



Doctoral Psychology Internship Program INTERNSHIP MANUAL (2024-2025)

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**Child & Family Center
Doctoral Psychology Internship Program
INTERNSHIP MANUAL (2024-2025)**

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AGENCY OVERVIEW

Child & Family Center (“C&FC” or “Agency”) is dedicated to helping children, families, and adults to thrive and reach their full potential. Established in 1976 as St. Stephen's Special School, the Agency's founders saw a need to assist children with emotional, learning, and behavioral problems. Helping parents and caregivers learn better ways to parent children was a priority. Evolving into the Santa Clarita Valley Special Children's Center in 1985, counseling services were added for teenagers and their parents. Now known as the Child & Family Center, the Agency has grown into a provider of comprehensive prevention, early intervention, diagnostic evaluation, and therapeutic services for children, teens, adults, and families who live in the Santa Clarita Valley, Antelope Valley, and surrounding areas in Los Angeles County.

Our Agency mission is: *Changing Lives. Healing Relationships. Helping People Thrive – Strengthening families today for stronger communities tomorrow.*

Child & Family Center helps thousands of children, their families, and the community by providing comprehensive prevention, early intervention, diagnostic evaluation and therapeutic services for children, teens, adults and families. Services include:

- Individual, family, and group counseling
- Substance use prevention, education, and treatment
- School services
- Intensive in-home care
- Domestic violence / Intimate Partner Violence services, which includes a confidential shelter for bridge housing
- Parenting classes
- Psychological testing

The staff of mental health professionals includes adult and child psychiatrists, psychologists, clinical social workers, marriage and family therapists, and case managers who work in collaboration to provide the best possible care. Our agency collaborates with school districts, social service agencies, Los Angeles County Department of Mental Health, Los Angeles County Department of Children & Family Services, Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, among others, to provide the best possible care for clients. The basic philosophy underlying all the Agency’s programs is that early intervention and guidance in an individual’s life can prevent more serious problems from developing.

THE TRAINING SETTING

Child & Family Center is a 501(c) (3) nonprofit, public-benefit corporation. Our main campus is located in Santa Clarita, CA, with an outpatient clinic in Palmdale, CA; both located in Los Angeles County. We are Medi-Cal and Drug Medi-Cal certified in the state of California, and a Medicare-eligible provider

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through the Centers for Medicare & Medicaid Services and have other various third-party funding arrangements to support the clients we serve. Our agency is accredited by *The Joint Commission*, received the *GuideStar Platinum Seal of Transparency*, and is a member of the *Association of Psychology Postdoctoral and Internship Centers (APPIC)*.

Dedicated to meeting the mental and behavioral health needs of children, adolescents, adults, and their families, a range of services are provided such as counseling, intervention services, and parent education. Professional training is offered to all staff, members of the community, psychology interns (“Interns”) and mental health trainees. Our agency is data-informed and community driven. We are committed to evidence-based practices, staff training and development, culturally and linguistically appropriate services, and continuous quality improvement. Child & Family Center strongly values diversity, equity, and inclusion in its working, clinical, and learning environments. Every effort is made to create a climate in which all staff, Interns, and volunteers feel respected, comfortable, and in which success is possible and obtainable. An overall goal of the Program is working with clients, colleagues, and community members from various backgrounds. Interns are provided opportunities to explore their own identities privilege, and discuss implicit, explicit and structural biases, discrimination of all forms, and social justice in action. Interns are expected to develop awareness of their own biases and personal issues that may impact their work with clients through supervision, didactic trainings, and personal reflection.

We foster cultural awareness and humility by providing training on identity and culture, encouraging Interns to consult and collaborate with interdisciplinary staff members, and by challenging Interns to reflect on their own personal and cultural experiences and how these affect their work with clients.

Diversity, equity, and inclusion are integrated in the following ways:

- The Agency adopted a comprehensive diversity, equity and inclusion aim as part of its Strategic Plan and maintains a Cultural Competency and Diversity Plan intended to reduce disparities and provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The Agency’s Cultural Awareness Team meets regularly. This Team focuses on initiatives to support the development and deployment of practical, experience-based knowledge about the beliefs, attitudes, behaviors, vocabulary, and community norms of its clients and workforce. Interns may participate in these meetings, as appropriate.

MISSION STATEMENT

The mission of Child & Family Center’s Doctoral Psychology Internship Program is to provide comprehensive professional psychology education and training that supports evidence-based knowledge acquisition and exceptional skills development for tomorrow’s psychologists.

By participating in the C&FC Program, Interns acquire requisite clinical skills to change lives and heal relationships while developing their professional identity as psychologists. This occurs through didactic

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experiences, individual and group supervision, and active involvement in learning opportunities within a multidisciplinary community mental health setting. The Program is designed to broaden the Intern's experience and build competence with clinical theory and the principles and practice of psychology focusing on these Aims:

- Provide comprehensive, evidence-based clinical training that prepares Interns to become skilled and compassionate clinicians in the professional practice of psychology.
- Offer exposure to varied clinical experiences, structured training, and supervision that support the cultivation of foundational and functional competencies for the successful, ethical and skillful delivery of psychological services.
- Grow expertise in clinical assessment, diagnosis and treatment, integration of science and practice, and understanding of cultural diversity and individual differences.
- Gain experience in working with diverse populations and specialized service areas to enhance their understanding of themselves as clinicians.
- Prepare Interns for transition from student to professional role so they may possess attitudes essential for lifelong learning, inquiry, and problem-solving as psychologists in the context of an evolving body of scientific and professional knowledge.

THE TRAINING MODEL

The Doctoral Psychology Internship Program is experiential in nature and based in the belief that breath of training and experience is essential to the development of well-rounded psychologists. The Agency provides a broad generalist training based in the scholar-practitioner model. Interns are encouraged to take the stance of "local clinical scientists" as described by Strickler & Trierweiler (1995).¹ Interns are exposed to a variety of research based theoretical knowledge and evidence-based practices and are encouraged to engage in ongoing analysis, reflection, and discussion as they deliver direct services to clients. Through the process of learning, doing, and reflecting, or learning through reflection on doing, Interns are able to adapt their interventions and approach to meet the individual needs of each client.

TRAINING GOALS & OBJECTIVES

The overall goal of C&FC's Doctoral Psychology Internship Program is to prepare Interns for the professional practice of psychology. The program has clearly defined areas of expected competency that are consistent both with the Agency's philosophy and training model as well as with more global standards for the training of professional psychologists as set forth by the American Psychological Association (APA). By the end of the internship year, it is expected that Interns will develop competency in the following areas:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values and Attitudes

¹ Strickler, G. and Trierweiler, S. (1995). The Local Clinical Scientist: A Bridge Between Science and Practice. *American Psychologist*, 50, 995-1002.

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5. Communication, and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

PROGRAM STRUCTURE

Interns are provided with opportunities to work in various departments and programs within the Agency. These include a variety of direct and indirect service activities. The Intern may participate in any of the wide array of services through the following programs: Outpatient Mental Health, Domestic Violence Services (DV), Substance Use Disorders Services (SUD), Wraparound, Therapeutic Behavioral Services (TBS), Medication Support (Psychiatry), School-Based Services, Targeted Case Management, Full Service Partnership, Multidisciplinary Assessment Teams (MAT), Early Childhood Mental Health, Crisis Services, and Psychological Testing. See *Appendix A* for Program Schedule.

INTERVENTION & ASSESSMENT EXPERIENCE

Individual Client Services. Interns are responsible for the diagnosis and treatment of approximately twelve (12) individual clients. When providing service to children and adolescent clients, Interns also work closely with parents and other family members (i.e., collateral services and/or family therapy) specifically to assist the clients in meeting their treatment needs. Interns are expected to complete intake assessments, diagnose, provide individual therapy, provide family therapy, case management, crisis intervention, complete outcome measures, and participate in team consultation for their clients.

Group Services. Interns may have opportunities to conduct weekly therapy groups with children, adolescents, transitional age youth, or parents and caregivers. They may also have an opportunity to provide group therapy to adults in the substance use or domestic violence programs. These groups may be provided on site at the Agency's main location in Santa Clarita, or at the Agency's confidential Emergency Shelter. C&FC has a number of ongoing groups that Interns may facilitate. However, Interns are also encouraged to collaborate with supervisors in order to identify and develop additional groups to address identified needs of the community that the Agency serves.

Psychological Assessment. Interns participate in providing psychological testing services for clients at C&FC. The goal of the Training Program is for Interns to complete comprehensive diagnostic assessment batteries. Actual number of assessment batteries are dependent upon the Intern's level of knowledge and experience, as well as Agency need. Interns may also participate in providing brief psychodiagnostic consultation services. The Psychodiagnostic Assessment Group Supervision provides Interns with opportunities to expand their skills in this area. Care is taken in the assignment of testing cases to ensure that each Intern's testing experience is characterized by a wide range of ages, diagnostic categories, and referral questions. Testing currently provided by the Interns is with clients that are already in treatment

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at C&FC and referrals are made by Agency therapists from various programs throughout the Agency. The typical age range for testing is 7-16 years of age, with some possibilities for assessment or psychodiagnostic assessment consultation for children 0-5 years of age, as well as possibilities for testing with adults and Transitional Age Youth.

Specialty Interest Areas. Interns participate in services focused on specialty interest areas during the internship year. Interest areas allow Interns to gain exposure to the varied roles that psychologists play in community mental health agencies. Interns are able to choose specialties that best fit their interests and experience. If an Intern's specific needs or interests are not met by any of the listed electives, they may work with the Director of Training to design an alternative. The specific interest areas offered may vary from year-to-year as new programs are developed based on the changing needs of the Agency and the community served. Current specialty interest areas include:

- ***Administration-*** Interns may shadow various trainers, managers, and administrators as well as attend Agency committee and other team meetings to gain awareness of how programs are organized and managed. Interns interested in research, may identify or further develop a research project, program evaluation project, program development project, or process improvement project.
- ***Domestic Violence Advocacy and Treatment-*** Interns work closely with C&FC staff with specialized training in Domestic Violence (DV) prevention and intervention. Interns provide crisis intervention, individual therapy, group therapy, and parenting classes to men, women, children and teens victims of DV at C&FC's community outreach center. Interns provide individual, group therapy, parenting classes to women and children at C&FC's confidential emergency shelter. Interns may also provide community education presentations to schools, community organizations, religious groups, social service agencies and professional associations to raise awareness about family violence, child abuse, teen dating abuse prevention, and available resources.
- ***Early Childhood Mental Health.*** Interns provide psychotherapy services to children ages birth to five years and their families in the clinic, home, and community settings. Interns offer individual, dyadic, and family therapy to address a variety of presenting problems utilizing attachment-based and/or behavioral therapy approaches. Interns collaborate and advocate with community-based agencies (e.g., Regional Center, school districts, DCFS) to provide holistic developmental and mental health assessments and treatment.
- ***Outreach & Prevention-*** The Agency's outreach program encompasses prevention, education, and community engagement activities to build awareness of mental health, domestic violence, and substance use. The interdisciplinary team provides interactive community workshops, presentations, and school outreach rooted in evidence-based curriculum. We currently have partnerships with 22 schools within the Santa Clarita Valley, and we consistently are developing parent workshops in English and Spanish formats.

