Elements**
  - Documents use of 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 and/or documents and implements planned interventions using manualized treatments (e.g. TF-CBT; PCIT) or documents the use of adapted evidence-based practices.
  - Able to discuss the pros and cons of using EBP's
  - Develops a data-driven process for monitoring client treatment
  - Identify and discuss specific variables that impact the incorporation and use of evidence-based practice and integrate this information into their case conceptualization
  - Cite and integrate information from professional literature into supervisory discussions of their cases and/or discusses the use of reflective practice and/or disciplined scientific inquiry
- **Expected Minimal Quantitative Outcome**
  - Domain rating score of 3 or better by completion of the internship
- **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

## 2. Professionalism: Develop and demonstrate the professional identity of a health services psychologist

### A. Values, Attitudes, and Behaviors (SoA):

- **Training Aims:**
  - Develop and demonstrate a broad and contextually responsive understanding of the role of the Health Service Psychologist across professional settings
- **Qualitative Outcomes:**
  - Intern demonstrates the values, attitudes, and behaviors that represent the characteristics of professionalism, ethical integrity, collaborative teamwork, effective communication skills, reflective practice, and sharing knowledge and skills to others
  - 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 affects professional settings
  - Demonstrates understanding about the unique organizational structure and culture of the agency and each training setting
  - Demonstrate a pattern of behavior consistent with safeguarding the welfare of others
  - Intern identifies their areas of competence, expertise, and areas of additional need
  - Intern identifies sources of role conflict/confusion/diffusion and can clarify their role across settings
  - Intern recognizes the complexity of their role in systems and identifies specific competencies and areas of growth
- **Training Plan and Activities (Practice Requirement)**
  - Provide opportunities to observe and interact with professional psychology role models as well as role models across disciplines. Activities include MDT's, Clinical Team Meetings, Community Meetings
    - Internship Orientation
    - Agency Orientation
    - Supervision
    - Didactic Training
    - Team Participation
    - Meetings
- **Learning Elements:**
  - Demonstrates the values, attitudes, practices, and behaviors that are responsive to the context of the situation and reflect a broad and deep understanding and acceptance of the normative standards of the setting and the profession of psychology
  - Identifies their own strengths and weaknesses and develops plans for addressing these areas
  - Monitors and resolves situations that challenge professional values and integrity
  - Conducts self in a professional manner across settings and situations
  - Accepts personal responsibility across situations and contexts

- Safeguards the welfare of others
    - ❖ Protects confidentiality
    - ❖ Maintains professional documentation
    - ❖ Addresses limitations of confidentiality
    - ❖ Clarifies role as mandated reporter
    - ❖ Advocates for clients' best interests
- **Expected Minimal Quantitative Outcomes:**
  - Domain rating score of 3 or better by completion of the internship
- **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 A. 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, Professional and Legal Standards (SoA)**

- **Training Aims:**
  - To expose interns to specific ethical codes and standards, ethical dilemmas, and legal mandates governing the professional practice of psychology.
  - Demonstrate the application of professional values, ethics, demeanor, behavior, communication, reflective practice, and self-care
  - Apply ethical concepts and awareness of ethical and legal issues regarding professional activities with individuals, groups, and organizations
  - Expand the knowledge about unique ethical issues in clinical practice with children and families
- **Qualitative Outcomes:**
  - Act in accordance with all applicable ethical codes and standards and identify any potential ethical concerns, dilemmas, situations, or processes that require consultation
  - Articulate and identify situations when ethics, law, and regulations affect psychological practice.
  - Identify key steps in ethical decision making
  - Identify any unique contextual ethical issues in the assessment and treatment of children and families in specific practice settings
- **Training Plan and Training Activities: (Practice Requirement)**
  - Expose interns through didactic training, clinical experience, role modeling, supervision, and consultation to the unique ethical issues working with children, adolescents, and families
  - Provide current PA Vocational Standards and Professional Practice Act
  - Provide and review APA Ethics Code
- **Learning Elements:**
  - Demonstrates working knowledge of APA & NASP Ethics Codes, and PA Psychologists Practice Act
  - Identifies unique ethical and legal issues in the treatment of children
  - Seeks appropriate supervision or consultation for complex ethical dilemmas
  - Uses appropriate ethical decision-making strategies to address ethical dilemmas

