

Pre-Doctoral Psychology Internship

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Washburn Center for Children Minneapolis, MN

Revised 4-01-11

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I. THE SETTING

Minneapolis, Minnesota is located in the southeast corner of Minnesota. The metropolitan area is referred to as the Twin Cities due to the proximity between Minneapolis and St. Paul, Minnesota's capitol. The two metro areas, and two largest cities in the state, are divided by the Mississippi River, with St. Paul to the east and Minneapolis to the west. Minneapolis hosts 382,618 residents and is located in Hennepin County, which includes over 45 other communities with a population of over one million. As of the 2000 census, there are 162,352 households and 73,870 families residing in the city. The racial makeup of the city is 65.13% White, 17.99% African American, 2.19% Native American, 6.13% Asian, 0.08% Pacific Islander, 4.13% from other races, and 4.36% from two or more races. 7.63% of the population is Hispanic or Latino of any race.

Minneapolis takes its name from the Dakota word for water ('minne') and the Greek word for city ('polis'), and is sometimes called the "City of the Lakes." The many lakes in the Twin Cities provide miles of walking and biking trails, and opportunities for picnics, swimming, canoeing, and boating. Today, Minneapolis continues to be referred to as the Mill City, after the industry that fostered its initial economic growth. More recently, the city has become notable for its medical and financial industries, as well as the largest shopping mall in the United States, the Mall of America (located in Bloomington, a suburb south of Minneapolis).

Minneapolis is home of the original and the largest campus of the University of Minnesota, a Big Ten university with more than 45,000 undergraduate and graduate students enrolled in the Twin Cities alone. The Twin Cities hosts several other private colleges as well. Along with St. Paul, Minneapolis claims to have the highest per capita attendance at theater and arts events outside of New York City, perhaps boosted by its famously harsh winters. The Twin Cities hosts several professional sports teams, including the Timberwolves and Lynx (basketball), the Wild (hockey), the Vikings (football), the Swarm (lacrosse), and the Thunder (soccer).

II. THE AGENCY – WASHBURN CENTER FOR CHILDREN

HISTORY

Washburn Center for Children was founded in 1883 by Cadwallader Colden (C.C.) Washburn. Originally from Maine, Washburn was governor of Wisconsin and was a Civil War general. In Minnesota, he is most known for his work in the milling industry. Back in the 1880s, Minneapolis was known as the Flour Milling Capital of the World. The distinction was due to the entrepreneurial efforts of Cadwallader C. Washburn, founder of the Washburn Crosby Milling Company, now General Mills.

Unfortunately, although flour milling was very prosperous, it was also very dangerous. On May 2, 1878, an explosion at the Washburn “A” Mill on the Minneapolis Riverfront killed 14 employees and left orphaned children behind.

Being so touched by the loss of life, Cadwallader Washburn left money in his estate to build a home to serve children “without question or distinction as to age, sex, race, color, or religion.” In 1883, the Washburn Memorial Orphan Asylum was established.

The orphanage was built at 50th and Nicollet Avenues in south Minneapolis in the late 1800s. Today, Ramsey Junior High School is built on the grounds where the original orphanage stood.

The orphanage operated for approximately 40 years. In 1929, the Washburn Memorial Orphan Asylum became a foster home care placement agency. In 1951, the Board of Trustees decided that the Washburn organization should dedicate itself to children with emotional and behavioral problems and the Washburn Child Guidance Clinic was formed. When it started, the clinic employed four staff people working out of offices in the old St. Barnabas Hospital.

As Washburn’s reputation grew, the agency moved to a building on 32nd and Lyndale Avenue South. In 1971, Washburn Child Guidance Center moved to its present south Minneapolis location at 2430 Nicollet Avenue South. Today Washburn has additional Outpatient sites in Brooklyn Park and Minnetonka, as well as 18 sites across three districts (Minneapolis, Bloomington, and Eden Prairie) in our School Mental Health Program. Washburn’s staff of more than 110 people serve nearly 2,500 children and their 7,000 family members each year in the Twin Cities and its surrounding suburbs, primarily in Hennepin County. Washburn changed its name to Washburn Center for Children in 2007.

TODAY

Washburn Center for Children is a non-profit agency that provides assessment, consultation and therapeutic services for children, adolescents, and families in the Twin Cities metro area. The mission of Washburn Center for Children is to help children with social, emotional, and behavioral problems, and their families, lead successful lives. This mission is accomplished by providing diagnostic, therapeutic and education services to children and their families who are experiencing or who are at risk to experience emotional and/or behavioral problems. Washburn Center for Children promotes building family strengths to support children, emphasizes a preventative approach to mental health problems, and stresses the development of positive self-esteem in children.

Two of Washburn’s programs are provided free of charge (Early Childhood Outreach and Family Focus). The Outpatient, Day Treatment, Crisis Stabilization, and Home Front programs collect third party insurance for services. For clients who do not have insurance, Washburn has a sliding fee scale. The agency is funded by a contract with Hennepin County, income from endowment, fees for service, Greater Twin Cities United

Way, the State of Minnesota, and charitable donations from individuals, corporations, and foundations. The overall percentage of clients enrolled in Medical Assistance is 60%, but the percentage is about 85% in more intensive programs such as Day Treatment. The clients who choose to come to Washburn continue to become more diverse; approximately half of clients served agency-wide are people of color. With Spanish-speaking bilingual clinicians in four programs, the number of Latino clients has more than doubled over the last three years.

The children and youth Washburn Center for Children serve have a variety of problems which may include: depression, anxiety, difficulty adjusting to family changes, parental chemical dependency and mental illness, physical or sexual abuse, foster care placement, poverty and homelessness, behavioral problems, difficulty with school performance, poor social skills and low self-esteem. Data from testing and interviews with parents, children and professionals are used to make a diagnosis, if warranted, and recommend appropriate treatment plans and interventions.

As an agency, Washburn is a unique and committed training site, with a strong focus on children's mental health assessment and therapeutic services. Between 50-60 students receive training and clinical supervision in Washburn's programs each year at the post-doctoral, doctoral intern, graduate and undergraduate levels. From 2000-2006, the Pre-Doctoral Psychology Internship Program was a part of the Association for Psychology Postdoctoral and Internship Centers (APPIC)-approved consortium with Indian Health Board of Minneapolis. When the consortium dissolved in August of 2006, APPIC-approval was obtained for the Pre-Doctoral Psychology Internship Program at Washburn Center for Children. The Internship Program complies with the guidelines put forth by APPIC.

PROGRAMS AT WASHBURN CENTER FOR CHILDREN

Outpatient Program (3 offices – Minneapolis, Brooklyn Park, and Minnetonka)

The Outpatient Program provides counseling and support for families and their children through assessment, evaluation, and treatment. Services include individual and family therapy, psychological evaluations, and case coordination with other professionals who work with the family.

Washburn also provides Outpatient psychiatric services to clients in all of the treatment programs. The expectation is that clients receive concurrent psychiatric and therapy services.

The Predoctoral Psychology Internship Program operates primarily within the Outpatient Program. Interns see clients at one of the three Outpatient clinics for intakes, individual and family therapy, and group therapy. Interns may see clients from any of Washburn's other programs for psychological evaluation.

Day Treatment Program

The Day Treatment Program helps preschool and elementary age children develop the social, emotional and behavioral skills needed to be more successful in school and at home. Comprehensive individual and family therapy, case management and psychiatric services are provided, as well as consultation with the child's teachers and other school professionals. Aftercare is offered at the end of treatment to help children experience a smooth transition back into their community school classrooms.

Home Front Program

The Home Front Program helps children ages 5 – 17 who are dealing with multiple issues to develop life skills that will enable them to live in the community and be successful in their family, school, and work. The program provides culturally sensitive in-home and community-based services for families and their children who are at risk of being removed from their homes or have had out of home placements. The goal is to help families locate whatever services and supports are needed to help the child live successfully at home.

Crisis Stabilization Program

The Crisis Stabilization Program is a four-to-six week long intensive intervention for children or adolescents and their families with 24-hour on-call service. It is designed to address immediate needs in an effort to help the child avoid psychiatric hospitalization or other out-of-home placements.

Family Focused Program

The Family Focused Program provide services to families with young children who are at risk for abuse and neglect due to high levels of family stress. In-home and center-based therapy, groups for parents and children, and case coordination are provided. The program strengthens families, reduces risk for abuse and neglect, and supports healthy child development.

Outreach Consultation

The Outreach Program provides free training and consultation to childcare providers. The goals are to address the children's behavioral issues so they can continue in their childcare setting, or to identify a more appropriate setting when necessary, and to increase the skills of providers so they can better respond to each child's needs.

School Based Mental Health Program

The School Based Mental Health Program serves 18 schools within the Minneapolis, Bloomington, and Eden Prairie School Districts. The school based services include counseling and support for families and their children through comprehensive, child-focused assessment and treatment, as well as significant collaboration and outreach with school staff.

Mental Health Case Management

Mental Health Case Management helps children and families obtain needed mental health, social, educational, health, vocational, recreational, and related services.

III. MISSION AND TRAINING PHILOSOPHY

Washburn Center for Children is committed to providing a high quality, diverse, and comprehensive training experience to predoctoral psychology Interns within a community mental health center. The Internship Program utilizes the Capstone Model and considers itself a practitioner-scholar program. The Internship Program follows a year-long, full-time progression of training opportunities that build upon the Intern's previous academic and clinical experiences.

The Internship Program provides training in a broad range of skills needed by clinical psychologists working with children, adolescents, and families in community mental health. The Internship Program promotes the development of competencies in the following areas: professional conduct, ethics, and legal matters; individual and cultural diversity; theories and methods of psychological diagnosis and assessment; theories and methods of effective psychotherapeutic interventions; scholarly inquiry and the application of current scientific knowledge to practice; and, consultative guidance and supervision. Professional development is a vital part of the internship experience, and Interns participate in a weekly process group that addresses these emerging issues.

At the core of the Intern's training experience is providing direct assessment and intervention to a diverse urban and suburban population. Washburn is known for providing exceptional treatment to children and families who have endured trauma; however, within the Outpatient Program, the clinical work is rich and varied. We believe it is important for Interns to learn how to assess and intervene in a wide range of psychological issues that children, adolescents and families may present with. Interns who successfully manage the clinical demands at Washburn tend to be flexible, creative, and able to stay regulated and calm in the face of emotional distress. Further enriching the clinical work is the fact that Washburn serves a diverse population across sites, ensuring that Interns will expand their understanding of cultural diversity and the varied systems that children and families interact with – home, school, community, peer, legal, medical, financial, religious/spiritual, and county systems, to name a few.

