



Washburn Center for Children
Minneapolis, MN
Predoctoral Psychology Internship Program

Accredited by

The American Psychological Association

Commission on Accreditation

Office of Program Consultation and Accreditation

American Psychological Association

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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 and ethnic 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 the Minneapolis location to 2430 Nicollet Avenue South. Washburn changed its name to Washburn Center for Children in 2007. 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. In 2016, Washburn’s staff of more than 175 people serves 2,129 children in the Twin Cities and its surrounding suburbs, primarily in Hennepin County. While the names and services have changed over time, Washburn Center for Children has remained focused on Cadwallader Washburn’s compassionate vision to provide hope to children, “without question or distinction to age, sex, race, color or religion.”

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 resilience in children.

One of Washburn’s programs is provided free of charge to families (Early Childhood Outreach). The Outpatient, Day Treatment, Family Focus, Crisis Stabilization, and Intensive In-Home 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. In 2016, the overall percentage of clients enrolled in state-funded health care programs (such as Medical Assistance and/or MinnesotaCare) and/or that was uninsured was 72% while 28% of the clients had commercial insurance. The clients who choose to come to Washburn continue to become more diverse; more than half of clients served agency-wide are people of color. In 2016, the racial and ethnic makeup of the clients served at Washburn was identified as: 46% Other and/or Multicultural; 26% Black or African American; 18% Unknown; 5% Native American; 2% Hispanic and/or Latino; 2% White and/or Caucasian; and 1% Asian and/or Pacific Islander. 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. Finally, the ages of the clients served in 2016 was identified as: 49% aged 6 to 11 years old; 31% aged 12 to 17 years old; 14% aged 3 to 5 years old; 4% aged 18 years old and up; and 2% were aged 0 to 2 years old.

The children and youth Washburn Center for Children serve have a variety of difficulties which may include: depression, anxiety, difficulty adjusting to family changes, parental substance use and mental illness, physical or sexual abuse, foster care placement, poverty and homelessness, behavioral problems, difficulty with school performance, poor social skills and traumatic stress. 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 for Children, compared to typical progress reported for similar services. CASCW research noted that children "benefit greatly from services received at Washburn Center for Children." 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 evaluation and intervention services. Washburn Center for Children's mission connects directly to being a training site, as in doing so it increases Washburn's ability and future professionals abilities to serve more children in our community and beyond regardless of their background. Approximately 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 Predoctoral Internship Program at Washburn Center for Children. The Internship Program complies with the guidelines put forth by APPIC. In 2012, the Predoctoral Internship Program received accreditation from the American Psychological Association (APA) and is undergoing another APA self-study for re-accreditation in 2017.



PROGRAMS AT WASHBURN CENTER FOR CHILDREN

PSYCHOLOGY TRAINING PROGRAM

The Psychology Training Program at Washburn Center for Children hosts approximately 12 doctoral level psychology trainees each year. This program is overseen by the Director of Training, who teams with a number of Licensed Psychologists at the agency, who provides supervision and training within the program. The Predoctoral Internship program is housed with the Psychology Training program. We also have Practicum Students and Postdoctoral Fellows within the program. All of these trainees have placements for one year and their clinical practice is within the Outpatient program.

OUTPATIENT PROGRAM (3 CLINIC LOCATIONS IN MINNEAPOLIS, BROOKLYN PARK, AND EDINA)

The Predoctoral Internship primarily functions in the Outpatient setting as each of the three Interns is placed at one of our three Outpatient clinics. Interns see clients in the outpatient program for diagnostic assessments and therapy services; however, it is important to note that they often receive referrals for psychological evaluation services from the other programs at Washburn Center.

The Outpatient Program provides support for families and their children through assessment, evaluation, and treatment. Services include individual and family therapy, psychological evaluations, group therapy, as well as case coordination and clinical care consultation with other professionals who work with the family. The clinical work in the Outpatient program is rich and varied, which lends itself to developing broad and comprehensive skills in evaluation and treatment, particularly within a community mental health setting. The clients in the Outpatient setting tend to be diverse in regards to age, race/ethnicity, socio-economic status, and presenting problems and/or mental health diagnoses.

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.

DAY TREATMENT PROGRAM

Washburn is one of only several Day Treatment programs in Minnesota serving young children. The intensive program provides early intervention and helps children ages three to nine in the Minneapolis school district develop the social, emotional and behavioral skills needed to be successful in school and at home. In addition to the child attending the therapeutic classroom, clinicians offer pre- and after-care services, group and family therapy, as well as psychiatric services as needed. Children continue to attend their community school or preschool for a half day. Day Treatment staff members collaborate closely with the child's teachers and parents to ensure the ongoing success of the child and to help the child transfer lessons learned in Washburn Center's therapeutic classroom to their traditional school setting.

INTENSIVE IN-HOME PROGRAM

The Intensive In-Home Program helps children ages five to 17, who are experiencing social, emotional, and behavioral difficulties and who need more intensive services to prevent out-of-home placement and increase stability across settings.



The program provides culturally responsive in-home and community-based services for children and their families. Clinicians collaborate with parents in the home setting to improve family functioning and help children develop strategies that will enable them to live successfully at home and be more successful in the community. During this six to nine month intensive therapy, Washburn Center's clinicians also consult with school staff and other agencies involved with the family to coordinate care across settings and identify other resources.

CRISIS STABILIZATION PROGRAM

The comprehensive support provided through the Crisis Stabilization program is designed to help children with high-risk difficulties, ages three through 17, stay in their home and avoid psychiatric hospitalization and/or other out-of-home placements. During this eight to 12 week intensive intervention, Washburn Center's clinicians offer therapeutic services, skill-building, case management and parenting support, along with a 24-hour on call support service. Therapists collaborate with a child's teachers and social workers to identify needs and develop strategies for increased stability.

FAMILY FOCUSED PROGRAM

The Family Focused Program serves families with children from age birth to Kindergarten who are having social, emotional, behavioral difficulties, have been exposed to traumatic events, and/or experiencing environmental stressors. The program offers intensive in-home family therapy in addition to a therapeutic preschool classroom when indicated. The program is designed to strengthen the parent-child relationship while supporting children's social, emotional, and behavioral functioning across all areas of development. The Family Focused Program is trained in Child Parent Psychotherapy an empirically supported treatment for children with histories of exposure to traumatic stress and/ or disruptions in their primary attachment relationships.

OUTREACH PROGRAM

Washburn Center's Outreach Program supports parents and teachers when emotional, behavioral or developmental concerns arise for children from birth to kindergarten. Within Hennepin County, Outreach provides an observational assessment of children in their childcare or elementary setting, consultation to parents and teachers, and referrals if needed. Services provide early identification and prevention support in order to help stabilize a child in their current placement while offering strategies of support for providers.

SCHOOL -BASED MENTAL HEALTH PROGRAM

The School -Based Mental Health Program serves 23 schools within the Minneapolis, Bloomington, and Eden Prairie School Districts. Our School-Based program's model is based on providing outpatient assessment and therapy services in a school setting, in-home family therapy as needed, as well as significant amount of collaboration, consultation, training, and outreach to school staff. Providing school-based services has greatly increased Washburn Center for Children's ability to increase access to mental health services for children and adolescents. It creates opportunities for treatment for families who might not otherwise be able to participate in traditional clinic based outpatient services.



CASE MANAGEMENT PROGRAM

Families with children experiencing severe emotional disturbances often need a wide network of services to improve the child's stability and functioning. Washburn Center's case managers work collaboratively with families to develop a care plan and ensure access to needed services, including mental, social, educational, health, vocational and recreational assistance. Our case managers advocate on behalf of the child's needs and coordinate care across multiple providers. Services are provided for children age three through 17.

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 Predoctoral 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, including 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, agency staff members, and Training Supervisors 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 trainees. 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 Predoctoral 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 Predoctoral 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 two seminars, one on Clinical Case Presentation and the other on a Diversity and Cultural Responsiveness Presentation, in order to enhance their skills in integrating research findings and teaching psychological theory, concepts, and knowledge to their cohort and supervisors.

The Predoctoral 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 Predoctoral 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 Predoctoral Internship Program is post-practicum and pre-doctoral.