- Responds to questions and supervisory feedback about their practice in relationship to ethical and legal mandates governing the practice
- Aware of the interface between ethics, the law, and practice; consistently use consultation and supervision to enhance professional functioning
- **Expected Minimal Quantitative Outcomes:**
  - Domain Score of 3 or better by completion of the internship
- **Supporting Evidence**
  - Discusses in supervision and other venues (e.g., case presentations) general ethical issues relevant to clinical practice.
  - Identifies potential ethical issues pertinent to their clinical work with clients.
  - Integration of ethics in case and assessment presentations
- **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. Interprofessional and Interdisciplinary Skills (SoA)**

- **Training Aims:**
  - Demonstrate the ability to form, develop, and maintain productive interdisciplinary interpersonal working relationships with colleagues, supervisors, co-workers, and other professionals
  - Demonstrate the ability to develop a network of professional relationships characterized by respect, integrity, support, trust, and mutual recognition of each person's unique contribution to the team
- **Qualitative Outcomes:**
  - Intern will identify and document the development and maintenance of key interdisciplinary and professional relationships within work settings
  - Demonstrate relationships with other professionals are characterized by professional respect, courtesy, professionalism, and integrity
  - Identify opportunities for collaboration with other professionals to solve a problem
  - Demonstrate the ability to shift roles in response to team context (e.g., can lead when needed or can be an active participant)
  - 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
- **Training Plan and Activities: (Practice Requirement)**
  - Interns will engage in relationships with staff and professional colleagues across disciplines.
  - Function as part of teams (MDT's, Clinical Meetings, IEP meetings, Consultation meetings, Red Flag meetings)
- **Learning Elements:**
  - Documents and discusses the establishment, development, maintenance, and reciprocal influence interdisciplinary relationships
  - Interdisciplinary or professional relationships include individuals outside of their professional work context
  - Demonstrates leadership, collaboration, consultation, communication, advocacy, and respect for others
  - Demonstrates the ability to shift roles (role flexibility) in response to team context (e.g., can lead when needed or can be an active participant)
- **Expected Minimal Qualitative Outcomes:**

- Domain Score of three or better by completion of the internship
- **Supporting Evidence:**
  - Successful participation in at least two (2) leadership activities during the internship year (e.g., calling and leading a red flag meeting; taking on a leadership role on a project; in-service training of staff).
- **Competency Measurement:**
  - Intern will be evaluated on a regular basis, through multiple informant direct observations, feedback, and supervision with expected competency at the intermediate to advanced level of proficiency.

#### **D. Communication and Work Skills: (SoA)**

- **Training Aims:**
  - To function as a professional health services psychologist who demonstrates the following critical work skills
    - ❖ Effective verbal and written communication
    - ❖ Maintaining an organized schedule and work plan
    - ❖ Effective time management
    - ❖ Thorough, accurate timely, and professional documentation
    - ❖ Consistent professional demeanor and appearance
- **Qualitative Outcomes:**
  - Intern will demonstrate the following communication and work skills necessary to function as a professional in a variety of contexts.
    - ❖ **Department:** Maintain a professional demeanor and appearance at work
    - ❖ **Promptness:** Report to work/training/meeting on time
    - ❖ **Organization:** Having a system for managing tasks, time, and self
    - ❖ **Timeliness:** Complete all assigned tasks in a timely and organized manner
    - ❖ **Thoroughness/Completeness:** Documentation is done in a manner consistent with Sarah Reed Children's Center policy and practices and in accordance with all applicable federal, state, regulatory, and best practice guidelines
    - ❖ **Verbal Communication:** Verbal communication is to be always respectful
    - ❖ **Written Communication:** All written communication relevant to documentation of professional and clinical work in the context of internship training must have the Training Director's or their designee's signature of approval
    - ❖ **Professional appearance:** Interns are expected to abide by and follow all applicable SARCC dress code policies
- **Training Plan and Activities: (Practice Requirement)**
  - Engage in a wide variety of work-related functions including but not limited to meetings, management of assigned tasks, and clinical documentation
- **Learning Elements:**
  - Demonstrates the ability to maintain acceptable communication and work habits in relationship to self and others
  - Requires limited or minimal feedback, direction, or guidance in day-to-day training activities
  - Models effective and respectful communication for others
  - Recognizes and takes concrete steps to remedy any specific areas of skill that are problematic or challenging
  - Seeks out feedback from others about their communication and work habits that are problematic or underdeveloped to improve in this area