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- *Program Evaluation/development-* While the Doctoral Psychology Internship Program is primarily a clinical and treatment-focused training experience, Interns are provided with opportunities to increase skills in the areas of research, program evaluation, and program development based on the Intern's interests and/or identified gaps in service in order to better meet the needs of the community that the Agency serves.
- *Substance Use and Co-Occurring Disorders.* Interns work closely with C&FC staff who have specialized training in the treatment of substance use disorders (SUD). Interns provide individual and group therapy utilizing a structured outpatient treatment program designed to give clients the knowledge and support to allow them to achieve harm reduction from drugs and/or alcohol and to initiate a long-term program of recovery.

SUPERVISION

Psychology Interns are assigned a primary supervisor and delegated supervisor who is a licensed clinical psychologist. Interns receive at least four hours of supervision weekly that may include:

- One (1) hour individual supervision with Primary Supervisor
- One (1) hour individual supervision with Delegated Supervisor
- Two (1) hour Group Supervision
- One (1) hour Group Supervision Psychodiagnostic Testing Supervisor

Supervision of Practicum Students. In order to develop supervisory skills, Interns co-lead group supervision of the doctoral practicum students. As part of the training to become professional psychologists, interns have the opportunity to supervise psychology practicum students, participate in supervision didactics, and receive supervision of supervision the during professional development seminars.

Group Supervision. Interns participate in a one-hour weekly clinical group supervision where they are able to ask questions and receive feedback on their clinical cases. Interns are expected to record their client sessions and share the recording a minimum of once per month during group supervision meetings. In addition, Interns will receive supervision on the application of the evidence-based practice Managing and Adapting Practice (MAP) during group supervision.

Psychodiagnostic Assessment Group. A one-hour weekly psychodiagnostic assessment group offers the Intern graduate level instruction and practice in administering a broad range of tests and other procedures for gathering data: organizing the resulting observations and data into relevant, useful inferences or impressions; and writing concise client-focused reports. Prior basic understanding of the principles and theories underlying psychodiagnostic assessment is expected. The emphasis of the group is on the acquisition of practical skills that will assist the Interns to function as increasingly independent consultants to colleagues, parents, and clients. The training provided by the testing program aims to:

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- Assist Interns in mastering various assessment skills, including test selection, administration, interpretation of results,
- Providing effective feedback to professionals as well as the client and/or client's family members,
- Identifying and understanding the limits of testing (i.e., personality theories, related philosophical beliefs, factors influencing test construction, and empirical constraints), as well as current challenges in the practice of psychological assessment.

CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Psychology Consultation Group. Interns participate in a twice monthly psychology consultation group with Agency psychologists. The Psychology Consultation Group provides an opportunity for Interns to engage in discussion related to supervision. Interns show videos from their supervision meetings and receive feedback on their supervision sessions. Research articles related to supervision are integrated to facilitate discussion. In addition, the group may explore issues related to law & ethics, diagnosis, assessment, consultation, and training as it applies to the practice of professional psychology. This group also provides opportunities for discussion related to professional development topics.

Clinical Case Presentation. As part of their learning experience, practicum students are asked to complete at least one Clinical Case Presentation on one of their current clients to demonstrate their skills in case conceptualization and clinical intervention. All student trainees, Interns and Student Training Program staff are invited to attend these presentations to contribute to the clinical discussion. After the presentation, the group is invited to engage in discussion, feedback, and/or reflection on the case presented.

Clinical Staff Meetings. Interns participate in at least once a month program meetings along with other student trainees and monthly direct care staff meetings along with Agency staff. These meetings provide Interns the opportunity to become integrated into the Agency, allow Interns to collaborate with Agency staff, and provide Intern's access to information relevant changes within the Agency policies and procedures.

TRAINING

A variety of formal structured training sessions are provided for Interns, including the following:

Orientation Training. During the first month of the Internship, Interns receive trainings related to Agency and Training Program's policies and procedures. In addition, the following trainings are provided:

- Electronic health record
- Los Angeles County Department of Mental Health and other funding clinical documentation
- Outcomes measures: Interns are expected to collect pre and post-treatment outcome measures
- Crisis assessment and intervention
- Child abuse and adult dependent abuse reporting

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Didactic Seminars. Interns participate in a year-long didactic seminar series, which is held weekly and covers a wide range of topics in professional psychology, including diversity issues, empirically supported treatment models, supervision, and other topics related to the practice of psychology in a community mental health setting. Agency staff and community partners who are experts in various aspects of professional psychology may be invited as speakers. C&FC also offers other educational programs to advance professional development.

Evidence-Based Training Opportunities. In cooperation with the Los Angeles County Department of Mental Health, the Agency uses evidence-based practices (EBPs) under the County's Prevention and Early Intervention (PEI) Program. These EBP offerings include Parent-Child Interaction Therapy (PCIT), Seeking Safety, Positive Parenting Program (Triple P), Managing and Adapting Practice (MAP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Individual Cognitive Behavioral Therapy (ICBT). Intern training in specific EBPs is based on trainer availability and Agency need. Interns may also be exposed to elements of various EBPs through didactic workshops, supervision, and assigned readings.

Additional Psychology-Specific Training. Child & Family Center is a longstanding American Psychological Association (APA) approved Continuing Education (CE) Sponsor. A needs-based continuing education program is provided for Licensed Psychologists and other health service professionals. C&FC provides a variety of training opportunities generally offered on a quarterly basis. Interns attend and participate in CE trainings along with Agency staff. Examples of past CE topics include Law and Ethics, Child Abuse Reporting, Reflective Practice and Reflective Supervision, You Matter LGBTQ+ series, and Family Therapy.

TRAINING RESOURCES

Psychology Interns at Child & Family Center have access to the following resources during the training year.

- The office environment includes a dedicated workspace with an Agency phone line, a laptop computer or tablet that is equipped with Microsoft Office 365, and an agency cell phone. Access to a high-speed internet connection (Ethernet and WiFi) and access to Agency printers. Access to the Agency's telehealth platform and electric health record system. Interns are also provided with an account for Relias online continuing education learning management system.
- Interns have ongoing contact with Agency support staff including IT, billing, front office reception, and facilities maintenance and are able to use any support service available to Agency staff.
- Interns have access to the Agency's library of assessment materials, which includes an up-to-date inventory of test instruments/kits reflective of common referral questions and assessment best practices, technical manuals, and handbooks. They also have access to the Agency's Q-interactive account and a pair of iPads to utilize iPad administration of measures. Designated assessment computers loaded with scoring software are available for reservation. Additionally, Interns have remote access to online assessment scoring through the Training Division's Q-Global account.

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- An observation room is available for reservation as needed. Interns also have access to audio and visual equipment and devices for recording.

INDIVIDUAL TRAINING PLAN

At the start of the internship year, Interns work closely with their primary supervisor to formulate a Training Agreement and Individual Learning Plan that outlines individualized training goals for the internship year. During this time, Interns are asked to complete a Self-Assessment to assist in identifying perceived areas of strength and areas for further development during the training year. Interns are asked to complete the Self-Assessment on a quarterly basis as a means to assess progress towards the Intern's identified training goals and to facilitate self-awareness and self-reflection on throughout the training process.

EVALUATION & FEEDBACK

Evaluation and feedback are an integral part of the Doctoral Internship Program (see *Appendix B* for Evaluation Forms). C&FC aims to produce graduates who are competent to provide effective professional services, and who strive for excellence in their professional work. Child & Family Center uses the APA Competencies in Professional Psychology that provide the means to evaluate progress towards training goals. Interns receive formal written evaluations three times per year.

Formal evaluations occur at the 90-day mark, in February, or mid-year, and in August at the internship year-end. Intern evaluations and other relevant feedback are provided to the Intern's graduate program a minimum two times per year, at mid-year and at the end of the internship. Evaluations are based on the programs stated training goals and objectives that are developed at the start of the training year. Intern evaluations are prepared by the primary supervisor and integrate feedback from the Intern's primary and delegated supervisors, group supervisors, and other members of the training staff who work with the Intern. Evaluation and feedback focus on the Intern's development, competency, and progress towards established training goals. The evaluations identify Intern's areas of strength as well as areas for growth or continued focus.

As part of the feedback and evaluation process, Interns also evaluate their clinical supervisors and the Training Program two times each year, at the mid-year in training and year-end. The Agency utilizes the Due Process and Grievance Policy to address concerns about Intern performance, and Interns' concerns about training (see *Appendix C*).

CHILD & FAMILY CENTER SENIOR LEADERSHIP

Nikki Buckstead

Chief Executive Officer

Nikki Buckstead began working in the nonprofit, social services field in 1991. Her passion has always been in service and helping others. She's held several positions in the mental/behavioral health, substance use treatment/prevention and homeless services during her career including CEO, executive director and coalition director. She has also held various consulting roles, providing strategic planning,

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cultural competency coaching, program implementation, and building cross-functional relationships. Her background and experience is rich in a variety of different settings and she brings that breadth and depth of her experience with her when working with organizations.

She has extensive experience collaborating in communities, working with partners, members, funders, and Stakeholders, to support building networks, capacity, and sustainability, through innovation, adaptability, as well as being community-focused and data-informed.

She has also committed her time to many local and national boards, leading community coalitions. For several years she owned and operated Transformative Coaching and Consulting Services where she provided executive coaching and programs to those in the social services and healthcare fields. She has extensive experience working with youth, teachers and administrators, community, faith-based and national leaders, government officials, law enforcement, program directors, academicians, researchers, and evaluators. She possesses an in-depth knowledge of collaboration and nonprofits and an ability to communicate complex concepts to the public.

Jennifer Roecklein, MA CPHQ
Vice President of Administration

Jennifer Roecklein, MA CPHQ, is Certified Professional in Healthcare Quality who has been working in the field of mental health for 8 years. Jennifer has been a certified Nonviolent Crisis Intervention (NCI) trainer through the Crisis Prevention Institute since June of 2015 with almost 80 hours of NCI training experience. Jennifer has experience in leading over 20 health and safety leaders and has facilitated various trainings, incorporating key elements of NCI, in addition to providing initial and recertification trainings for staff.

INTERNSHIP FACULTY

Amy Warren, PsyD
Director of Training - Doctoral Psychology Internship

Dr. Warren serves as a Program Manager for the Training Program at Child & Family Center where she has worked since 2016. Dr. Warren began her role with Child & Family Center as an Early Childhood Mental Health therapist and Early Childhood Mental Health consultant providing Mental Health Services to children birth to five as well as providing consultation and training to local preschool centers with a focus on supporting children's social emotional and behavioral health development. Key Clinical Supervisor responsibilities include managing contractual and operational relationships with universities, providing clinical supervision to all interns, overseeing intern training activities and experiences, and leading the Agency's Committee for Continuing Education & Professional Development. Dr. Warren is a licensed psychologist specializing in children's mental health with over 20 years of experience working with children and families in various settings. For the last ten years, she has provided trauma informed mental health services to children and families in community mental health settings. Dr. Warren earned a Bachelor of Science degree from the University of Georgia and a Psy.D. from the Chicago School of Professional Psychology. She completed her Internship at Children's Institute Inc., Watts Site, where she

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received specialized training in trauma-informed treatment and early childhood mental health. Dr. Warren completed training in various evidence-based practices, including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Motivational Interviewing (MI), Incredible Years (IY) Social Skills Group Facilitator, Child-Parent Psychotherapy (CPP) and Triple P.