IV. CLINICAL TRAINING EXPERIENCES

Predoctoral Interns applying to the Predoctoral 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 supervision/consultation with the training cohort, support activities, and individual supervision. Interns typically work between 40 to 50 hours per week depending on the ebb and flow of their caseload and training demands, as well as 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 clinic locations (Minneapolis/Glenwood, Brooklyn Park/Northwest, and Edina/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 complete several comprehensive diagnostic assessments during their time at Washburn Center for Children. In addition, 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 through shared therapy clients, Interns gain important exposure to preventative and intensive mental health treatment programming. Typical referral issues include diagnostic clarification and treatment recommendations. Interns are strongly 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.

A typical psychological evaluation battery might include some of the following measures:

- A General Cognitive Measure
 - Wechsler Preschool and Primary Scale of Intelligence, 4th Edition
 - Wechsler Intelligence Scale for Children, 5th Edition
 - Wechsler Adult Intelligence Scale, 4th Edition
- An Academic Functioning Measure
 - Woodcock Johnson 4th Edition
 - Wechsler Individual Achievement Test, 3rd Edition
 - Wide Range Achievement Test, 5th Edition



- A Neuropsychological Assessment Measure
 - NEPSY, 2nd Edition
- Collateral Report Measures
 - Behavior Assessment Scale for Children, 3rd Edition
 - Attention Deficit Disorder Evaluation Scale, 4th Edition
 - Behavior Rating Inventory of Executive Functioning, 2nd Edition
 - Vineland, 2nd Edition;
 - Parenting Stress Index, 4th Edition
 - Trauma Symptom Checklist for Young Children
- Self-Report Measures
 - Children's Depression Inventory, 2nd Edition
 - Beck Depression Inventory, 2nd Edition
 - Revised Children's Manifest Anxiety Scale, 2nd Edition
 - Revised Children's Anxiety and Depression Scale
 - Behavior Assessment Scale for Children, 3rd Edition
 - Trauma Symptom Checklist
- Objective Personality Measures
 - Millon Adolescent Clinical Inventory or Millon Preadolescent Clinical Inventory
 - Minnesota Multiphasic Personality Inventory-Adolescent
- Projective Measures
 - Rorschach Inkblots, Exner Scoring System
 - Thematic Apperception Test or Children's Apperception Test
 - Robert's Apperception Test;
 - House-Tree-Person, Kinetic Family, and Person in the Rain Projective Drawings
 - Incomplete Sentence Completion Form
 - Guess Why Game

Interns spend about four months co-facilitating a therapy group (i.e., Multifamily Dialectical Behavior Therapy Skills Training Group). 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 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 engage in support activities related to the therapy group, including preparing for the group and completing related clinical documentation.

In addition, Interns have the opportunity during the course of the year to follow at least one case from the Outreach Program. During this rotation, Interns shadow an Outreach clinician as they provide an observational assessment of children in their childcare or elementary setting, consultation to parents and teachers, and referrals if needed. This opportunity helps Interns gain skills in early childhood work, engaging in observational assessment, as well as in providing consultative guidance to parents and other professionals.

Furthermore, during all of their clinical training experiences, Interns provide care coordination services and clinical case consultation as needed.. 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, monitor progress, and coordinate treatment.

DIDACTIC SEMINARS

PSYCHOLOGICAL TESTING CONSULTATION/SUPERVISION

Interns attend two one-hour long group supervisions that focus on psychological evaluation 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. This also includes several seminars that are dedicated to presentations by the Psychology Training Supervisors on various measures and providing feedback. Interns are expected to present testing data regularly during the training year. One of these are led by Psychology Training Supervisors and attended by all of the Interns and Postdoctoral Fellows, as well as periodically attended by Practicum Students and other Staff Psychologists. The second hour is led by a Psychology Training Supervisor, who is dedicated to psychological evaluation and attended only by the Interns.

CLINICAL TOPIC SEMINARS

Interns also attend biweekly, two-hour clinical topic seminars lead by Psychology Training Supervisors as well as other Agency Supervisors and Other Contributors that include topics such as family therapy, child development, attachment models, ethics and professional issues, supervision models and topics, compassion fatigue and self-care, working with special populations, working with particular systems, therapeutic language; and specific and/or evidenced-based treatment interventions (e.g., *Trauma Focused-Cognitive Behavior Therapy (TF-CBT)*, *Eye Movement Desensitization and Reprocessing (EMDR)*, *Dialectical Behavior Therapy (DBT)*, play therapy, and/or *Developmental Repair Model*). Please see Appendix A for information on the 2016-2017 Training Schedule.

Interns are also required to present in this seminar at least twice per year for a Clinical Case Presentation, as well as for a Diversity and Cultural Responsiveness Presentation (Please see Appendix C for additional information related these presentations). These topics 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 their clinical practice and development. This experience also serves to improve or enhance the Intern's skills in the teaching of psychological concepts. Please see Appendix C for additional information related these presentations.

EVIDENCED-BASED PRACTICE TRAINING AND CONSULTATION

Interns also receive training and required consultation in a specific evidenced-based practice during their training year. The expectation is that the Intern is certified in this practice by the completion of their training year. For example for the past two years, Interns participated in a five day training in *PracticeWise: Managing and Adapting Practice (MAP)* and six months of biweekly consultation with two MAP Supervisors, who also happen to be Psychology Training Supervisors. In years past, Interns have participated in training and consultation in order to get certification in TF-CBT. It is important to note that the particular evidenced-based practice offered for a training year is dependent on numerous factors, including applicability, availability, and funding.



DIVERSITY, INCLUSION, AND CULTURAL REPNONSIVENESS EXPERIENCES

Interns also attend our *Diversity, Inclusion, and Cultural Responsiveness (DICR) Experiences*, which are two half-day trainings. The first part of the series is designed to foster a more inclusive, equitable environment at Washburn Center for Children for staff members and clients alike. The second part of the series expands on the conversation from the first part, in addition to learning to support responsive cross-cultural clinical work and holistic case formulation and treatment. The hope is to also create an ongoing Courageous Cross-Cultural Consultation for the Interns and Postdoctoral Fellows led by Training Supervisors to continue to build on these initial DICR Experiences throughout the training year. The DICR Experiences are typically facilitated by agency staff members who are Other Contributors to the training program.

AGENCY-SPONSORED TRAININGS AND OTHER OPPORTUNIES

Interns are required to attend the biweekly, agency-wide InclusionTALX meeting in which aspects of individual and cultural diversity are discussed, celebrated, and explored. These conversations are considered opportunities for all staff to expand on their professional/individual development in the area of cultural responsiveness. InclusionTALX provides an opportunity for courageous conversations about diversity, inclusion, cultural responsiveness, and equity topics. The group embraces dialogue norms as described in the Four Agreements of “Courageous Conversations: Stay Engaged, Speak Your Truth; Experience Discomfort; and Expect and Accept Non-Closure. The following topics are examples of what has been discussed: the immigration/refugee ban; threats to undocumented people in our community; Martin Luther King Day; current events (e.g., including the presidential election, Women’s March, Black Lives Matter movement); and the culture at Washburn.

Interns are also welcomed and encouraged to attend the two affinity group (People of Color and LGBTQ) meetings regularly offered at the agency. Trainees and staff members have represented the agency in the yearly The Twin Cities Pride parade.

Didactic training is incorporated by using the ADDRESSING framework developed by Pamela Hays, PhD, into the Psychology Training Program’s and Outpatient Program’s joint biweekly, 90-minute case consultation meetings, provided by our four consultants: William Allen, PhD, LMFT; Suzanne Aoun, MD; Judy Hoy, LICSW; and Anne Gearity, PhD, LICSW. Interns are expected to present on cases with the various consultants at least four times throughout the training year, as well as be engaged and participatory during consultations.

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

There are also monthly meetings for Spanish-Speaking Providers at the agency, as well as a Spanish Language Practice Group meeting that occurs regularly. The goals of these groups are to provide a space to build community, discuss challenges and successes, as well as provide resources and opportunities.

Interns can also often participate in additional Agency trainings (e.g., Collaborative Documentation; Therapeutic Language; Developmental Repair; four-day TF-CBT training and subsequent consultation, etc). It is important to note that these types of trainings vary year to year based on grant funding and/or training needs. Interns have access and the opportunity to view any of the seven online foundational trainings on children’s mental health that were created by the Training Institute for free. Each Intern is given a personal, individual, and confidential login to the system. All of these trainings have required post-tests



that Intern is to complete. It is important to note that these online trainings are mostly optional or as a way to enhance or prepare for the in-person didactic seminars they have during the training year.

