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I. THE SETTING

Minneapolis, Minnesota is located in the southeast corner of Minnesota. The metropolitan area is referred to as the Twin Cities due to the proximity between Minneapolis and St. Paul, Minnesota’s capitol. The two metro areas, and two largest cities in the state, are divided by the Mississippi River, with St. Paul to the east and Minneapolis to the west. Minneapolis is estimated to host 410,939 residents and is located in Hennepin County, which includes over 45 other communities with a population of over 1.1 million. As of the 2010 census, there are 166,824 households in the city. The racial makeup of the city is 63.8% White, 18.6% African American, 2.0% Native American, 5.6% Asian, and 4.4% from two or more races. 10.5% of the population is Hispanic or Latino of any race. 15.1% of the population identifies as foreign-born.

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

Minneapolis is home of the original and the largest campus of the University of Minnesota, a Big Ten university with more than 51,000 undergraduate and graduate students enrolled in the Twin Cities alone. The Twin Cities hosts several other private colleges as well. Along with St. Paul, Minneapolis claims to have the highest per capita attendance at theater and arts events outside of New York City, perhaps boosted by its famously harsh winters. The Twin Cities hosts several professional sports teams, including the Timberwolves and Lynx (basketball), the Wild (hockey), the Vikings (football), the Swarm (lacrosse), and the Thunder (soccer).
II. THE AGENCY – WASHBURN CENTER FOR CHILDREN

HISTORY

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

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

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

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

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

As Washburn’s reputation grew, the agency moved to a building on 32nd and Lyndale Avenue South. In 1971, Washburn Child Guidance Center moved to the Minneapolis location to 2430 Nicollet Avenue South. As the agency continued to grow, we then built a brand new and state-of-the art building from the ground up on Glenwood Avenue and officially moved in in 2014. Today Washburn has additional Outpatient sites in Brooklyn Park and Minnetonka, as well as 23 sites across three districts (Minneapolis, Bloomington, and Eden Prairie) in our School-Based Mental Health Program. Washburn’s staff of more than 175 people serves 2,800 children and their 8,500 family members each year in the Twin Cities and its surrounding suburbs, primarily in Hennepin County. Washburn changed its name to Washburn Center for Children in 2007.
TODAY

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

Two of Washburn’s programs are provided free of charge (Early Childhood Outreach and Family Focus). The Outpatient, Day Treatment, Crisis Stabilization, and Home Front programs collect third party insurance for services. For clients who do not have insurance, Washburn has a sliding fee scale. The agency is funded by a contract with Hennepin County; income from endowment; fees for service; Greater Twin Cities United Way; the State of Minnesota; and charitable donations from individuals, corporations, and foundations. The overall percentage of clients enrolled in Medical Assistance is 60%, but the percentage is about 85% in more intensive programs such as Day Treatment. The clients who choose to come to Washburn continue to become more diverse; over half of clients served agency-wide are people of color and approximately 65% identify as low-income. With Spanish-speaking bilingual clinicians across programs, the number of Latino clients has more than doubled over the last three years. In 2015, the Spanish Clinical Language and Resource Guide was developed to broaden intercultural and interlingual effectiveness for Spanish-speaking mental health providers.

The children and youth Washburn Center for Children serve have a variety of problems which may include: depression, anxiety, difficulty adjusting to family changes, parental chemical dependency and mental illness, physical or sexual abuse, foster care placement, poverty and homelessness, behavioral problems, difficulty with school performance, poor social skills and low self-esteem. Data from testing and interviews with parents, children and professionals are used to make a diagnosis, if warranted, and recommend appropriate treatment plans and interventions. A 2015 report released by the Center for Advanced Studies in Child Welfare (CASCW) showed that Washburn Center’s services have a significant impact on children’s quality of life. Children’s improvements were better than expected after receiving mental health services at Washburn Center, compared to typical progress reported for similar services. for a healthier, more successful future. CASCW research notes that children “benefit greatly from services received at Washburn Center.” The social, emotional and behavioral functioning of children served at Washburn improved in clinically meaningful ways, based on caregiver reports. The amount of progress made was consistent across race/ethnicity, gender and age.
Launched in 2014, the United Health Foundation Training Institute at Washburn Center for Children has provided introductory and advanced training to children’s mental health clinicians, interns and professionals in related fields such as education, pediatrics, health care, child welfare and childcare. It is an innovative, children’s mental health training program that hopes to enhance the emotional health of children and families, by providing increased training opportunities for professionals working with children throughout the country, and develop a nationally recognized clinical training site for children’s mental health trainees. The Training Institute has created seven online foundational children’s mental health trainings, as well as held in-person trainings on various evidenced-based topics, including PracticeWise Managing and Adapting Practice (MAP); Trauma Informed Child-Parent Psychotherapy (TI-CPP); Trauma-Focused Cognitive Behavior Therapy (TF-CBT); Crisis Prevention Intervention (CPI); Eye Movement Desensitization and Reprocessing (EMDR); and Developmental Repair.

As an agency, Washburn is a unique and committed training site, with a strong focus on children’s mental health assessment and therapeutic services. Between 75 to 80 students receive training and clinical supervision in Washburn’s programs each year at the post-doctoral, doctoral intern, graduate and undergraduate levels. From 2000-2006, the Pre-Doctoral Psychology Internship Program was a part of the Association for Psychology Postdoctoral and Internship Centers (APPIC)-approved consortium with Indian Health Board of Minneapolis. When the consortium dissolved in August of 2006, APPIC-approval was obtained for the Pre-Doctoral Psychology Internship Program at Washburn Center for Children. The Internship Program complies with the guidelines put forth by APPIC. In 2012, the Pre-Doctoral Psychology Internship Program also received accreditation from the American Psychological Association (APA) and is due for another self-study in 2017.

PROGRAMS AT WASHBURN CENTER FOR CHILDREN

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

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

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

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

**Day Treatment Program**

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

**Home Front Program**

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

**Crisis Stabilization Program**

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

**Family Focused Program**

The Family Focused Program serves families with children from age birth to Kindergarten who are having social/emotional/behavioral difficulties and/or experiencing environmental stressors. The program offers an intensive combination of in-home family therapy, a therapeutic preschool classroom for children, as well as periodic parent groups. The program is designed to strengthen the parent child relationship while supporting children’s social/emotional/behavioral functioning across all areas of development.

**Outreach Consultation**

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

**School Based Mental Health Program**

The School Based Mental Health Program serves 23 schools within the Minneapolis, Bloomington, and Eden Prairie School Districts. The school based services include counseling and support for families and their children through comprehensive, child-focused assessment and treatment, as well as significant collaboration and outreach with school staff.

**Mental Health Case Management**

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

**III. MISSION AND TRAINING PHILOSOPHY**

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

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

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

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

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

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

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

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

IV. CLINICAL TRAINING EXPERIENCES AND GOALS

CLINICAL TRAINING EXPERIENCES

Predoctoral Interns applying to the Internship Program at Washburn Center for Children will gain experience working with children, adolescents, and families in the Outpatient Department within a community-based mental health setting. Interns work full-time (that is, 2000 hours for the training year, starting September 1st and ending August 31st), spending the majority of their time working within the Outpatient Department and seeing clients primarily within the clinic setting. Interns spend approximately 50% of their time in direct clinical service (i.e., diagnostic assessment/intake, family and individual therapy, group therapy, and psychological evaluation/feedback) and the remainder of their time is spent in training seminars, team case consultation, group consultation with the training cohort, support activities, and individual supervision. Interns typically work between 40 to 50 hours per week depending on how efficient they are at managing tasks related to the training program and clinical care. At the onset of internship, Interns outline their interests, goals, and skills. In this way, their Supervisors can as much as possible refer cases to Interns that are commensurate with their clinical interests and training goals.

Clinical Experience and Care Coordination

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

Interns are required to complete a minimum of seven comprehensive and integrated psychological evaluations. These evaluations often include completing a review of records, a clinical interview, collaboration with referring and other providers, as well as completing a range of psychological measures. Interns are supervised in completing scoring and interpretation of the measures, as well as in writing comprehensive, integrative psychological reports. Referrals for psychological testing come from Washburn’s treatment programs; through this process, as well as though shared therapy clients, Interns gain important exposure to preventative and intensive mental health treatment programming. Typical referral issues include diagnostic clarification and treatment recommendations. A typical battery might include an IQ test (e.g., Wechsler Preschool and Primary Scale of Intelligence, 4th Edition; Wechsler Intelligence Scale for Children, 5th Edition; Wechsler Adult Intelligence Scale, 4th Edition), an achievement test (e.g., Woodcock Johnson 4th Edition, Wechsler Individual Achievement Test, 3rd Edition; Bracken), collateral report measures (e.g., Behavior Assessment Scale for Children, 3rd Edition; Attention Deficit Disorder Evaluation Scale, 4th Edition; Behavior Rating Inventory of Executive Functioning; Vineland, 2nd Edition; Parenting Stress Index, 4th Edition; Trauma Symptom Checklist for Young Children), self-report measures (e.g., Children’s Depression Inventory, 2nd Edition; Beck Depression Inventory; Revised Children’s Manifest Anxiety Scale, 2nd Edition; BASC-3, Trauma Symptom Checklist), projective measures (e.g., Rorschach Inkblots, Exner Scoring System; Thematic Apperception Test or Children’s Apperception Test; Robert’s Apperception Test; House-Tree-Person projective drawings; incomplete sentences), and objective personality measures (e.g., Millon Adolescent Clinical Inventory; Minnesota Multiphasic Personality Inventory-Adolescent). Interns are encouraged to invite the referring Washburn clinician to the feedback session, with the consent of the parent/caregiver, in order to ensure as much continuity of care as possible.

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

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

**Didactic Seminars**

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

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

Interns attend monthly 75-minute Agency In-Services that are attended by Washburn Staff and cover a range of topics such as Child Protection issues, intervention strategies, cultural competency, forensic issues, and diagnosis-specific training. Please refer to Appendix C for a listing of past Agency In-Services.