Interns are supported in developing a range of intervention and assessment techniques, and didactic seminars are provided to increase Interns' skills. Underlying all techniques is the critical intervention of the therapeutic relationship; it is believed that the quality of the therapeutic relationship significantly enhances any intervention or approach that might be used. Furthermore, it is believed that a solid understanding of developmental stages, processes, and needs is crucial in assessment and implementation of intervention strategies with children and adolescents. Underscoring all clinical work is a solid understanding of the American Psychological Association's (APA) ethical standards and knowledge of the law regulating the practice of psychology. Interns are exposed to many theoretical orientations and supported in understanding and developing their own approach that best channels their skills as an emerging psychologist.

Collaboration and team-work is an essential component of mental health treatment of children and families at Washburn. Collaboration with other providers (clinicians, school staff, occupational or speech therapists, primary care physicians or psychiatrists, county staff) is required in order to provide comprehensive assessment and treatment. Interns collaborate both in obtaining critical information from collateral sources as well as collaborate to serve as an advocate and provide recommendations to other professionals whenever needed.

A vital aspect of clinical work and training at Washburn is the focus on cultural competence. Interns and other trainees, clinical and administrative staff, supervisors and directors all share the goal of enhancing their own cultural awareness and development. This is seen through Washburn's focus on cultural competency trainings, the focus on cultural dynamics and implications during case consultations, team meetings, and supervision, and through the activities of the Diversity Committee. One of the agency's strategic goals is to provide training and consultation for professionals in the community, at Washburn, and for students. Understanding cultural dynamics is recognized as critical to providing effective and respectful service and as a primary training need. Thus, cultural diversity is "alive" at all times in the work at Washburn Center for Children and the process of being open to issues of diversity is embraced throughout the agency. Interns are encouraged to explore their own cultural awareness through these activities as well as in their personal time in terms of exploring cultural events and opportunities in the community.

The Internship Program strives to prepare Interns for the demands of clinical work, as well as other possible professional activities such as supervision and teaching of psychological concepts. An important aspect of the Internship Program is helping Interns develop and expand their supervision skills. This is accomplished by having Interns supervise other young professionals (i.e., practicum students) over the course of the year and receive supervision on their supervision skills and experiences. Interns are also required to lead a seminar on a topic of their own choosing (with supervisory approval) in order to enhance their skills in integrating research findings and teaching psychological theory, concepts, and knowledge to their cohort and supervisors.

The Internship Program is committed to ensuring that Interns complete their Internship with sufficient supervised experience to feel confident treating a range of clients, diagnoses, and clinical problems. Upon completion of the Internship Program, Interns will be prepared for postdoctoral work and able to function semi-independently as they complete their final 2000 hours of supervised work (as required by the Minnesota Board of Psychology). All training time credited to the Internship Program is post-practicum and pre-doctoral.

IV. CLINICAL TRAINING EXPERIENCES AND GOALS

CLINICAL TRAINING EXPERIENCES

Predocutorial Interns applying to the Internship Program at Washburn Center for Children will gain experience working with children, adolescents, and families in the Outpatient Department within a community-based mental health setting. Interns work full-time (that is, 2000 hours for the training year, starting September 1st and ending August 31st), spending the majority of their time working within the Outpatient Department and seeing clients primarily within the clinic setting. Interns spend approximately 50% of their time in direct clinical service (i.e., diagnostic assessment/intake, family and individual therapy, group therapy, and psychological evaluation/feedback) and the remainder of their time is spent in training seminars, team case consultation, group consultation with the training cohort, support activities, and individual supervision. At the onset of internship, Interns outline their interests, goals, and skills. In this way, their Supervisors can as much as possible refer therapy and assessment cases to Interns that are commensurate with their clinical interests and training goals.

Clinical Experience and Care Coordination

At the core of the Intern's training experience is providing direct assessment and intervention to a diverse urban and suburban population. Interns provide supervised assessment and intervention at one of Washburn's three offices (Minneapolis/South, Brooklyn Park/Northwest, and Minnetonka/West) within the Outpatient Department. Interns have treated clients with a range of mental health diagnoses, including: Posttraumatic Stress Disorder, Bipolar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Adjustment Disorders, Obsessive Compulsive Disorder, Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Learning Disabilities, Adjustment Disorder, early-onset Schizophrenia, Asperger's Disorder, and Pervasive Developmental Disorder. Clients ages 3 – 18 are seen in Washburn's Outpatient Department. Several Outpatient staff are receiving training in DC: 0-3 assessment and treatment and it is hoped that this knowledge will be incorporated into the Internship Program. In addition, Interns have the opportunity to provide adult psychotherapy to a small number of adult clients, if desired, when parents/caregivers of Washburn clients are internally referred for their own outpatient therapy, which ultimately facilitates the child's treatment as well. Typical referral issues for adult clients include: depression, anxiety, trauma history, parent/child and other relationship issues, and family difficulties.

Interns are required to complete a minimum of eight comprehensive psychological evaluations with a range of psychological tests and are supervised to write comprehensive, integrative reports. Referrals for psychological testing come from Washburn's treatment programs; through this process as well as through shared therapy clients, Interns gain important exposure to preventative and intensive mental health treatment programming. Typical referral issues include diagnostic clarification and treatment recommendations. A typical battery might include an IQ test (e.g., Wechsler Preschool and Primary Scale of Intelligence, 3rd Edition, Wechsler Intelligence Scale for Children, 4th Edition, Wechsler Adult Intelligence Scale, 4th Edition), an achievement test (e.g., Woodcock Johnson, Wechsler Individual Achievement Test, 3rd Edition, Bracken), collateral report measures (e.g., Behavior Assessment Scale for Children, 2nd Edition, Attention Deficit Disorder Evaluation Scale, 3rd Edition, Behavior Rating Inventory of Executive Functioning, Vineland, 2nd Edition, Parenting Stress Index, Gilliam Aspergers Disorder Scale, Trauma Symptom Checklist for Young Children), self-report measures (e.g., Children's Depression Inventory, 2nd Edition, Beck Depression Inventory, Revised Children's Manifest Anxiety Scale, 2nd Edition, BASC-2, Trauma Symptom Checklist), projective measures (e.g., Rorschach Inkblots, Thematic Apperception Test or Children's Apperception Test, Robert's Apperception Test, projective drawings, incomplete sentences), and objective personality measures (e.g., Millon Adolescent Clinical Inventory, Minnesota Multiphasic Personality Inventory-Adolescent). Interns are encouraged to invite the referring Washburn clinician to the feedback session, with the consent of the parent/caregiver in order to ensure as much continuity of care as possible.

Interns spend about four months co-facilitating a therapy group (i.e., Dialectical Behavior Therapy). It is expected that at the onset, Interns observe the two Staff (one of whom is a Staff Psychologist) who are leading the group in order to learn the structure and flow of the group. After a period of observation, the Intern is supported in leading aspects of the group and offering therapeutic interventions within the DBT framework. By the end of the rotation, the Intern is expected to lead several groups with the support of the two Staff.

Interns provide care coordination services as needed as a component of complicated Outpatient cases. For example, they consult with teachers, county workers, psychiatrists and primary care physicians in order to integrate observations and impressions from collateral informants across settings and coordinate treatment.

Didactic Seminars

Interns attend bi-monthly, one-to-two hour didactic training seminars that focus on psychological assessment and feedback, including administration, scoring, and interpretation of a range of psychological measures used at the Agency and interspersed with case material to illustrate and teach. Interns are expected to present testing data in this seminar at least four times during the training year.

Interns also attend monthly, two-hour clinical topic seminars lead by Staff Psychologists as well as other Clinical Supervisors at Washburn that include topics such as child development, cultural diversity training, attachment models, ethics and professional issues, supervision models and topics, compassion fatigue and self-care, working with special populations and systems, and specific treatment interventions (e.g., Trauma Focused-Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), play and family therapy, Developmental Repair Model). Interns are also required to present on at least one topic during the training year. The topic might be an area that the Intern has some experience with or has researched previously, or may be a new area that the Intern would like to research in order to inform his/her clinical practice. This experience also serves to improve or enhance the Intern's skills in the teaching of psychological concepts.

Interns attend monthly 90-minute Agency In-services that are attended by Washburn Staff and cover a range of topics such as Child Protection issues, intervention strategies, cultural competency, forensic issues, and diagnosis-specific training. Please refer to Appendix C for a listing of past Agency In-services.

Didactic training is incorporated into the Outpatient team's bimonthly, 90-minute case consultation meetings, provided by our two consultants: Psychiatrist Richard Miner, MD, and Anne Gearity, PhD, LICSW. Dr. Miner focuses on psychiatric disorders, medication issues, comorbid health problems, and family dynamics/interventions. Dr. Gearity focuses on therapeutic process issues, including transference/countertransference, the treatment of complex trauma, and intervention strategies.

Interns participate in Agency didactic experiences such as Diversity Committee in which issues of cultural diversity are discussed, celebrated, and explored (e.g., topics such as personal cultural identity/exploration, issues relevant to minority populations such as Somali and American Indian peoples, GLBT issues, issues relevant to the poor and homeless, etc). Interns participate in additional Agency trainings (e.g., cultural competency series; four-day TF-CBT training); these types of trainings vary year to year based on grant funding and/or Staff training needs.

Community-Sponsored Trainings

Interns attend trainings in the community together (i.e., University of Minnesota Lessons from the Field series—see Appendix D for recent topics), along with at least one other Staff Psychologist, thus fostering a sense of collegiality that is intended to be replicated throughout their careers and in obtaining continuing education over time.

Interns attend all-day trainings on the topics of Cultural Competency (fall) and Supervision (spring) along with other Interns participating in Minnesota APA-approved Psychology Internships. The Directors of Training collaborate in setting the agenda and topics for these trainings. In addition to receiving excellent training, these trainings provide Interns with opportunities to network with other psychologists-in-training as well as supervisors from different training sites.