Kelly Dorsey, PhD

Director of Training - Doctoral Psychology Internship

Dr. Dorsey is a licensed psychologist with over 15 years of experience working as a mental health therapist and currently serves as a Program Manager for the Training Program at Child & Family Center. Dr. Dorsey received a BA degree from the University of California, Irvine, majoring in psychology and political science. She continued her studies in clinical psychology at the California School of Professional Psychology at Alliant International University, Los Angeles, earning an MA and PhD. While at Alliant, Dr. Dorsey completed a practicum placement with The Children's Collective, which provided the opportunity to learn about community mental health services for preschool aged children and their families in Head Start preschools throughout South Los Angeles. In addition, Dr. Dorsey provided therapy to teenagers at an afterschool program at a south Los Angeles High School. She completed two internships at Child & Family Center and Verdugo Mental Health Center. At all three training placements, Dr. Dorsey received training and experience in psychological assessment. After graduation, Dr. Dorsey began working at Didi Hirsch Mental Health Services, providing therapy to children, teens, and families as well as conducting psychological assessments and providing consultation to other staff members regarding differential diagnosis and treatment planning. After becoming licensed, Dr. Dorsey began supervising psychology interns and unlicensed staff psychologists and developed an interest in working within a training department. Dr. Dorsey has also completed training in various evidence-based practices, including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Crisis Oriented Recovery Services (CORS), Managing and Adapting Practices (MAP), Families Overcoming under Stress (FOCUS), Motivational Interviewing (MI), and Child-Parent Psychotherapy (CPP). In addition to managing the Training Program, Dr. Dorsey also serves as the Testing Program Manager and supervisor, provides clinical supervision to staff and students, and currently serves as a MAP trainer and supervisor for the Student Training Program.

Amanda Maynard, PsyD

Training Supervisor

Dr. Maynard is a licensed psychologist that currently serves as a Training Supervisor for the Training Program at Child & Family Center. Dr. Maynard received a BA degree from the University of California, Irvine, majoring in psychology and minoring in education. Throughout her undergraduate career she provided Applied Behavioral Therapy to children with developmental delays further leading to her pursuit of a doctoral degree in Psychology. She continued her studies in clinical psychology at the University of La Verne, earning an MA and PsyD. While at the University of La Verne, Dr. Maynard completed a 3 practicum placements with University of La Verne Counseling Center, Child and Family

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Guidance Center, and Didi Hirsch Mental Health Services. These placements provided the opportunity to learn about community mental health services for children and their families throughout Los Angeles County. In addition, Dr. Maynard provided evidence based individual and group treatment to children and adults both in outpatient and intensive services. She completed her internships at the Institute for Multicultural Counseling and Educational Services in which she primarily provided services to higher need children and adults. Dr. Maynard was specifically trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Managing and Adapting Practices (MAP), Motivational Interviewing (MI), and Domestic Violence (DV). At all training placements, Dr. Maynard received training and experience in administering, scoring, and compiling psychological assessments. After graduation, Dr. Maynard began working at Child and Family Guidance Center, providing therapy to children, teens, and families as well as conducting psychological assessments and providing consultation to other staff members regarding differential diagnosis and treatment planning. After becoming licensed, Dr. Maynard began supervising unlicensed and licensed clinicians (MFT, LCSW, PsyD) and developed an interest in working within budding clinicians. Dr. Maynard specifically provided clinical supervision in relation to individual and group treatment as well as conducting initial assessments and psychological reports.

TRAINING YEAR LOGISTICS

The Agency's full-time Doctoral Psychology Internship will begin August 26, 2024 and will conclude on August 25, 2025. The Internship is structured to support Doctoral Interns in obtaining a minimum of 1800 hours over the course of the year. During the course of the internship, Interns are expected to work Monday through Friday for a full time 40-hour work week.

STIPEND & BENEFITS

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

Child & Family Center is pleased to provide a stipend for Doctoral Interns of approximately \$43,680.00 per year. Health and dental benefits are available to Interns beginning approximately six weeks after the start of internship. These benefits are chosen from among different plans, requiring different contributions. Interns may accrue up to 80 hours of vacation time and 64 hours of sick leave, Interns are also provided with a floating holiday that can be used during the Intern's birthday month, along with 15 paid agency holiday days including the Agency Wellness break, which occurs during the week between Christmas and New Year's. The specific dates will be announced at the beginning of the internship year. The Director of Training must approve any additional times that Interns are not on site.

APPLICATION REQUIREMENTS

By the beginning of the internship, applicants must have completed all doctoral course work and all qualifying and comprehensive exams. They should have also passed the proposal stage for their doctoral

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dissertation or doctoral project. Applicants should have at least 500 practicum hours (total intervention and assessment hours) by the beginning of the internship year. United States citizenship or legal residency is required.

The application deadline is **December 11, 2023** for the 2024-2025 internship year. Qualified doctoral students interested in seeking placement at Child & Family Center for Internship are required to participate in the APPIC Match. Applicants submit an online APPIC Application for Psychology Internship (AAPI). Information regarding the application process is available on the APPIC website at <http://www.appic.org>.

Application Materials Must Include:

- A completed APPIC "Application for Psychology Internship"
- A copy of the applicant's curriculum vitae
- Official transcripts of all graduate education.
- Three letters of recommendation.
- A copy of a testing report completed by the applicant with removal of all identifying information (e.g., name and address of examinee, etc.).

Applicants must obtain full legal clearance from the Department of Justice (DOJ) and related California entities prior to the start of the internship year. Internship appointments are contingent upon obtaining full legal clearance and approval from Child & Family Center's Human Resources Department (please see APPIC MATCH POLICIES (6b): "Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements.")

APPIC Matching Program Code Number: (249111)

ADDITIONAL QUESTIONS

Programmatic questions should be directed to Director of Training, Amy Warren, PsyD. Dr. Warren can be reached by email at: amy.warren@childfamilycenter.org, or by phone at (661) 259-9439.

**Child & Family Center
 Doctoral Psychology Internship Program
 INTERNSHIP MANUAL (2024-2025)**

APPENDIX A. INTERN SCHEDULE (40 hours/week)

ACTIVITY	HOURS PER WEEK
<i>Direct Service</i>	
Individual Therapy/Family Therapy/Parent Sessions	14
Psychodiagnostic Testing/Report Writing	4
TOTAL	18
<i>Indirect Service</i>	
Special Interest Team Meetings or additional trainings	2
Clinical Team Meeting/Psychologist Consultation Group	1
Intern Program Requirements	2
Administrative Time/Documentation	8
TOTAL	13
<i>Supervision</i>	
Individual Supervision	2
Group Supervision	1
Psychodiagnostic Testing Group Supervision	1
Practicum Student Supervision	2
TOTAL	6
<i>Training</i>	
Case Presentation	1
Didactic Training	2
TOTAL	3
GRAND TOTAL	40

**Child & Family Center
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**CHILD & FAMILY CENTER
PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
Evaluation of Supervision**

This form is intended to provide useful feedback about your supervisor's performance and the overall quality of your supervision. Your supervisor will receive a composite of these evaluations after your placement has ended. Please be frank. Provide clarifying comments when appropriate in the space provided at the end of the form. As with your supervisor's evaluation of your work, we encourage you to share this evaluation with your supervisor if you feel comfortable doing so, as it will benefit his or her future supervision.

IDENTIFICATION

Name (optional): _____ Site: _____
Position: _____ Date: _____
Name of supervisor: _____

EVALUATION OF SUPERVISOR AND SUPERVISORY PROCESS

Please rate the items using the following scale:

- 1 – Strongly Disagree**
 - 2 – Disagree**
 - 3 – Undecided**
 - 4 – Agree**
 - 5 – Strongly Agree**
-

- 1. Time was set aside exclusively for supervision. _____
- 2. Distractions and interruptions were rare. _____
- 3. Supervision meetings were rarely cancelled. _____
- 2. Supervisor was accessible outside of regular schedule. _____
- 3. Supervisor was direct and non-avoidant. _____
- 4. Divergent Viewpoints were well tolerated. _____
- 5. Supervisor worked constructively to resolve conflict in the supervisory relationship. _____
- 6. Practical skills were taught. _____
- 7. Adequate and reasonable amounts of readings were suggested. _____
- 8. Exploration of new ideas and therapeutic techniques was encouraged. _____

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Evaluation of Supervision

9. Supervisor conveyed a sound conceptual grasp of clients discussed and their presenting problems. _____
10. Supervisor provided useful conceptual framework for understanding clients. _____
11. Supervisor appeared knowledgeable about multicultural issues. _____
12. Supervisor provided constructive treatment suggestions. _____
13. Supervisor discussed the application of ethical and legal principals. _____
14. Supervisor was knowledgeable about community resources and assisted the intern with appropriate referrals. _____
15. Supervisor's feedback was direct and straightforward. _____
16. Appropriate emphasis was given to evaluation. _____
17. Mistakes were welcomed as learning experiences. _____
18. Praise and encouragement were frequently provided. _____
19. Student's weaknesses and shortcomings were addressed but not overemphasized. _____
20. Exploration of personal growth issues was encouraged. _____
21. Supervisor was open to feedback. _____
22. Supervisor treated me like a colleague. _____
23. Supervisor respected and valued differences between us. _____
24. I felt comfortable with this supervisor. _____
25. I would recommend this supervisor to prospective interns. _____

Additional comments (use additional sheet if necessary):

**Child & Family Center
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**CHILD & FAMILY CENTER
 DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
Intern Competency Evaluation**

INTERN/YEAR: _____
PRIMARY SUPERVISOR: _____

Please mark:

- 1st evaluation (February 15)
 - o **Expected Rating Level:** 5

- Final evaluation (Aug 15)
 - o **Expected Rating Level:** 7

**Direct observation (live observation or video recording)
 conducted during current evaluation period:**

**Direct Observation
 Date(s):**

Rating Scale: 1-9

- 1 = No experience or competency (unacceptable)
- 3 = minimum experience or competency (Practicum level)
- 5 = achieving competency; need more experience & supervision (Intern level)
- 7 = fully competent (Beginning doctoral level; Ready for entry-level practice)
- 9 = Advanced competency; could teach others this skill (Experienced doctoral level)
- N/O** = Not observed
- N/A** = Not applicable

I. RESEARCH

Intern will achieve competence in the area of: Research	Supervisor Rating
1. Actively seeks out current and sound professional literature and other scientific knowledge as needed to enhance knowledge about clinical practice, treatment planning, diagnoses, and other relevant areas.	
2. Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
3. Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

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II. ETHICAL AND LEGAL STANDARDS

Intern will achieve competence in the area of: Ethical and Legal Standards	Supervisor Rating
1. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct	
2. Demonstrates knowledge of and adherence to relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, regional and federal levels.	
3. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.	
4. Conducts self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

III. INDIVIDUAL AND CULTURAL DIVERSITY

Intern will achieve competence in the area of: Individual and Cultural Diversity	Supervisor Rating
1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.	
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.	
3. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
4. Applies a framework for working effectively with areas of individual and cultural diversity.	
5. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

IV. PROFESSIONAL VALUES AND ATTITUDES

Intern will achieve competence in the area of: Professional Values and Attitudes	Supervisor Rating
1. Behaves in ways that reflect the values and attitudes of psychology.	