Didactic training is incorporated into the Outpatient team’s bimonthly, 90-minute case consultation meetings, provided by our four consultants: William Allen, PhD, LMFT; Suzanne Aoun, MD; Judy Hoy, LICSW; and Anne Garity, PhD, LICSW.

Interns participate in Agency didactic experiences such as Inclusion Talk in which aspects of cultural diversity are discussed, celebrated, and explored. They are also welcomed to attend the two affinity groups (People of Color and LGBTQ) offered at the agency.
Interns can also participate in additional Agency trainings (e.g., cultural proficiency series; four-day TF-CBT training; PracticeWise/Managing and Adapting Practice); these types of trainings vary year to year based on grant funding and/or Staff training needs.

**Community-Sponsored Trainings**

Interns are encouraged to attend trainings in the community together (including those offered by Cultural Providers Network; Youth Interventions Programs Association) along with at least one other Staff Psychologist, thus fostering a sense of collegiality that is intended to be replicated throughout their careers and in obtaining continuing education over time. See Appendix D for examples of trainings (The University of Minnesota’s Lesson’s from the Field series) that Interns have attended in the past. It is important to note, however, due to the large amount of trainings offered internally at the agency, these community trainings were not been a requirement in the past few years.

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

**Clinical Supervision**

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

In addition to their LP supervision, Interns receive one hour of individual supervision each week with a Postdoctoral Fellow.
Another important aspect of the Internship Program is helping Interns develop and expand their own supervision skills. This is accomplished by having Interns supervise other young professionals (i.e., practicum students) over the course of the year and receive supervision on their supervision skills and experiences.

**Department and Group Case Consultation**

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

Interns participate in a weekly, one-hour process group attended by the Interns and Postdoctoral Fellows, which is co-facilitated by a doctoral-level clinician and a licensed Psychologist. This group is designed to provide the Interns a place separate from individual supervision to process training and professional development issues. In addition, there is a strong focus in this group on professional development throughout the year; Interns participate in a formal presentation to the Training Staff (and any Washburn colleagues they choose to invite) on their developmental process once at the midway point of the training year and again at the end of the training year.

**CLINICAL TRAINING GOALS**

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

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

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

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

**Individual and Cultural Diversity**

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

**Theories and Methods of Psychological Diagnosis and Assessment**

Interns conduct Diagnostic Assessment sessions in which they meet for the first session with a parent/caregiver/guardian to review background information and presenting problems via a clinical interview; then, they meet for the second session with the client (and caregiver if appropriate) in order to conduct a mental status examination, gather behavioral observations, assess current symptoms, and administer any tests that might aid in the diagnostic process. Interns are expected to simultaneously gather information and build rapport with the client and his/her family. Data gathered from the Diagnostic Assessment process is reviewed in supervision and/or case consultation in order to determine a mental health diagnosis (if warranted) and initial treatment objectives.

Psychological evaluation referrals are generated from all of Washburn’s treatment programs. Interns are supervised in their administration, scoring, and interpretation of results from psychological assessment measures. They discuss both in individual supervision as well as in training seminars their assessment results, and how to integrate testing results with collateral information, background information, and behavioral observations in providing diagnostic impressions and treatment recommendations. Based on the referral concern, they write psychological reports that will be useful to caregivers, mental health professionals, courts, other agencies, school staff, etc. They are supervised in providing test feedback to clients and their families. Providing feedback may be role-played during didactic training seminars.
Interns will hone their skills in psychological assessment, including diagnostic interviewing, mental status examinations, and chart reviews. Interns will be supervised in the administration of a range of psychological tests, including intelligence, achievement, adaptive, objective personality, and projective personality tests (as noted above).

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

**Individual Psychotherapy**

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

**Family Therapy**

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

**Group Therapy**

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

**Scholarly Inquiry and Application of Current Scientific Knowledge to Practice**

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

**Consultation Guidance and Supervision**

**Consultation/Care Coordination**

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

**Administration and Supervision**

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

**V. INTERNSHIP TRAINING OUTCOMES**

At the beginning of the training year, each Intern is provided with the Washburn Center for Children Predoctoral Psychology Internship Program Intern Competency Assessment Form (see Appendix A). In this way, they become familiar with the goals of the Internship Training Program. At least twice a year the Intern’s goals are formally reviewed and assessed, and their progress is evaluated, by utilizing the Intern’s graduate program’s evaluation form as well as the Intern Competency Assessment Form. These evaluations are conducted twice a year – once midway through the internship and once at the end of the internship, or unless otherwise requested from the Intern’s graduate program. Ratings and evaluation are informed by direct observation, tape-recorded sessions, review of raw test data, supervision, discussion of clinical interaction, consultation with other Staff involved in the Internship Training Program, and formal case and seminar presentations. In addition, Interns receive direct feedback consistently throughout the year. Supervisors meet monthly to evaluate and discuss an Intern’s development, which often helps in providing support and feedback to an Intern on a routine basis.
Agency outcomes and tracking data are used to monitor achievement of goals, objectives and competencies. For example, a Productivity Report produced every two weeks helps the Intern and Supervisors track the Intern’s amount of clinical work (diagnostic assessment, psychological testing, and therapy hours) to make sure that they are completing the necessary hours to best ensure and evaluate competency by the end of Internship. Reports such as Timeliness of Entry (regarding progress note completion), Treatment Plan Completion and Diagnostic Assessment (DA) Reports also help Supervisors evaluate the Intern’s efficiency and organization/time management skills in completing daily and required paperwork/documentation. Interns are provided with timelines/expectations for written documentation (e.g. daily progress notes, DA reports, and psychological evaluation reports) and their performance is quite easy to track and thus evaluate by using the reports described here. The Agency has standards for written documentation (e.g., progress notes, Diagnostic Assessment reports, and Psychological Evaluation reports) that are demonstrated through sample reports; by using such benchmarks, the Intern’s written skills are monitored over time and evaluated.

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

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

VI. Training Seminars

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

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

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

**VII. Supervision**

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

Each intern is provided an opportunity to work towards their competency in supervision. The Interns are invited to provide closely monitored supervision to practicum students working on their training requirements toward a doctorate in psychology.
VIII. THE PSYCHOLOGY TRAINING SUPERVISORS, CLINICAL SUPERVISORS, and CONTRIBUTING STAFF

PSYCHOLOGY TRAINING SUPERVISORS

CHRISTINE BROOKS, PsyD, LP. Staff Psychologist/Supervisor. Dr. Brooks joined the Washburn Outpatient Department as a Postdoctoral Fellow in 2012 after completing her APA-accredited pre-doctoral internship at The Help Group in Los Angeles, California. After completing her fellowship, she joined Washburn’s School-Based Mental Health program where she provided individual and family therapy services as well as consultation at Eden Lake Elementary School in Eden Prairie. Dr. Brooks returned to the Outpatient program in September of 2014 where she continues to provide individual and family therapy and psychological testing. Dr. Brooks provides supervision to students and trainees within the Psychology Training Program and co-supervises the weekly psychological testing consultation group. Her clinical areas of interest include: psychological testing, trauma, play therapy, parent-child therapy, evidence-based practices in community mental health settings, and clinical supervision and training.

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

RACHAEL KRAHN, PsyD, LP. Chief Psychologist/Associate Clinical Director of Outpatient and School-Based Mental Health Programming. Dr. Krahn received her BA in Psychology from Hamline University and her PsyD from the Minnesota School of Professional Psychology. She completed her APA-accredited predoctoral internship at Crestwood Children’s Center in Rochester, New York (1999-2000). She has committed her training and career to the evaluation and treatment of children, adolescents, and families within a community mental health setting. Dr. Krahn has worked at Washburn since fall of 2000, first in a grant-funded, school-based program, then in the Preschool Day Treatment program, and then as the Supervisor of Psychology Training in the Outpatient Department (the later since September of 2003). She also works as an Outpatient Therapist, and has recently been trained in Parent-Child Interaction Therapy (PCIT) and Eye Movement Desensitization and Reprocessing (EMDR). Currently, she is the Training Institute Co-Director and the Associate Clinical Director of the Outpatient and School-
Based Mental Health Programs. Dr. Krahn continues to greatly enjoy both training/supervision as well as direct client care in her work at Washburn. Her areas of interest include supervision, trauma, play therapy, attachment and development, family systems, and program development and training.

CORI MILLER, PSY.D. Outpatient Clinician. Dr. Miller received her Bachelor of Science degree from the University of Florida in psychology, as well as her Master of Arts and Doctorate in Clinical Psychology from the Florida School of Professional Psychology. She completed a two-year specialty track in Child and Adolescent Development during her doctoral training. Dr. Miller completed her assessment practicum training at a level 5 school setting and her therapy practicum training at Manatee Glens Community Mental Health Hospital in Florida in their outpatient and partial hospitalization program. Additional experience includes working with children and adults on the inpatient unit at Indian River Memorial Hospital Center for Emotional and Behavioral Health, in-home work with substance dependent women and their children at DACCO, working with the family court system and child removal at the Child Abuse Council, and in-home guardianship work with severely mentally ill adults in New York City. Dr. Miller completed both her internship and post-doctoral fellowship at Washburn. Her dissertation was on the gender differences in Non-Suicidal Self-Injury and included an additional chapter on treatment planning with this population. She stayed on at Washburn as staff and continues to work in the Outpatient Department, while also co-facilitating a Dialectical Behavior Therapy (DBT) group there. Dr. Miller currently leads the process group for the training department at Washburn and has presented on DBT and the Rorschach. She has received specialized training in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Trauma Informed-Child Parent Psychotherapy (TI-CPP), and PracticeWise. Dr. Miller’s areas of interest include trauma work, attachment and development, using projectives and psychodynamic theories in conceptualization and practice, as well as cultural diversity and inclusion.