Clinical Supervision

Interns are assigned two licensed, Staff Psychologists for weekly, individual clinical supervision. Typically, a primary supervisor is selected from the Intern's designated Outpatient clinic; this Supervisor provides administrative supervision and may directly observe the Intern's clinical work when appropriate. Both Supervisors take an active interest in the Intern's emerging clinical skills and professional development, and provide feedback, role-modeling, guidance, and support to the Intern. Interns are expected to audio- or video-tape sessions to be reviewed in supervision. Supervisors are committed to providing a safe place for Interns to examine the therapeutic process, which inherently involves the very vulnerable exploration of the use of self in the therapeutic process as well as a genuine exploration of personal strengths and weaknesses (perceived "mistakes"). Supervisors are well-aware of the sensitive nature of the supervision process and strive to be available, responsive, and resourceful in the face of the Intern's training needs.

In addition to their LP supervision, Interns receive one hour of individual supervision each week with a Postdoctoral Fellow.

Another important aspect of the Internship Program is helping Interns develop and expand their own supervision skills. This is accomplished by having Interns supervise other young professionals (i.e., practicum students) over the course of the year and receive supervision on their supervision skills and experiences.

Department and Group Case Consultation

Interns attend bi-monthly Outpatient case consultation meetings focused on case discussion/presentation. Interns are encouraged to present cases/issues as often as needed, and at minimum four times over the course of the year. The Outpatient team is comprised of staff working from psychology, psychiatry, social work, and marriage and family backgrounds. At these meetings, Interns are exposed to a variety of viewpoints, intervention theories, treatment recommendations, and, as noted above, didactic training provided by Dr. Miner and Dr. Gearity.

Interns participate in a weekly, one-hour process group attended by the Interns and Postdoctoral Fellows, which is facilitated by a Staff Psychologist. This group is designed to provide the Interns a place separate from individual supervision to process training and development issues, and the content is kept private from the Intern's other supervisors. There is a strong focus in this group on professional development throughout the year; Interns participate in a formal, 60-minute presentation to the Training Staff (and any Washburn colleagues they choose to invite) on their developmental process at the end of the training year.

CLINICAL TRAINING GOALS

Within the training experiences described above, Interns work on developing competencies with the following core training goals:

1. Professional Conduct, Ethics, and Legal Matters
2. Individual and Cultural Diversity
3. Theories and Methods of Psychological Diagnosis and Assessment
4. Theories and Methods of Effective Psychotherapeutic Intervention (including individual, family, and group therapy)
5. Scholarly Inquiry and Application of Current Scientific Knowledge to Practice
6. Consultation Guidance and Supervision

Training activities including individual and group supervision, didactic training seminars, case consultation, in-services and community trainings all focus on one or more of the goal areas identified above. A description of the training goals and objectives that Interns are evaluated on informally throughout the year and formally at least twice during the training year is provided in Appendix A. A minimum rating of Intermediate is expected by the end of Internship.

Professional Conduct, Ethics, and Legal Matters

Ethical considerations are a continuous feature of clinical training. Interns attend a formal training on HIPAA and privacy rights, mandated reporting, and other ethical issues within the first month of their training, lead by Washburn's Chief Operating Officer. Interns review both APA and state guidelines for professional practice. These guidelines are discussed during individual supervision, case consultation, and didactic seminars throughout the training year.

Individual and Cultural Diversity

Interns receive training in providing culturally competent treatment to diverse and often under-served populations. Multicultural sensitivity and competence are a priority at Washburn; multicultural issues are often a topic of didactic trainings and Agency In-services, as well as often guide topics for discussion and clinical areas of education and services. In the past, Washburn has received grant-funding to provide at least three half-day all-Agency trainings focused on cultural competency over the course of the training year. Interns participate in bimonthly Diversity Committee meetings to enhance their own cultural awareness and ability to work effectively with diverse clients and colleagues.

Theories and Methods of Psychological Diagnosis and Assessment

Interns conduct Diagnostic Assessment sessions in which they meet for the first session with a parent/caregiver/guardian to review background information and presenting problems via a clinical interview; then, they meet for the second session with the client (and caregiver if appropriate) in order to conduct a mental status examination, gather

behavioral observations, assess current symptoms, and administer any tests that might aid in the diagnostic process. Interns are expected to simultaneously gather information and build rapport with the client and his/her family. Data gathered from the Diagnostic Assessment process is reviewed in supervision and/or case consultation in order to determine a mental health diagnosis (if warranted) and initial treatment objectives.

Psychological evaluation referrals are generated from all of Washburn's treatment programs. Interns are supervised in their administration, scoring, and interpretation of results from psychological assessment measures. They discuss both in individual supervision as well as in training seminars their assessment results, and how to integrate testing results with collateral information, background information, and behavioral observations in providing diagnostic impressions and treatment recommendations. Based on the referral concern, they write psychological reports that will be useful to caregivers, mental health professionals, courts, other agencies, school staff, etc. They are supervised in providing test feedback to clients and their families. Providing feedback may be role-played during didactic training seminars.

Interns will hone their skills in psychological assessment, including diagnostic interviewing, mental status examinations, and chart reviews. Interns will be supervised in the administration of a range of psychological tests, including intelligence, achievement, adaptive, objective personality, and projective personality tests (as noted above).

Theories and Methods of Effective Psychotherapeutic Intervention (including individual, family, and group therapy)

Individual Psychotherapy

Interns are provided clinical training with individual psychotherapy. Interns receive training in both long-term (at least six months) and short-term therapy. Interns are supervised in utilizing a range of theoretical approaches, based on client need, including cognitive-behavioral, psychodynamic, family systems, and play therapy, while maintaining a stable therapeutic relationship. Interns are introduced to specific evidence-based interventions such as TF-CBT and DBT. Interns are encouraged to utilize a developmental lens and integrate cultural dynamics as they conceptualize client presentation and treatment needs. Interns are expected to demonstrate proficiency in short- and long-term psychotherapy as well as crisis intervention and management.

Family Therapy

Interns are provided clinical training with family therapy. In their work with child and adolescent clients, Interns are supervised on how to integrate family therapy into the treatment, depending on the treatment issues. Interns also develop their competency in providing parent guidance and parent/child therapy.

Group Therapy

Interns participate in a four-month rotation of co-facilitating (along with at least one Staff Psychologist) a Dialectical Behavioral Therapy group attended by teenagers (ages 13-18) and their parent(s)/caregiver(s). After a period of observation, Interns are expected to take the lead with the group; for example, facilitating check-ins and providing instruction in the various skills sets.

Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

According to their particular area of interest or research, Interns are required to present/teach during at least one of the didactic training seminars in order to develop skills in the organization and presentation of material to their peers and other professional groups. In addition, they are expected to regularly present cases during case consultation to hone these skills specific to clinical material. Furthermore, Interns are supported in researching information relevant to their clinical practice as needed throughout their internship.

Consultation Guidance and Supervision

Consultation/Care Coordination

Interns participate in professional activities that provide experiences in consulting with other professionals (e.g., psychiatrists, physicians, county workers, teachers and other school professionals, etc.). Examples of such consultative activities might be attending school meetings for special education designation or feedback, attending psychiatric appointments on-site, attending collaborative meetings with mental health case managers to review treatment needs and resources, and/or meeting with county workers who have guardianship of a client. They are also expected to regularly provide feedback and/or recommendations to other Interns and/or colleagues who present cases.

Administration and Supervision

Interns gain experience in administration and supervision. Interns supervise doctoral level practicum students and discuss this experience during their own clinical supervision. They are also involved in the process of interviewing future Interns and practicum students, in order to develop their administrative skills in interviewing other professionals.

V. INTERNSHIP TRAINING OUTCOMES

At the beginning of the training year, each Intern is provided with the Washburn Center for Children Predoctoral Psychology Internship Program Intern Competency Assessment Form (see Appendix A). In this way, they become familiar with the goals of the Internship Training Program. At least twice a year the Intern's goals are formally reviewed and assessed, and their progress is evaluated, by utilizing the Intern's graduate

program's evaluation form as well as the Intern Competency Assessment Form. These evaluations are conducted twice a year – once midway through the internship and once at the end of the internship, or unless otherwise requested from the Intern's graduate program. Ratings and evaluation are informed by direct observation, tape-recorded sessions, review of raw test data, supervision, discussion of clinical interaction, consultation with other Staff involved in the Internship Training Program, and formal case and seminar presentations. In addition, Interns receive direct feedback consistently throughout the year.

Agency outcomes and tracking data are used to monitor achievement of goals, objectives and competencies. For example, a Productivity Report produced every two weeks helps the Intern and Supervisors track the Intern's amount of clinical work (diagnostic assessment, psychological testing, and therapy hours) to make sure that they are completing the necessary hours to best ensure and evaluate competency by the end of Internship. Reports such as Timeliness of Entry (regarding progress note completion), Treatment Plan Completion and Diagnostic Assessment (DA) Reports also help Supervisors evaluate the Intern's efficiency and organization/time management skills in completing daily and required paperwork/documentation. Interns are provided with timelines/expectations for written documentation (e.g. daily progress notes, DA reports, psychological evaluation reports) and their performance is quite easy to track and thus evaluate by using the reports described here. Supervisors also have standards for written documentation (e.g., progress notes, Diagnostic Assessment reports, and Psychological Evaluation reports) that are demonstrated through sample reports; by using such benchmarks, the Intern's written skills are monitored over time and evaluated.

Supervisors carefully monitor (as they sign-off on) Treatment Plans and Treatment Plan Reviews (completed every three months) in order to evaluate client progress and compare this with the Intern's report of progress through supervision. Supervisors also complete Chart Reviews on a monthly basis in order to review both documentation ability and content (using the S-I-A-P format) of progress notes and Treatment Plans to ensure that treatment is congruent with the diagnostic assessment, client expectations, and therapist recommended treatment. Outcome measures such as the Strengths and Difficulties Questionnaire, Child and Adolescent Service Intensity Instrument, and intake/discharge Global Assessment of Functioning scores are used to track client progress and consequent Intern competency. Client satisfaction surveys are also used to evaluate the client's subjective experience of treatment provided by the Intern. These are reviewed whenever possible with the Intern as a tool for integrating feedback and further discussing the therapeutic process.

If there are any performance issues, the Grievance and Due Process Procedures found in Appendix E are followed.

VI. TRAINING SEMINARS

The Predoctoral Psychology Internship Program has internal guides to pace the initial learning process of the interns. For example, their caseload slowly but steadily increases over the first several months so that Interns can participate in trainings (e.g., how to use Washburn's Treatment Plan and Strengths Guide in writing their first Treatment Plans) to support them as they learn Washburn's documentation system and expectations for quality assurance. Interns are provided with training guides, for example expectations/samples for writing Diagnostic Assessment reports, that are reviewed individually by the Intern and also during supervision. Due to their initial lower caseload, Interns have extra time at the onset to learn and understand Washburn's high expectations regarding the considerable documentation demands at this busy community mental health center.