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2. Engages in self-reflection regarding personal and professional functioning.	
3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.	
4. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	
5. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

V. COMMUNICATION, AND INTERPERSONAL SKILLS

Intern will achieve competence in the area of: Communication and Interpersonal Skills	Supervisor Rating
1. Develops and maintains effective relationships with a wide range of individuals.	
2. Demonstrates a thorough grasp of professional language and concepts.	
3. Demonstrates the ability to form a working alliance with clients, collaterals, and other members of the treatment team.	
4. Demonstrates effective interpersonal skills and ability to manage difficult communication, conflict, and negotiate differences.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

VI. ASSESSMENT

Intern will achieve competence in the area of: Assessment	Supervisor Rating
1. Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
2. Demonstrates understanding of human behavior within its context (e.g. family, social, societal, and cultural).	
3. Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
4. Selects and applies assessment methods that draw from the best available empirical literature.	
5. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	

**Child & Family Center
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6. Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases.	
7. Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

VII. INTERVENTION

Intern will achieve competence in the area of: Intervention	Supervisor Rating
1. Establishes and maintains effective relationships with recipients of psychological services.	
2. Develops evidence-based intervention plans specific to the service delivery goals.	
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.	
5. Modifies and adapts evidence-based approaches effectively.	
6. Evaluates intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

VIII. SUPERVISION

Intern will achieve competence in the area of: Supervision	Supervisor Rating
1. Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	
2. Applies the supervisory skill of observing in direct or simulated practice.	
3. Applies the supervisory skill of evaluating in direct or simulated practice.	
4. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

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IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Intern will achieve competence in the area of: Consultation and Interprofessional/Interdisciplinary Skills	Supervisor Rating
1. Demonstrates knowledge and respect for the roles and perspectives of other professions.	
2. Applies knowledge about consultation in direct or simulated (e.g. role played) consultation.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

OVERALL RATING (average of broad competence area scores)	
Comments on Intern's overall performance:	

Was the intern directly observed engaging in the aforementioned competency areas on multiple occasions during the reporting period?

- Yes
- No

AREAS OF GREATEST STRENGTH

Please describe the intern’s three most notable strengths and progress toward growth.

- 1.
- 2.
- 3.

SUGGESTED GROWTH AREAS

Please describe three areas of the intern’s performance where growth would be beneficial. Indicate what concrete steps you would recommend for the intern to make progress in each area.

1. Area of Performance:

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INTERNSHIP MANUAL (2024-2025)**

Action Plan:

2. Area of Performance:

Action Plan:

3. Area of Performance:

Action Plan:

Have the intern and supervisor discussed this evaluation? Yes No

Intern Signature

Date

Primary Supervisor Signature

Date

Secondary Supervisor Signature

Date

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CHILD & FAMILY CENTER
PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
Intern Evaluation of the Training Program

Name (Optional): _____

Training Year: _____ Date: _____

(Please answer below; explain, elaborate, and give suggestions when appropriate.)

I. SUPERVISION

1. Is the amount of supervision adequate?

2. Is supervision readily available?

3. Is the supervision content adequate?

4. Has the feedback and evaluation of your work been adequate?

5. What supervision needs are not being met?

6. How does this supervision compare with other placements you have had?

7. Overall rating (1=lowest, 9=highest). _____

Comments:

II. GENERAL CHARACTERISTICS OF THE AGENCY

1. Are the facilities adequate for carrying out your work? (i.e., space, equipment, support staff, etc.)

2. Is the agency supportive of your development as a professional?

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Intern Evaluation of the Training Program

3. Is there freedom and flexibility to learn and gain new experiences?
4. Are you able to interact with other disciplines?
5. Overall rating (1-9): _____ Comments:

III. TRAINING WORKSHOPS AND SEMINARS

1. Is there an adequate number of workshops and seminars?
2. Are the topics appropriate and relevant for you?
3. What is the overall quality of these programs?
4. What programs are needed but presently missing?
5. Which workshops and seminars were most helpful to you?
6. Which programs were least helpful and should not be repeated?
7. Overall rating (1-9) _____ Comments:

IV. DIAGNOSTIC EXPERIENCES

1. Are you gaining experience in formulating a diagnosis, doing mental status exams, and treatment planning?
2. Are you being exposed to a variety of diagnostic categories?
3. In what specific types of pathology do you feel you need more instruction, supervision, and experience?
4. Overall rating (1-9): _____ Comments:

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Intern Evaluation of the Training Program

V. PSYCHOTHERAPY EXPERIENCES

1. Are you getting enough cases and practical experience?
2. Are you getting a breadth and variety of cases? (If not, what would you like?)
3. Are you gaining experience and knowledge in how to conceptualize cases?
4. Is the supervision helpful in developing conceptualization about cases?
5. Are you gaining knowledge about case management and the practical aspects of therapy?
6. Is supervision helping you gain insight into your countertransference issues?
7. Do you feel that you are becoming a better therapist as a result of your internship?
8. Overall Rating (1-9): _____ Comments:

VI. PSYCHOLOGICAL ASSESSMENT

1. Are cases available for you to test?
2. Are you able to get a variety of clients to test?
3. Are you getting experience with a variety of instruments? (List instruments used so far.)
4. What instruments would you like to learn or gain more experience using?
5. Are you gaining knowledge in your ability to administer, score, interpret test data, conceptualize, and interpret test data? (Any weak areas in which you would like help?)
6. Have you improved in your ability to write meaningful and accurate psychological test reports?

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Intern Evaluation of the Training Program

7. Is the testing supervision adequate?
8. Overall rating (1-9): _____ Comments:

VII. OTHER CLINICAL TRAINING GOALS

1. Do you feel that you are learning and gaining skill in dealing with professional, ethical, and legal issues?
2. Are you gaining knowledge and awareness of cultural, ethnic, and socioeconomic diversity and applying it to your professional work?
3. Are you growing as a professional?
4. Are you able to gain insight into the application of research in your work as a professional?
5. Are you learning more about yourself and how better to use in your work with clients?
6. Overall rating (1-9) _____ Comments:

Thank you for completing this evaluation. Your feedback will help improve our program. You may also want to review this form with your primary supervisor as a way of giving feedback to him/her and to evaluate areas to work on the rest of this internship year. Your signature on this report is optional.

Child & Family Center Doctoral Psychology Internship Program INTERNSHIP MANUAL (2024-2025)

CHILD & FAMILY CENTER PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM Intern Competency Self-Assessment

Intern: _____ Primary Supervisor: _____

Please mark:

- 1st self-assessment (September)
 - Expected Average Rating Level: 4-5
- 2nd self-assessment (February)
 - Expected Average Rating Level: 5-6
- 3rd self-assessment (May)
 - Expected Average Rating Level: 6
- Final self-assessment (August)
 - Expected Average Rating Level: 7

Rating Scale: 1-9

- 1 = No experience or competency (unacceptable)
- 3 = minimum experience or competency (Practicum level)
- 5 = achieving competency; need more experience & supervision (Intern level)
- 7 = fully competent (Beginning doctoral level)
- 9 = Advanced competency; could teach others this skill (Experienced doctoral level)
- N/O = Not observed
- N/A = Not applicable

I. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

A. Ability to Respond Professional to Increasingly Complex Situation with a Greater Degree of Independence	Self-Rating
1. Behaves in a way that reflects the values and attitudes of psychology such as integrity, accountability, lifelong learning, and concern for the welfare of others.	
2. Takes appropriate level of initiative for tasks, meets deadlines, keeps appointments, and attends trainings and other obligations on a regular basis.	
3. Demonstrates the ability to engage in self-reflection regarding one's personal and professional functioning.	
4. Demonstrates a willingness to acknowledge mistakes and actively engages in activities to improve performance, well-being, and professional effectiveness.	
5. Open to and seeks feedback to improve clinical work and grow in other professional development areas.	
6. Effectively manages stress while maintaining appropriate professional functioning and quality client care.	
7. Proactively communicates barriers to task completion with supervisors and works collaboratively with supervisor to problem solve.	

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Intern Competency Self-Assessment

Comments:

II. REFLECTIVE PRACTICE, SELF-ASSESSMENT, AND SELF-CARE

A. Reflectivity in the context of professional practice.	Self-Rating
1. Utilizes self-reflection both during and after professional activity.	
2. Acts upon self-reflection to increase the use of oneself as therapeutic tool.	
B. Ability to engage in self-reflection and self-assess competencies and limits of knowledge.	Self-Rating
1. Demonstrates the ability to accurately self-assess competence within various domains.	
2. Consistently monitors and evaluates practice activities and seeks a sources to enhance skills and knowledge.	
3. Recognizes the limits of current knowledge and skills and acts to address identified limitations.	
C. Ability to engage in appropriate self-care by giving attention to personal health and well-being to assure effective professional functioning.	Self-Rating
1. Monitors issues related to self-care in supervision.	
2. Understands the central role of self-care to effective practice.	
3. Utilizes appropriate self-care strategies as needed to ensure personal health and well-being.	
D. Active engagement in the supervision process.	Self-Rating
1. Effectively participates in supervision.	
2. Independently seeks supervision when needed.	
Comments:	

III. ETHICAL AND LEGAL STANDARDS

A. Knowledge of Ethical/Professional Codes, Standards and Guidelines	Self-Rating
1. Demonstrates knowledge of and adherence to APA Ethical Principles of Psychologists, Code of Conduct, and professional standards and guidelines.	
2. Demonstrates knowledge of and adherence to Federal Laws and to California Laws that govern health service psychologists.	
3. Demonstrates awareness of confidentiality issues, confidentiality issues in the treatment of minors, and mandated reporting requirements. The intern can also discern situations in which breaking confidentiality is permissible.	
B. Use of Ethical and Legal Guidelines in the Practice of Psychology	Self-Rating
1. Maintains up-to-date and complete documentation on all cases that is clear, concise, and captures all the information to meet the goals and standards of professional documentation.	