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. It is important to note, however, due to the large amount of trainings offered at the agency, some of those that are attended by professionals outside of the agency, that 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 (MAAPIC). 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 Psychology Training Supervisors for weekly, regularly scheduled, face-to-face, individual clinical supervision. Typically, a Primary Supervisor is selected from the Intern's designated location. The Primary Supervisor provides administrative supervision and directly observes the Intern's clinical work when appropriate. The Secondary Supervisor is often located at a different site from the Intern and provides supervision that is often times more clinical and focused on professional development. That being said, both the Primary and Secondary Supervisor take an active interest in the Intern's emerging clinical skills and professional development, as well as provide feedback, role-modeling, guidance, and support to the Intern. Interns start their year (and it can continue throughout the year) by observing Training Supervisors provide clinical services and then Interns are also observed by their Training Supervisors in providing services. Interns are expected to videotape sessions to be reviewed collaboratively in supervision with each supervisor at least twice each quarter throughout their internship.

Interns also participate in two hours of group supervision each week related to psychological evaluation and feedback. During the first hour, the Interns, Post-Doctoral Fellows, and Training Supervisors all meet to engage in dyadic work related to testing, as well as consult conceptual aspects of specific cases. During the second hour of group supervision, the Interns meet with a Training Supervisor, who is specifically dedicated to psychological evaluation to process the more nuanced aspects of testing (administration, scoring, interpretation), as well as consult about cases.

Training 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. Training Supervisors also regularly meet to collaborate in order to be as helpful as they can be as a training team for the Intern.



ADDITIONAL SUPPORTS AND EXPERIENCES

In addition to their supervision with Training Supervisors, Interns receive one hour of individual “supervision” each week with a Postdoctoral Fellow, who is receiving training on providing supervision. The focus of this hour can be focused on clinical care, professional development, and self-care.

Another important aspect of the Predoctoral 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. Interns will be expected to videotape peer supervision sessions in order to review them collaboratively with their Training Supervisors.

Interns participate in a weekly, one-hour process group attended by the Interns and Postdoctoral Fellows, which is currently co-facilitated by two Training Supervisors (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 with the other members of the Predoctoral Intern and Postdoctoral Fellow cohort. In addition, there is a strong focus in this group on professional development and self-care throughout the year. Interns participate in a formal presentation to their cohort members, Training Supervisors, and Director of Training (as well as any other agency members 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.

DEPARTMENT AND GROUP CASE CONSULTATION

As mentioned above, Interns attend biweekly, two hour long didactic training seminars/group supervision that focus on psychological evaluation 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. These seminars are led by Training Supervisors.

As mentioned above, Interns attend biweekly Psychology Training/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 team is comprised of trainees and 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. Gearity.

As mentioned above, in addition, Interns receive group consultation and supervision in the evidenced-based practice chosen for that training cohort. For example, they meet biweekly for MAP consultation for approximately six months after they complete their initial five day long training in MAP, which fulfills the training requirements in getting certified in MAP.

Interns also have the opportunity to participate in case consultations in the Outreach program during their rotation with the program.

PROGRAM-SPONSORED CONNECTION OPPORTUNITIES

The Psychology Training program typically welcomes new trainees with a welcome brunch with Training Supervisors. We also celebrate the completion of the training year with an End-of-the-Year Party.



Trainees often have a large break around lunch time on Tuesdays when consultations and seminars occur. They are encouraged to use this time to connect and socialize. The Postdoctoral Fellows also often take on a role of “social director” for the training cohort of Interns and Postdoctoral Fellows and have implemented a once per month gathering outside of work hours to connect.

The Psychology Training and Outpatient programs also jointly host half-day long retreats twice per year, which often have a didactic component to them (for example, art therapy, improv skills, aromatherapy, etc.) and also provide a time for self-care and to connect with the larger team that provides outpatient services.

AGENCY-SPONSORED CONNECTION OPPORTUNITIES

There are ongoing opportunities for connection with other trainees and staff at the agency, including Health & Happiness activities, Food Trucks, Summer Jam Barbeques, as well as working on the Washburn Community Garden, to name a few.

Approximately four times per year the agency hosts a Community Gathering for about an hour in which the entire agency is invited to come together to eat breakfast together and mingle with colleagues. There is also often a short program to inform trainees and staff of agency news and initiatives.

Once per year the agency holds a Stronger Together event in the spring for which the entire agency closes in order to come together to build connection and celebrate. In particular, it’s meant to embrace connections among trainees and staff in order to celebrate the diverse backgrounds, identities, and interests in the agency. The purpose of this annual event is to celebrate diversity, focus inward on who we are individuals and as a community, reflect on our agency’s overall diversity and inclusion journey, as well as to have fun! There is typically a meal provided and an activity planned during this event.

Finally, there is also a Staff Recognition event once per year in the summer for a few hours off-site in which trainees and staff come together to share a meal, enjoy each other’s company, recognize staff who have reached professional milestones, and engage in summer games and activities.

V. CLINICAL TRAINING GOALS

Within the training experiences described throughout this brochure, Interns work on developing profession-wide competencies with the following core training goals:

1. Competence in Ethical and Legal Standards
2. Competence in Individual and Cultural Diversity
3. Competence in Psychological Diagnosis and Assessment
4. Competence in Psychotherapeutic Intervention
5. Competence in Research and Application of Current Scientific Knowledge to Practice



6. Competence in Providing Supervision
7. Competence in Professional Values, Attitudes, and Behaviors
8. Competence in Consultation and Interprofessional/Interdisciplinary Skills
9. Competence in Communication and Interpersonal Skills

Training activities including individual and group supervision, didactic seminars, consultations, agency trainings and opportunities, and community trainings all focus on one or more of the goal areas identified above.

EVALUATION PROCESS

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Additionally, at the six and 12 month points of the Internship, feedback and recommendations are requested from any staff members who are involved in the Internship Training Program. This process is viewed as an opportunity for the Director of Training and Training Supervisors 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 is completed by Training Supervisors and Director of Training, as well as reviewed collaboratively with the individual Intern. A minimum rating of Intermediate Internship level (3) is expected by mid-year, and a minimum rating of High Internship/Post-Doctoral level (4) is required by the end of Internship in order to successfully complete internship. If a rating of Needs Remediation (1) or Early Internship level (2) is obtained on the mid-year evaluation, a support or remediation plan will be developed. Please refer to Appendix E for more information about these procedures.

The Intern has an evaluation review meeting with the Director of Training and/or Training Supervisors. During this meeting, 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. During this meeting, Interns and the Director of Training and/or Training Supervisors also collaboratively rate progress on the individual Intern's training goals, which were developed at the beginning of the year. The following scale is used to rate goals: (5) Accomplished; (4) Some Accomplishment; (3) Progressing; (2) Little Progress; (1) No Progress; (0) Discontinued. These goals will also be updated and revised depending on the first review in order to specify goals for the last half of the training year. At this time, both parties discuss how the Internship experience is progressing, and the Intern is provided with the opportunity to give their reactions and feedback of supervisors and other aspects of their 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 Director of Training, Training Supervisors, and the Intern may arrange for a modification of the Intern's Internship expectations in order to address their training needs and/or the needs of the training program. Due Process and Intern Grievance Procedures may be followed as a result. Please refer to Appendix E for more information about these procedures.

ADDITIONAL COMMUNICATION AND MAINTENANCE OF RECORDS

Throughout the course of the Internship, the Intern's doctoral program is kept apprised of the Intern's training experience, in particular at the six and 12 month points. They receive copies of the written evaluations. The Intern's doctoral program will also be notified in the event that a formal, remediation plan is made and as deemed appropriate by the Director of Training. In addition, the training program maintains records of the Intern's training experiences (including copies of presentation



handouts), as well as keeps copies of the Intern's evaluations, and certificate of completion, all of which is preserved in the individual Intern's confidential, digital notebook. Any written records of formal complaints and grievances that the program is aware of will be secured in the program's confidential, digital notebook.

COMPETENCE IN ETHICAL AND LEGAL STANDARDS

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, typically led by Washburn's Clinical Director and Quality Assurance Supervisor. 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.

COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Interns receive training in providing culturally responsive treatment to diverse and often under-served populations. Cultural responsiveness and sensitivity is a priority at Washburn. As mentioned above, Interns present on a Diversity and Cultural Responsiveness topic during their training year to enhance their own awareness and knowledge. Please refer to Appendix C for specific information about this presentation. Interns are required to participate in the DICR Experiences two-part training series, as well as the soon-to-be developed Courageous Cross-Cultural Consultation meetings, which will be ongoing throughout their training year. Interns are also required to attend biweekly Inclusion Talk meetings to enhance their own cultural awareness and ability to work effectively with diverse clients and colleagues. Interns are strongly encouraged to use the "ADDRESSING" framework developed by Pamela Hays, PhD when conceptualizing cases. These topics are often a focus of supervision, consultation, didactic trainings, as well as other Agency Trainings. In the past, Washburn has received grant-funding to provide at least three half-day all-Agency trainings focused on cultural responsiveness over the course of the training year.

COMPETENCE IN PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

Diagnostic Assessments are completed in two sessions at Washburn Center for Children. The first session is focused on completing a clinical interview with the identified client's parent(s)/caregiver(s)/guardian(s) to gather background information and information related to the presenting problem. The second session is then focused on completing a clinical interview and mental status exam with the identified client, as well as administration of any needed assessment measures. Interns are expected to simultaneously gather information and build rapport with the client and their 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), provide recommendations, as well as formulate initial treatment objectives.

Psychological evaluation referrals are generated from all of Washburn's treatment programs as no external psychological evaluation referrals are taken at this time. Interns are supervised in their administration, scoring, and interpretation of results from psychological evaluation measures. Interns discuss both in individual supervision and in training seminars their findings, as well as 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



evaluation reports that will be useful to caregivers, mental health professionals, courts, other agencies, school staff, etc. They are supervised in providing psychological evaluation result feedback to clients and their families. Providing feedback is often a didactic topic and it may be role-played during didactic training seminars.

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

Interns will also gain experience in observational assessment during their rotation with our Outreach program.

COMPETENCE IN 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 and strong therapeutic relationship. Interns are introduced to specific evidence-informed interventions such as MAP, 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 about a four-month rotation of co-facilitating (along with at least one Staff Psychologist) a Multifamily Dialectical Behavioral Therapy Skills Training group attended by five to seven adolescents (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 diary card check-ins, providing instruction in the various skills sets, as well as completing related clinical documentation.

COMPETENCE IN RESEARCH AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

According to their particular area of interest/research/clinical need, Interns are required to present/teach during at least two of the didactic training seminars in order to develop skills in the organization and presentation of material to their peers and other professional groups. Please refer to Appendix C for presentation information. In addition, they are expected to



regularly present cases during group consultation/supervision meetings in order 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, particularly with the use of *PracticeWise: MAP*.

COMPETENCE IN PROVIDING 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 required to review videotapes of their peer supervisions in their own 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. In addition, they attend a didactic training on models of supervision, as well as day-long MAAPIC training focused on the application of Supervision and Ethics during the course of their training year.

COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Training Supervisors take an active interest in the Intern's emerging professional values, attitudes, and behaviors. Training Supervisors aim to provide regular and constructive feedback, as well as encourage self-assessment and reflection. Training Supervisors provide feedback regarding professional behavior, as well as efficiency and time management. They also encourage Interns to explore and engage in continuing education and professional development activities.

Furthermore and as stated above, Training 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.

COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

As mentioned above, Interns attend biweekly, two hour long didactic training seminars that focus on psychological evaluation 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. These seminars are led by Training Supervisors and attended by all of the Interns and Postdoctoral Fellows, as well as periodically attended by Practicum Students and other Staff Psychologists. Interns are expected to present at these seminars four times per year, as well as participate and regularly provide feedback to others.

Interns attend biweekly the joint Psychology Training Program and Outpatient Program's case consultation meetings focused on case discussion and presentation. Interns are encouraged to present cases/issues as often as needed and at minimum four times over the course of the year. The meeting is comprised of trainees and 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. Gearity.



Interns participate in a weekly, one-hour process group attended by the Interns and Postdoctoral Fellows, which is co-facilitated by two Training Supervisors (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.

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 during their work with the Outreach program, attending school meetings for special education designation or feedback, attending psychiatric appointments at Washburn Center, 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, trainees, and colleagues who present cases.

COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

Interns are provided various opportunities throughout the training year to develop and maintain professional relationships, as well as engage in effective verbal, nonverbal, and written communication with others. Supervision is used to encourage self-reflection and self-awareness, identify and problem-solve any difficulties, process experiences, review written work and videotapes, as well as to provide feedback regarding the Intern's communication and interpersonal skills.

VI. 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 (please refer to Appendix A for a copy of this form). In this way, they become familiar with the aims 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 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, electronically-recorded sessions, review of raw test data, supervision, and discussion of clinical interaction, consultation with other Staff involved in the Internship Training Program, as well as formal case and seminar presentations. In addition, Interns receive direct feedback consistently throughout the year. Training 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.

In addition, Interns and Training Supervisors collaborate to come up with an Interns own set of personal training goals/objectives at the beginning of the training year, which are documented. These goals/objectives are then rated, reviewed, and revised formally at the time of evaluations twice per year.

Agency outcomes and tracking data are used to monitor achievement of goals, objectives and competencies. For example, a Client Services Report produced every two weeks helps the Intern and Supervisors track the Intern's amount of clinical work (diagnostic assessment, psychological evaluation, 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, Diagnostic Assessment (DA) and Clients To Be Closed 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) quarterly Treatment Plans and their 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 clinical documentation skills 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 are followed. Please refer to Appendix E for more information about these procedures.

VII. TRAINING SEMINARS

The Predoctoral 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 acclimate to the setting/system, as well as learn Washburn's documentation system and expectations for quality assurance. Interns are provided access to digital notebooks that provide documentation training guides and resources, including the Documentation Training Manual OneNote and Psychological Evaluation OneNote. 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 Training Supervisors, as well as other Agency Supervisors and Other Contributors, leading the seminars to the Interns and Postdoctoral Fellows leading them. 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 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 topics such as family therapy, child development, attachment models, ethics and professional issues, supervision models and topics,



compassion fatigue and self-care, working with special populations, systems, therapeutic language; and specific and/or evidenced-based treatment interventions (e.g., *Trauma Focused-Cognitive Behavior Therapy* (TF-CBT), *Eye Movement Desensitization and Reprocessing* (EMDR), *Dialectical Behavior Therapy* (DBT), play therapy, and/or *Developmental Repair Model*). 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 is intentional. A copy of the 2017-2018 Training Schedule is provided in Appendix B.

VIII. SUPERVISION

Each week an Intern receives two hours of individual clinical supervision with two Staff Psychologists, as 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.

Interns also participate in two hours of group supervision each week related to psychological evaluation. During the first hour, the Interns, post-doctoral fellows, and Training Supervisors all meet to engage in didactic work related to testing, as well as consult about the conceptual aspects of specific cases. During the second hour of group supervision, the Interns meet with a Training Supervisor specifically dedicated to psychological evaluation to process the more nuanced aspects of testing, as well as consult about cases.

In addition the supervision they receive above, 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. They also will receive an additional hour of individual “supervision” each week with a Post-Doctoral Fellow, who are also receiving training in supervision. Finally, Interns are also provided additional support in a group context in Process Group, which is facilitated by two doctoral-level clinicians.