- **Expected Minimal Quantitative Outcomes:**
  - Domain Score of 3 or better by completion of the internship
- **Supporting Evidence**
  - Professional behavior in compliance with all policies and procedures as identified in this intern handbook and the Sarah Reed 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: Self-Assessment and Self-Care (Program Specific)**

- **Training Aims:**
  - To promote and support continued use of life-long learning, scholarship, critical thinking, disciplined scientific inquiry, reflective practice, and self-care
  - To manage internship training stress with appropriate and individualized self-care
  - Professional practice is conducted in a manner that accounts for stress, vicarious trauma, and burnout, with personal and professional self-awareness, compassion, and self-reflection
- **Qualitative Outcomes:**
  - 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
  - Articulates boundaries of professional competence and when they require additional support, direction, guidance, and supervision
  - Demonstrates a willingness to identify and accurately assess own strengths and areas in need of improvement
  - Intern identifies some general ways that they practice self-care to minimize stress, burnout, and problematic behaviors
  - Seek out, recognize, and act upon differences between one's own and others' assessment of self and attempt to resolve any incongruities
  - Identify specific and consistent use of self-care strategies
- **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 Self-Care Plan, intern disclosure of concerns, feelings, and thoughts about their work, and ability to respond to supervisory feedback about self-care
- **Learning Elements**
  - Articulates and maintains boundaries of own professional competence and takes concrete steps to address these gaps
  - Actively seeks out information, data, literature, consultation, and supervision to attempt to gain the necessary skills to meet the demands of challenging situations
  - Seek out, recognizes, and acts upon differences between own and others' assessment of self and attempts to resolve these incongruities
  - Practices routine self-care regardless of level of stress
  - Balances internship/work requirements with other life stressors
- **Expected Minimal Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship

- **Supporting Evidence**
  - Intern completes plan for self-assessment identifying at least one area for growth and development each quarter
  - Intern develops a plan to actively address area for self-assessment
  - Intern identifies future skills and competencies for growth and development
- **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

### **3. Individual and Cultural Diversity (SoA)**

- **Training Aims:**
  - Aim: Demonstrate the ability to practice competently with diverse individuals, groups, and organizations
- **Qualitative Outcomes:**
  - Interns 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
  - Recognizes that diversity occurs along multiple dimensions of humanity
  - Articulates and chooses assessments, treatments, and interventions that are appropriate for the individual's cultural, racial, and ethnic background
  - Identifies treatment approaches that may be problematic due to cultural barriers
  - Consistently recognizes how cultural, racial, ethnic, and other diversity variables affects client's response to therapist and treatment
  - Addresses potential issues of diversity with a client
  - Monitors and applies knowledge of one's own behavior and culture background during assessment, treatment, and intervention
  - Reviews the literature to identify and uses culturally relevant best practices
  - Demonstrates the capacity to maintain relationships with diverse clients and families
  - Monitors and reflects on own process vis-à-vis their own cultural identity in relation to work with others
  - Demonstrates integration of culturally relevant data in case conceptualization and assessment
  - Identifies situations requiring additional research to inform practice with diverse clients
- **Training Plan:**
  - To use discussion, supervision, professional literature, and didactics to address and respond to issues of diversity and cultural competence
  - Interns will apply skills and knowledge and engage in reflective practice with diverse individuals. Interns will participate in Cultural Competence Seminar
- **Learning Elements:**
  - Integrates culturally relevant data and information into practice
  - Documents in supervision, discussion, and didactics how own cultural background including biases, prejudices, beliefs, values, and attitudes impact their practice
  - Intern addresses, confronts, and challenges cultural or diversity issues that arise in practice with an awareness of self and context
  - Identifies possible sources of tension, concern, and challenges posed by cultural or issues related to diversity and seeks out information about how to address these issues
  - Demonstrates awareness and is responsive to questions and discussion about culture and diversity and how these impact practices

- **Expected Minimal Quantitative Outcomes:**
  - Total domain score of 3 or better by completion of internship
  - Participation and engagement with activities in CC seminar
- **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