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Intern Competency Self-Assessment

2. Maintains personal and professional boundaries with consumers and co-workers (especially regarding dual relationships and use of personal disclosure with clients).	
3. Able to recognize ethical dilemmas as they arise and apply ethical decision making processes in order to resolve the dilemmas effectively.	
4. Conducts self in an ethical manner in all professional activities.	
5. Seeks consultation and keeps team members/supervisor informed at all time about ethical and legal issues.	
Comments:	

IV. RESEARCH

A. Integration of Science and Practice	Self-Rating
1. Actively seeks out current and sound professional literature and other scientific knowledge as needed to enhance knowledge about clinical practice, treatment planning, diagnoses, and other relevant areas.	
2. Critically evaluates research and theoretical writings and applies relevant information to practice.	
3. Demonstrates knowledge, skills, and competence to produce new knowledge and to critically evaluate existing knowledge and literature.	
4. Demonstrates an understanding of research principles and their application including dissemination of research via presentations, consultations, etc.	
5. The intern demonstrates the ability to explain research findings to psychologist and non-psychologists (i.e., consumers, non-clinical staff, community members).	
Comments:	

V. RELATIONSHIPS: COMMUNICATION, AND INTERPERSONAL SKILLS

A. Communication and Interpersonal Skills Foundational to the Professional Practice of Psychology	Self-Rating
1. Establishes positive, professional, and effective working relationships and boundaries with peers, supervisors, and members of the treatment team.	
2. Able to form collaborative relationships with systems within the client's culture (e.g., family, school, and religious institution).	
3. Able to produce and comprehend oral, non-verbal, and written communications that are informative and well integrated.	
4. Demonstrates the ability to form a working alliance with clients, collaterals, and other members of the treatment team	
5. Demonstrates effective interpersonal skills and ability to manage difficult communication, conflict, and negotiate differences.	

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Intern Competency Self-Assessment

Comments:

VI. INDIVIDUAL AND CULTURAL DIVERSITY

A. Knowledge	Self-Rating
1. Demonstrates an understanding of how their own personal/cultural history and worldview (attitudes/biases) might affect how they understand or interact with clients, colleagues, and other staff.	
2. Able to identify and understand both strengths related to membership in a cultural or subcultural group (e.g. coping strategies support) as well as the impact of immigration, acculturation, racism, and the sociopolitical system in this country or the individual's country of origin.	
3. Demonstrates the ability to identify cultural limitations relevant to psychological assessment for specific consumers recommended for testing.	
4. Demonstrates the ability to recognize when presenting symptoms could reflect cultural variables rather than psychopathology.	
5. Attends and actively participates in diversity trainings and seeks to gain knowledge as it relates to addressing diversity in all professional activities.	
B. Awareness	Self-Rating
1. Demonstrates the ability to identify and discuss in supervision potentially operative cultural dynamics within their therapeutic relationships with consumers and within the supervisory/consultation relationships.	
2. Ability to identify the impact own culture may have on transference, countertransference, establishing rapport, and reactivity.	
3. Demonstrates awareness of stigma and other barriers to seeking mental health services for individuals in different cultures and subcultures.	
4. Demonstrates a commitment to self-awareness and self-examination regarding own identity, values and worldview and the impact this has on clinical work.	
C. Sensitivity/Skill	Self-Rating
1. Demonstrates sensitivity to cultural and individual diversity of the clients and is committed to provide culturally sensitive services.	
2. Able to adjust their theoretical model as needed to work with diverse consumers, and implements treatments that are sensitive to each client's cultural/world view.	
3. Acknowledges and respects the differences that exist between self and the client in terms of age, race, ethnicity, culture, and other individual difference variable. Able to discuss individual difference with clients when appropriate.	
Comments:	

VII. ASSESSMENT

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Intern Competency Self-Assessment**

A. Assessment	Self-Rating
1. Administers and scores testing instruments using methods consistent with the best available empirical literature and that reflect the science of measurement and psychometrics.	
2. Exhibits thorough data collection efforts during intake assessments and psychological testing including reviewing medical records, consulting with others, and interviews with collaterals when released to do so.	
3. Selects valid testing materials with sensitivity in regard to ethnicity, linguistic abilities, age, presenting problem, etc.	
4. Interpret assessment results following current research, professional standards, and guidelines and utilize this information to inform case conceptualization, diagnosis, and recommendations.	
5. Ability to apply ethical and legal principles and practice guidelines to assessment work including guarding against decision making bias.	
6. Ability to communicate orally and in writing documents the findings, implications, and recommendations derived from the assessment both to other psychologists and non-psychologists in a useful and therapeutic manner.	
7. Crafts a well written, organized and fully integrated report.	
8. Demonstrates a thorough working knowledge of DSM 5 psychiatric classification and diagnostic criteria, able to identify differential diagnosis, and provides clinical justification to support accurate diagnostic formulation.	
Comments:	

VIII. INTERVENTION

A. Psychotherapy Theory and Case Conceptualization	Self-Rating
1. Able to establish and maintain effective relationships with clients while demonstrating the basic therapeutic skills of warmth, empathy, and congruence.	
2. Able to develop interventions and treatment plans informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
3. Demonstrates a conceptual understanding of psychopathology.	
4. Ability to establish observable, measurable goals based on client strengths.	
5. Demonstrates the ability to apply the relevant literature to clinical decision making including establishing treatment goals and case conceptualization.	
6. Identifies when intervention techniques are ineffective with a client and is able to modify treatment.	
7. Creates goals and treatment plans in collaboration with the client derived from the case conceptualization that are informed by the relevant literature including evidenced based practices.	
8. Knowledge and awareness of process issues, including transference, countertransference, reactivity, and resistance.	

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Intern Competency Self-Assessment

9.	Applies consumer termination procedures that comply with ethical standards and professional standards.	
B.	Skill in Crisis Situations	Self-Rating
1.	1. Effectively evaluates, manages, and documents any behavioral health emergencies/risks including the use of consultation as appropriate. Assesses immediate concerns including suicidality, homicidality, abuse, etc.	
2.	2. Collaborates with client, supervisor, and other team members when there is a client crisis. Works collaboratively to develop appropriate short-term safety plans and initiates increase in intensity level of care when needed.	
Comments:		

IX. SUPERVISION

A.	Effective Use of Supervision	Self-Rating
1.	Appropriately seeks and effectively uses supervision (direct, individual, and/or group supervision) including taking an active role and preparing for supervision.	
2.	Approaches supervision in an open and collaborative manner including the ability to use well-delivered feedback, and follow through on recommendations from supervisor.	
3.	Ability to identify and create learning goals with supervisor.	
4.	Provides the appropriate information to supervisor including recent or anticipated crisis issues.	
5.	Reviews documentation and other professional development issues with supervisor.	
6.	Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision.	
B.	Supervision of Supervision	Self-Rating
1.	Intern demonstrates knowledge and application of various supervision models with supervisee.	
2.	The intern demonstrates the ability to establish and maintain an effective supervisory/mentoring relationship with a supervisee.	
3.	The intern demonstrates components of effective supervision with a supervisee (i.e., dedicating time to supervision, building a safe environment, review of notes, etc.).	
4.	Demonstrated clear understanding of the law and ethics related to clinical supervision.	
Comments:		

X. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

A.	Interprofessional Collaboration	Self-Rating
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Intern Competency Self-Assessment

1. Demonstrates knowledge and respect for the roles and perspectives of other professions.	
2. Takes initiative to seek and provide consultation with multidisciplinary members of treatment teams including psychiatrists, case managers, and other trainees.	
3. Provides consultation to others when appropriate including clients, family members, and other health care professionals with authorized to do so.	
4. Able to provide effective consultation on a broad range of topics to a variety of consultees taking into account the goals, level of training, and expertise of the consultee.	
Comments:	

AREAS OF GREATEST STRENGTH

Please describe the three most notable strengths and progress toward growth.

1. _____

2. _____

3. _____

SUGGESTED IMPROVEMENTS/ACTION PLAN

Based on your self-assessment, please describe three identified areas for growth. Describe concrete steps that you will take to demonstrate progress in each identified area.

1. Area of Performance:

Action Plan:

2. Area of Performance:

Action Plan:

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CHILD & FAMILY CENTER
PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
Intern Competency Self-Assessment

3. Area of Performance:

Action Plan:

Have the intern and supervisor discussed this evaluation? ___Yes ___No

Intern Signature

Date

Primary Supervisor Signature

Date

Secondary Supervisor Signature

Date

**Child & Family Center
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APPENDIX C. GRIEVANCE POLICY & PROCEDURES

I. SCOPE

This policy addresses the grievance procedures utilized by Child & Family Center (“C&FC” or “Agency”) that are implemented in situations in which a doctoral psychology intern (“intern”) raises a concern about a supervisor or other faculty member, trainee, or any aspect of the internship training program. This policy provides Interns and C&FC staff with an overview of procedures related to Agency response to Intern grievances.

Staff and Interns are encouraged to discuss and resolve conflicts informally; however, if this cannot occur or is not appropriate for the severity of the issue, this policy provides a description of the formal mechanism used by the C&FC Doctoral Psychology Internship Training Program to respond to issues of concern. Grievance procedures are implemented in situations in which a Psychology Intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the Internship Training Program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an Intern raises a grievance about a supervisor, staff member, trainee, or the Internship Program.

II. DEFINITIONS

Clinical Supervisor: The C&FC staff member(s) who provide individual and/or group supervision to Interns and/or other student trainees.

Director of Clinical Training: The Intern’s host graduate program Director of Training who oversees the training placements of Interns.

Grievance: The mechanism for an Intern to make a complaint. Complaints may or may not be related to the due process and appeal process.

Intern: A doctoral psychology Intern participating in the Doctoral Internship Program at C&FC.

Training Director(s): The Agency staff member(s) who oversees the Doctoral Internship Program.

Work Day: An intern’s work schedule, or days on-site, during which internship and training-related activities are performed.

III. PROCEDURES

The Grievance Procedures can be initiated two situations:

Informal Review

First, the Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director(s), in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the Intern may submit a formal grievance in writing to the Training Director(s). If the Training Director is the object of the grievance, the grievance should be submitted to the co-Training Director or the Vice Present of Administration. The

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individual being grieved will be asked to submit a response in writing. The Training Director(s) (or Vice President of Administration, if appropriate) will meet with the Intern and the individual being grieved within 10 working days. In some cases, the Training Director(s) and Vice President of Administration may wish to meet with the Intern and the individual being grieved separately first. In cases where the Intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.) the Training Director and Vice President of Administration will meet with the Intern jointly. The Goal of the joint meeting is to develop a plan of action to resolve the matter. As employees of the Agency, Interns may also consult at any time with Human Resources staff for advice and assistance regarding addressing grievances. The plan of action will include:

1. the behavior/issue associated with the grievance;
2. the specific steps to rectify the problem; and
3. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director(s) or Vice President of Administration will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the Training Director(s), or Vice President of Administration, in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the Training Director(s) or VP of Administration will convene a review panel consisting of the Training Director(s) and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be handled in consultation with Human Resources to initiate the agency's due process procedures.

As employees of the Agency, Interns may also consult at any time with Human Resources staff for advice and assistance regarding addressing grievances.

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APPENDIX D. DUE PROCESS POLICY & PROCEDURES

I. SCOPE

This policy addresses due process related to doctoral psychology intern (“Intern”) performance at Child & Family Center (“C&FC” or “Agency”). This policy provides Interns and C&FC staff with an overview of procedures related to due process.

This policy provides a description of the formal mechanism used by the C&FC Doctoral Psychology Internship Training Program (“Program”) to respond to issues of concern about the functioning of a Doctoral Intern. Issues that place an individual (e.g., client, C&FC staff) or the public at serious risk will result in an Intern’s immediate termination from the Internship Training Program (e.g., sexual behavior with a client, falsifying of documentation).