IX. THE PSYCHOLOGY TRAINING SUPERVISORS, AGENCY SUPERVISORS, AND OTHER CONTRIBUTORS

PSYCHOLOGY TRAINING SUPERVISORS

CHRISTINE BROOKS, PSYD, LP. OUTPATIENT STAFF PSYCHOLOGIST AND TRAINING SUPERVISOR Dr. Brooks joined the Washburn Outpatient Department as a Postdoctoral Fellow in 2012 after completing her APA-accredited Predoctoral Internship at The Help Group in Los Angeles, California. She completed her Postdoctoral Fellowship at Washburn Center for Children. 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 a suburban elementary school. 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 trainees within the Psychology Training Program and co-supervises the weekly psychological testing consultation group. Dr. Brooks is certified in, as well as also provides training and consultation within



Washburn on PracticeWise: Managing and Adapting Practice (MAP), an evidence-informed direct services model for youth. She is currently certified as a MAP Agency Supervisor and is completing her training with PracticeWise to become a MAP Training Professional. She will be one of three Training Professionals that provides training and consultation for the MAP program for clinicians in the state of Minnesota. Dr. Brooks is also working on obtaining certification in Trauma-Focused Cognitive Behavior Therapy (TF-CBT), as well as has completed foundational trainings in Eye Movement Desensitization and Reprocessing (EMDR). 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. SUPERVISOR OF THE OUTPATIENT PROGRAM AND TRAINING SUPERVISOR Dr. Cohen obtained her PhD from the Derner Institute at Adelphi University in New York in 1995 and completed her APA-accredited Predoctoral Internship and Fellowship at Hennepin County Medical Center. She then worked for over three years at the Wilder Foundation in the Eisenmenger Learning Center program, where she provided school based mental health services for children with severe emotional and behavioral disturbance (EBD). 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). Dr. Cohen helped created one of the foundational children's mental health trainings provided by the Training Institute focused on the topics of development and attachment. She is certified in PracticeWise: Managing and Adapting Practice (MAP), working towards certification in Eye Movement Desensitization and Reprocessing (EMDR), as well is in the training process for Trauma Informed Child Parent Psychotherapy (TI-CPP). Her areas of clinical interest include: DC: 0-3R assessment and psychotherapy with young children and their families, TI-CPP, EMDR, adult psychotherapy, trauma, and attachment dynamics.

RACHAEL KRAHN, PSYD, LP. CHIEF PSYCHOLOGIST/ASSOCIATE CLINICAL DIRECTOR OF OUTPATIENT, PSYCHOLOGY TRAINING, AND SCHOOL-BASED MENTAL HEALTH PROGRAMMING Dr. Krahn received her BA in Psychology from Hamline University and her PsyD in Clinical Psychology 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 the Psychology Training Program (Training Director of the Psychology Internship Program), the later since September of 2003. She also works as an Outpatient Psychologist, and has been trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT) and Eye Movement Desensitization and Reprocessing (EMDR). She is certified in Managing and Adapting Practice (MAP), as well as working towards certification in PCIT and EMDR. Dr. Krahn helped to create all of the seven online foundational children's mental health trainings provided by the Training Institute, as well as presented a poster at the National Council for Behavioral Health Conference in 2016. Currently, she is the Associate Clinical Director of Outpatient, Psychology Training, and School-Based Mental Health Programs. Dr. Krahn continues to greatly enjoy training, supervision, and program management, 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.

TINA D. SHAH, PSYD, LP. DIRECTOR OF TRAINING Dr. Shah received her BS from the University of Minnesota in Child Psychology, as well as received an Outstanding Undergraduate Contribution award during her time there. Dr. Shah went on to complete her MA and PsyD from the Minnesota School of Professional Psychology. Dr. Shah completed an assessment-focused practicum at a local middle school, as well a therapy-focused practicum in Minneapolis in the Psychology Training Program at Washburn Center for Children. She was matched at and completed her Predoctoral Internship at Canvas Health (formerly known as HSI, Inc), an APA-accredited Internship site. At Canvas Health, she gained further experience providing outpatient individual and family therapy to children, adolescents, and their families; co-facilitating Dialectical Behavior



Therapy (DBT) groups, including a Multifamily Skills Training Group and an Adult DBT group; completing numerous psychological evaluations with children, adolescents, and adults; providing in-home therapy services with a co-therapist to children, adolescents, and their families; in addition to completing required training activities. She then returned back to Washburn Center for Children as a Postdoctoral Fellow and has since stayed on as a Psychologist at the Minnetonka office. Upon her return, Dr. Shah began and facilitated the Adolescent Multifamily DBT Skills Training Group; provided peer supervision to practicum students; in addition to providing psychological evaluation and individual and family therapy in the Outpatient Department to children, adolescents, and their families. Once she obtained licensure in Minnesota, Dr. Shah began formally supervising trainees in the Psychology Training Program, as well as began and was the facilitator of the weekly process group supervision for Interns and Postdoctoral Fellows. In 2013, Dr. Shah became the Assistant Supervisor of the Psychology Training program and helped specifically with oversight of Practicum Student training and Postdoctoral Fellow training. In 2016, Dr. Shah officially became the Director of Training. She currently is the Director of Training, as well as continues to provide outpatient assessment, evaluation, and treatment services. She is certified in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and PracticeWise: Managing and Adapting Practice (MAP), as well as has received specialized training in DBT. She is also currently in the process of obtaining Agency Supervisor status for MAP, which includes providing teaching, training, and consultation. Furthermore, she has led several didactic trainings, as well as agency in-service presentations during her time at Washburn Center for Children. As a psychologist of color, she is particularly passionate about increasing psychologists of color in the field, particularly training trainees of color. Dr. Shah's areas of interest include: mindfulness, trauma, play therapy, attachment and development, adult psychotherapy, maternal mental health, psychological evaluation services, clinical supervision and training, program development, as well as cultural diversity, inclusion, and cultural responsiveness.

JESSICA SINKO, PSYD, LP. SUPERVISOR OF THE SCHOOL-BASED MENTAL HEALTH PROGRAM AND TRAINING SUPERVISOR

Dr. Sinko received her BA in Child Psychology from the University of Minnesota and went on to completed her MA and PsyD 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 Predoctoral 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 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 is certified in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and PracticeWise: Managing and Adapting Practice (MAP), as well as has specialized training in DC: 0-5 assessment and therapy, and Seeking Safety. Her areas of clinical interest include: psychological testing, play therapy, trauma, anxiety, depression, behavioral struggles, clinical supervision, and program development.

MELISSA SOVAK, PSYD, LP. OUTPATIENT STAFF PSYCHOLOGIST AND TRAINING 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 department 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 doctoral-level psychology trainees. She helped created one of the foundational children's mental health trainings provided by the Training Institute focused on the topic of development. Dr. Sovak is certified in PracticeWise Managing and Adapting Practice (MAP) and Trauma-Focused Cognitive Behavior Therapy (TF-CBT), as well as has received specialized training in Eye Movement Desensitization and



Reprocessing (EMDR). She is currently completing her training with PracticeWise to become a MAP Training Professional. She will be one of three Training Professionals that provides training and consultation for the MAP program for clinicians in the state of Minnesota. 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, anxiety, depression, cultural responsiveness, mindfulness and yoga, parenting issues, grief/loss issues, ADHD, and autism spectrum disorders.

JESSICA WEDIN, PSYD. LP. OUTPATIENT STAFF PSYCHOLOGIST AND TRAINING 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, as well as co-facilitates the Dialectical Behavior Therapy (DBT) group. She also provides supervision to doctoral-level psychology trainees. Dr. Wedin is certified in PracticeWise Managing and Adapting Practice (MAP), as well as has received specialized training in Trauma-Focused Cognitive Behavior Therapy (TF-CBT), DBT, and Eye Movement Desensitization and Reprocessing (EMDR). Her areas of clinical interest include: trauma, play therapy, DBT, EMDR, TF-CBT, attachment issues, mindfulness and relaxation training, and working with adolescents and their parents.

OTHER AGENCY SUPERVISORS AND OTHER CONTRIBUTORS

BILL ALLEN, PHD, LMFT. AGENCY CONSULTANT (OTHER CONTRIBUTOR) 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 AND CONSULTING PSYCHIATRIST (OTHER CONTRIBUTOR) 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, LP. CO-SUPERVISOR OF THE OUTPATIENT PROGRAM (AGENCY SUPERVISOR) 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 to 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 to 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.