TINA D. SHAH, PsyD, LP. Director of Training. Dr. Shah received her BS from the University of Minnesota in Child Psychology, as well as her Master of Arts and PsyD from the Minnesota School of Professional Psychology. Dr. Shah completed her therapy practicum at Washburn Center for Children before heading to Canvas Health in Oakdale, MN, to complete her APA-accredited predoctoral internship. She then returned to Washburn as a Postdoctoral Fellow in 2007, and has since stayed on as a staff psychologist at the West office. Upon her return, Dr. Shah facilitated the adolescent DBT group, in addition to providing psychological evaluation and individual and family therapy in the Outpatient Department. Once she was licensed, Dr. Shah began supervising trainees in the Psychology Training Program, as well as was the facilitator of the weekly process group for Interns and Postdoctoral Fellows. Currently, Dr. Shah is the Director of Training, as well as provides assessment and treatment services as psychologist in the Outpatient Department. She has received specialized training in TF-CBT, DBT, as well as PracticeWise Managing and Adapting Practice (MAP). She is
currently in the process of obtaining Agency Supervisor status for MAP. Dr. Shah’s areas of interest include: mindfulness, trauma, play therapy, attachment and development, adult psychotherapy, clinical supervision and training, program development, as well as cultural diversity and inclusion.

JESSICA SINKO, PsyD, LP. Assistant Supervisor of Assistant Supervisor of the School-Based Mental Health Program. Dr. Sinko received her BA in Child Psychology from the University of Minnesota and went on to completed her Master of Arts and doctoral degree at the Minnesota School of Professional Psychology in 2011. Dr. Sinko joined the Washburn for Children as a Postdoctoral Fellow in September of 2011, following completion of her APA-accredited pre-doctoral internship at The Guidance Center in Long Beach, California. After completing her fellowship, Dr. Sinko worked at Fraser providing autism evaluations, but returned to Washburn in 2013. At that time, Dr. Sinko joined Washburn’s School-Based Mental Health Program where she had been providing individual, group, and family therapy services, as well as psychological testing, school consultations, and mental health trainings. Dr. Sinko was promoted to be an assistant supervisor of the school-based mental health program at Washburn in 2016. She has also collaborated with the Psychology Training Program to facilitate social skills groups in the school setting and currently participates in psychological testing consultation. Dr. Sinko also has specialized training in DC: 0-3 assessment and therapy, Trauma Focused – Cognitive Behavioral Therapy, Seeking Safety, and PracticeWise. Her areas of clinical interest include: psychological testing, play therapy, trauma, anxiety, depression, behavioral struggles, clinical supervision, and program development.

MELISSA SOVAK, PsyD, LP. Staff Psychologist/Supervisor. Dr. Sovak joined the Washburn Outpatient Department as a Postdoctoral Fellow in 2010 after completing her predoctoral internship at Neighborhood Involvement Program in Minneapolis, MN. After completing her fellowship, she remained at Washburn in the Outpatient Therapy program at the satellite office in Minnetonka. Dr. Sovak provides individual and family therapy and psychological testing within the Outpatient Department, as well as provides supervision to practicum students and Interns. Dr. Sovak is also an adjunct professor at Argosy University in the Master’s Program for Clinical Psychology. Her areas of clinical interest include: domestic abuse, childhood trauma, sports performance anxiety, depression, cultural diversity, mindfulness and yoga, parenting issues, grief/loss issues, and autism spectrum disorders.

JESSICA WEDIN, PsyD. LP. Staff Psychologist/Supervisor. Dr. Wedin completed her BA in Psychology and Social Justice at Hamline University and completed her PsyD at the Minnesota School of Professional Psychology in 2010. Prior to beginning her doctoral program, Dr. Wedin worked with Adults with Severe and Persistent Mental Illness and children of these adults in an in-home and supportive work setting. Dr. Wedin began her time at Washburn as a predoctoral practicum student in the outpatient department in 2007, and stayed on for her predoctoral internship in 2008. After completing her internship she worked for two years in Washburn’s in-home program as a Crisis
Stabilization therapist, providing intensive in-home services for children at risk for hospitalization, or who had been hospitalized or placed in residential treatment. Dr. Wedin provides family and individual therapy and psychological testing within the Outpatient Department, and provides supervision to practicum students. Her areas of clinical interest include: trauma, play therapy, EMDR, TF-CBT, attachment issues, mindfulness and relaxation training, DBT, and working with adolescents and their parents.

OTHER AGENCY SUPERVISORS AND CONTRIBUTING STAFF

BILL ALLEN, PhD, LMFT. Agency Consultant. Dr. Allen is a licensed marriage and family therapist and owner of Healing Bonds, a private practice located in the Twin Cities in Minnesota (U.S.A.) where he provides psychotherapeutic services to individuals, couples and families. Dr. Allen also provides clinical consultation to social service agencies (including Washburn Center) and state and local government on a range of subjects related to family mental health and well-being. He is Adjunct Professor in the graduate Counseling Psychology program at the University of St. Thomas and his research interests include the intersection of family process and ethnicity, and the important roles males play in family life across the lifespan. Dr. Allen is a clinical member of the American Association of Marriage and Family Therapy and has served on the boards of the University of Minnesota’s Consortium on Youth and Families, the Minnesota Association of Black Psychologists, the Minnesota Association of Marriage and Family Therapists, and is currently President of the National Council on Family Relations (NCFR), the publisher of the premier journals in the family field including the Journal of Marriage and Family, the Journal of Family Theory and Review, and Family Relations: Interdisciplinary Journal of Applied Family Studies. His own publications include exploration of effective therapies for youth of color in the nation’s child welfare system and African-American males, and clinical implications of research on marriage and parenting in culturally diverse families.

SUZANNE AOUN, MD. Staff/Consulting Psychiatrist. Dr. Aoun is a Child & Adolescent psychiatrist who has been treating children, adolescents and adults in Minneapolis, MN for the past fifteen years. In her clinical practice, Dr. Aoun utilizes a multidisciplinary team approach providing a comprehensive treatment to patients. Dr. Aoun provides consultations for school based and outpatient therapists as well as crisis stabilization teams. Dr. Aoun serves on the clinical faculty at the University of Minnesota where she has supervised medical students and residents. She also taught psychophysiology in the Master of Arts Program in Counseling and Psychological Services at St. Mary’s University. Dr. Aoun is passionate about improving community mental health and volunteered her time to chair the Anoka County Council on Children's Mental Health that advises Legislature on the policies and programs affecting children and adolescents with mental health disorders. She is also the co-clinical director for the Minneapolis
Chapter of “A Home Within,” the only national organization focused exclusively on meeting the emotional needs of foster youth.

MICHELLE BETTIN, MSW, LICSW, PsyD. Co-Supervisor of the Outpatient Program. Dr. Bettin obtained her MSW from the University of MN and her PsyD from the Minnesota School of Professional Psychology after completing an APA-accredited predoctoral internship at Johns Hopkins University Counseling Center. Dr. Bettin worked for Washburn from 1999-2008 in the Outreach Program, Day Treatment Program, and Infant Toddler/Family Focused Program where she provided program and clinical supervision. She worked in private practice from 2007-2011. Her areas of clinical interests include: trauma, identity issues, attachment and development, suicidality, EMDR, mindfulness, psychodynamic and multicultural approaches to treatment, supervision, and psychological assessment.

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

JENNIFER GOZY, PsyD, LP. Staff Psychologist/Quality Assurance Supervisor. Dr. Gozy joined the Washburn Outpatient Department as a Postdoctoral Fellow in 2008 after completing her APA-accredited predoctoral internship at Allendale Association in Illinois. After completing her fellowship, she left the agency to work as a Program Supervisor at Minnesota Autism Center, but returned to Washburn in December of 2009. Dr. Gozy provides family and individual therapy and psychological testing within the Outpatient Department. After four years of supervising interns, post-doctoral fellows, and practicum students in the doctoral training program, Dr. Gozy changed roles at WCC. In the QA Supervisor role, Dr. Gozy provides staff trainings (Data Privacy, Clinical Documentation, new staff, Treatment Plan), oversees clinical documentation to meet state and contracted requirements, works with clinical/support/billing staff regarding documentation requirements, prepares for agency audits, ensures agency policies and external contractual and licensing requirements related to QA are met and exceeded, ensures that MN and HIPAA data privacy requirements are followed, is on the committee for developing programing/training material for WCC’s training institute, and provides electronic health records support. Dr. Gozy’s areas of clinical interest include: ethics, documentation, psychological testing, parent guidance/Parent-Child Interaction Therapy, PracticeWise, trauma, children’s behavioral issues, anxiety/depression, ASD, attachment issues, play therapy, and psychodynamic theories.
DAVID HONG, PsyD, LP. Consulting Psychologist/TF-CBT Trainer. Dr. Hong completed his APA-accredited predoctoral internship at Canvas Health and then obtained his PsyD from the Minnesota School of Professional Psychology in 2004. He practiced psychotherapy with children and families at Washburn Center for Children from 2006 - 2012. His areas of clinical interest are trauma and working with immigrant populations. He is bilingual in English and Spanish. Dr. Hong is a practitioner and trainer of Trauma Focused Cognitive Behavioral therapy.

JUDY HOY, LICSW. Agency Consultant. Ms. Hoy is a clinical social worker with a private practice in Golden Valley, Minnesota. She has been a community faculty member at the University of Minnesota’s graduate school of social work since 2003 where she has taught a number of courses focused on clinical practice with families and children. Additionally, Judy provides ongoing supervision and training for two West Hennepin school districts and recently began providing consultation at Washburn Center for Children. She has extensive training in the treatment of trauma and has presented at the Mayo Clinic, NASW annual conferences, the University of Minnesota’s Clinical Institute and the University of Kansas. She is a current doctoral candidate at the University of St. Thomas in St. Paul, Minnesota.