Initial training seminars are focused on teaching specific interventions that Interns might draw upon throughout their internship year. Training seminars then focus on theoretical and other topics relevant to the clinical work at Washburn. As the training year progresses, the focus shifts from Staff leading the seminars to Interns and Postdoctoral Fellows. This format is used to provide increased instruction to Interns during the first part of the training year, when it is most needed, and to have Staff Psychologists model teaching skills. An important developmental shift occurs about mid-way through the year when Interns and Postdoctoral Fellows take on the role of Teacher/Facilitator in the training seminars and professional development presentations.

Training seminars provide Interns with a general background and overview in many areas, and have included such topics as development, specific interventions, multicultural issues, family dynamics/therapy, attachment theory, compassion fatigue/burnout, and issues of transference/countertransference. Training seminar topics may vary depending on the needs of the Intern cohort group as well as Staff expertise and Agency-wide training goals. The structure of having seminars lead initially by Staff and later on lead by Interns and Postdoctoral Fellows has been consistent, however. A sample training schedule is included in Appendix B.

VII. SUPERVISION

Each week an Intern receives two hours of individual clinical supervision with two Staff Psychologists, and one hour of individual supervision with a Postdoctoral Fellow. Supervision may include a discussion of/exploration of theoretical, conceptual, clinical, ethical, and empirical aspects of clinical activities with clients, as well as issues related to professional development.

Each intern is provided an opportunity to work towards their competency in supervision. The Interns are invited to provide closely monitored supervision to practicum students working on their training requirements toward a doctorate in psychology.

VIII. THE PSYCHOLOGY TRAINING SUPERVISORS, CLINICAL SUPERVISORS, and CONTRIBUTING STAFF

PSYCHOLOGY TRAINING SUPERVISORS

JESSICA COHEN, PhD, LP. Outpatient Supervisor/Chief Psychologist. Dr. Cohen obtained her PhD from Adelphi University in New York and completed her APA-accredited predoctoral internship and fellowship at Hennepin County Medical Center. She then worked for over three years at the Eisemenger Learning Center/Wilder Foundation, where she provided therapy, case management, and school consultation services for children identified as severely emotionally disturbed. Dr. Cohen was hired at Washburn in 2000, and has worked as an Outpatient Therapist, Day Treatment Supervisor, and Outpatient Supervisor (the later since March of 2006). Her areas of clinical interest include: DC: 0-3 and therapy with young children, EMDR, adult psychotherapy, trauma, and attachment dynamics.

JENNIFER GOZY, PsyD, LP. Staff Psychologist/Supervisor. Dr. Gozy joined the Washburn Outpatient Department as a Postdoctoral Fellow in 2008 after completing her APA-accredited predoctoral internship at Allendale Association in Illinois. After completing her fellowship, she left the agency to work as a Program Supervisor at Minnesota Autism Center, but returned to Washburn in December of 2009. Dr. Gozy provides family and individual therapy and psychological testing within the Outpatient Department, as well as provides supervision to practicum students and Interns. Dr. Gozy leads a bi-weekly psychological testing consultation group/didactic seminar. Her areas of clinical interest include: psychological testing, trauma, children's behavioral issues, parent guidance, attachment issues, play therapy, and psychodynamic theories.

DAVID HONG, PsyD, LP. Staff Psychologist/Supervisor. Dr. Hong completed his APA-accredited predoctoral internship at Human Services, Inc, and then obtained his Doctoral Degree from the Minnesota School of Professional Psychology in 2004. He has been practicing psychotherapy with children and families at Washburn Center for Children since 2006. His areas of clinical interest are trauma and working with immigrant populations. He is bilingual in English and Spanish. He also provides clinical supervision for Interns and Postdoctoral Fellows, and facilitates a clinical topics seminar. Dr. Hong is a practitioner and trainer of Trauma Focused Cognitive Behavioral therapy.

RACHAEL KRAHN, PsyD, LP. Director of Training. Dr. Krahn received her BA in Psychology from Hamline University and her PsyD from the Minnesota School of Professional Psychology in 2000. She completed her APA-accredited predoctoral internship at Crestwood Children's Center in Rochester, New York (1999-2000). She has committed her training and career to the assessment and treatment of children, adolescents, and families within a community mental health setting. Dr. Krahn has worked at Washburn since Fall 2000, first in a grant-funded, school-based program, then in the Preschool Day Treatment program, and then as the Director of Training for Washburn's Predoctoral Psychology Internship Program and outpatient therapist. She

continues to greatly enjoy both the training component as well as direct client care in her work in the Outpatient Department of Washburn Center for Children. She has specialized training in the treatment of childhood trauma.

TINA SHAH, Psy.D., LP. Staff Psychologist/Supervisor. Dr. Shah completed her therapy practicum at Washburn Center for Children before heading to Human Services, Inc in Oakdale, MN, to complete her APA-accredited predoctoral internship. She then returned to Washburn as a Postdoctoral Fellow in 2007, and has since stayed on as a staff psychologist at the West office. Dr. Shah's areas of interest include: DBT, mindfulness, trauma, play therapy, attachment, clinical supervision and training, and cultural competency issues and diversity. She enjoys her role as supervisor in the Internship Training Program and leader of the weekly process group for Interns and Postdoctoral Fellows.

CLINICAL SUPERVISORS AND CONTRIBUTING STAFF

JENNIFER BRITTON, LICSW. Mental Health Case Management Supervisor. Ms. Britton has been with Washburn since 2003. She worked for Washburn's Home Front Program for five years before becoming the Case Management supervisor. Ms. Britton's past experiences in the field include providing therapeutic services to children and families at a homeless shelter, elementary day treatment, in-home individual and family therapy, school-based individual and group therapy, children's mental health case management and outpatient therapy. She received her Bachelor's degree from St. Olaf College in Social Work and Family Studies and her Master's degree in Social Work at the University of St. Thomas/College of St. Catherine in St. Paul. Her areas of expertise are: dealing with children who are severely emotionally disturbed, case management, individual and family therapy, providing therapy to families in their homes, and EMDR (eye movement desensitization reprocessing).

ANNE GEARITY, PhD, LICSW. Agency Consultant. Dr. Gearity has provided extensive training and consultation at Washburn Center for Children over the last decade. Dr. Gearity is the author of *Developmental Repair: An Intensive Treatment Model for Working with Young Children Who Have Experienced Complex Trauma and Present with Aggressive and Disruptive Symptoms*, a treatment manual based on her work at Washburn. Dr. Gearity teaches at the University of Minnesota and has presented locally and nationally on a variety of issues including child development and treatment, self-regulation, attachment difficulties, trauma and aggression, and the Developmental Repair Model.

CHRISTINA GONZALEZ, LICSW. School-Based Mental Health Program Supervisor (Minneapolis School District). Ms. Hernandez has worked at Washburn Center for Children since January of 2011. She has extensive experience working with children and families in a non-profit setting. She received her Master's Degree in Social Work from the University of Minnesota School of Social Work.

SUSAN JASKO, LICSW. School-Based Mental Health Program Supervisor (Bloomington and Eden Prairie School Districts). Ms. Jasko has worked at Washburn Center for Children as a supervisor since 2009. She obtained her Master's Degree in Social Work from Fordham University.

NATALIE KENDRICK, LMFT. Family Focus Program Supervisor. Ms. Kendrick has worked at Washburn Center for Children since 2005, and has been the Family Focused Program Supervisor since 2007. She first worked as a therapist in Washburn's Day Treatment Program. Ms. Kendrick's experience in the field includes providing therapeutic services to children and families in crisis, preschool day treatment, in-home family and individual therapy, play therapy, providing ABA (Applied Behavioral Analysis) therapy to children with autism, school based therapy with children from grades K-8 and outpatient therapy. Ms. Kendrick has also completed training in Eye Movement Desensitization and Reprocessing (EMDR). She received her Bachelor's degree from Saint Mary's University in Psychology and her Master's degree, also from Saint Mary's University in Marriage and Family Therapy.

KATHLEEN MATHEWS, LICSW. Homefront Program Supervisor. Ms. Mathews has worked at Washburn Center for Children for 17 years, and has over 25 years of experience working with youth, their families, and their communities. Ms. Mathews obtained her Master's degree in social work from Columbia University School of Social Work in New York and has worked clinically in New York, Minneapolis, and Chicago. At Washburn, she helped develop the Crisis Stabilization Program as well as a collaborative school-based program designed to provide therapeutic services on-site in a special education classroom. Ms. Mathews' areas of expertise include: dealing with children who are severely emotionally disturbed, depression in adults and children, individual and family therapy, providing therapy to families in their homes, parenting, EMDR (eye movement desensitization reprocessing), and trauma work with children and adults who have experienced sexual abuse.

RICHARD MINER, MD. Agency Consultant/Psychiatrist. Dr. Miner has provided consultation services at Washburn for over twenty years and has been board-certified to practice child psychiatry since 1980. He has also provided consultation services for other local community mental health agencies while maintaining his practice. Dr. Miner consults with the Outpatient, Day Treatment, and Case Management teams at Washburn. He provides much-needed information to teams regarding psychotropic medication and the interplay between physical and mental health problems.

LAUREN NIETZ, LICSW. Day Treatment Program Supervisor. Ms. Nietz has been with Washburn since 2002. She worked for Washburn's Home Front Program before becoming a therapist in the Day Treatment Program. Ms. Nietz's past experience in the field includes involvement with Big Brothers/Big Sisters, teaching American Indian youth, crisis social work in hospitals, and adult outpatient therapy. She received her B.A. from Marquette University in Writing-Intensive English and her Master's degree in Social Work from the University of Minnesota.

CAROL OLSON, PsyD. Intake Department Supervisor. Dr. Olson obtained her bachelor's degree from Macalester College with a major in psychology, and her Master's and Doctoral degrees in Counseling Psychology from the University of St. Thomas. She has worked at Washburn Center for Children since 2001, at first through a collaborative project with the Bloomington school district, working in a high school classroom of adolescents who were classified as emotionally and behaviorally disturbed and providing in-home, group and individual therapy. Currently, Dr. Olson works as the Intake Department Supervisor and Outpatient Therapist. Her areas of interest include anxiety disorders in children and trauma.