JENNIFER BRITTON, MSW, LICSW. CLINICAL DIRECTOR (AGENCY SUPERVISOR)

CLAUDIA DAML, PSYD, LP. OUTPATIENT STAFF PSYCHOLOGIST (AGENCY SUPERVISOR) Dr. Daml received her undergraduate BS degree from St. Cloud State University where she majored in Applied Psychology with a minor in Intercultural Communications. She received her MA and PsyD in Clinical Psychology from the Minnesota School of Professional Psychology at Argosy University in 2007. Dr. Daml has been a licensed psychologist in the state of MN since 2010. She has had multiple training and work experiences including the VA Medical Center, St. Cloud Children's Home, Supportive Living Services, Hennepin County Medical Center, Oak Park Heights Correctional Facility, and Behavioral Medical Interventions. She has been recognized as a co-author in five professional journals on topics related to domestic abuse, alcoholism, and posttraumatic stress disorder. She completed her Predoctoral Internship at the Mental Health Collective with a focus on outpatient care and school-based interventions. Since 2007, Dr. Daml has worked at Washburn Center for Children, which is a community mental health clinic that services diverse populations of children, adults, and families in the Minneapolis metropolitan area. During this time, her work has included outpatient therapy, psychological/cognitive testing, supervision, training, and crisis intervention services in collaboration with the Minneapolis police department and the University of Minnesota. Although trained and experienced in the assessment and treatment of a broad spectrum of mental health conditions, Dr. Daml is certified in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), PracticeWise: Managing and Adapting Practice (MAP), as well as has a specialization in trauma-focused care and has been trained in Eye Movement Desensitization Reprocessing (EMDR). She is currently in the process of obtaining Agency Supervisor status for MAP. Other areas of clinical interest include: mindfulness, holistic approaches to care, sensory integration, ADHD, autism spectrum disorders, biofeedback, evidence-based practices, and culturally responsive treatment.

RAJA DAVID, PSYD, LP. (OTHER CONTRIBUTOR) Dr. David completed his APA-accredited Predoctoral Internship at LifeWorks Northwest and obtained his PsyD from the Minnesota School of Professional Psychology. In addition to providing assessment, evaluation, and treatment services, Dr. David was a member and vice-chair at the Minnesota Board of Psychology. He continues to practice, as well as is currently the Program Dean for the doctoral program in clinical psychology at the Minnesota School of Professional Psychology. Dr. David is Board Certified by the American Board Professional Psychology, as well as has specialized training in Therapeutic Assessment. Dr. David currently provides an annual didactic seminar related to Therapeutic Assessment to this program.

ANNE GEARITY, PHD, LICSW. AGENCY CONSULTANT (OTHER CONTRIBUTOR) 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. QUALITY ASSURANCE SUPERVISOR (AGENCY 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 programming and 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 (PCIT), PracticeWise: Managing and Adapting Practice (MAP), trauma, children's behavioral issues, anxiety/depression, ASD, attachment issues, play therapy, and psychodynamic theories.

Yael Gun-Goggins, LICSW. (OTHER CONTRIBUTOR) Ms. Gun-Goggins received her BA degree from the University of Minnesota in psychology and Sociology and her MSW also from the University of Minnesota in 2009. During her internships, Ms. Gun-Goggins focused on work with marginalized communities, such as women working in prostitution and families in the child protection system providing parenting education and support. Ms. Gun-Goggins first started at Washburn in the case management department, then provided in-home therapy and has been in the Outpatient team since January 2012. She has specialized training in PracticeWise Managing and Adapting Practice (MAP) and Eye Movement Desensitization and Reprocessing (EMDR). Some of Ms. Gun-Goggins areas of interests include: trauma, attachment, working with adolescents, providing EMDR and Diversity and inclusion work. Ms. Gun-Goggins is a native Spanish speaker and is committed to providing appropriate clinical care to Latino families as well as other underserved populations. Through the years at Washburn Ms. Gun-Goggins has been a part of many Diversity and Equity efforts at Washburn and currently she is one of the facilitators of the Diversity and Inclusion and cultural responsiveness trainings at Washburn.

DAVID HONG, PSYD, LP. CONSULTING PSYCHOLOGIST AND TF-CBT TRAINER/CONSULTANT (OTHER CONTRIBUTOR) 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 to 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 international trainer of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

JUDY HOY, LICSW. AGENCY CONSULTANT (OTHER CONTRIBUTOR) 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.

KATHY HEMINGWAY, MS OUTREACH PROGRAM (AGENCY SUPERVISOR) Hemingway has been working with children and families for over 35 years. She has been at Washburn Center for 22 years serving in a supervisory capacity within Early Childhood Programs. She has supervised the Preschool Day Treatment and Family Focused programs at the northwest site from 1996-2002. A Mental Health Practitioner and former elementary school teacher, Kathy holds a master's degree from Central Connecticut State University, in counseling psychology, and a bachelor of science in elementary education from Wheelock College and North Adams State College. Kathy has worked as an Outpatient therapist in Connecticut before moving to Minnesota in 1994. Since 2002, she has been the supervisor and program manager of the early childhood Outreach program at Washburn Center for Children, providing observational assessment of children 0 to 5 years of age. As an early childhood developmental and behavioral specialist, she also provides direct consultation services to parents, teachers and childcare settings within Hennepin County. The Outreach program also offers training experiences for graduate and undergraduate students.

CAROL KUSTER, PH.D. LICENSED PSYCHOLOGIST IN THE EARLY CHILDHOOD OUTREACH PROGRAM (AGENCY SUPERVISOR)

TODD LUKENS, PSY.D. OUTPATIENT STAFF CLINICIAN (AGENCY SUPERVISOR) Dr. Lukens received his BS degree from Northwestern University with a double major in Psychology and Learning & Organizational Change. He received his MA in Elementary Education at Pace University while teaching middle school in the South Bronx as part of the Teach for America program. He received a MS in Clinical Psychology from Columbia University while working in two research labs at the New York State Psychiatric Institute; a primate cognition lab and a brain stimulation lab. He received another MS, and his PsyD in Clinical Psychology from the PGSP-Stanford PsyD Consortium. During his doctoral training, Dr. Lukens worked at a Veterans Affairs Hospital Mental Health Clinic, multiple community mental health agencies, a county juvenile hall, a county mental health clinic, and a Transition-Aged-Youth center. Dr. Lukens completed his APA-accredited Predoctoral Internship at the Mental Health Center of Denver, as part of the University of Denver Internship Consortium. Dr. Lukens' dissertation was on the relationship between creativity and bipolar disorder. Dr. Lukens completed his Postdoctoral Fellowship at Washburn Center for Children. Dr. Lukens stayed on at Washburn following his Postdoctoral Fellowship and continues to work in the Outpatient Department, while also co-facilitating process group for the Psychology Training program. Dr. Lukens' areas of interest include transition-aged-youth (14 to 26 year olds), depression and anxiety, suicidal youth, trauma, as well as cultural diversity and inclusion.

CORI MILLER, PSY.D. OUTPATIENT STAFF CLINICIAN (AGENCY SUPERVISOR) Dr. Miller received her BS degree from the University of Florida in psychology, as well as her MA and PsyD 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 Predoctoral Internship and Postdoctoral 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 provides process group supervision for the training program, as well as has presented on DBT and the Rorschach. She is certified in PracticeWise: Managing and Adapting Practice (MAP), as well as has received specialized training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Trauma Informed-Child Parent Psychotherapy (TI-CPP). 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.

LAUREN NIETZ, LICSW. TRAINING INSTITUTE DIRECTOR (OTHER CONTRIBUTOR) 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. OUTPATIENT STAFF CLINICIAN AND PSYCHIATRIC SERVICES COORDINATOR (AGENCY 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. Her pre-doctoral internship was completed at Wilder Child Guidance Clinic in St. Paul. 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. She then transitioned to the Intake and Psychiatry Department where she coordinated new client appointments, provided resources, and support for our psychiatrists. Currently, Dr. Olson works as an Outpatient Clinician and the coordinator for psychiatric services. Her areas of interest include anxiety disorders, trauma, play therapy, and the use of alternative therapies.

MARLENE OVALLE STIEHM, PSYD, LMFT. OUTPATIENT STAFF CLINICIAN (AGENCY SUPERVISOR) Dr. Ovalle Stiehm received a BA in Psychology with a minor in Spanish as well as a MS in Counseling with a Specialization in Marriage and Family Therapy from California State University, Northridge. She also received her PsyD in Counseling Psychology from the University of Saint Thomas in Minnesota. Dr. Ovalle Stiehm completed a doctoral practicum at the Neighborhood Involvement Program in Minneapolis, and two advanced doctoral practica at the Interprofessional Center for Counseling and Legal Services and at Washburn Center for Children in Minneapolis. She completed her pre-doctoral internship and post-doctoral fellowship at Washburn Center for Children. In addition to her extensive training, Dr. Ovalle Stiehm has also provided clinical and cultural consultation services to community mental health agencies in Minnesota and California as well as clinical services to children, families, and adults in a variety of settings, including inpatient and community mental health. Dr. Ovalle Stiehm is a Board Approved Supervisor for the Minnesota Board of Marriage and Family Therapy as well as the Minnesota Board of Behavioral Health and Therapy. Dr. Ovalle Stiehm is certified in PracticeWise Managing and Adapting Practice (MAP), she has also received specialized training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), DC: 0-5, and Eye Movement Desensitization Reprocessing (EMDR). Currently, Dr. Ovalle Stiehm provides psychological evaluation/assessment and individual and family therapy as well as supervision of staff and students in the Outpatient Department at Washburn Center for Children. She is bilingual and bicultural and a native Spanish-Speaker. Dr. Ovalle Stiehm's areas of interest and expertise include: the Latino immigrant population, family therapy, complex trauma, play therapy, attachment and development, clinical supervision and training, cultural diversity, inclusion, and cultural responsiveness.