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

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

ARLENE SCHATZ, LICSW. Clinical Director. Ms. Schatz has been with Washburn Center for Children since 1992 and currently serves as the Director of Clinical Programs, providing clinical oversight and supervision for all of Washburn’s programs. Ms. Schatz is
a graduate of Columbia University, and is an experienced clinician and administrator. She has worked as a therapist in an adolescent inpatient unit at a residential treatment facility, in outpatient mental health settings, and in private practice. As Washburn’s Clinical Director, Ms. Schatz provides clinical oversight and supervision for all agency programs. Ms. Schatz has been the agency lead on the implementation, training and consultation for TF-CBT, PTC and EMDR. Her experience in supervising and providing evidence-based practices and managing complex implementation projects such as this one is exceptional. Furthermore, she continues to provide direct service to children and families. Arlene was named the National Association of Social Workers, Minnesota Chapter, Social Worker of the Year in 2003.

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

KELLY WICKS, PsyD, LP. Dr. Wicks received her BA in Psychology from the University of Wisconsin-Stevens Point and went on to complete her Master of Arts degree in Child and Adolescent Counseling at Marquette University. She then received her doctorate in Counseling Psychology at the University of St. Thomas. Dr. Wicks completed her APA-accredited predoctoral internship and postdoctoral fellowship at Washburn Center for Children and then stayed on as a staff psychologist at the West office. Dr. Wicks provides individual and family therapy and psychological testing within the Outpatient Department, as well as provides supervision to practicum students. Dr. Wicks’ areas of clinical interest include: Childhood trauma, anxiety/depression, play therapy, medical issues and the impact on mental health, parenting issues, grief/loss, and attachment and development. Dr. Wicks has specialized training in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), PracticeWise Managing and Adapting Practice (MAP), DC: 0-3 Assessment, and Trauma Informed-Child Parent Psychotherapy (TI-CPP).

MATT WITHAM, LMFT. Day Treatment Program Supervisor. Mr. Witham obtained his Masters of Arts degree in Marriage and Family Therapy, and is currently pursuing his PhD in Family Social Science with a specialty in Marriage and Family Therapy from the University of Minnesota (expected completion 2014). Mr. Witham has worked at Washburn since 2005. He started working in the Homefront program as an in-home therapist, and added outpatient responsibilities in 2007. He was then hired as the
Assistant Day Treatment Supervisor in 2008 and became Day Treatment Co-Supervisor in 2010. Mr. Witham is interested in assessment and treatment of mental health disorders, the impact of complex trauma on family systems, and relational problems from a family system’s perspective. He is passionate about working with children with severe emotional and behavioral disorders. Mr. Witham is also trained in EMDR.

CARIN WOLFE, PsyD. Child, Family, and Group Therapist in the Day Treatment Program. Dr. Wolfe received her BA from Georgia State University in Psychology, as well as her Master of Arts and PsyD from the Georgia School of Professional Psychology. Dr. Wolfe completed her practica at Children’s Healthcare of Atlanta, Beyond Words Center, and Murphy Harpst Children’s Centers in Atlanta, Georgia before moving to Minneapolis to complete her APA-accredited predoctoral internship at Washburn Center for Children. She was also a Postdoctoral Fellow and recipient of the Patricia L. Klibanoff Fellowship at Washburn Center in 2014-2015. Upon completion of her fellowship in the Outpatient Program, Dr. Wolfe accepted a staff position at Washburn Center in the Elementary Day Treatment Program. Since early 2015, Dr. Wolfe has been part of a small group at Washburn that creates and facilitates agency-wide training experiences on Diversity, Inclusion, and Cultural Responsiveness. Dr. Wolfe is also an active member of the Inclusion and Equity Taskforce at Washburn Center. She has received training and is working toward certification in TF-CBT, PracticeWise Managing and Adapting Practice (MAP), and EMDR. Dr. Wolfe has also been trained in Imago Relationship Therapy and enjoys using this model for dyadic work with adolescents and parents. Dr. Wolfe’s areas of interest include: trauma, assessment, attachment and development, couples therapy, group therapy, clinical supervision and training, consultation with schools, and diversity and inclusion.

IX. ELIGIBILITY

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

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

The following are minimum qualifications for potential interns:

1) Completion of graduate coursework in intellectual and personality assessment of children and adults, completion of coursework in psychopathology and diagnostic assessment, completion of at least a 600-hour diagnostic practicum, supervised practica experience in the administration of Rorschach Inkblots/Exner scoring system is preferred, completion of at least 6 integrated psychological reports, and supervised completion of or exposure to the feedback process.

2) Completion of graduate coursework (preferably including play and family therapy courses) in psychotherapy/interventions and completion of at least a 600-hour therapy practicum with children, adolescents, and/or families. It is preferred that clinical practica include providing services to diverse clientele.

3) Verification from the applicant’s graduate school Director of Training that the prerequisites for applying for internship have been completed.

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

X. APPLICATION PROCEDURES

The Internship Program participates in the Match process (please refer to the following webpage for more information: http://appic.org/directory/program_cache/960.html). A completed APPIC Application for Psychology Internship form is required (accessible via the APPIC website: http://www.appic.org and click on the AAPI Online link). Please include in your supplemental forms a clinical writing sample, preferably a psychological evaluation report on a child or adolescent client completed by the applicant. Any questions can be directed via email to Tina D. Shah, PsyD, LP, Director of Training, tshah@washburn.org. Online application materials are due on November 4th. The Director of Training will notify applicants by email by December 15th on whether they
will be offered an interview; applicants no longer under consideration will be informed by the same date. Applicants invited to interview will have the option of selecting from several possible interview dates (typically in late-December and/or early January). Applicants will participate in a one-hour interview with the Director of Training, one other Staff Psychologist, and one Postdoctoral Fellow. After the formal interview, they will then meet with current Interns for up to an hour to ask questions and gather additional information regarding the Pre-Doctoral Psychology Internship Program.

XI. STIPENDS AND BENEFITS

The stipend is $22,500 for a 12-month period (i.e., 2000 hours from September 1st through August 31st). Malpractice insurance is provided. Interns receive two weeks of vacation, eight days off for holidays, as well as ten days of sick/personal time. Interns receive Medical and Dental Insurance. Interns may spend a small percentage of their time on dissertation-related research if needed. This must be pre-approved by the Director of Training. The presumed starting date for the internship is September 1st.

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

XII. PREVIOUS WASHBURN INTERNS

Linnea Swanson-Pohl, Minnesota School of Professional Psychology at Argosy University/Twin Cities

Nanette McDevitt, Minnesota School of Professional Psychology at Argosy University/Twin Cities

2008-2009: Heather Campbell, Minnesota School of Professional Psychology at Argosy University/Twin Cities
Cori Miller, Florida School of Professional Psychology at Argosy University, Tampa, Florida
Jessica Nelson, Minnesota School of Professional Psychology at Argosy University/Twin Cities

2009-2010: Sarah Dier, Illinois School of Professional Psychology at Argosy
2010-2011: Renee Latterell, Minnesota School of Professional Psychology at Argosy University/Twin Cities
Kristin Nelson, Minnesota School of Professional Psychology at Argosy University/Twin Cities
Ethan Siegel, The George Washington University, Washington, DC

2011-2012: Andrew Hachiya, St. Thomas University, Minneapolis, MN
Andrea Hutchinson, St. Thomas University, Minneapolis, MN
Corali Meade Pirkey, Chicago School of Professional Psychology, Child/Family Track

2012-2013: Sangeeta Bookseller, Midwestern University, Downers Grove, IL
Brian Kovach, Chicago School of Professional Psychology, Child/Family Track, Chicago, IL
Kelly Thon, St. Thomas University, Minneapolis, MN

2013-2014: Chad Radniecki, Minnesota School of Professional Psychology at Argosy University/Twin Cities
Molly Welch, St. Thomas University, Minneapolis, MN
Carin Wolfe, Georgia School of Professional Psychology at Argosy University/Atlanta

2014-2015: Laura Brinkmeier, St. Thomas University, Minneapolis, MN
Anjelica Jackson, Wheaton College, Chicago, IL
Anne Sitorius, St. Thomas University, Minneapolis, MN

2015-2016: Lindsey Holm, Minnesota School of Professional Psychology at Argosy University/Twin Cities
Ryan Hovis, Wheaton College, Chicago, IL
Trinh Tran, Pacific University, Portland, OR

2016-2017: Sheila Collins, Roosevelt University, Chicago IL
Chelsea Mitchell, Spalding University, Louisville, KY
Stephanie Murphy, Minnesota School of Professional Psychology at Argosy University/Twin Cities
APPENDIX A

WASHBURN CENTER FOR CHILDREN
Predoctoral Psychology Internship Program
Intern Competency Assessment Form

Intern: ____________________________  Supervisors: ______________________

Training Year: _____________________

Mid-Year Evaluation: _____

Final Evaluation: _____

ASSESSMENT METHOD(S)

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

INTERNship EVALUATION RATING SCALE

5 – Advanced level -- competency for independent practice has been obtained, but ongoing supervision is needed while in training status and to provide growth and development.

4 – High intermediate level -- competency for independent practice has been obtained in all but non-routine cases; supervision is required for overall management and oversight of activities but the depth of supervision varies as needs warrant.

3 – Intermediate level -- competency for independent practice has been obtained in some areas, but continued supervision is needed when faced with complex and novel situations.

2 – Entry level -- competency for independent practice has not yet been obtained, and continued intensive supervision is needed in most areas.

1 - Needs remediation -- work is unacceptable and significantly below what would be expected for someone on internship.
NA - Not applicable for this training experience or not assessed during training period.

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

OBJECTIVE 1: PROFESSIONAL INTERPERSONAL BEHAVIOR
Maintains professional, respectful, and productive relationships with treatment teams, peers and supervisors. Seeks peer and collegial support as needed. Negotiates differences and manages conflict effectively.

NA 1 2 3 4 5

OBJECTIVE 2: SEeks CONSULTATION/SUPERVISION
Seeks consultation or supervision as needed and uses it productively.

NA 1 2 3 4 5

OBJECTIVE 3: USES ETHICAL DECISION-MAKING
Demonstrates sound ethical decision-making across a range of professional roles and challenges.