SARAH PAPER, PsyD, LP, RDT. Staff Psychologist. Dr. Paper has a M.A. in drama therapy from New York University. She earned her doctorate degree in clinical psychology from the Minnesota School of Professional Psychology (Argosy University, TC) and completed her pre-doctoral internship at Human Services, Inc (child track). Her post-doctoral training was completed at Washburn Center for Children. She has worked in partial and inpatient psychiatric hospitalization programs, private practice, facilitated body-image and self-esteem workshops for girls, and given presentations on drama therapy at universities and professional workshops. Currently, she provides therapy to children, adolescents, young adults, parents, and families and conducts psychological evaluations of children and adolescents. Professional interests include trauma, body-image/eating disorders, self-harm, promiscuity, and delinquency.

ARLENE SCHATZ, LICSW. Clinical Director. Ms. Schatz has been with Washburn Center for Children since 1992 and currently serves as the Director of Clinical Programs, providing clinical oversight and supervision for all of Washburn's programs. Ms. Schatz is a graduate of Columbia University, and is an experienced clinician and administrator. She has worked as a therapist in an adolescent inpatient unit at a residential treatment facility, in outpatient mental health settings, and in private practice. Ms. Schatz was named the National Association of Social Workers, Minnesota Chapter, and Social Worker of the Year in 2003.

TOM STEINMETZ, MA. Chief Operating Officer/Program Director. Mr. Steinmetz has worked for Washburn Center for Children since 1996. Mr. Steinmetz has been the Program Director since 2001 and assumed the responsibilities of Chief Operating Officer in October 2010. Mr. Steinmetz was also a therapist and program manager in Washburn's Day Treatment Program and an Outreach consultant and trainer. A graduate of the University of Minnesota with a Masters in Counseling and Student Personnel Psychology, Mr. Steinmetz has presented locally and nationally on treating child trauma, childhood aggression, and school based mental health services. He has presented at the National Council for Community Behavioral Health, the Minnesota Association for Children's Mental Health, and the National School Based Mental Health conferences.

MATT WITHAM, LMFT. Day Treatment Program Supervisor. Mr. Witham obtained his Masters of Arts degree in Marriage and Family Therapy, and is currently pursuing his PhD in Family Social Science with a specialty in Marriage and Family Therapy from the University of Minnesota (expected completion 2014). Mr. Witham has worked at Washburn since 2005. He started working in the Homefront program as an in-home

therapist, and added outpatient responsibilities in 2007. He was then hired as the Assistant Day Treatment Supervisor in 2008 and became Day Treatment Co-Supervisor in 2010. Mr. Witham is interested in assessment and treatment of mental health disorders, the impact of complex trauma on family systems, and relational problems from a family system's perspective. He is passionate about working with children with severe emotional and behavioral disorders. Mr. Witham is also trained in EMDR.

IX. ELIGIBILITY

The Predoctoral Psychology Internship Program at Washburn Center for Children accepts applications from individuals pursuing a PhD or PsyD from an academic program in clinical or counseling psychology. Washburn requires that applicants come from accredited institutions of higher education with preference given to those programs that are also APA/CPA-accredited. It is the policy of Washburn to provide equal educational opportunity to persons of any race or ethnic background, gender, religion, or creed. Washburn has a strong commitment to fostering competency in culturally competent practice and members of ethnic and other minority groups are strongly encouraged to apply.

Washburn seeks Interns who are passionate about careers in community mental health and specializing in work with children, adolescents, and families, as well as Interns who are flexible and well-organized, have strong collaboration skills and a team-approach, are invested in the professional development process, and have strong oral and written communication skills. Washburn seeks applicants who express a strong desire to work with culturally diverse clients, and are looking for training in both assessment and intervention. Completion of required course work, supervised practica, comprehensive examinations, and are in good standing within their psychology training program are prerequisites for application to the Internship Program.

The following are minimum qualifications for potential interns:

- 1) Completion of graduate coursework in intellectual and personality assessment of children and adults, completion of coursework in psychopathology and diagnostic assessment, completion of at least a 600-hour diagnostic practicum, supervised practica experience in the administration of Rorschach Inkblots/Exner scoring system is preferred, completion of at least 6 integrated psychological reports, and supervised completion of or exposure to the feedback process.
- 2) Completion of graduate coursework (preferably including play and family therapy courses) in psychotherapy/interventions and completion of at least a 600-hour therapy practicum with children, adolescents, and/or families. It is preferred that clinical practica include providing services to diverse clientele.
- 3) Verification from the applicant's graduate school Director of Training that the prerequisites for applying for internship have been completed.

Applications are reviewed by at least two Supervisors involved in the Pre-Doctoral Psychology Internship Program as well as by a current Postdoctoral Fellow. All reviewers use an established rating scale to determine whether minimum qualifications have been met and to judge the goodness of fit with the training philosophy and mission at Washburn Center for Children. Applicants who rank high in these areas are invited to Washburn for an interview. Once the interviews are completed, the Supervisors involved in the review and interview process meet to collaboratively determine a rank order list to be submitted for the Match process.

X. APPLICATION PROCEDURES

The Internship Program participates in the Match process (please refer to the following webpage for more information: http://appic.org/directory/program_cache/960.html). A completed APPIC Application for Psychology Internship form is required (accessible via the APPIC website: <http://www.appic.org> and click on the *AAPI Online* link). Please include in your *supplemental forms* a clinical writing sample, preferably a psychological evaluation report on a child or adolescent client completed by the applicant. Any questions can be directed via email to Rachael Krahn, PsyD, LP, Director of Training, rkrahn@washburn.org. Online application materials are due on November 8th. The Director of Training will notify applicants by email by December 3rd whether they will be offered an interview; applicants no longer under consideration will be informed by the same date. Applicants invited to interview will have the option of selecting from several possible interview dates (typically in mid-December and/or early January). Applicants will participate in a one-hour interview with the Director of Training, one other Staff Psychologist, and one Postdoctoral Fellow. After the formal interview, they will then meet with current Interns for up to an hour to ask questions and gather additional information regarding the Pre-Doctoral Psychology Internship Program.

XI. STIPENDS AND BENEFITS

The stipend is \$20,500 for a 12-month period (i.e., 2000 hours from September 1st through August 31st). Malpractice insurance is provided. Interns receive two weeks of vacation, eight days off for holidays, as well as ten days of sick/personal time. Interns receive Medical and Dental Insurance. Interns may spend a small percentage of their time on dissertation-related research if needed. This must be pre-approved by the Director of Training. The presumed starting date for the internship is September 1st.

The Predoctoral Psychology Internship program has a designated support staff, who works 40 hours a week and provides clerical and technical support to the Outpatient Department.

XII. PREVIOUS WASHBURN INTERNS

- 2006-2007: Antonino Agosta – Roosevelt University, Chicago, Illinois
Linnea Swanson-Pohl – Minnesota School of Professional Psychology at
Argosy University/Twin Cities
- 2007-2008: Paige Brandman – The George Washington University, Washington, DC
Nanette McDevitt – Minnesota School of Professional Psychology at Argosy
University/Twin Cities
- 2008-2009: Heather Campbell – American School of Professional Psychology at Argosy
University/Twin Cities
Cori Miller – Florida School of Professional Psychology at Argosy
University, Tampa, Florida
- Jessica Nelson – American School of Professional Psychology at Argosy
University/Twin Cities
- 2009-2010: Sarah Dier – American School of Professional Psychology at Argosy
University/Schaumburg, Illinois
Chad Lorenz – St. Thomas University, Minneapolis, MN
Marlene Ovalle-Stiehm – St. Thomas University, Minneapolis, MN
- 2010-2011: Renee Latterell – American School of Professional Psychology at Argosy
University/Twin Cities
Kristin Nelson – American School of Professional Psychology at Argosy
University/Twin Cities
Ethan Siegel – The George Washington University, Washington, DC
- 2011-2012: Andrew Hachiya – St. Thomas University, Minneapolis, MN
Andrea Hutchinson – St. Thomas University, Minneapolis, MN
Coralie Meade Pirkey – Chicago School of Professional Psychology,
Child/Family Track

APPENDIX A

Washburn Center for Children
PREDOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM
INTERN COMPETENCY ASSESSMENT FORM

Intern _____ Supervisor(s) _____
Training Year _____
Sept-Feb OR Mar-Aug

ASSESSMENT METHOD(S) FOR COMPETENCIES

____ Direct Observation ____ Review of Written Work
____ Videotape ____ Review of Raw Test Data
____ Audiotape ____ Discussion of Clinical Interaction
____ Case Presentation ____ Comments from Other Staff

COMPETENCY RATINGS DESCRIPTIONS

NA - Not Applicable for this training experience/Not Assessed during training experience

A - Advanced/Skills comparable to autonomous practice at the licensure level. Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level; however, as an unlicensed trainee, supervision is required while in training status.

HI - High Intermediate/Occasional supervision needed. *The expected rating at completion of internship.* Competency attained in all but non-routine cases, supervisor provides overall management of intern's activities, and depth of supervision varies as clinical needs warrant.

I - Intermediate/Should remain a focus of supervision. *The minimum rating expected throughout internship;* routine supervision of each activity is needed.

E - Entry level/Continued intensive supervision is needed. Routine, but intensive, supervision is needed.

R - Needs Remedial work.

GOAL 1: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

OBJECTIVE 1: PROFESSIONAL INTERPERSONAL BEHAVIOR

**Professional and appropriate interactions with treatment teams, peers and supervisors.
Seeks peer and collegial support as needed.**

- A Smooth working relationships, handles difference openly, tactfully and effectively.
- HI Actively participate in team meetings. Appropriately seeks input from supervisor to cope with rare interpersonal concerns.
- I Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- E Ability to participate in team model is limited, but relates well to peers and supervisors.
- R May be withdrawn, overly confrontational, or insensitive. May have had hostile interactions with colleagues.

OBJECTIVE 2: SEEKS CONSULTATION/SUPERVISION

Seeks consultation or supervision as needed and uses it productively.

- A Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
- HI Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
- I Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- E Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- R Frequently defensive and inflexible, resists important and necessary feedback.

OBJECTIVE 3: USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

- A Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.
- HI Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.
- I Needs significant supervision time to minimize the effect of stressors on professional functioning.
- E Personal problems can significantly disrupt professional functioning.
- R Denies problems or otherwise does not allow them to be addressed effectively.