#### **4. Intervention/Professional Practice: Applications of Practice and Experience (SoA)**

##### **A. Assessment**

##### **1. Clinical Assessment: Interviewing, Diagnosis/Diagnostic Clarification and Treatment Recommendations**

- **Training Aim:**
  - Demonstrate the ability to engage in a variety of clinical assessment practices including interviewing, differential diagnostics, applying treatment recommendations, and report writing
- **Qualitative Outcomes:**
  - Interns will learn to conduct clinical interviews (data and information gathering) and develop differential diagnoses, and identify appropriate treatment recommendations
  - Ability to conduct a biopsychosocial interview to obtain relevant developmental, educational, medical, social/emotional history, establish diagnosis, and make treatment recommendations
  - 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)
  - Presents completed evaluation in a timely manner to the supervisor
- **Training Plan:**
  - To provide opportunities for interns to learn how to develop a comprehensive assessment as part of clinical practice
- **Learning Elements:**
  - Independently conducts comprehensive clinical interview with all clients
  - Conducts interviews comfortably and in a manner that engages the client and family in the process
  - Completes all clinical assessments, identifying all domains of functioning including differential diagnosis, treatment recommendations and additional assessment needs
  - Clinical assessments account for and integrate relevant information regarding client and family diversity including but not limited to culture, race, ethnicity, language, religion, gender identity, sexual orientation, and SES
  - Produces clear, succinct reports comprehensively integrating information gleaned from a variety of sources (e.g., behavioral observation, tests, interview, chart), into a coherent case conceptualization.
  - Reports are timely, accurate, and professionally written
  - Makes appropriate treatment recommendations based on best available evidence, current local standards of practice, client and family variables, and clinical judgement
  - Demonstrates knowledge and application of DSM V diagnostics and differential DX
- **Expected Minimal Quantitative Outcomes**
  - Total Domain score of 3 or better by completion of the internship.
- **Supporting Evidence**
  - Demonstrate the use of formal and informal methods of assessment in clinical practice
  - Demonstrate the ability to interview a child and family, establish rapport, complete a clinical interview, provide feedback, and develop diagnostic and treatment recommendations

- **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. Psychological Assessment: Use of formal, standardized psychological testing instruments:**
- **Training Aim:**
  - To demonstrate the ability to develop, formulate, and conduct comprehensive psychological assessments in clinical practice (administration, scoring, interpretation, and report writing)
- **Qualitative Outcomes:**
  - Interns will conduct full psychological assessments on assigned cases
  - Demonstrate accurate, comprehensive, and timely completion of an assigned psycho-educational battery
  - Development and case presentation of an advanced assessment case
- Complete psychological assessments within the expected timeframe
- **Training Plan:**
  - Provide opportunities to engage in psychological assessment with children and adolescents
- **Learning Elements:**
  - Completes evaluations in a timely, accurate manner, according to applicable laws, regulations, and professional standards of practice
  - Adapts to and conducts assessments in a flexible, responsive manner
  - Identifies, discusses, and remedies potential barriers, concerns, or conflicts with the specific assessment instruments used during testing
  - Identifies alternative instruments or procedures in situations where problems/barriers exist with the current assessment battery
  - Provides feedback about the assessment process that is highly specific and helps inform the team's understanding of the child.
  - Assessment results account for and integrate relevant information regarding diversity including but not limited to culture, race, ethnicity, language, religion, gender identity, sexual orientation, and SES
  - Evaluations are free of technical errors, spelling or grammatical mistakes
  - Incorporates professional literature highlighting potential conflicts, problems, or barriers that could impact the testing process
- **Expected Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship
- **Supporting Evidence:**
  - Psychological assessments meet all applicable requirements and standards
  - Assessments signed off by the Supervisor of Assessment
  - Advanced assessment case presentation to faculty
- **Competency Measurement**
  - Ongoing multi-informant evaluation (see intern evaluation form) through multiple intern activities and expected competency at the intermediate to advanced level of proficiency

## **B. Intervention**

### **1. Case Formulation and Conceptualization**

- **Training Aim:**
  - To present a clear, concise, and comprehensive case formulation using an eco-systemic/biopsychosocial model
  - Present case conceptualization about etiology using a specific theoretical framework