NA 1 2 3 4 5

OBJECTIVE 4: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION
Responsible for key patient care tasks (e.g. phone calls, letters, case management) and completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

NA 1 2 3 4 5

OBJECTIVE 5: EFFICIENCY AND TIME MANAGEMENT
Demonstrates efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

NA 1 2 3 4 5

OBJECTIVE 6: KNOWLEDGE OF ETHICS AND LAW
Demonstrates good knowledge of ethical principles/codes and state law. Consistently applies these appropriately, seeking consultation as needed.

NA 1 2 3 4 5

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

OBJECTIVE 1: AWARENESS OF OWN CULTURAL BACKGROUND
Aware of personal background and its impact on professional functioning. Committed to continuing to explore own cultural identity issues, attitudes, values, and beliefs, and the relationship of these to professional functioning.

OBJECTIVE 2: SENSITIVITY TO PATIENT DIVERSITY
Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive treatment.

OBJECTIVE 3: RECOGNITION OF BARRIERS TO EFFECTIVE TREATMENT
Able to identify factors that might impede successful treatment and able to discuss these with patient.

OBJECTIVE 4: CULTURALLY SENSITIVE BEHAVIOR
Open to and comfortable with discussing issues of cultural diversity with others; shows cultural sensitivity across a range of professional activities and roles.

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

OBJECTIVE 1: DIAGNOSTIC SKILL
Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM-5 classification system. Establishes rapport while gathering relevant information in the clinical interview. Utilizes historical, interview, collateral, observational, and psychometric data to diagnosis accurately and identify differential diagnoses.

OBJECTIVE 2: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administration.

OBJECTIVE 3: PSYCHOLOGICAL TEST SCORING AND INTERPRETATION
 Appropriately scores psychological measures. Competently interprets the results of psychological tests used in his/her areas of practice.
OBJECTIVE 4: ASSESSMENT WRITING SKILLS
Produces a well-organized and well-written psychological report that clearly answers the referral questions. Psychological report includes an integrative case conceptualization that supports diagnostic impressions and treatment recommendations that include empirically supported treatments, when applicable.

NA 1 2 3 4 5

OBJECTIVE 5: FEEDBACK REGARDING ASSESSMENT
Plans and carries out a feedback session. Explains the results in terms that the patient and/or caregiver can understand, provides suitable recommendations and effectively responds to issues raised by patient/caregiver.

NA 1 2 3 4 5

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

OBJECTIVE 1: PATIENT RAPPORT
Consistently utilizes a range of fundamental clinical skills (empathic listening, validation, genuine and accepting presence) to maintain good rapport with patients.

NA 1 2 3 4 5

OBJECTIVE 2: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY
Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

NA 1 2 3 4 5

OBJECTIVE 3: THEORY-BASED CASE CONCEPTUALIZATION AND TREATMENT GOALS
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals based on case conceptualization.

NA 1 2 3 4 5

OBJECTIVE 4: THERAPEUTIC INTERVENTIONS
Interventions are well-timed, effective and consistent with empirically-supported treatments.

NA 1 2 3 4 5

OBJECTIVE 5: USE OF EVIDENCE BASED PRACTICE
Is familiar with evidence based interventions and utilizes them when applicable after accounting for clinical and cultural factors.

NA 1 2 3 4 5
OBJECTIVE 6: CLINICAL USE OF SELF AND UNDERSTANDING OF TRANSFERENCE DYNAMICS
Able to utilize self as clinical instrument. Understands and uses own emotional reactions to the patient productively in the treatment.

NA 1 2 3 4 5

OBJECTIVE 7: GROUP THERAPY SKILLS AND PREPARATION
Intervenes in group skillfully. Attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. Readies any materials needed for group, and understands each session’s goals and tasks.

NA 1 2 3 4 5

OBJECTIVE 8: EVALUATIVE USE OF OUTCOME DATA AND FEEDBACK
Actively evaluates interventions and progress by utilizing outcome measures/data, measurable treatment objectives, and other sources of information as applicable. Able to integrate evaluative data to inform future treatment planning.

NA 1 2 3 4 5

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

OBJECTIVE 1: POSSESSION OF FOUNDATIONAL KNOWLEDGE
Displays foundational knowledge about human development, developmental psychopathology, ethics, individual and cultural diversity, diagnosis/assessment, theory/intervention, supervision and consultation, and research methods.

NA 1 2 3 4 5

OBJECTIVE 2:SEEKS CURRENT SCIENTIFIC KNOWLEDGE
Displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas. Utilizes scientific methods during professional practice.

NA 1 2 3 4 5

OBJECTIVE 3: TEACHING SKILLS
Demonstrates ability to teach topics related to clinical work, interest, and research. Presentations are well-organized and articulated in a group setting and amongst professional colleagues.

NA 1 2 3 4 5

OBJECTIVE 4: CONTINUING EDUCATION
Shows interest in life-long learning and participation in activities to further professional growth and development.
GOAL 6: COMPETENCE IN CONSULTATION AND PROVIDING SUPERVISION

OBJECTIVE 1: USE OF CONSULTATION
Actively seeks consultation and collaboration with multidisciplinary professionals to address shared goals.

OBJECTIVE 2: PROVIDING CONSULTATIVE GUIDANCE
Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods, and principles.

OBJECTIVE 3: PROVIDING SUPERVISION
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds and maintains good rapport with supervisee.

GOAL 7: COMPETENCY IN USE OF SUPERVISION

OBJECTIVE 1: ENGAGEMENT IN SUPERVISION
Engages openly and positively with supervisors.

OBJECTIVE 2: PREPARATION FOR SUPERVISION
Arrives prepared for supervision and actively participates.

OBJECTIVE 3: USE OF FEEDBACK
Is open to feedback from supervisor and is able to integrate feedback in professional activities. Openly discusses application of feedback in future supervision sessions.

OBJECTIVE 4: SELF-ASSESSMENT IN SUPERVISION
Able to effectively assess and address strengths and weaknesses and areas of professional development and growth during supervision.
OBJECTIVE 5: REFLECTIVE CAPACITY
Able to address process issues with open reflection during supervision, including reflection on the supervisory, therapeutic, and professional development processes.

NA 1 2 3 4 5

SUMMARY OF INTERN STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS:

INTERN COMMENTS REGARDING COMPETENCY EVALUATION:

INTERN FEEDBACK REGARDING TRAINING EXPERIENCE:
We have reviewed this evaluation:

Supervisors: ___________________________  Date: ______________

______________________________  Date: ______________

Intern: ___________________________  Date: ______________
APPENDIX B

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

2015-2016 Doctoral Training Schedule

**Ongoing Seminars/Meetings**

**Outpatient team case consultation and business meeting** - 1st and 3rd Tuesdays of the month, 9am to 11am (Weiser, Hanvik, or Lepinski rooms); Interns/postdocs only need to attend the business meeting from 10:30-11am on the 1st Tuesday of the month

**Clinical/Didactics Seminar** – 2nd and 4th Tuesdays of the month, 9-11am (Opperman room)

    Information on these seminars will be given to you in the next few days!

**Inclusion TALX:** – 12-1pm on the 1st Tuesday of the month (Weiser room)

    11-12pm on the 3rd Tuesday of the month (Weiser room)

**Agency In-service** – 12-1:15pm on the 3rd Tuesday of the month (Training Institute)

**Psychological testing consultation/group supervision** - Tuesdays, 1-2pm (Administrative Supervisors, Opperman room) starting 9/8/15

**Process group supervision** – Tuesdays, 2-3pm (Dr. Cori Miller, Evans room) starting 9/8/15

**Online Trainings through our Learning Management System**  Some of these will be complete in-person (see below), but you will need to go online to complete the post-training test, others will need to be completed online prior the in-person training. (Molly Hottman, Training Institute support staff will send a username and password to grant access to these)

    o  Foundations in Trauma
    o  Foundations in Attachment and Development
    o  Foundations in Family Systems and Ecological Theory
    o  Foundations in Diversity
    o  Foundations in Engagement and the Therapeutic Alliance
Social Hour – TBD (Coordinated by Anjelica and Laura, Off-Site)

***On the occasional 5th Tuesday of a month, there are no meetings unless indicated on the schedule***

09-22-15: Paperwork and Data Privacy Training with Jen Gozy, PsyD

09-29-15: Treatment Plan Training with Dr. Gozy

10-2-15, 9:00 am to 1:00 pm: CPI Training with Lauren Nietz, LICSW (location TBD)

  • Information about an online portion of the training will be sent out soon. Please complete this prior to the in-person training

10-13-15, 9:00 am to 11:00 am: DBT with Dr. Miller and Dr. Wedin (Opperman Room)

10-26-15, All Day, Time TBD: MAAPIC Diversity Conference at the Minneapolis VA Educational Center ****FOR INTERNS ONLY


11-10-15, 9:00 am to 11:00 am: Foundational Training on Attachment with Dr. Cohen (Opperman Room)

11-24-15, 9:00 am to 11:00 am: Foundational Training on Family Therapy with Dr. Witham (Opperman Room)

12-8-15, 9:00 am to 11:00 am: Foundational Training on Trauma and Compassion Fatigue with Dr. Krahn and Dr. Shah (Opperman Room)

12-22-15, 9:00 am to 11:00 am: Time to complete Foundational Training on Developmental Repair

1-12-16, 9:00 am to 11:00 am: Time to complete Foundational Training on Diversity, Inclusion, & Cultural Responsiveness (DICR) on the LMS.