C&FC’s Doctoral Internship Due Process procedures take a progressive approach, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the Program. C&FC’s Doctoral Internship Program may initiate contact with an intern’s home doctoral program at any point in the Due Process Procedures in order to best support the intern.

II. DEFINITIONS

Clinical Supervisor: The C&FC staff member(s) who provide individual and/or group supervision to Interns and/or other student trainees.

Director of Clinical Training: The Intern’s host graduate program Director of Training who oversees the training placements of Interns.

Due Process: To inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about Interns are not arbitrary or personally based. It requires that the Internship Training Program identify specific procedures, which are applied to all Intern complaints, concerns, and appeals.

Intern: A doctoral psychology intern participating in the Doctoral Internship Program at C&FC.

Training Director(s): The Agency staff member(s) who oversees the Doctoral Internship Program at C&FC.

Work Day: An Intern’s work schedule, or days on-site, during which internship and training-related activities are performed.

III. POLICY

Rights & Responsibilities

These procedures are a protection of the rights of both the intern and the doctoral internship training program and carry responsibilities for both.

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Interns

1. The Intern has the right to be afforded with every reasonable opportunity to remediate problems.
2. The Intern has the right to be treated in a manner that is respectful, professional, and ethical.
3. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process.
4. The Intern has the right to appeal decisions with which they disagree, within the limits of this policy.
5. The responsibilities of the intern included engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.
6. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance to remediate concerns.

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1. The Program has the right to implement these Due Process procedures.
2. The Program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical.
3. The Program has a right to make decisions related to remediation for an intern, including probation, suspension, and termination, within the limits of this policy.
4. The responsibilities of the Program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

Problem Behavior

Competency problems or problematic behavior within the Internship program are broadly defined as an interference in professional functioning and inability to perform Intern duties, which may be reflected in one or more of the following ways:

1. Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
2. Inability to acquire professional skills to reach an acceptable level of competency, and/or
3. 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 "problematic" rather than just a concern. An Intern may exhibit behaviors, attitudes, or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for a professional in training. Difficulties typically become identified as problems when they include one or more of the following characteristics:

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1. Intern does not acknowledge, understand, or address the problem when it is identified.
2. Problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of academic or clinical didactic training.
3. Quality of care, treatment or services delivered by the Intern is sufficiently negatively affected.
4. Problem is not restricted to one area of professional functioning.
5. Disproportionate amount of attention by training faculty is required.
6. Intern's behavior does not change as a function of feedback, and/or time.
7. Problematic behavior has potential for ethical or legal ramifications if not addressed.
8. Intern's behavior negatively impacts the public view of C&FC or the profession of psychology.
9. Problematic behavior negatively impacts other trainees.
10. Problematic behavior potentially causes harm to a client.
11. Problematic behavior violates appropriate interpersonal communication with Agency staff.

IV. PROCEDURES FOR RESPONDING TO AN INTERN'S PROBLEM BEHAVIOR

Notification Procedures to Address Problematic Intern Behavior or Inadequate Performance

1. **Verbal Notice/Warning.** Supervisor approaches the Intern, identifies, and discusses the problem, and comes to a specific acceptable resolution. The emphasis to the Intern is the need to discontinue the problem behavior under discussion. The Intern can receive up to three (3) verbal warnings before a written notice is initiated.
2. **Formal Review.** If an Intern's problem behavior persists following an attempt to resolve the issue informally, or if an Intern receives below the minimum competency level required on their supervisory evaluation, the following process is initiated:
 - a. **Written Notice:** The Intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
 - b. **Hearing:** The supervisor or faculty/staff member will hold a Hearing with the Training Director(s) and Intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director(s) is the supervisor who is raising the issue, the co-Training Director, or another member of the training faculty, will be included at the Hearing. The Intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
 - c. **Outcome and Next Steps:** The result of the Hearing will be any of the options indicated below under "Performance Improvement/Remediation and Sanctions" to be determined by the Training Director(s) and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the Intern in writing within 5 working days of the Hearing:
3. **Acknowledgement Notice.** An Acknowledgement Notice is issued, which formally acknowledges:
 - a. The faculty is aware of and concerned with the problem.
 - b. The problem has been brought to the attention of the Intern.

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- c. The faculty will work with the Intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating.
 - d. The problem is not significant enough to warrant further remedial action at this time.
4. **Remediation Plan.** The Intern is placed on a Remediation Plan which defines a relationship such that the faculty, through the supervisors and Training Director(s), actively and systematically monitor, for a specific length of time, the degree to which the Intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit.
 - a. The implementation of a Remediation Plan will represent a probationary status for the Intern. The length of the probation period will depend upon the nature of the problem and will be determined by the Intern's supervisor and the Training Director(s).
 - b. The Training Director(s) meets with the Intern and their supervisor to formally identify and discuss the problem and develop a specific plan of resolution. A written plan is formulated, with a signed agreement from the Intern and all other parties involved in the plan. The *Child & Family Center Training Plan for Remediation* form may be used as a structured format for the written acknowledgement. The plan is also sent to the Director of Clinical Training at the Intern's graduate institution. A copy of the second written notice will be kept in the Intern's file and if there is positive resolution then an addendum outlining the steps taken and resolution achieved is added to the letter and kept with the letter in the Intern's file. The addendum is also sent to the Intern's graduate institution.
 - c. A written Remediation Plan will be shared with the Intern and the Intern's home doctoral program and will include:
 - i. The actual behaviors or skills associated with the problem.
 - ii. The specific actions to be taken for rectifying the problem.
 - iii. The time frame during which the problem is expected to be ameliorated.
 - iv. The procedures designed to ascertain whether the problem has been appropriately remediated.
 - d. At the end of this remediation period as specified in 'iii' above, the Training Director(s) will provide a written statement indicating whether the problem has been remediated. This statement will become part of the Intern's permanent file and will be shared with the Intern's home doctoral program. If the problem has not been remediated, the Training Director(s) may choose to do more from the "Performance Improvement/Remediation and Sanctions" section below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all the information mentioned above and the extended time frame will be specified clearly.
5. If at any time an Intern disagrees with the aforementioned notices, it is within the Intern's right to file an appeal.

Performance Improvement/Remediation and Sanctions

Possible outcomes of the initial hearing with the Intern or outcomes following a remediation failure may include:

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1. **Schedule Modification.** This is a time-limited, remediation oriented, more closely supervised training period. The purpose of Schedule Modification is to assess the ability of the Intern to complete the Internship and to return the Intern to a more fully functioning state. Modifying an Intern's schedule is an accommodation made to assist the Intern in responding to personal reactions to environmental stress, with the full expectation that the Intern will complete the Internship. This period will include more closely examined supervision conducted by the regular supervisor in consultation with the Training Director(s). Supervision directly provided by an additional supervisor within the internship training program may also be required. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a. Modification of the Intern's schedule, including a reduction in workload.
 - b. Increase in the amount of supervision and time spent in supervision with the possible addition of supervision by the Training Director(s).
 - c. Change in the focus of supervision.
 - d. Recommending personal therapy.
 - e. Requiring specific didactic coursework or readings.
2. **Suspension of Direct Service Activities.** This requires a determination that the welfare of the Intern's client(s) has been jeopardized. Therefore, direct services activities will be suspended for a specific period as determined by the Training Director(s) in consultation with the Intern's Clinical Supervisors. At the end of the suspension period, the Training Director(s) and the Intern's Primary Supervisor will assess the Intern's capacity for effective functioning and determine when direct services can be resumed. If the suspension 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 institution will be informed.
3. **Administrative leave.** The temporary withdrawal of all responsibilities and privileges in the Agency. If the administrative leave interferes with the successful completion of the training hours needed for completion of the Internship, this will be noted in the Intern's permanent file and the Intern's graduate institution will be informed. The Training Director(s) in coordination with C&FC Human Resources will inform the Intern of the consequences the administrative leave will have on the Intern's stipend.
4. **Dismissal from the Doctoral Psychology Internship Program.** When specific interventions do not, after a reasonable amount of time, rectify the problematic behavior/impairment, and the Intern seems unable or unwilling to alter their behavior, the Training Director(s) will discuss possible termination from the Program with the Intern's graduate program Director of Clinical Training the possibility of dismissal from the Agency. When an Intern has been dismissed, the Training Director(s) will communicate in writing to the Intern's graduate institution that the Intern has not successfully completed the Internship.
5. **Immediate Dismissal.** Immediate and permanent withdrawal of all Agency responsibilities and privileges.

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- a. Specific reasons for termination from the Internship program include, but are not limited to:
 - i. Unethical Conduct (as defined by APA standards and State Law).
 - ii. Grossly poor judgment/problem behavior that jeopardizes the safety of clients, staff and/or self.
 - iii. Problems that markedly interfere with the ability to effectively treat clients.
 - iv. Intern cannot/will not do the necessary remediation as noted on the plan for improvement.
 - v. Intern's inability to benefit from supervision and training such that it is unlikely that Intern will be able to successfully complete Internship.
 - vi. Violation of Child & Family Center Rules of Conduct for All Employees as detailed in Child & Family Center *Employee Handbook*. All Interns receive a copy of the *Employee Handbook* at onboarding and sign documentation verifying they have been made aware of policies in the *Handbook*, have received a copy of the *Handbook*, and agree to abide by the policies and procedures identified within the *Agency Handbook*.
- b. Dismissal may bypass steps identified in notification procedures and remediation and sanction alternatives. When an Intern has been dismissed, the Training Director(s) will communicate in writing to the Intern's graduate institution that the Intern has not successfully completed the Internship. If at any time an Intern disagrees with the aforementioned sanctions, the Intern can implement Appeal Procedures.

V. PROCEDURES FOR INTERN APPEAL PROCESS

The procedures for appeal by an Intern are intended to provide a framework for the Intern to respond, act, or dispute actions whether by an individual supervisor, a Training Director or the Training Program. If an Intern does not agree with any of the aforementioned notifications, remediation or sanctions or with the handling of a grievance – the following appeal procedures should be followed:

1. The Intern should file a formal appeal in writing with all supporting documents, with the Vice President of Administration.
2. The Intern must submit this appeal within five (5) working days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
3. Within three (3) working days of receipt of a formal written appeal from an Intern, the Vice President of Administration will consult with members of the C&FC Training Program faculty and decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
4. If an Intern files formal appeal in writing to disagree with a decision that has already been made by the Review Panel, then the Intern can submit their appeal in writing to Human Resources within five (5) working days from the decision.
5. Human Resources has final discretion regarding the outcome.

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6. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

APPENDIX E. COMMUNICATION AND RECORDS MAINTENANCE POLICY

Communication between Child & Family Center (C&FC) and interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, it is the responsibility of the Training Director to initiate contact with interns' home doctoral program Directors of Clinical Training (DCT) at the following time points and as needed throughout the training year:

- An Appointment Agreement is sent to both the intern and their DCT within seven (7) days of learning of a successful match to confirm the terms of the internship (i.e., start and end dates, stipend).
- At each evaluation period, C&FC shares a copy of the formal written evaluations of the intern with their DCT via email.
- Doctoral programs are contacted within one (1) month following the end of the internship year and informed that the intern has successfully completed the program.
- If successful completion of the program comes into question at any point during the internship year, or if an intern enters the formal review step of the *Due Process Policy and Procedures* due to a concern by a faculty member or an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by C&FC as a result of the Due Process procedures, up to and including termination from the program.