- **Qualitative Outcomes:**
  - Three formal clinical case presentations
  - Use data to develop a detailed biopsychosocial synopsis of the individual child and systemic/relational functioning, including, but not limited to the following:
    1. Developmental history
    2. Family history
    3. Genogram
    4. Trauma history
    5. Client and family strengths and areas of need
    6. Relevant information regarding diversity (e.g., cultural differences, language, gender, race, ethnicity, SES, religion, environment, etc.)
    7. Diagnostic formulation using DSM-5 and ICD-10
    8. Hypothesized etiology and theoretical orientation
    9. Proposed/actual course of treatment
  - Presentation includes appropriate requests for constructive feedback and suggestions
  - Identifies personal and professional challenges developing a comprehensive case conceptualization and case formulation
  - Conceptualization reflects an integration of available data, established psychological theory, professional literature, and the use disciplined scientific inquiry and reflective thinking
- **Training Plan:**
  - Expose interns to case conceptualization and case formulation through didactics, training, practice, and supervision
- **Learning Elements:**
  - Utilizes data, hypotheses, and theory to conceptualize client and/or family problems
  - Demonstrates a comprehensive and cohesive plan that accounts for all relevant variables within a clear integrated orientation or framework
  - Establishes linkage between assessment, conceptualization, and practice using multi-method data collection strategies
  - Identify, evaluate, incorporate, and modify evidence-based interventions for the client's presentation and treatment setting
  - Conceptualization of cases incorporates integration of how diversity variables impact case formulation
- **Expected Minimal Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship
- **Supporting Evidence**
  - Case conceptualization reflects a year-long, increasingly complex multi-modal integration of available data, established psychological theory focused on etiology, citations from the professional literature, and critical thinking
  - Treatment plan/case formulation is based on case conceptualization
- **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. Psychotherapy/Counseling and Treatment Intervention/Practice Skills**
  - **Training Aims:**
    - To train and supervise interns to conduct effective psychotherapy with children, adolescents, and families

- To train and supervise interns to run effective psychotherapeutic groups
- **Qualitative Outcomes:**
  - Interns will demonstrate and document the following skills conducting individual, family, and group psychotherapy
- **Training Plan:**
  - Provide opportunities to engage in psychotherapy practice with children, families, and groups
- **Learning Elements:**
  - **Boundaries**
    - ❖ Establish and maintain a treatment frame (e.g., time, space, outside agencies, outside relationships, setting schedules and sticking to times)
    - ❖ Demonstrate the ability to maintain treatment boundaries with client and family (e.g., understand who needs to know what information for treatment purposes)
    - ❖ Understand the unique variables associated with child and family treatment in congregate care and day treatment settings
    - ❖ Understand and protect the client from intrusions into privacy and confidentiality
  - **Therapeutic Alliance**
    - ❖ Act to safeguard the welfare of clients and families
    - ❖ Establish rapport with a client
    - ❖ Convey warmth, genuineness, and empathy.
    - ❖ Understand and develop a therapeutic alliance with the client
    - ❖ Recognize a variety of forms of therapeutic alliance
    - ❖ Enable the client to actively participate in treatment
    - ❖ Recognize and attempt to repair disturbances in the therapeutic alliance
    - ❖ Maintain objectivity
    - ❖ Establish a treatment focus
    - ❖ Provide a holding/safe therapeutic environment
  - **Listening – the ability to:**
    - ❖ Listen non-judgmentally and with openness
    - ❖ Listen and effectively summarize what the client/family states and provide feedback/validation/reflection/challenge
  - **Emotions – the ability to:**
    - ❖ Recognize and specifically describe affects
    - ❖ Tolerate direct expressions of hostility, affection, sexuality, and other powerful emotions
    - ❖ Recognize and describe (to one’s supervisor) one’s own affective response to the client
    - ❖ Recognize and tolerate one’s uncertainties as a trainee in psychotherapy
  - **Understanding – the ability to:**
    - ❖ Empathize with the client’s feeling states
    - ❖ Convey empathic understanding
    - ❖ Respect client as a whole person with strengths and needs
    - ❖ Validate feelings in contrast to behaviors
    - ❖ Develop capacity for joining with family
  - **Resistance/Defenses – the ability to:**
    - ❖ Identify problems in collaborating with treatment or the therapist
    - ❖ Recognize defenses as clinical phenomena
    - ❖ Recognize obstacles to change and identify ways to address them
  - **Techniques of Intervention – the ability to:**