OBJECTIVE 4: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION

Responsible for key patient care tasks (e.g. phone calls, letters, case management) and completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

- A Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- HI Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
- I Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- E Needs considerable directions from supervisor. May leave out crucial information.
- R May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear, or excessively/repeatedly late.

OBJECTIVE 5: EFFICIENCY AND TIME MANAGEMENT

Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimized unplanned leave, whenever possible.

- A Efficient in accomplishing tasks without prompting, deadlines, or reminders. Excellent time management skills regarding appointments, meetings, and leave.
- HI Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
- I Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
- E Highly dependent on reminders or deadlines.
- R Frequently has difficulty with timeliness; or, tardiness or unaccounted absences are a problem.

OBJECTIVE 6: KNOWLEDGE OF ETHICS AND LAW

Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

- A Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.
- HI Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
- I Generally recognizes situations where ethical and legal issues might be pertinent, is responsive to supervisory input
- E Often unaware of important ethical and legal issues.
- R Disregards important supervisory input regarding ethics or law.

OBJECTIVE 7: ADMINISTRATIVE COMPETENCY

Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

- A Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
- HI Identifies components of the larger task and works independently on them. Needs some supervisory guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.
- I Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.
- E Intern takes on responsibility, and then has difficulty asking for guidance or accomplishing goals within timeframe.
- R Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

OBJECTIVE 1: PATIENT RAPPORT

Consistently achieves good rapport with patients.

- A Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
- HI Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
- I Actively developing skills with new populations. Relates well when has prior experience with the population.
- E Has difficulty establishing rapport
- R Alienates patients or shows little ability to recognize problems.

OBJECTIVE 2: SENSITIVITY TO PATIENT DIVERSITY

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

- A Discusses individual difference with patients when appropriate. Acknowledges and respects differences that exist between self and patients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
- HI In supervision, recognizes and openly discusses limits to competence with diverse patients.
- I Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
- E Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
- R Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

OBJECTIVE 3: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND

Aware of own background and its impact on patients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

- A Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on patients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
- HI Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
- I Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and patients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
- E Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- R Has little insight into own cultural beliefs even after supervision.

GOAL 3: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

OBJECTIVE 1: DIAGNOSTIC SKILL

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiracial classification. Utilizes historical, interview and psychometric data to diagnosis accurately.

- A Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
- HI Has a good working knowledge of psychiatric diagnosis. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple of more unusual diagnoses.
- I Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision –making.
- E/R Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.

TOTAL NUMBER OF DIAGNOSTIC ASSESSMENTS COMPLETED THIS EVALUATION PERIOD ____

OBJECTIVE 2: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION

Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administration.

- A Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- HI Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- I Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- E/R Test administration is slow and irregular; or, often needs to recall patient to further testing sessions due to poor choice of tests administered.

OBJECTIVE 3: PSYCHOLOGICAL TEST INTERPRETATION

Interprets the results of psychological tests used in his/her areas of practice. Demonstrates competence in interpretation.

- A Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- HI Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- I Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation reports too literally.
- E/R Significant deficits in understanding of psychological testing, over-reliance on computer interpretations reports for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

OBJECTIVE 4: ASSESSMENT WRITING SKILLS

Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

- A Report is clear and thorough, follows a coherent outline, and is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.
- HI Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessment with minimal supervisory input, makes useful and relevant recommendations.
- I Uses supervision effectively for assistance in determining important points to highlight.
- E/R Inaccurate conclusions or grammar interfere with communication; or, reports are poorly organized and require major rewrites.

TOTAL NUMBER OF PSYCHOLOGICAL EVALUATIONS COMPLETED THIS EVALUATION PERIOD ____

OBJECTIVE 5: FEEDBACK REGARDING ASSESSMENT

Plans and carries out a feedback session. Explains the results in terms that the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient/caregiver.

- A Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
- HI With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
- I Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- E Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is give or to address emotional issues of patient or caregiver.
- R Does not modify interpersonal style in response to feedback.

GOAL 4: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

OBJECTIVE 1: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

- A Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.
- HI Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
- I Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards intern handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
- E Delays or forgets to ask about important safety issues. Dos not document risk appropriately. But does not let patient leave site without seeking “spot” supervision for the crisis. Does not remember to address confidentially issues, needs frequent prompting, Fear may overwhelm abilities in patient crises.
- R Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.

OBJECTIVE 2: CASE CONCEPTUALIZATION AND TREATMENT GOALS

Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

- A Independently produces good case conceptualizations within own preferred theoretical orientation; can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
- HI Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues, but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
- I Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
- E/R Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

OBJECTIVE 3: THERAPEUTIC INTERVENTIONS

Interventions are well-timed, effective and consistent with empirically supported treatments.

- A Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
- HI Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
- I Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
- E/R Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

OBJECTIVE 4: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)

Understands and uses own emotional reactions to the patient productively in the treatment.

- A During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
- HI Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presenting in the following session.
- I Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.

- E When feeling anger, frustration, or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- R Unable to see countertransference issues, even with supervisory input.

OBJECTIVE 5: GROUP THERAPY SKILLS AND PREPARATION

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session’s goals and tasks.

- A Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.
- HI Seeks input on group process issues as needed, and then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- I Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- E Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover to content areas. Preparation is sometimes disorganized.
- R Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

GOAL 5: COMPETENCE IN SCHOLARY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

OBJECTIVE 1: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

Displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

- A Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- HI Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific patients. Asks for and responsive to supervisor’s suggestions of additional informational resources, and pursues those suggestions.
- I/E Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor’s knowledge to enhance own understanding.
- R Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

OBJECTIVE 2: TEACHING SKILLS

Demonstrates ability to teach topics related to clinical work, interest, and research. Presentations are well-organized and articulated in a group setting and amongst professional colleagues.

- A Shows passion and enthusiasm for presentation topic. Facilitates meaningful discussion that generates interest in colleagues. Independently gathers research material for presentation and prepares useful handouts or other visuals. Able to effectively answer questions related to presentation.
- HI Shows enthusiasm for presentation topic and welcomes questions and dialogue about material. Seeks some supervisory support regarding research and presentation materials.
- I Is willing to teach on topic(s) of interest. Needs supervisory support for guidance and direction. Organizes a helpful and interesting presentation. Expresses some anxiety regarding presenting in front of colleagues; nonetheless, is able to overcome this with supervisory support such that it does not negatively impact presentation.
- E Is willing to teach on a topic of interest, but struggles with organization. Needs considerable supervisory support to generate a helpful and interesting presentation. Presenting in front of colleagues is viewed as an intimidating experience and nerves may negatively impact presentation.
- R Procrastinates with or fails to gather presentation materials, such that presentation is poorly organized and poorly received by colleagues. Does not seek support or guidance from supervisor regarding difficulties with presentation or organization.

GOAL 6: COMPETENCE IN CONSULTATIVE GUIDANCE AND SUPERVISION

OBJECTIVE 1: CONSULTATIVE GUIDANCE

Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods, and principles.

- A Relates well to those seeking input, is able to provide appropriate feedback.
- HI Requires occasional input regarding the manner of delivery or type of feedback given.
- I/E Needs continued guidance. May need continued input regarding feedback and knowledge level of other professionals.
- R Unable to establish rapport.

OBJECTIVE 2: SUPERVISORY SKILLS

Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

- A Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of intern's input.
- HI Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of intern as a supervisor as documented on evaluation form.

- I Generally recognize relevant issues, but needs guidance regarding supervision skills. Supervisee finds input helpful. Intern is rated by supervisee at the satisfactory or higher level in all areas.
- R Unable to provide helpful supervision.

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS:

Supervisor(s) _____

Date _____

INTERN COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____

Date _____

APPENDIX B

Training Schedule 2010-2011

*Please note that training seminars can vary year to year, depending on Intern need and also grant-funded training opportunities. Agency In-services also vary year to year based on Staff and Intern training needs.

- Sept. 7-10, all day: Agency Department Orientations and Computer training; review of Developmental Repair Model Manual and on-line TF-CBT training
- Sept. 14, 9-11am: Intro to Clinical Topics Seminar and TF-CBT presentation (Dr. Hong)
11-12pm: Process Group (Facilitated by Dr. Shah)
- Sept. 17, 10-12pm: Treatment Plan training (Arlene Schatz, LICSW, Clinical Director)
- Sept. 21, 9-11am: Outpatient Case Consultation (consultant either Dr. Miner or Dr. Gearity)
11-12pm: Process Group
12-1:15: Agency In-service – Integrative Medicine
- Sept. 24, 9-11am: Data Privacy Training (Tom Steinmetz, Program Director)
- Sept. 28, 9-10am: Intro to Testing Consult (Dr. Gozy and Dr. Krahn)
10-11am: Dialectical Behavior Therapy (Dr. Shah)
11-12pm: Process Group
- Oct. 5, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1pm: Diversity Committee
- Oct. 12, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
11-12pm: Process Group
- Oct. 19, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1:15pm: Agency In-service – Working With Children on the Autism Spectrum
- Oct. 26, 8:30-9:30am: Testing Consult (Dr. Gozy)
9:30-11am: Attachment Styles and Therapy (Dr. Cohen)
11-12pm: Process Group
- Nov. 2, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1pm: Diversity Committee
- Nov. 9, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
11-12pm: Process Group
- Nov. 16, 9-11am: Outpatient Case Consultation
11-12pm: Process Group

- 12-1:15pm: Agency In-service – Accessing Community Resources for Clients – Bridge to Benefits
- Nov. 23, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: Burnout and Self-Regulation (Dr. Krahn and Dr. Shah)
 11-12pm: Process Group
- Nov. 30, 9-12:30pm: Lessons from the Field (attended with Dr. Krahn) on Relational Aggression
- Dec. 7, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee
- Dec. 14, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
 11-12pm: Process Group
- Dec. 21, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
- Dec. 28, cancelled due to holiday
- Jan. 4, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee
- Jan. 11, cancelled due to prospective intern interviews; current Interns meet with applicants to discuss the internship program
- Jan. 18, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1:15pm: Agency In-service – Family Group Decision-Making Model
- Jan. 25, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: intern/postdoc presentation #1 (Dr. Hong facilitates)
 11-12pm: Process Group
- Feb. 1, 9-11am: Small group discussions of The Boy Who Was Raised as a Dog, by Bruce Perry
 11-12pm: Process Group
 12-1pm: Diversity Committee
- Feb. 8, 9am-12:30pm: Lessons from the Field at U of MN (attended with Dr. Krahn) – Relational Aggression
- Feb. 15, 9-10am: Outpatient Case Consultation
 10-11am: Large group discussion of The Boy Who Was Raised as a Dog, facilitated by Dr. Gearity
 11-12pm: Process Group
 12pm-1:15pm: Agency In-service – Selective Mutism
- Feb. 22, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: intern/postdoc presentation #2 (Dr. Hong facilitates)
 11-12pm: Process Group