The Training Director is also responsible for maintaining intern records in a secure digital file, which includes:

- Intern evaluations.
- Certificates of completion.
- Each intern's individual training plan.
- Records related to Due Process procedures, as described in the *Due Process Policy and Procedures*.
- Records related to grievances or complaints, as described in the *Grievance Policy and Procedures*.

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APPENDIX F. DIVERSITY AND NON-DISCRIMINATION POLICY

At Child & Family Center, diversity, equity, inclusion, and belonging are at the core of our mission. We are committed to these principles across all our work, with each other, and in the communities we serve. In keeping with these principles, the doctoral psychology internship program at Child & Family Center (C&FC) strongly values all aspects of diversity and is committed to fostering a learning environment that is equitable, inclusive, and safe for all interns. Every effort is made to create a climate in which all staff, Interns, and volunteers feel respected, comfortable, and in which success is possible and attainable. C&FC not only recognizes that interns comprise a wide range of backgrounds and characteristics, but also believes those differences should be celebrated and valued as these characteristics contribute to a rich learning environment.

C&FC welcomes internship applicants from diverse backgrounds. C&FC is committed to providing equal opportunities to all prospective intern applicants without regard to race (including hair texture and protective hairstyles, such as braids, locks and twists), ancestry, color, religious creed (including religious dress and grooming practices), sex, gender, gender identity, gender expression, marital status, pregnancy (including breastfeeding and conditions related to breastfeeding), sexual orientation, age, national origin, military or veteran status, disability, medical condition, genetic information, socioeconomic status, or any other factor that is irrelevant to success as a psychology intern. Applicants are evaluated individually based on quality of previous training, past practicum experiences, and fit with the characteristics of the internship program. If an applicant or intern requires accommodations, they should contact the internship training director to initiate this process.

Child & Family Center’s internship includes an expected competency in individual and cultural diversity. In accordance with APA’s statement on Preparing Professional Psychologists to Serve a Diverse Public, diversity training at C&FC is intended to support the development of competent psychologists who “demonstrate acceptable levels of knowledge, skills and awareness to work effectively with diverse individuals” and completely serve all members of the public. C&FC provides multiple trainings and experiences throughout the year to ensure that interns receive adequate opportunities for personal and professional development related to individual and cultural diversity.

The C&FC internship program has a commitment to quality and continuous improvement. The internship program actively seeks feedback from all stakeholders (interns, faculty, graduates etc.) throughout the internship to evaluate the effectiveness of training related to individual and cultural diversity.

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APPENDIX G. INTERN EVALUATION AND SUPERVISION

Child & Family Center (C&FC) requires that interns demonstrate minimum levels of achievement across all competencies and training elements. Interns receive ongoing feedback from their supervisors and are formally evaluated by their primary supervisor twice annually, at the midpoint and end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of C&FC's expected training competencies and the related training elements. Each evaluation is based in part on direct observation by the individual supervisor. Supervisors review these evaluations with the interns and provide an opportunity for discussion at each timepoint.

Interns are evaluated at the midpoint and 12-month points of the internship. The rating scale for each evaluation is a 9-point scale, with the following rating values:

- 1 = No experience or competency (unacceptable)
- 3 = Minimum experience or competency (Practicum level)
- 5 = Achieving competency; need more experience & supervision (Intern level)
- 7 = Fully competent – ready for entry level practice (Beginning doctoral level)
- 9 = Advanced competency; could teach others this skill (Experienced doctoral level)

Midpoint Evaluations

- The minimum level of achievement at the mid-year evaluation is a five (5) on all learning elements within each competency area.
- If an intern receives a score of less than five (5) on any competency area at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the program's *Due Process Policy and Procedures* will be initiated. The Due Process guidelines can be found in the C&FC Handbook.

End of Internship Evaluations

- The minimum level of achievement at the end of the year evaluation is a seven (7) on all learning elements within each competency area.
- Interns must receive a rating of 7, which indicates readiness for entry-level practice, or above on all training elements with a competency area to successfully complete the internship program.

Satisfactory Completion of Internship Program

All C&FC interns are expected to complete a twelve-month internship program that provides 2000 hours of training with 1800 hours of supervised professional experience (SPE) towards licensure. Meeting the hour requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.

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Intern Supervision

All interns in the C&FC Internship Program receive at least four hours of supervision each week throughout the year. Interns receive a minimum of two hours of individual face-to-face supervision each week from a doctoral-level licensed psychologist. Individual supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns receive two hours of group supervision each week. Interns have access to consultation and supervision during all working hours. Contact information for all supervisors is provided to interns at the beginning of the year and is available via the C&FC shared drive. All supervisors are appropriately credentialed for their role in the program.

Supervisor Evaluation

In addition to the evaluations described above, interns complete an evaluation of their supervisor and a program evaluation at the mid-point and end of the training year. Feedback from these evaluations is reviewed by the C&FC Training Program staff and used to inform changes or improvements made to the training program. All evaluation forms are available in the C&FC Internship Manual and via the C&FC SharePoint site.

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APPENDIX H. INTERN SELECTION AND ACADEMIC PREPARATION REQUIREMENTS

Application Process

Child & Family Center (C&FC) currently offers two (2) full-time internship positions. Students interested in applying for the internship program should submit an online application through the Association of Psychology Postdoctoral and Internship Centers (APPIC) website www.appic.org using the APPIC Application for Psychology Internships (AAPI). All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised the student's clinical work (as part of AAPI). **No more than three SRFs should be submitted.**
5. Official transcripts of **all** graduate coursework.

Application Screening and Interview Processes

C&FC will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 500 intervention hours;
2. Dissertation proposal defended;
3. Practicum experience working with children, adolescents, and families;
4. Some experience or special interest in in community mental health and working with diverse populations; and
5. Current enrollment and good standing in an APA- or CPA-accredited doctoral program.

All applications are reviewed by members of C&FC's Training Committee using a standard Application Rating Scale and evaluated for potential fit with the internship program. The Training Directors meet to determine which applicants to invite for interviews based upon the results of this review process. Applicants are notified whether they have received an interview by email on or before December 15. Interviews are scheduled in January on a first come, first served basis. Interviews take place via videoconference with the members of the Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate.

Participation in the APPIC Match

The Training Directors will hold a meeting within two weeks of the final interviews being completed and before APPIC's Rank Order Deadline to determine applicant rankings. The full application package and

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information gleaned from the interview process are utilized to determine applicant rankings. As a member of APPIC, C&FC participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. C&FC abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. If any internship positions remain unfilled after Phase I of the APPIC Match, the Training Program follows APPIC's guidance and deadlines around interview and ranking or offer dates for Post-Vacancy Match Service.

Questions regarding any part of the selection process or C&FC's academic preparation requirements may be directed to the C&FC Training Director.

Requirements for Employment

All interns who match to C&FC must abide by the following requirements before beginning employment:

1. Provide proof of citizenship or legal residency
2. Successfully pass a fingerprint-based background check. The history of a felony or misdemeanor may result in a fail in this review process and prevent the intern from working at C&FC.
3. Provide results from a tuberculosis (TB) screening test from the previous 12-months.
4. Acknowledge that C&FC is a drug- and tobacco-free workplace by signing the *Code of Conduct Policy and Procedure*.

Instructions for providing this information or completing the fingerprinting, background check and TB screening will be sent out by Human Resources to all who match after the match process is complete.

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APPENDIX H. INTERN SELECTION AND ACADEMIC PREPARATION REQUIREMENTS

Stipend

Child & Family Center's (C&FC's) annual stipend for the Doctoral Psychology Internship is approximately \$43,680.00 In addition to the financial stipend, Child & Family offers interns a comprehensive benefits package which is described below. Questions regarding specific benefits packages can be directed to C&FC's Human Resources department at HR@childfamilycenter.org.

Paid Holidays

Child & Family Center offers interns 15 paid Agency holidays. To be eligible for holiday pay, interns must work their last scheduled day before the holiday and the first scheduled day after the holiday, provided that the holiday does not fall within or around a protected leave or other approved absence. Holidays that fall on a Saturday will be observed on the previous Friday and holidays that fall on a Sunday will be observed on the following Monday.

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day After Thanksgiving
- Agency Wellness Break (The specific dates of this will be announced via the annual schedule)

Holiday pay does not count as "hours worked" for purposes of calculating an intern's entitlement to overtime during the week in which the holiday occurs.

The Agency may provide one additional floating holiday each fiscal year as determined by the annual budget and the length of the Agency Wellness Break. An annual floating holiday expires at the end of the fiscal year in which it is assigned if not used, or upon the intern losing eligibility to receive paid holidays. Any additional floating holiday provided to individual contributors for appreciation purposes will expire at the end of the quarter following the quarter in which it is provided.

Floating holidays have no cash value. Floating holidays must be scheduled in the same manner as other vacation time described below.

The amount of holiday pay given to hourly interns is based on their normal rate of pay. The amount of holiday hours paid will be based on their regularly scheduled workday.

Birthday Floating Holiday

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Interns receive one additional floating holiday to be used any working day during their birthday month. This floating holiday can only be used during the intern’s birth month and expires on the first day of the month following their birthday. Interns are not eligible to use their birthday floating holiday during their first or last month of internship. If their birthday falls during the first or last month of their internship, interns will be allowed to carry-over their birthday floating holiday into another month.

Paid Vacation

Child & Family Center offers vacation benefits to interns as full-time employees.

Vacation Accrual

Vacation benefits will begin accruing from the first day of internship (date of hire) and will accrue per pay period based on hours worked. Interns may begin using paid vacation time upon hire and may be eligible to utilize up to 8 hours of negative vacation pay for one full day’s worth of work. Interns accrue vacation benefits in accordance with the following chart:

Annual Total Time Off (In Hours)	Per Pay Period Accrual Rate Per Hours Worked (In Hours)
80	3.33

Scheduling Vacation

Every effort will be made to grant vacation for the time requested. Vacation time must be scheduled and approved in advance and cannot interfere with business needs. Therefore, it may be more difficult to approve a request when very little notice is given. To ensure the best chance for approval, interns should submit a request at least fourteen (14) days in advance within the time management software. Conflicts regarding duplicate requests for vacation time will be resolved by giving preference to the intern with the earliest date of submittal. The Agency has the right to refuse an intern’s request if scheduling vacation at the time sought would be inconsistent with business needs or if the intern does not have enough accrued vacation time to cover the request. Vacation must be taken in at least one (1)-hour increments.

All floating holiday hours are to be scheduled and used in the same manner as vacation time, with the exception of their expiration.

If available, Vacation and Float time must be used when taking time off prior to requesting Unpaid time off, unless otherwise prohibited by state or federal laws or leave requirements. Unless allowed by state or federal leave of absence law, an intern’s unplanned use of vacation time to supplement or extend Paid Sick Leave, or due to other urgent circumstances, more than twice in a six (6) month period may result in corrective action being taken due to business impact.