SARAH PAPER, PSYD, LP. (OTHER CONTRIBUTOR) Dr. Paper completed her APA-accredited Predoctoral Internship at Canvas Health and obtained her PsyD from the Minnesota School of Professional Psychology. She completed her Postdoctoral Fellowship at Washburn Center for Children and then continued on as a Psychologist in the outpatient program.



She also was a Training Supervisor in the program prior to her departure of the agency. Dr. Paper is currently providing outpatient psychological services to clients at Allina Health. She is a registered Drama Therapist and provides an annual didactic seminar related to this program.

TOM STEINMETZ, MA. CHIEF EXECUTIVE OFFICER (OTHER CONTRIBUTOR) 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. He became the Chief Executive Officer in March of 2017.

KELLY WICKS, PSYD, LP. OUTPATIENT PSYCHOLOGIST (OTHER CONTRIBUTOR) 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 Program, 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).

CARIN WOLFE, PSYD, LP. PSYCHOLOGIST IN THE DAY TREATMENT PROGRAM (OTHER CONTRIBUTOR) Dr. Wolfe received her BA from Georgia State University in Psychology, as well as her MA 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 Trauma-Focused Cognitive Behavior Therapy (TF-CBT), PracticeWise Managing and Adapting Practice (MAP), and Eye Movement Desensitization and Reprocessing (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, as well as diversity and inclusion.

X. ELIGIBILITY



Washburn Center for Children is committed to providing equal employment and training opportunities for all persons. Its personnel practices, including recruiting, training, upgrading and termination, will be administered without prejudice based on age, disability, race, color, religion, national origin, gender, sexual orientation, familial status, marital status, public assistance status, or any other protected class status under applicable law.

The Predoctoral Internship program utilizes the APPI Online portal for applications (more details are provided below). The program prefers applications from individuals pursuing a doctoral degree from an academic program in clinical or counseling psychology. Applications from those pursuing a doctoral degree in school psychology, particularly those with a substantial clinical emphasis, are also accepted. Ph.D. and Psy.D. degrees are preferred, however, Ed.D. degrees are also acceptable. Washburn requires that applicants come from accredited institutions of higher education with preference given to those programs that are also APA/CPA-accredited.

Washburn has a strong commitment to diversity, inclusion, and culturally responsive practice. That being said, it strongly encourages and welcomes members of diverse backgrounds to apply, those who are multilingual, as well as those who express a strong desire to engage in culturally responsive practice. Applicants are encouraged to speak about their cultural backgrounds in their essays.

Washburn seeks Interns who are passionate about careers in community mental health and specializing in culturally-responsive and evidenced-informed evaluation, assessment, and treatment of children, adolescents, and families. We also seek Interns who are flexible, well-organized, collaborative, as well as have strong oral and written communication skills. Those that are highly invested in training and in the professional development process are also strongly encouraged to apply. Completion of required course work, supervised practica, comprehensive examinations, and are in good standing within their psychology training program are prerequisites for application to the Internship Program. In addition, an applicant's dissertation should be proposed by the application deadline, as well as preferably defended by the start of Internship.

The following are minimum qualifications for potential Interns:

- 1) Assessment/Psychological Evaluation Coursework and Experience
 - a. Completion of graduate coursework in cognitive and personality assessment of children and adults
 - b. Completion of coursework in psychopathology and diagnostic assessment
 - c. Completion of at least a 600-hour diagnostic/assessment practicum
 - d. Supervised practica experience in the administration of Rorschach Inkblots and Exner scoring system is preferred
 - e. Completion of at least 6 integrated psychological reports, as well as preferably supervised completion of or exposure to the feedback process
- 2) Therapy Coursework and Experience
 - a. Completion of graduate coursework (preferably including play and family therapy courses) in psychotherapy/interventions



- b. Completion of at least a 600-hour therapy/intervention practicum with children, adolescents, and/or families.
- 3) Cultural Responsiveness Coursework and Experience
 - a. Completion of graduate coursework related to assessment and treatment of diverse populations
 - b. Practica experience providing services to diverse clientele
- 4) Supervision Coursework
 - a. Completion of graduate coursework related to supervision
- 5) 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 members of the Internship Selection Committee. The Internship Selection Committee is comprised of Training Supervisors in the Psychology Training program, Staff Psychologists, and by the current Postdoctoral Fellows. 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, aims, and mission of Washburn Center for Children. Applicants who rank high in these areas are invited to Washburn for an interview. Once the interviews are completed, the Training Supervisors and Staff Psychologists involved in the review and interview process meet to collaboratively determine a rank order list that is eventually submitted for the Match process.

XI. APPLICATION PROCEDURES

The Internship Program participates in the Match process (please refer to the following webpage for more information: <https://membership.appic.org/directory/display/237>). 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). The following supplemental materials are requested from the applicant: a clinical writing sample, preferably a psychological evaluation report on a child or adolescent client. All clinical material submitted must be de-identified according to HIPAA guidelines. Please refer to the following webpage about submitting supplemental materials and de-identifying information: <https://www.appic.org/AAPI-APPA/AAPI-Supplemental-Materials-Policy/>

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 5th, 2018. The Director of Training via her administrative program support person will notify applicants by email by December 14th, 2018 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. Shortly after the formal interview, they will then meet with current Interns for an Intern Information Session for approximately one hour to ask questions, gather additional and firsthand information regarding the Predoctoral Internship Program, as well as receive a tour of the Glenwood Facility and view photographs of the satellite offices.



XII. STIPENDS AND BENEFITS

The stipend is \$22,500 for the 12-month Internship (i.e., 2000 hours from September 1st through August 31st). Malpractice insurance is provided. Interns receive 10 days of vacation (80 hours), eight holidays off (60 hours), two floating holidays (16 hours), ten days of sick/personal time (80 hours), as well as three days of dissertation-release and/or professional development time upon approval of the Director of Training. They also receive training and consultation to prepare themselves for certification in an evidenced-based practice. In addition, they also can participate in a flexible spending account, life/long-term disability insurance, and a 403B retirement plan. The presumed starting date for the internship is September 1st.

The Predoctoral Internship program has a administrative support staff member that dedicates a portion of their time to providing support to the Interns. There are also other various administrative staff members that have allocated time to provide support to the program in regards to facilities, scheduling, billing, technology/electronic medical records, clerical needs, and scoring of testing materials.

XIII. PREVIOUS WASHBURN INTERNS

CLASS OF 2006-2007

ANTONINO AGOSTA Roosevelt University, Chicago, Illinois

LINNEA SWANSON-POHL Minnesota School of Professional Psychology at Argosy University/Twin Cities

CLASS OF 2007-2008

PAIGE BRANDMAN The George Washington University in Washington, DC

NANETTE MCDEVITT, Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

CLASS OF 2008-2009

HEATHER CAMPBELL Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

CORI MILLER Florida School of Professional Psychology at Argosy University in Tampa, Florida

JESSICA NELSON Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

CLASS OF 2009-2010



SARAH DIER Illinois School of Professional Psychology at Argosy University in Schaumburg, Illinois

CHAD LORENZ St. Thomas University in Minneapolis, Minnesota

MARLENE OVALLE-STIEHM St. Thomas University in Minneapolis, Minnesota

CLASS OF 2010-2011

RENEE LATTERELL Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

KRISTIN NELSON Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

ETHAN SIEGEL The George Washington University in Washington, District of Columbia

CLASS OF 2011-2012

ANDREW HACHIYA St. Thomas University in Minneapolis, Minnesota

ANDREA HUTCHINSON St. Thomas University in Minneapolis, Minnesota

CORALI MEADE PIRKEY Chicago School of Professional Psychology (Child/Family Track) in Chicago, Illinois