  • This will need to be completed prior to the in-person DICR trainings

1-26-16, 9:00 am to 12:30 pm: Diversity, Inclusion, & Cultural Responsiveness Training with Training Institute Trainers – Part 1 (Location TBD)

2-9-16, 9:00 am to 11:30 am: Diversity, Inclusion, & Cultural Responsiveness Training with Training Institute Trainers – Part 2 (Location TBD)

2-23-16, 9:00 am to 11:00 am: Clinical Case Presentations, Interns (Opperman Room)

  • 9:00 am: Prader-Willi Syndrome with Trinh Tran
• **10:00 am:** *Non-Suicidal Self-Injury* with Lindsey Holm

**3-8-16, 9:00 am to 10:00 am:** *Therapeutic Language* with Lauren Nietz, LICSW, Day Treatment Consultant (Opperman Room)

• **10:00 am:** *Clinical Case Presentation*, Intern
  ○ *Wilderness Therapy with Depressed Adolescents* with Ryan Hovis

**3-22-16, 9:00 am to noon:** Seminar Cancelled

**3-24-16:** *Motivational Interviewing*, Part One (Optional)

**4-12-16, 9:00 am to 11:00 am:** *Mid-Year Process Presentations*, Interns and Post-Docs (Opperman Room)

• 9:00 am: Ryan Hovis
• 9:40 am: Laura Brinkmeier
• 10:20 am: Alise Novak
• 1:00 pm: Lindsey Holm
• 1:40 pm: Trinh Tran
• 2:20 pm: Anjelica Jackson

**4-25-16, 8:00 am to 4:30 pm:** *MAAPIC Conference on Ethics and Supervision* at the Minneapolis VA Educational Center

**4-26-16, 9:00 am to 11:00 am:** *Diversity Presentations*, Interns and Postdocs (Opperman Room)

• 9:00 am: *Working with Children and Their Parents with Medical Illness* with Alise Novak
• 10:00 am: *Therapeutic Considerations with Children diagnosed with Spina Bifida* with Anjelica Jackson

**4-28-16:** *Motivational Interviewing*, Part Two (Optional)

**5-6-16:** *Circle Dialogue Training*, Part One (Optional Training for Interns involved in DICR)

**5-10-16, 9:00 am to 11:00 am:** *Diversity Presentations*, Interns and Postdocs (Opperman Room)

• 9:00 am: *Treating Depression, Suicidality, & Self-Injury in LGBTQ Youth* with Lindsey Holm
• 10:00 am: *Domestic Transracial Adoption* with Laura Brinkmeier

**5-13-16:** *Circle Dialogue Training*, Part Two (Optional Training for Interns involved in DICR)

**5-17-16, noon to 1:15pm:** *Post-Doc In-service on Treating the Children of Chronically and Terminally Ill Parents* with Anjelica Jackson
5-20-16: Honoring Non-Normativity: Attending to Dominating Discourses in Therapeutic Practice with Julie Tilsen, MA, LP (Optional)

5-24-16, 9:00 am to 11:00 am: Diversity Presentations, Interns and Postdocs (Opperman Room)
- 9:00 am: The Making of an Asian Therapist with Trinh Tran
- 10:00 am: Spirituality in Family Therapy with Ryan Hovis

6-14-16, 9:00 am to 11:00 am: Dyadic Communication with Dr. Wolfe (Opperman Room)

6-21-16, noon to 1:15pm: Post-Doc In-service on Feeding Disorders in Early Childhood with Laura Brinkmeier

6-28-16, 9:00 am to 11:00 am: Supervision Models/Consultation with Dr. Gozy (Opperman Room)

7-12-16, 9:00 am to 11:00 am: Drama Therapy with Dr. Sarah Paper

7-19-16, noon to 1:15pm: Post-Doc In-service on Assessment and Treatment of Autism Spectrum with Alise Novak

7-26-16, 9:00 am to 11:00 am: Trichotillomania: Clinical Implications and Two Case Studies with Dr. Sovak (Opperman Room)

8-9-16, 9:00 am to 11:00 am: Seminar Cancelled

8-11-16: Developmental Repair with Anne Garity, PhD, LICSW (Optional)

8-15-16, 9:00 am to 11:00: End of the Year Process Presentations, Interns and Post-Docs (Opperman Room)
- 9:00 am: Anjelica Jackson
- 10:00 am: Laura Brinkmeier

8-16-16, 9:00 am to 11:00: End of the Year Process Presentations, Interns and Post-Docs (Opperman Room)
- 9:00 am: Lindsey Holm
- 10:00 am: Alise Novak

8-18-16, 9:00 am to 11:00: End of the Year Process Presentations, Interns and Post-Docs (Opperman Room)
- 9:00 am: Trinh Tran
- 10:00 am: Ryan Hovis

8-24-16: END OF THE YEAR PARTY! 😊
Testing Consult Schedule (Tuesdays from 1:00 pm to 2:00 pm in the Opperman Room)

- 9-8-15: Orientation to the Testing Process (Tina, Rachael, Christine, Jessica S.)
- 10/13/2015: Feedback (Dr. Brooks)
- 10/20/2015: Roberts (Dr. Sinko)
- 11/10/2015: NEPSY (Dr. Brooks and/or Dr. Sinko)
- 12/01/2015: WISC (Kyja Foster-DeZurik)
- 12/22/2015: Therapeutic Assessment (Dr. Raja David) from 1:00 to 3:00 pm
- 01/12/2015: Wizards Retreat! From 1:00 to 3:00 pm
- TBD:
  - Rorschach Interpretation (Dr. Miller)
  - Projective drawings/TAT/CAT (Psychology Supervisors)
  - NEPSY (Dr. Brooks and/or Dr. Sinko)
PRESENTATION INFORMATION

- **Clinical Case Presentations**: These presentations are completed by interns only. They focus on a clinical topic of interest that incorporates a current client/family on your caseload. The primary goal is to integrate clinical work and research to broaden your understanding of a clinical issue that might be challenging and/or new to you. Another goal is to practice your teaching/presentation skills, which is a competency we’re hoping to support you with during internship year. These presentations are expected to be an hour each with accompanying handouts.

- **Diversity Presentation**: This presentation is to address the objective of increasing multicultural competency for both interns and postdocs. Please select a multicultural topic (example, focusing in on one or multiple parts of the ADDRESSING framework), perhaps something that has come up in one of your cases at Washburn, that has challenged you and/or required additional research/supervision/training, and share your process and new learning with the group and supervisors in a hour long presentation. Acknowledging and reflecting on your own ADDRESSING framework will be an important aspect of this presentation. Handouts are expected.

- **Agency In-Service**: This presentation is completed by the post-docs only (but attended by interns). This presentation gives our post-docs the opportunity to share their expertise by presenting to a large audience comprised of Washburn staff on a clinical topic that they are interested and/or knowledgeable in. This presentation is typically one hour and 15 minutes long. Please work with your supervisors regarding selecting a topic.

- **End of the Year Process Presentation**: This presentation gives interns and post-docs an opportunity to reflect on their training experiences and development in past six months and whole year at Washburn with the group and supervisors. Specifically, it will be important to discuss how you have developed both personally and professionally through the course of the year. In addition, it is important to discuss struggles, realizations, and accomplishments encountered, as well as competencies and weaknesses (e.g. around particular clients and lessons learned about clinical work and/or yourselves, around solidification of a theoretical orientation, tracking development through the course of the year, etc). Cultural competency is an important aspect of professional development and thus interns are also asked to integrate how their enhanced diversity awareness has impacted them over the course of the year in this presentation. We also love hearing about your top five memorable moments of the year!
Presentations are expected to be about an hour long. No handouts are expected, however, creativity is welcomed. People have struggled with the ambiguous nature of this task in the past, so please work with your supervisors as needed. *The Mid-Year Process Presentation:* This will be a mini version of the end of the year process presentation in order to give interns and post-docs the opportunity to reflect on the first half of their training year and process how they would like to complete their remainder of their training year. These presentations will be a half-hour long.
## APPENDIX C

### 2009 Washburn Agency In-Services

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

### 2010 Washburn In-Services

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
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</thead>
<tbody>
<tr>
<td>January 19, 2010</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>February 16, 2010</td>
<td>Nguzo Saba Celebration</td>
</tr>
<tr>
<td>March 16, 2010</td>
<td>Strategies for Parenting</td>
</tr>
<tr>
<td>April 20, 2010</td>
<td>Attachment and Parents</td>
</tr>
<tr>
<td>May 18, 2010</td>
<td>Juvenile Fire setting</td>
</tr>
<tr>
<td>June 15, 2010</td>
<td>Family Sculpting Using the Kvebaek Method</td>
</tr>
<tr>
<td>July 20, 2010</td>
<td>Relational Diagnostic Assessments with Families</td>
</tr>
<tr>
<td>September 21, 2010</td>
<td>Integrative Medicine</td>
</tr>
<tr>
<td>October 19, 2010</td>
<td>Working with Children on the Autism Spectrum</td>
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<tr>
<td>November 16, 2010</td>
<td>Accessing Community Resources for Clients-Bridge for Benefits</td>
</tr>
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### 2011 Washburn In-Services

<table>
<thead>
<tr>
<th>DATE</th>
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<tbody>
<tr>
<td>January 18, 2011</td>
<td>Family Group Decision Making</td>
</tr>
<tr>
<td>February 15, 2011</td>
<td>Selective Mutism</td>
</tr>
<tr>
<td>March 15, 2011</td>
<td>Auditory and Language Processing Disorder – Assessment and Intervention</td>
</tr>
<tr>
<td>April 19, 2011</td>
<td>Using Assessment Measures to Enhance Diagnostic Assessment</td>
</tr>
<tr>
<td>May 17, 2011</td>
<td>Working with Youngsters on the Spectrum-Treatment Strategies</td>
</tr>
<tr>
<td>June 2011</td>
<td>Using Therapeutic Language in our Clinical Work</td>
</tr>
<tr>
<td>July 2011</td>
<td>Sensory Integration</td>
</tr>
<tr>
<td>September 2011</td>
<td>The Use of Play Therapy in Home</td>
</tr>
<tr>
<td>October 2011</td>
<td>Means Restriction – Prevention Access to Lethal Materials</td>
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### 2012 Washburn In-Services