To be eligible for vacation pay, interns must work their last scheduled day before the vacation and the first scheduled day after the vacation, provided that the vacation does not fall within or around a protected leave or other approved absence.

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Vacation pay for hourly paid interns is based on their normal rate of pay at the time the vacation is taken. The amount of vacation hours paid will be based on the hours worked. All accrued but unused vacation pay is paid at separation of employment with C&FC.

Paid Sick Leave

Accrual Method

Paid Sick Leave benefits for interns will begin accruing from the first day of internship (date of hire) and will accrue per pay period based on hours worked. Interns are eligible to use accrued paid sick leave beginning on the 90th day of employment. Interns accrue paid sick leave benefits in accordance with the following chart:

Annual Total Time Off (In Hours)	Per Pay Period Accrual Rate Per Hours Worked (In Hours)
64	2.667

Interns must use a minimum of two (2) hours of accrued paid sick leave per occurrence. In addition, interns who are out on a leave of absence do not accrue paid sick time while they are on leave.

Interns are entitled to use paid sick time for their own illness, to care for an ill family member, or for court dates, medical treatment or counseling or safety planning if they are victims of domestic violence, sexual assault, or stalking. Family members include the intern’s parent, child, spouse, spouse’s or registered domestic partner’s parent, registered domestic partner, grandparent, grandchild, and sibling.

Paid sick leave does not count as “hours worked” for purposes of calculating an intern’s entitlement to overtime during the week in which the absence occurs. Generally, the amount of sick pay given to hourly interns is based on their normal rate of pay. The amount of sick hours paid will be based on the intern’s regularly scheduled workday.

Interns requesting time off under this policy must provide as much advance notice as possible, if the need for leave is foreseeable. Where the need for paid sick leave is unforeseeable, interns must provide notice as soon as practicable.

If an intern has exhausted their accrued sick time and is still in need of time off to care for themselves or others and is not eligible or approved for a leave of absence, interns may be eligible to utilize “negative” sick time, up to 8 hours, to complete one full day’s pay. Should an intern use other paid time off to extend their sick time, they will need to submit a physician’s note. Paid sick time may not be used again until the sick leave “bank” is in the positive again.

Unused sick leave will be forfeited upon the end of internship and the termination of employment.

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Paid Bereavement Leave

Child & Family Center offers interns who successfully complete their introductory period up to 24 hours of paid bereavement leave plus 16 hours of unpaid leave for a total of 40 hours (5 days) per occurrence in the event the intern misses regularly scheduled work days due to the death or funeral of a member of the intern's immediate family or due to loss of pregnancy. Generally, the term immediate family includes an intern's spouse, registered domestic partner, children, stepchildren, registered domestic partner's children, parents, grandparents, grandchildren, brother or sister, the intern's spouse's parents, in loco parentis, and any other relative permanently residing in the same household.

An intern who is notified of a death in their immediate family while at work will be paid for the remainder of the scheduled hours that day. The eligibility for paid bereavement leave will not commence until the next regularly scheduled workday, which is lost. All time off in connection with the death of one of the above-listed individuals should be scheduled with C&FC.

Health Insurance

Medical Insurance

Medical Insurance is available to interns beginning approximately six weeks after the start of internship. For terms and conditions, contact HR to consult the insurance Plan Documents for all information regarding eligibility, coverage, and benefits. It is the Plan Documents that ultimately governs an intern's entitlement to insurance benefits.

Dental Insurance

Dental benefits are available to interns beginning approximately six weeks after the start of internship. For terms and conditions, contact HR to consult the insurance Plan Documents for all information regarding eligibility, coverage, and benefits. It is the Plan Documents that ultimately governs an intern's entitlement to insurance benefits.

Vision Insurance

Vision Insurance is available to Interns beginning approximately six weeks after the start of internship. For terms and conditions, contact HR to consult the insurance Plan Documents for all information regarding eligibility, coverage, and benefits. It is the Plan Documents that ultimately governs an intern's entitlement to insurance benefits.

Civic Duties

Interns are encouraged to accept their civic responsibilities, and Child & Family Center is pleased to assist interns in the performance of their civic duties.

Jury Duty

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Interns who successfully complete their introductory period will receive up to 40 hours of paid jury duty per calendar year. Any time beyond five (5) days, interns may use unpaid leave or any accrued vacation time. Verification of such absence shall be provided. Interns are paid their regular salary while they serve jury duty.

Interns who are released from jury service before the end of their regularly scheduled shift, or who are not asked to serve on a jury panel, are expected to call their supervisor as soon as possible and report to work if requested.

Witness Duty

If an intern receives a subpoena to appear in court, they should notify their supervisor immediately. Interns are expected to return to work as soon as their service as a witness is completed. Witness duty for personal cases is unpaid. Witness duty for business-related cases will be paid as regular time worked.

Time Off to Vote

The Agency shall notify interns of information regarding the time off for voting law (Elections Code Section 14000). Not less than ten (10) days before every statewide election, the Agency shall keep posted conspicuously at the place of work, if practical, or elsewhere where it can be seen as interns come or go to their place of work.

If an intern would like to vote for a public election but does not have sufficient time to vote during non-work hours, they may arrange to take up to two hours off from work with pay to vote. To receive time off for voting, the intern must obtain advance approval from their supervisor and must take the time off to vote either at the beginning or end of their work shift. C&FC reserves the right to request a copy of the voter's receipt following any paid time off to vote. The Agency posts a notice to advise interns of the provisions for taking paid leave for the purpose of voting in statewide elections.

Intern Resources

Psychology Interns at Child & Family Center have access to the following resources during the training year.

Office Resources

The Interns have access to a large Student Intern Office which has seven workstations and is shared with practicum students who are onsite part-time during the week. This office houses a variety of games and art supplies that may be checked out for use with clients. In addition to the shared student office, Interns are provided with a dedicated Intern Office, and they have access to reservable therapy rooms which are available to schedule via Outlook.

Interns are provided with an Agency phone line, an agency cell phone, a laptop computer or tablet that is equipped with Microsoft Office 365, access to a high-speed internet connection (Ethernet and Wi-Fi),

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and access to Agency printers. Interns are provided access to the Agency's telehealth platform and electronic health record system. Interns are also provided with an account for Relias online continuing education learning management system.

Training Resources

Interns have access to the Agency's library of assessment materials, which includes an up-to-date inventory of test instruments/kits reflective of common referral questions and assessment best practices, technical manuals, and handbooks. They also have access to the Agency's Q-interactive account and a pair of iPads to utilize iPad administration of measures. Designated assessment computers loaded with scoring software are available for reservation. Additionally, Interns have remote access to online assessment scoring through the Agency's Q-Global account.

An observation room is available for reservation as needed. Interns also have access to audio and visual equipment and devices for recording.

Administrative Assistance

Psychology Interns at Child & Family Center have access to Agency Support staff including the Quality Training & Compliance Team, IT, billing, front office, reception, and facilities maintenance. Interns have access to all support services available to Agency staff.

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APPENDIX I. TELESUPERVISION POLICY & PROCEDURE

Telesupervision

Pursuant to the Commission on Accreditation (CoA) Implementing Regulations, Section C: IRs Related to the Standards of Accreditation, section C-15 I. “Telesupervision” updated in July 2023, Child & Family Center utilizes telesupervision in ways that address generally accepted best practices. According to this Standard, “telesupervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the intern.”

Given the increasing use of telehealth and telesupervision in the fields of psychology and mental health, psychologists in training should have exposure during their training to utilize videoconferencing for multiple professional roles, which could include supervision, other meetings, and clinical work. Thus, providing telesupervision is consistent with the aims of the internship to train clinical/counseling psychologists on the provision of psychological services and both providing and receiving supervision through a synchronous audio and video format is a generally expected skill of entry-level Health Service Psychologists.

Determination of which Interns can participate

Supervisors engage in discussion with interns at the beginning of the internship to assess appropriateness of Telesupervision, including identification of any barriers and/or additional training needs. Interns who have not shown any concerns about their responsiveness to supervision or their preparation for supervision sessions, and who completed the required telepsychology training, will be considered eligible for telesupervision.

Interns who are performing adequately in the program remain eligible for telesupervision. In a situation in which the intern is not performing adequately in the program, has demonstrated problematic behavior, and/or is on a remediation plan to support skill attainment, the Training Team will discuss whether telesupervision remains an appropriate supervision modality for this intern. Any changes to these expectations will be communicated to the intern and should be outline in any remediation plan or other discussion about additional support to address the concerns.

How and When Telesupervision is Used

Telesupervision is used regularly at Child & Family Center. Examples for when telesupervision is used include but are not limited to the following situations.

1. To accommodate remote work options.
2. To accommodate when interns or supervisors are out of the office due to sickness.
3. To ensure continuity of supervision and ongoing support from and access to supervisors.

Telesupervision may account for all the required four (4) hours of both individual and group supervision for psychology interns at Child & Family Center. Telesupervision is always utilized within the context of relationships with primary and delegated supervisors who are also on-site. Supervisees have regular interactions with their primary supervisors in person as well as remotely. Relationships between trainees

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and supervisors are built at the onset of the supervisory relationship during the orientation to the training program. Primary supervisors make every effort to meet in person for their first few supervision sessions to build the relationship before shifting to meeting via Telesupervision and maintain ongoing discussion with the supervisee throughout the training year to determine the format of supervision (telehealth vs. in person) based on the needs and/or preferences of the supervisee.

Consistency with Training Aims and Outcomes

The use of videoconference technology for supervisory experiences is consistent with the Agency's training aim as C&FC places a strong training emphasis on access to behavioral healthcare for underserved populations, supporting clinicians to be competent in telehealth which often includes the use of telehealth services.

Child & Family Center recognizes the importance of supervisory relationships. Individual and group supervision is led by training faculty and each intern interacts with various supervisors throughout the training year to provide interns with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that the foundation for these supervisory relationships is cultivated initially during orientation, such that interns have formed relationships with assigned supervisors prior to engaging in telesupervision. Supervisors set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship.

Professional Responsibility for Clinical Cases

For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately or as soon as reasonably possible. Interns are provided contact information for all C&FC supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary. On-site and/or remotely working clinical staff are also available to our interns and maintain communication with the direct supervisor regarding any assistance they provide in responding to an intern's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage

Supervisors are available by email, text, phone, or Microsoft Teams in the event of need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. Supervisors or other clinical staff can be invited to virtual client sessions to co-facilitate in the event telehealth is being utilized and if there are any client emergencies that necessitate intervention of senior staff.

Privacy/Confidentiality of Clients and Interns

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. All C&FC videoconferencing occurs over a secure network using

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site-administered videoconferencing technology. Agency videoconferencing platforms, Teams and Zoom, provide end-to-end encryption and meet HIPAA standards. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all interns and clients.

Technology Requirements and Education

Telesupervision will occur via Teams or Zoom. Interns participate in a training related to ethical and legal guidelines for telehealth service delivery during the internship orientation and are provided with instruction regarding the use of the videoconferencing equipment and platform at the outset of the training year. Additionally, all supervisors participate in an annual telesupervision training. Interns are directed to contact C&FC's Information Technology (IT) Department for support with technical difficulties that arise during telesupervision and cannot be resolved by the intern.