- Mar. 1, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee
- Mar. 8, 9-11am: Testing Consult/ Seminar (Dr. Gozy and Dr. Shah)
 11-12pm: Process Group
- Mar. 15, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1:15pm: Agency In-service – Auditory and Language Processing Disorders and Treatment
- Mar. 28, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: intern/postdoc presentation #3 (Dr. Hong facilitates)
 11-12pm: Process Group
-
- Apr. 5, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee
- Apr. 7 and 8, 9-6pm: TF-CBT Conference at Centro
- Apr. 12, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
 11-12pm: Process Group
- Apr. 15, 9-12:30pm: Lessons from the Field at U of MN (attended with Dr. Krahn) – Relational Aggression
- Apr. 19, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1:15pm: Agency In-service – Using Assessment Measures to Enhance Diagnostic Assessment (Presented by Interns and their Supervisors)
- Apr. 26, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: intern/postdoc presentation #4 (Dr. Hong facilitates)
 11-12pm: Process Group
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- May 3, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee
- May 10, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
 11-12pm: Process Group
- May 17, 9-3pm: Outpatient Department Spring Retreat; training on creative/expressive therapies and self-care
- May 24, 8:30-9:30am: Testing Consult (Dr. Gozy)
 9:30-11am: intern/postdoc presentation #5 (Dr. Hong facilitates)
 11-12pm: Process Group
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- June 7, 9-11am: Outpatient Case Consultation
 11-12pm: Process Group
 12-1pm: Diversity Committee

June 14, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
11-12pm: Process Group
June 21, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1:15pm: Agency In-service – TBA
June 28, 8:30-9:30am: Testing Consult (Dr. Gozy)
9:30-11am: intern/postdoc presentation #6 (Dr. Hong facilitates)
11-12pm: Process Group
*Extra seminar to be scheduled – DC: 0-3 assessment

July 5, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1pm: Diversity Committee
July 12, 9-11am: Testing Consult/Seminar (Dr. Gozy and Dr. Shah)
11-12pm: Process Group
July 14 and 15, 9-6pm: TF-CBT Training at Centro
July 19, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1:15pm: Agency In-service – TBA
July 26, 9-11am: Process Presentations attended by Cohort and Training Staff
11-12pm: Process Group
*Extra seminar to be scheduled – Drama Therapy

Aug. 2, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1pm: Diversity Committee
Aug. 9, 9-11am: Process Presentations attended by Cohort and Training Staff
11-12pm: Process Group
Aug. 16, 9-11am: Outpatient Case Consultation
11-12pm: Process Group
12-1:15pm: Agency In-service – TBA
Aug. 23, 9-11am: Process Presentations attended by Cohort and Training Staff
11-12pm: Process Group

APPENDIX C

2009 Washburn Agency In-Services

DATE	TOPIC
January 20, 2009	The Benefits of Yoga for Adults, Families, and Children – Incorporating Yoga into Meditation/Relaxation During Therapy
February 17, 2009	Legal Issues in Custody Cases Impacting Clinicians
March 17, 2009	Clinician Self-Care
April 21, 2009	Child Protection Reporting and Ethical Issues Related to Reporting
May 19, 2009	Not available
June 16, 2009	Working With Clients Who Have Experienced Domestic Violence
July	Not available
September 15, 2009	TF-CBT Primer
October 20, 2009	Creative Playfulness
October 30, 2009	Building Cross-Cultural Competency
November 17, 2009	Steps Toward Building a Child's Resiliency: A Practical Application of the Developmental Repair Theory

2010 Washburn In-services

January 19, 2010	Eating Disorders
February 16, 2010	Nguzo Saba Celebration
March 16, 2010	Strategies for Parenting
April 20, 2010	Attachment and Parents
May 18, 2010	Juvenile Fire setting
June 15, 2010	Family Sculpting Using the Kvebaek Method
July 20, 2010	Relational Diagnostic Assessments with Families
September 21, 2010	Integrative Medicine
October 19, 2010	Working with Children on the Autism Spectrum
November 16, 2010	Accessing Community Resources for Clients-Bridge for Benefits

2011 Washburn In-services

January 18, 2011	Family Group Decision Making
February 15, 2011	Selective Mutism
March 15, 2011	Auditory and Language Processing Disorder – Assessment and Intervention
April 19, 2011	Using Assessment Measures to Enhance Diagnostic Assessment
May 17, 2011	Working with Youngsters on the Spectrum-Treatment Strategies
June 2011	Using Therapeutic Language in our Clinical Work
July 2011	Sensory Integration
September 2011	TBA
October 2011	TBA
November 2011	TBA

APPENDIX D

Community-Based Continuing Education

Interns attend the Lessons from the Field Series sponsored by the Center for Excellence in Children's Mental Health at the University of Minnesota. The workshops are approximately 3 and a half hours long and include a lecture by a prominent researcher in the field, followed by a panel presentation by local community providers as a way to apply research to current practice while fielding questions from the audience. More information can be accessed via their website at <http://www.cmh.umn.edu/index.html>.

2007-2008: Attachment Series

Workshop #1: February 13, 2008

Impact of Trauma on the Developing Child

Presenters: Abigail Gewirtz, Ph.D., University of Minnesota and David Hong, PsyD, Washburn Center for Children

Workshop #2: March 24, 2008

Impact of Family Violence

Presenter: Oliver Williams, Ph.D., University of Minnesota

Workshop #3 (morning): May 7, 2008

Intergenerational Consequences of Attachment

Presenter: Dr. Miriam Steele, New School for Social Research, New York

Workshop #3 (Afternoon): May 7, 2008

Advanced Practice Seminar

Presenters: Dr. Miriam Steele and Anne Gearity, Ph.D.

2008-2009: Autism Series

Workshop #1: November 21, 2008

Foundations of Autism

Presenters: Scott Selleck, M.D., Ph.D. and Michael Reiff, M. D.

Workshop #2: February 12, 2009

Early Identification and Intervention

Presenter: Wendy Stone, Ph.D.

Workshop #3: April 14, 2009

Multi-disciplinary Intervention

Presenters: Dr. Randi Hagerman, M.I.N.D. Institute, UC Davis, and Amy Esler, Ph.D.

Workshop #4: May 13, 2009

Integrative Medicine

Keynote Presenter: Lawrence Rosen, M.D. and Allison Golnik, M.D.

2009-2010: Race, Culture and Children's Mental Health

Workshop 1: December 4, 2009

Historical Trauma, Microaggressions, and Identity: A Framework for Culturally-Based Practice

Presenter: *Dr. Karina Walters*

Workshop 2: February 17, 2010

Intersection of Culture and Children's Mental Health in working with Immigrant & Refugee Families

Presenter: Panel of faculty and community professionals

Workshop 3: March 18th, 2010

Promoting Child Well-being and Early Childhood Intervention within a Cultural Context

Presenter: *Brenda Jones Harden*, University of Maryland with a panel of clinical and community professionals

Workshop 4: May 12, 2010 - Harris Forum

Child-Parent Psychotherapy in a Cultural Context: Repairing the Effects of Trauma on Early Attachment

Presenter: *Alicia Lieberman, Ph.D.*, University of California – SF

2010-2011: Relational Aggression

Workshop 1: November 30, 2010

What Is Relational Aggression and How Is It a Problem?

Presenters: *Nicki Crick, Ph.D.*, University of Minnesota; *Dianna Murray-Close, Ph.D.*, University of Vermont; *Dante Cicchetti, Ph.D.*, University of Minnesota

Workshop 2: February 8, 2011

Does relational aggression and its correlates vary across cultural contexts?

Presenter: *Dr. David Nelson, Ph.D.*, School of Family Life, Brigham Young University

Workshop 3: April 15, 2011

How Do We Prevent or Intervene in Relational Aggression?

Dr. Stephen Leff, Ph.D., University of Pennsylvania and Children's Hospital of Pennsylvania

APPENDIX E

Washburn Center for Children Pre-Doctoral Psychology Internship Program Due Process and Intern Grievance Procedures

DEFINITION OF PROBLEM

For purposes of this document, intern problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire professional skills in order to reach an acceptable level of competency, and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than just of concern. For purposes of this document, a concern refers to an intern's behaviors, attitudes, or characteristics that are deemed to be not unexpected or excessive for professionals in training. Concerns typically become identified as problems when they include one or more of the following characteristics:

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

GENERAL GUIDELINES FOR INTERN AND TRAINING PROGRAM RESPONSIBILITIES

The Pre-Doctoral Psychology Internship Program at Washburn Center for Children aims to provide the intern with the opportunity (in terms of setting, experience, and supervision) to begin assuming the professional role of a psychologist consistent with the practitioner-scholar model. This role entails the integration of previous training and a further development of the scientific, professional, and ethical bases involved in professional functioning.

Training Program's Expectations of Interns

- 1) Knowledge of and conformity to relevant professional standards, including:
 - Being cognizant of and abiding by the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct, Standards for Providers of Psychological Services, Specialty Guidelines, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities.
 - Being cognizant of and abiding by the laws and regulations governing the practice of psychology as included in appropriate legal documents.

It is recognized by the training program that mere knowledge of and exposure to the above guidelines and standards are not sufficient. Interns need to demonstrate the ability to integrate relevant professional standards into their own repertoire of professional and personal behavior. Examples of such integration include a demonstrated awareness of ethical issues when they arise in work with clients, appropriate decision making in other ethical situations, and awareness of ethical considerations in their own and other's professional work.

- 2) Acquisition of appropriate professional skills, such that by the time the internship is complete, interns are expected to
 - Demonstrate knowledge of psychopathology and of developmental, psychosocial and psychological problems.
 - Demonstrate knowledge of the special issues involved in working with minority and disadvantaged populations.
 - Demonstrate diagnostic skills and methods of diagnosis including psychological evaluations, interview assessment, chart review, and gathering of collateral information.
 - Demonstrate knowledge and skills in treatment, including psychotherapy (various modalities), case management, and family therapy.
 - Demonstrate skills in teaching, supervision, and consultation.

The above competency expectations imply that interns will be making adequate progress in the above areas (as assessed by periodic evaluations) and that interns will achieve a level of competency by the completion of the internship which will enable them to successfully complete the internship and at least approach the ability to function independently as a psychologist.