- ❖ Maintain focus in treatment
- ❖ Confront a client's statement, affect, or behavior
- ❖ Assess patient's readiness for interventions
- ❖ Implement 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)
- ❖ Assess the patient's response to interventions (progress monitoring)
- ❖ Assess readiness for and manage termination from treatment
- ❖ Identifies barriers or issues impacting their engagement with the client and/or family
- **Management of Case: the ability to:**
  - ❖ Recognize the role and need for other professionals to meet the needs of the client
  - ❖ Able to identify conflicts, boundary concerns, ethical issues in their work with clients and families
  - ❖ Respond to the demands of other case professionals in a timely manner
  - ❖ Establish, develop, and implement progress monitoring system
  - ❖ Regularly bring to supervision data demonstrating progress monitoring
- **Cultural Competence**
  - ❖ Recognize and respond to complexity of human diversity in clients including identities, beliefs, cultural values, world views, etc.
  - ❖ Demonstrate the ability to address cultural differences in the context of psychotherapy
  - ❖ Identify and address conflicts when cultural issues emerge in practice
- **Evidence-based Practice**
  - ❖ Understand and recognize the pros, cons, benefits, risks, and limitations of evidence-based practice in applied settings
  - ❖ Apply knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client values, attitudes, beliefs, and preferences
  - ❖ Demonstrate a sustained pattern of regular and consistent efforts (at least monthly) to measure the quality of their relationship with their clients
- **Expected Minimal Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship
- **Supporting Evidence:**
  - Maintain weekly individual child and family therapy or contact
  - Timely, accurate and complete documentation of clinical work
  - Provide evidence of progress monitoring and regular feedback to client and family regarding progress
  - Complete all other case related documentation including treatment plan updates for the EMR
- **Competency Measurement**
  - On-going multi-informant 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

### 3. Crisis Intervention

- **Training Aim:**
  - To demonstrate and apply the knowledge and skills necessary to complete Safe Crisis Management (SCM) and use these skills to de-escalate clients in crisis
- **Qualitative Outcomes:**
  - Successfully complete SCM training

- Demonstrate the skills to verbally de-escalate a client crisis
- Identify crises and determine best course of action
- Demonstrate the use of verbal de-escalation skills during crisis situations
- Effectively assess the danger to self and others and make appropriate clinical recommendations
- **Training Plan:**
  - Document the completion of SCM and use de-escalation strategies during crises
- **Learning Elements:**
  - Responds to crises using skills learned in SCM
  - Develops and implements a safety or crisis plan consisting of an intervention, consultation, and follow-up with outcome data, recommendations, and a revised plan of action
  - Recognizes when consultation is required to respond to a crisis
  - Uses Sanctuary tools such as red flag meetings to address on-going client escalation and crises
- **Expected Minimal Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship
- **Supporting Evidence:**
  - Certificate or other evidence of completion of SCM
  - Identifies key strategies used in application of crisis intervention with clients, students, or other individuals
  - Provides documented evidence of crisis intervention activities (e.g., clinical progress notes, etc.)
- **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

#### 4. Consultation (SoA)

- **Training Aim:**
  - Demonstrate effective consultation practices by planning and implementing a collaborative intervention for a specific, identified problem area, behavior, or program
- **Qualitative Outcomes:**
  - Establish and identify specific consultant-consultee relationships
  - Identify a specific model and steps used in professional consultation
  - Identify conflicts, ethical issues, or challenges associated with consultant role
  - Demonstrate the ability to shift functions/roles and behavior to meet situational demands
  - Select appropriate and contextually sensitive data gathering and assessment tools to address the referral question
  - Develop and implement planned interactions between the intern (consultant) and one or more clients or colleagues (consultees) relative to a problem, person, area, or program
  - Base psychological consultation on principles and procedures found within psychology and related disciplines which a professional psychologist applies her/his areas of expertise in response to the presenting needs and stated objective of consultees
  - Apply areas of expertise in response to the presenting needs and stated objectives of the consultee
  - Demonstrate that they can work in a respectful, collaborative, integrative, and informed manner within their field and with other disciplines and professions
  - Able to work with individuals, groups, systems, and organizations that may have diverse values, ethical perspectives, and worldviews, and may be accountable to different constituencies
  - Prepare clear, useful consultative reports and recommendations to identified practices
  - When appropriate, provides effective feedback (verbal/written) to consultees
- **Training Plan:**