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>January 17, 2012</td>
<td>Is it Family Work or Family Therapy - What is the Difference?</td>
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<tr>
<td>February 21, 2012</td>
<td>Using Therapeutic Games in Family Therapy</td>
</tr>
<tr>
<td>March 20, 2012</td>
<td>Being Safe and Feeling Secure Out in the Field: Managing Home Visits</td>
</tr>
<tr>
<td>April 17, 2012</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>May 29, 2012</td>
<td>The Developing Brain: What It Means For Treating Adolescents</td>
</tr>
<tr>
<td>June 19, 2012</td>
<td>Eye Movement Desensitization and Reprocessing</td>
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<tr>
<td>July 17, 2012</td>
<td>Attachment Development</td>
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<tr>
<td>September 18, 2012</td>
<td>Working with Transgender Clients</td>
</tr>
<tr>
<td>October 16, 2012</td>
<td>Therapeutic Use of Yoga</td>
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<tr>
<td>November 20, 2012</td>
<td>Cornerhouse: Investigation of Abuse</td>
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### 2013 Washburn In-Services

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<th>Date</th>
<th>Topic</th>
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<tr>
<td>January 15, 2013</td>
<td>Hoarding</td>
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<tr>
<td>February 19, 2013</td>
<td>Medication Issues</td>
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<tr>
<td>March 19, 2013</td>
<td>Working with Adults Diagnosed with Borderline Personality Disorder</td>
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<tr>
<td>April 16, 2013</td>
<td>Assessment Measures/Psychological Testing</td>
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<tr>
<td>May 21, 2013</td>
<td>Navigating the Special Education System</td>
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<tr>
<td>June 18, 2013</td>
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<tr>
<td>July 16, 2013</td>
<td>Culturally Responsive Work with Latino Families</td>
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<tr>
<td>August 2013</td>
<td>No Inservice</td>
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<tr>
<td>September 17, 2013</td>
<td>Immigration Issues</td>
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### 2014 Washburn In-Services

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<tr>
<td>January 21, 2014</td>
<td>Study of Depressed Teens</td>
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<tr>
<td>February 18, 2014</td>
<td>The Use of Drama Therapy in Mental Health Settings</td>
</tr>
<tr>
<td>March 18, 2014</td>
<td>Capernaum Pediatric Therapy Clinic--Occupational and Speech Therapy</td>
</tr>
<tr>
<td>April 29, 2014</td>
<td>Hennepin County Mandated Reporter Training</td>
</tr>
<tr>
<td>May 20, 2014</td>
<td>An Integrated Approach to Wellness: Introduction to YogaCalm</td>
</tr>
<tr>
<td>June 17, 2014</td>
<td>“Therapeutic Language: Relating to Dysregulated Children and Setting Goals in Treatment”</td>
</tr>
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<td>July 2014</td>
<td>No In-Service</td>
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<tr>
<td>August 2014</td>
<td>No In-Service</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
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<tr>
<td>September 16, 2014</td>
<td>Mental Health Consultation</td>
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<tr>
<td>October 21, 2014</td>
<td>Psychological First Aid</td>
</tr>
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<td>November 2014</td>
<td>No In-Service</td>
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<tr>
<td>December 2014</td>
<td>No In-Service</td>
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**2015 Washburn In-Services**

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<th>Date</th>
<th>Topic</th>
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<tbody>
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<td>January 2015</td>
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<td>February 2015</td>
<td>No In-Service</td>
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<tr>
<td>March 2015</td>
<td>No In-Service</td>
</tr>
<tr>
<td>April 21, 2015</td>
<td>Dyadic Communication: Utilizing a Couples Therapy Model with Adolescents and Parents</td>
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<tr>
<td>May 2015</td>
<td>No In-Service</td>
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<td>Incorporating Traditional Native American Practices into Clinical Work and Reconnecting Families to Cultural Resources within their Community</td>
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<td>Working with Gifted Children</td>
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<td>Beyond Consequences</td>
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<td>October 20, 2015</td>
<td>Neurobehavioral Markers of Abuse within Depression</td>
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<tr>
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**2016 Washburn In-Services**

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<td>Utilizing EMDR with Children</td>
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<td>Neurobehavioral Markers of Self-Injurious Behaviors in Depression</td>
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<td>Keeping MAP Alive at WCC</td>
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<td>Treating the Children of Chronically and Terminally Ill Parents</td>
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<td>Feeding Disorders in Early Childhood</td>
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<td>Assessment and Treatment of ASD</td>
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<td>October 18, 2016</td>
<td>An Interdisciplinary Approach to Working with Gender Expansive Children</td>
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</tr>
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APPENDIX D

Community-Based Continuing Education

In the past, interns have attended the Lessons from the Field Series sponsored by the Center for Excellence in Children’s Mental Health at the University of Minnesota. The workshops are approximately 3 and a half hours long and include a lecture by a prominent researcher in the field, followed by a panel presentation by local community providers as a way to apply research to current practice while fielding questions from the audience. More information can be accessed via their website at http://www.cmh.umn.edu/index.html. It is important to note that these trainings are still an option for Interns, however, due to the high amount of training provided internally at Washburn, they have not been a requirement in the past few training years.

2007-2008: Attachment Series

**Workshop #1: February 13, 2008**
*Impact of Trauma on the Developing Child*
Presenters: Abigail Gewirtz, Ph.D., University of Minnesota and David Hong, PsyD, Washburn Center for Children

**Workshop #2: March 24, 2008**
*Impact of Family Violence*
Presenter: Oliver Williams, Ph.D., University of Minnesota

**Workshop #3 (morning): May 7, 2008**
*Intergenerational Consequences of Attachment*
Presenter: Dr. Miriam Steele, New School for Social Research, New York

**Workshop #3 (Afternoon): May 7, 2008**
*Advanced Practice Seminar*
Presenters: Dr. Miriam Steele and Anne Gearity, Ph.D.

2008-2009: Autism Series

**Workshop #1: November 21, 2008**
*Foundations of Autism*
Presenters: Scott Selleck, M.D., Ph.D. and Michael Reiff, M.D.
Workshop #2: February 12, 2009
*Early Identification and Intervention*
Presenter: Wendy Stone, Ph.D.

Workshop #3: April 14, 2009
*Multi-disciplinary Intervention*
Presenters: Dr. Randi Hagerman, M.I.N.D. Institute, UCDavis, and Amy Esler, Ph.D.

Workshop #4: May 13, 2009
*Integrative Medicine*
Keynote Presenter: Lawrence Rosen, M.D. and Allison Golnik, M.D.

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

Workshop 1: December 4, 2009
*Historical Trauma, Microaggressions, and Identity: A Framework for Culturally-Based Practice*
Presenter: Dr. Karina Walters

Workshop 2: February 17, 2010
*Intersection of Culture and Children’s Mental Health in working with Immigrant & Refugee Families*
Presenter: Panel of faculty and community professionals

Workshop 3: March 18th, 2010
*Promoting Child Well-being and Early Childhood Intervention within a Cultural Context*
Presenter: Brenda Jones Harden, University of Maryland with a panel of clinical and community professionals

Workshop 4: May 12, 2010 - Harris Forum
*Child-Parent Psychotherapy in a Cultural Context: Repairing the Effects of Trauma on Early Attachment*
Presenter: Alicia Lieberman, Ph.D., University of California – SF

2010-2011: Relational Aggression

Workshop 1: November 30, 2010
*What Is Relational Aggression and How Is It a Problem?*
Presenters: Nicki Crick, Ph.D., University of Minnesota; Dianna Murray-Close, Ph.D., University of Vermont; Dante Cicchetti, Ph.D., University of Minnesota

Workshop 2: February 8, 2011
*Does relational aggression and its correlates vary across cultural contexts?*
Presenter: Dr. David Nelson, Ph.D., School of Family Life, Brigham Young University

Workshop 3: April 15, 2011
How Do We Prevent or Intervene in Relational Aggression?
Dr. Stephen Leff, Ph.D., University of Pennsylvania and Children’s Hospital of Pennsylvania

2011-2012:

Workshop 1: October 20, 2011
Trauma and Children: A Model Program for Trauma-Focused Care and Why It Works
Panel of Presenters: Anne Garity, Ph.D. LICSW, Michele Fallon, LICSW, IMH-E (IV), Molly Kenney, LICSW, Kathleen Thomas, Ph.D.

Workshop 2: March 29, 2012
Traumatic Stress and Youth: How Do We Intervene With our Most Challenged Youth?
Panel of Presenters: Ed Frickson, MS, LP; Carolyn Garcia, PhD, MPH, RN; Monica Luciana, PhD; Charlene Myklebust, PsyD; Nimi Singh, MD, MPH; and, Antony Stately, PhD, LP.

2012-2013:

Workshop 1: October 18, 2012
Historical and Generational Trauma: Significance and Response
Panel of Presenters: Atum Azzahir, BraVada Garrett-Akinsanya, Ph.D., Jessica Gourneau, Ph.D, L.P., Melissa Walls, Ph.D.

Workshop 2: January 17, 2013
Understanding Immigration and Refugee Trauma: What Do We Need To Know and How Do We Intervene?
Panel of Presenters: Carolyn Garcia, Ph.D., Amirthini Keefe, LICSW, Andrea Northwood, Ph.D., L.P.

Workshop 3: April 5, 2013
Homeless Children and Youth: Opening the Doors of Intervention and Policy
Panel of Presenters: Beth Holger-Abrose, Mark Hudson, M.D., Emily Huemann,
APPENDIX E

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

DEFINITION OF PROBLEM

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

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

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

GENERAL GUIDELINES FOR INTERN AND TRAINING PROGRAM RESPONSIBILITIES

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

Training Program’s Expectations of Interns

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

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

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

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

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

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role in delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of an intern's professional work. Such problems include but are not limited to a) educational or academic deficiencies, b) psychological adjustment problems and/or inappropriate emotional responses, c) inappropriate management of personal stress, d) inadequate level of self-directed professional development, and e) inappropriate use of and/or response to supervision.

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

General Responsibilities of the Intern Program

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

1. The training program will provide interns with information regarding relevant professional standards and guidelines as well as providing appropriate forums to discuss the implementations of such standards.