- 3) Appropriate management of personal concerns and issues as they relate to professional functioning.

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role in delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of an intern's

professional work. Such problems include but are not limited to a) educational or academic deficiencies, b) psychological adjustment problems and/or inappropriate emotional responses, c) inappropriate management of personal stress, d) inadequate level of self-directed professional development, and e) inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, such problems will be communicated in writing to the intern. The training program, in conjunction with the intern, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result. The specific procedures employed for the acknowledgment and amelioration of intern deficiencies will be described later in this document.

General Responsibilities of the Intern Program

A major focus of internship is to assist interns in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to his/her professional functioning. In response to the above intern expectations, the training program assumes a number of general responsibilities. The responsibilities correspond to the three general expectation areas (Professional Standards, Professional Competency, Personal Functioning) and are described below:

1. The training program will provide interns with information regarding relevant professional standards and guidelines as well as providing appropriate forums to discuss the implementations of such standards.
2. The training program will provide interns with information regarding relevant legal regulations which govern the practice of psychology as well as providing appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the intern's progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the Internship Training Program will maintain ongoing communication with the intern's graduate program regarding

the intern's progress during the internship year. The training program will provide appropriate mechanisms by which inappropriate intern behavior effecting professional functioning is brought to the attention of the intern. The training program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning.

THE EVALUATION PROCESS

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Additionally, at the 6- and 12-month points of the internship, feedback and recommendations are requested from all staff who are involved in the Internship Training Program. This process is viewed as an opportunity for the Training Director to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. With this information, the Intern Competency Assessment Form, as well as any evaluation form requested by the intern's graduate program, are completed by the Training Director and reviewed individually with the intern. The intern is provided with a full report of the evaluation of their performance, as well as relevant recommendations and suggestions regarding each area of competence. At this time, both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or at any other point in the internship that a problem is identified and at which point the Training Director and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program.

Throughout the course of the internship, the intern's graduate program is kept apprised of the intern's training experience, in particular at the 6- and 12-month points. They receive copies of the written evaluations.

PROCEDURE FOR RESPONDING TO INADEQUATE PERFORMANCE BY AN INTERN

If an intern receives a rating of "R" (needs remedial work) or "E" (entry level) from any of the evaluation sources in any of the major goal areas of the Intern Competency Assessment Form, or if a staff member has concerns about an intern's behavior (ethical violations, professional incompetence), the following procedures will be initiated:

- The intern's supervisor or the concerned staff will meet with the Training Director to discuss the rating and/or problem behavior and determine what action needs to be taken to address the issues reflected by the rating. If the problem is identified by a staff, the Training Director will meet with the primary supervisor to discuss the problem. The Training Director may also meet with staff involved in the Internship Training

Program to discuss possible course of actions.

- The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
- Whenever a decision has been made by the Training Director about an intern's training program, the Training Director will meet with the intern to review the decision. If the intern accepts the decision, any formal action taken by the Internship Training Program may be communicated in writing to the intern's graduate program. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern. The following methods may be used in remediating an intern problem:
 - A. Verbal Warning – emphasizes the need to discontinue the inappropriate behavior under review. No record of this action is kept.
 - B. Written Acknowledgment – indicates that the Training Director is aware of and concerned with the performance rating, that the problem has been brought to the intern's attention, that the Training Director will work with the intern to rectify the problem or skills deficit, and that the behaviors associated with the rating are not significant enough to warrant more serious action. The Written Acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.
 - C. Written Warning – indicates the need to discontinue an inappropriate action or behavior. This letter will contain a description of the intern's unsatisfactory performance, actions needed by the intern to correct the unsatisfactory behavior, the time line for correcting the problem, what action will be taken if the problem is not corrected, and notification that the intern has the right to request a review of this action. A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the Training Director in consultation with the staff involved in the Internship Training Program. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.
 - D. Schedule Modification – is a time-limited, remediation-oriented, closely supervised period of training designed to return the intern to a more fully functioning state. This method may be appropriate in order to accommodate an intern in responding to personal reactions to environmental stress, with the full expectation that

the intern will complete internship. This modification may include increasing the amount of supervision provided to the intern, changing the format, emphasis, or focus of supervision, recommending personal therapy, and/or reducing the intern's clinical workload.

- E. Probation – is a time limited, remediation-oriented, more closely supervised training period, with the purpose of assessing the ability of the intern to complete the internship and to return to a more fully functioning state. The Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes, or otherwise improves the problem behavior. The intern is provided with a written statement that includes the specific behaviors associated with the unacceptable rating, the recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures to ascertain whether the problem has been appropriately rectified. If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the Internship Training Program staff what possible courses of action might be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the intern that if his/her behavior does not change, the intern will not successfully complete the internship.

- F. Suspension of Direct Service Activities – requires a determination that the welfare of the intern's client(s) has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with Internship Training Program staff. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

- G. Administrative Leave – involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion

of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's graduate program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

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

The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

DUE PROCESS: GENERAL GUIDELINES

Due process ensures that decisions made by training programs about interns are not arbitrary or personally based, requires that training programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include:

- During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. These expectations are discussed in group and individual settings,
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
- Articulating the various procedures and actions involved in making decisions regarding problems,
- Communicating, early and often, with graduate programs about any suspected difficulties with interns, seeking input from these programs about how to address such difficulties,
- Instituting, with the input and knowledge of the graduate program, a

remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,

- Providing a written procedure to the intern which describes how the intern may appeal the training program's action,
- Ensuring that interns have sufficient time to respond to any action taken by the training program,
- Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and,
- Documenting, in writing and to all relevant parties, the action taken by the training program and its rationale.

DUE PROCESS: PROCEDURES

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Director and intern or staff, the steps to be taken are listed below.

Situations in which Grievance Procedures are Initiated

There are three situations in which grievance procedures can be initiated:

- 1) When the intern challenges the action taken by the faculty (Intern Challenge),
- 2) When the faculty is not satisfied with the intern's action in response to the action (Continuation of Inadequacy rating)
- 3) When a member of the faculty initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying them, is described below.

1) Intern Challenge. If the intern challenges the action/method taken by the Internship Training Program staff, as described above, s/he must, within 10 days of receipt of the decision, inform the Training Director, in writing, of such a challenge.

- The Training Director will then convene a Review Panel consisting of two staff members selected by the Training Director and two staff members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.
- A review hearing will be conducted, chaired by the Training Director, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the Chief Psychologist, including any recommendations for further action.

Decisions made by the Review Panel will be made by majority vote. The intern is informed of the recommendations.

- Within 5 days of receipt of the recommendations, the Chief Psychologist will accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Chief Psychologist within 10 days of the receipt of the Chief Psychologist's request for further deliberation. The Chief Psychologist then makes a decision regarding what action is to be taken and that decision is final.
- Once a decision has been made, the intern, the intern's graduate program, and other appropriate individuals are informed in writing of the action taken.

2) Continuation of Inadequate Rating. If the Internship Training Program staff determine that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation, then a formal Review Panel will be convened.

- The Training Director will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The faculty may then adopt any one of the following methods or take any other appropriate action. It may issue a:
 1. Continuation of the probation for a specific time period,
 2. Suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved,
 3. Communication which informs the intern that the Training Director is recommending to the Chief Psychologist that the intern will not if the behavior does not change, successfully complete the internship, and/or
 4. Communication which informs the intern that the Training Director is recommending to the Chief Psychologist that the intern be terminated immediately from the internship program.
- Within 5 working days of receipt of this determination, the intern may respond to the action by a) accepting the action or b) challenging the action.
- If a challenge is made, the intern must provide the Training Director, within 10 days, with information as to why the intern believes the action is unwarranted. A lack of reasons by the intern will be interpreted as complying with the sanction.
- If the intern challenges the action, a Review Panel will be formed consisting of the Training Director, two staff members selected by the Training Director, and two staff members selected by the intern.

- A Review Panel hearing will be conducted, chaired by the Training Director, in which the challenge is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the Chief Psychologist. Decisions by the Review Panel will be made by majority vote.
- Within 5 days of receipt of the recommendations, the Chief Psychologist will accept the Review Panel's action, reject the Review Panel's action and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Chief Psychologist within 10 days of the receipt of the Chief Psychologist's request for further deliberation. The Chief Psychologist then makes a decision regarding what action is to be taken and that decision is final.
- Once a decision has been made, the intern, the intern's graduate program, and other appropriate individuals are informed in writing of the action taken.

3) Intern Violation. Any faculty member may file, in writing, a grievance against an intern for any of the following reasons: a) unethical or legal violation of professional standards or laws, b) professional incompetence, or c) infringement on the rights, privileges or responsibilities of others.

- The Training Director will review the grievance with 2 members of the Internship Training Program and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
- If the Training Director and other two members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the Training Director shall inform the faculty member who may be allowed to renew the complaint if additional information is provided.
- When a decision has been made by the Training Director and the other two faculty members that there is probable cause for deliberation by the Review Panel, the Training Director shall notify the faculty member and request permission to inform the intern. The faculty member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 days or permission to inform the intern is denied, the Training Director and the two members shall decide whether to proceed with the matter.
- If the intern is informed, a Review Panel is convened consisting of the Training Director, two members selected by the staff member, and two members selected by the intern. The Review Panel receives any relevant information from both the intern or faculty member as it bears on its deliberations.

- A review hearing will be conducted, chaired by the Training Director in which the complaint is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the Chief Psychologist. Decisions by the Review Panel shall be made by majority vote.
- Within 5 days of receipt of the recommendation, the Chief Psychologist will accept the Review Panel's action, reject the Review Panel's recommendation and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Chief Psychologist within 10 days of the receipt of the Chief Psychologist's request for further deliberation. The Chief Psychologist then makes a decision regarding what action is to be taken and that decision is final.
- Once a decision has been made the intern, the intern's graduate program, and other appropriate individuals are informed in writing of the action taken.

Situations where interns raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The intern should:

- Raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.
- If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the Training Director. If the Training Director is the object of the grievance, or unavailable, the issue should be raised with the Chief Psychologist.
- If the Training Director cannot resolve the matter, the Training Director will choose an agreeable Internship Training Program staff acceptable to the intern who will attempt to mediate the matter. Written material will be sought from both parties.
- If mediation fails, the Training Director will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the Training Director, the Chief Psychologist and two staff members of the intern's choosing. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.
- Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that

cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.