- Provide interns with exposure and experience consulting in agency and school settings
- **Learning Elements:**
  - Formal consultative activities incorporate the following factors:
    - knowledge of professional literature on consultation
    - clear articulation of rationale for the consultation activity
    - fluent and comfortable implementing consultation
    - openness to feedback about their consultation
    - develops a follow-up plan to address any feedback
  - Participates in consultation activities as part of a larger team
  - Demonstrates the capacity to effectively shift functions/roles and behavior to meet situational demands
  - Demonstrates that they can work in a respectful, collaborative, integrative, and informed manner within their field and with other disciplines and professions
  - Works effectively with individuals, groups, systems, and organizations that may have diverse values, ethical perspectives, and worldviews, and are accountable to different constituencies
  - Engages in consultation with other professionals when area is outside of scope of practice
- **Expected Minimal Quantitative Outcomes:**
  - Uses at least 2 types of applied consultation service models
  - Total domain score of 3 or better by completion of the internship
- **Supporting Evidence:**
  - Identify in written format at least two separate consultative activities, which include feedback to consultee
- **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

## **5. Supervision (Providing Supervision):**

- **Training Aim:**
  - Expose interns to supervision models and practices
  - To apply the practical skills necessary for supervising a trainee in the field (If possible)
- **Qualitative Outcomes:**
  - 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
  - Document a video-taped or live supervision session or document feedback given to supervisee
  - 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
  - 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 they are comfortable with in their own work
  - Apply a selected supervision model in actual practice (when available)
  - Participate in supervision of supervision group
- **Training Plan:**

- Interns will be exposed to various models of supervision and if able, to practice supervising.
- **Learning Elements:**
  - Demonstrates knowledge of models, theories, and research relevant to providing supervision to others.
  - Establishes a climate of trust, support, and understanding of supervisee
  - Communicates effectively in giving suggestions and feedback to supervisee
  - Sets effective goals for supervision in collaboration with supervisee
  - Provides information and teaches counseling and assessment skills appropriately
  - Demonstrates the ability to assess skill level of supervisee
  - Demonstrates ability to formulate and carry out evaluations and to manage the evaluative role, while balancing support and challenge
  - Models respect, openness, and awareness towards all aspects of diversity and its impact on both the therapeutic and supervisory process
  - Effectively uses supervision of supervision to enhance skills as a supervisor
  - Promotes awareness of ethical and legal issues
- **Expected Minimal Quantitative Outcomes**
  - Total Domain Score of 3 or better by completion of the internship
- **Supporting Evidence:**
  - 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

## **6. Trauma Informed Care and Trauma Specific Treatment (Program Specific)**

- **Training Aims**
  - Aim: Demonstrate the ability to understand and integrate the role of trauma in the development of emotional and behavioral difficulties (trauma Informed care)
  - To demonstrate the knowledge of trauma informed care (Sanctuary, et al.) and trauma-specific interventions (TF-CBT)
- **Qualitative Outcomes:**
  - Incorporate trauma informed approach to case conceptualization
  - Discuss and/or apply concepts from trauma specific intervention literature
  - Apply S.E.L.F. model to clinical cases
  - Address implications of trauma in clinical work
  - Apply interventions derived from evidence-based trauma specific services
- **Training Plan:**
  - Provide interns with exposure to the Sanctuary Model and other evidence-based trauma specific interventions
- **Learning Elements:**
  - Demonstrate use of specific interventions adapted from the on-line training or used in the professional literature to address trauma
  - Identifies ways to use TF-CBT or other trauma specific interventions with a client
  - Apply S.E.L.F. model to clinical cases
  - Develop a plan to educate client about trauma using psycho-educational materials

- Identifies specific client trauma experiences during supervision
- Identifies ways to engage in self-care to combat vicarious trauma
- **Expected Quantitative Outcomes:**
  - Total Domain Score of 3 or better by completion of the internship.
  - Complete TF-CBT online training and 1 additional trauma training CE course (certificate required for advanced competency)
  - Complete Sanctuary Model Training
- **Supporting Evidence:**
  - Completion of TF-CBT online training with certificate
  - Completion of Sanctuary Model Training
  - 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