2. The training program will provide interns with information regarding relevant legal regulations which govern the practice of psychology as well as providing appropriate forums to discuss the implementations of such guidelines.

3. The training program will provide written evaluations of the intern's progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

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

THE EVALUATION PROCESS

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

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

**PROCEDURE FOR RESPONDING TO INADEQUATE PERFORMANCE BY AN INTERN**

If an intern receives a rating of 1 (needs remediation) on any of the competency objectives on the Intern Competency Assessment Form, or if a staff member/supervisor has concerns about an intern’s behavior (i.e., ethical violations, professional incompetence), the following procedures will be initiated:

- The intern's supervisor(s) or the concerned staff will meet with the Training Director to discuss the rating and/or problem behavior and determine what action needs to be taken to address the issues reflected by the rating or concern. If the problem is identified by a staff, the Training Director will meet with the intern’s supervisors to discuss the problem. The Training Director may also meet with other internship program supervisors to discuss which action outlined below would be appropriate for the given concern.
- The intern will be notified that such a review is occurring and will have the opportunity to provide a statement related to his/her response or request a meeting to discuss the matter.
- When a decision regarding corrective action has been made, the Training Director and the intern’s supervisors will meet with the intern to review the decision. If an action other than a verbal warning is needed, the Training Director will promptly communicate in writing the plan to the intern’s graduate program. This notification will indicate the nature of the concern and the specific corrective actions to be implemented to address the concern.

The following methods may be used in remediating an intern problem:

A. **Verbal Warning** – this is the least severe response to concerns that appear to represent an isolated or uncharacteristic lapse in judgment or decision-making. The purpose of the verbal warning
is to ensure the intern is aware of the concerning behavior and that supervisors will closely monitor his/her efforts in self-correcting. In meeting with the intern, the Training Director emphasizes the need to discontinue the inappropriate behavior under review and indicates that supervisors will closely monitor the intern for compliance. The intern’s successful response will be reviewed with his/her supervisors and will be reported on the Intern Competency Assessment Form.

B. **Written Remediation Plan** – this response is taken if a verbal warning does not result in the intern correcting his/her behavior as discussed, or in the case of more serious and/or repeated ethical or performance misbehavior. The purpose of the written remediation plan is to ensure the intern is aware of and understands why his/her behavior is under review and what specific actions are needed to correct the behavior. In meeting with the intern, the Training Director emphasizes the need to discontinue the inappropriate behavior under review and outlines in writing the specific actions that the intern needs to take to correct the misbehavior as well as the time line for correcting the problem and what action will be taken if the problem is not corrected. This plan will be kept in the intern’s file. Intern progress will be discussed with his/her supervisors on a weekly basis during the designated time frame and described on the Intern Competency Assessment Form.

C. **Schedule Modification** – this response is taken in order to make accommodations to an intern who is responding to environmental or personal/situational stress, with the full expectation that the intern will complete internship. The schedule modification is a time-limited and closely supervised period of training designed to return the intern to a more fully functioning state. This modification may include increasing the amount of supervision provided to the intern; changing the format, emphasis, or focus of supervision; recommending personal therapy; and/or, reducing the intern’s clinical workload or number of hours worked per week. In meeting with the intern, the Training Director will review a written description of the schedule modification. The intern and his/her supervisors will assess on a weekly basis if the plan is successful in helping the intern cope with environmental stress. If the plan is not successful, the Training Director and internship program supervisors will meet to determine the next corrective action that is needed. If a schedule modification is needed, this will be
indicated on the Evaluation Form as well as the intern’s progress; however, the supervisors and Training Director will use their discretion in describing in writing the precursors to this corrective action.

D. **Probation** – this response is taken if there are serious ethical and/or performance offenses, and there are concerns about the intern’s ability to complete the internship. Probation is a time limited, remediation-oriented, closely supervised training period, with the purpose of *assessing the ability of the intern to complete the internship and to provide remediation in order to get the intern to a more fully functioning state.* In meeting with the intern, the Training Director provides the intern with a written statement that includes the specific behaviors associated with the unacceptable rating or concerns, the recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures to ascertain whether the problem has been appropriately rectified. If, at the end of the probation period, the Training Director in conjunction with the intern’s supervisors, determine that there has not been sufficient improvement in the intern’s behavior to discontinue the probation, then the Training Director will discuss with the internship program supervisors what possible courses of action might be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation have not been met and what further course of action needs to be implemented. These may include continuation of the remediation efforts for a specified time period or corrective actions listed below. Additionally, the Training Director will include in writing that if his/her behavior does not change, the intern will not successfully complete the internship. If the probation interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern’s file and the intern’s graduate program will be informed.

E. **Suspension of Direct Service Activities** – this response is taken when it has been determined that the welfare of the intern’s client(s) has been jeopardized. Suspension of direct service activities occurs within a specific time frame and is utilized in order to protect clients from harm and provide time for the Training Director and the intern’s supervisors to assess if and when the intern is capable of effective functioning. In meeting
with the intern, the Training Director will provide written notification that the intern is suspended from providing direct service to clients for a specific period of time. At the end of the suspension, the intern will meet again with the Training Director and his/her supervisors to discuss the outcome of the assessment and proceed with either a probation period or administrative leave. If the suspension period interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern’s file and the intern's graduate program will be informed.

F. Administrative Leave – this response is taken when it is determined that the intern is temporarily unable to provide direct services to clients or continue to participate effectively in the training program. Administrative leave would be utilized when the intern is unable to complete the internship due to physical, mental, or emotional illness and/or in cases of severe violations of the APA Code of Ethics or when the intern poses imminent physical or psychological harm to a client. Administrative leave is a specific time period that involves the temporary withdrawal of all responsibilities and privileges in the agency. In meeting with the intern, the Training Director will discuss rationale and time frame for the administrative leave and inform the intern of the effects the administrative leave will have on the intern’s stipend and accrual of benefits. Expectations for performance and corrective action(s) to be utilized in returning to the intern position will be outlined. If the administrative leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's graduate program will be informed.

G. Dismissal from the Internship – this response involving the permanent withdrawal of all agency responsibilities and privileges. Similar to administrative leave, dismissal from the internship would be utilized when the intern is unable to complete the internship due to physical, mental, or emotional illness and/or in cases of severe violations of the APA Code of Ethics or when the intern poses imminent physical or psychological harm to a client. Furthermore, dismissal is used when it has been determined that the intern has not been successful in altering his/her behavior in accordance with a specific remediation plan or plans. Dismissal is employed when the intern is determined to be unable to complete internship in
an ethical, effective manner; and/or when specific remediation strategies do not, after a reasonable and specific time period, rectify the problem behavior or concerns, and the intern seems unable or unwilling to alter her/his behavior. The Training Director discusses with the internship program supervisors whether this action needs to be invoked. In meeting with the intern, the Training Director provides in writing the rationale for the dismissal and communicates to the intern’s graduate program that the intern has not successfully completed the internship.

DUE PROCESS: PROCEDURES

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

Situations in which Grievance Procedures are Initiated

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

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

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

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

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

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

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

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

- A Review Panel hearing will be conducted, chaired by the Training
  Director, in which the challenge is heard and the evidence
  presented. Within 10 days of the completion of the review
  hearing, the Review Panel shall communicate its recommendation
  to the intern and to the Chief Psychologist. Decisions by the
  Review Panel will be made by majority vote.

- Within 5 days of receipt of the recommendations, the Chief
  Psychologist will accept the Review Panel's action, reject the
  Review Panel's action and provide alternative action, or refer the
  matter back to the Review Panel for further deliberation. The
  Panel then reports back to the Chief Psychologist within 10 days
  of the receipt of the Chief Psychologist's request for further
  deliberation. The Chief Psychologist then makes a decision
  regarding what action is to be taken and that decision is final.

- Once a decision has been made, the intern, the intern’s graduate
  program, and other appropriate individuals are informed in
  writing of the action taken.

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

- The Training Director will review the grievance with 2 members of the
Internship Training Program and determine if there is reason to
proceed and/or if the behavior in question is in the process of being
rectified.

- If the Training Director and other two members determine that the
alleged behavior in the complaint, if proven, would not constitute a
serious violation the Training Director shall inform the faculty
member who may be allowed to renew the complaint if additional
information is provided.

- When a decision has been made by the Training Director and the
other two faculty members that there is probable cause for
deliberation by the Review Panel, the Training Director shall notify
the faculty member and request permission to inform the intern. The
faculty member shall have five days to respond to the request and
shall be informed that failure to grant permission may preclude
further action. If no response is received within 5 days or permission
to inform the intern is denied, the Training Director and the two
members shall decide whether to proceed with the matter.

- If the intern is informed, a Review Panel is convened consisting of the Training Director, two members selected by the staff member, and two members selected by the intern. The Review Panel receives any relevant information from both the intern or faculty member as it bears on its deliberations.
- A review hearing will be conducted, chaired by the Training Director in which the complaint is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the Chief Psychologist. Decisions by the Review Panel shall be made by majority vote.
- Within 5 days of receipt of the recommendation, the Chief Psychologist will accept the Review Panel's action, reject the Review Panel's recommendation and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Chief Psychologist within 10 days of the receipt of the Chief Psychologist's request for further deliberation. The Chief Psychologist then makes a decision regarding what action is to be taken and that decision is final.
- Once a decision has been made the intern, the intern’s graduate program, and other appropriate individuals are informed in writing of the action taken.

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

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

- Raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.
- If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the Training Director. If the Training Director is the object of the grievance, or unavailable, the issue should be raised with the Chief Psychologist.
- If the Training Director cannot resolve the matter, the Training Director will choose an agreeable Internship Training Program staff acceptable to the intern who will attempt to mediate the matter. Written material will be sought from both parties.
- If mediation fails, the Training Director will convene a review panel (except for complaints against staff members where the grievance
procedures for that person's discipline will be followed) consisting of the Training Director, the Chief Psychologist and two staff members of the intern’s choosing. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.

- Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.