CLASS OF 2012-2013

SANGEETA BOOKSELLER Midwestern University in Downers Grove, Illinois

BRIAN KOVACH Chicago School of Professional Psychology (Child/Family Track) in Chicago, Illinois

KELLY THON St. Thomas University, Minneapolis, MN

CLASS OF 2013-2014

CHAD RADNIECKI Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

MOLLY WELCH St. Thomas University in Minneapolis, Minnesota

CARIN WOLFE Georgia School of Professional Psychology at Argosy University in Atlanta, Georgia

CLASS OF 2014-2015:

LAURA BRINKMEIER St. Thomas University in Minneapolis, Minnesota

ANJELICA JACKSON Wheaton College in Chicago, Illinois

ANNE SITORIUS St. Thomas University in Minneapolis, Minnesota



CLASS OF 2015-2016:

LINDSEY HOLM Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

RYAN HOVIS Wheaton College in Chicago, Illinois

TRINH TRAN Pacific University in Portland, Oregon

CLASS OF 2016-2017

SHEILA COLLINS Roosevelt University in Chicago IL

CHELSEA MITCHELL Spalding University in Louisville, KY

STEPHANIE MURPHY Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

CLASS OF 2017-2018

ADRIJA CHATTERJEE Wright State University in Dayton, Ohio

LOUISA MICHL-PETZING University of Rochester in Rochester, New York

SAMIN SERAJI University of La Verne in La Verne, California

CLASS OF 2018-2019

HADIYA ADAMS Marquette University in Milwaukee, Wisconsin

JESSICA "JAYE" CAPRETTO Tennessee State University in Nashville, Tennessee

RUTH CHAFFEE Northeastern University in Boston, Massachusetts



APPENDIX A

WASHBURN CENTER FOR CHILDREN DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM INTERN COMPETENCY ASSESSMENT FORM

Intern: _____ Supervisors: _____

Training Year: _____

Mid-Year Evaluation – A rating of 3 or higher is expected on all objectives at mid-year; if a rating of 1 or 2 are obtained a remediation/support plan must be attached to this Evaluation

Final Evaluation – A rating of 4 is expected on all objectives in order to successfully complete internship

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/Autonomous level – Competency for independent practice/licensure has been obtained. *Expected level at the end of postdoctoral training.*

4 – High Internship/Post-Doctoral level – Competency for entry-level independent practice/proceeding to post-internship supervised practice has been obtained. Intern shows good judgment in when to seek supervision or consultation in complex situations (e.g., ethical dilemmas). *Expected level at the end of internship.*

3 – Intermediate Internship level – Competency for independent practice has been obtained in some areas, but continued supervision is needed when faced with complex and novel situations. *Expected level at mid-year evaluation.*

2 – Early Internship level – Competency for independent practice has not been obtained, and continued intensive supervision is needed in most areas and is openly accepted. *Expected level for practicum and sometimes onset of internship (1-3 months of internship).*



1 - Needs remediation – Work is unacceptable and significantly below what would be expected for someone on internship. May significantly lack experience or may avoid/resist changing behavior or expanding skills. *This level includes unethical practice and repeated boundary violations and requires remediation as outlined in the Grievance Procedure.*

N/A – This rotation did not occur during this training experience or was not assessed during this training period.



GOAL 1: COMPETENCE IN ETHICAL AND LEGAL STANDARDS

OBJECTIVE 1: RECOGNIZES ETHICAL DILEMMAS

Recognizes ethical dilemmas when they arise.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: SEEKS CONSULTATION/SUPERVISION

Seeks consultation or supervision around ethical dilemmas and uses feedback productively.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 3: USES ETHICAL DECISION-MAKING

Demonstrates and applies ethical decision-making processes consistent with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and critical thinking skills in clinical practice, across a range of professional roles and challenges, in order to resolve the ethical dilemma.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 4: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION

Responsible for all client care tasks (e.g. phone calls, letters, care coordination, clinical documentation) and completes tasks/documentation within 0-2 days.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 5: KNOWLEDGE OF ETHICS AND LAW

Demonstrates knowledge of ethical standards of the practice of psychology including the APA Ethical Principles of Psychologists and Code of Conduct and Minnesota Board of Psychology state rules and regulations.

NA- 1- 2- 3- 4- 5-



OBJECTIVE 6: APPLICATION OF ETHICS AND LAW

Consistently applies the APA Ethical Principles of Psychologists and Code of Conduct and Minnesota Board of Psychology state rules and regulations in clinical practices.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 7: ETHICAL BEHAVIOR

Conducts self in an ethical manner in all professional activities.

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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 history, biases, attitudes, values, and beliefs, and the relationship of these to professional functioning, via use of the ADDRESSING and/or Social Matrix models and reflective supervision.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: RESPONSIVENESS AND SENSITIVITY TO CLIENT DIVERSITY

Sensitive and responsive to the cultural and individual diversity of clients, as well as can recognize the intersectionality of diversity factors with the use of the ADDRESSING and/or Social Matrix models. Committed to providing culturally sensitive and responsive assessment and treatment, and demonstrates this with individual(s) that represent a population(s) with worldviews in conflict with their own.

NA- 1- 2- 3- 4- 5-



OBJECTIVE 3: FOUNDATION IN CURRENT RESEARCH ON DIVERSITY FACTORS IN PROFESSIONAL ACTIVITIES

Demonstrates knowledge of current theoretical and empirical knowledge base related to diversity in broad areas such as research, clinical practice, supervision and consultation, and training.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 4: RECOGNITION OF BARRIERS TO EFFECTIVE TREATMENT

Able to identify factors that might impede successful treatment and able to discuss these with client.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 5: CULTURALLY SENSITIVE AND RESPONSIVE BEHAVIOR

Open to and comfortable with discussing issues of cultural diversity and intersectionality with others, and in particular with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own; shows cultural sensitivity across a range of professional activities and roles.

NA- 1- 2- 3- 4- 5-

GOAL 3: COMPETENCE IN PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

OBJECTIVE 1: DIAGNOSTIC SKILL

Demonstrates a thorough knowledge of psychiatric diagnostic nomenclature and the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5). Establishes rapport while gathering relevant information in the clinical interview. Utilizes historical, interview, collateral, observational, and psychometric data to diagnose accurately and identify differential diagnoses.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: PSYCHOLOGICAL TEST SELECTION

Selects a test battery that reflects the science of measurement and psychometrics and utilizes multiple sources and methods in order to accomplish the referral question. Cultural factors are considered in determining the appropriate test battery.

NA- 1- 2- 3- 4- 5-



OBJECTIVE 3: PSYCHOLOGICAL TEST ADMINISTRATION

Demonstrates competence in administration of selected tests.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 4: PSYCHOLOGICAL TEST SCORING AND INTERPRETATION

Appropriately scores psychological tests, as guided by current research and professional standards and guidelines. Competently interprets the results of the psychological tests, considering both subjective and objective aspects of the assessment while guarding against decision-making biases, in order to inform case conceptualization, diagnosis, and treatment recommendations.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 5: REPORT WRITING SKILLS

Produces well-organized and integrative diagnostic assessment and psychological evaluation reports that clearly answer the referral questions. Diagnostic Assessments and Psychological Evaluation reports include a discussion of cultural factors, as well as an integrative case conceptualization that supports diagnostic impressions and treatment recommendations that include empirically supported interventions, when applicable.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 6: FEEDBACK REGARDING ASSESSMENT

Conducts feedback sessions that include an explanation of test results in a manner sensitive to the needs of the client and/or caregiver or other audience, that provide treatment recommendations, and that effectively respond to reactions and questions raised by client/caregiver/other audience.

NA- 1- 2- 3- 4- 5-



GOAL 4: COMPETENCE IN PSYCHOTHERAPEUTIC INTERVENTION

OBJECTIVE 1: CLIENT RAPPORT

Consistently utilizes a range of fundamental clinical skills (empathic listening, validation, genuine and accepting presence) to establish and maintain good rapport/effective relationships with clients.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: CLIENT RISK MANAGEMENT AND CONFIDENTIALITY

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

NA- 1- 2- 3- 4- 5-

OBJECTIVE 3: THEORY-BASED CASE CONCEPTUALIZATION AND TREATMENT GOALS

Formulates a case conceptualization that draws on theoretical and research knowledge, and integrates cultural and other background information, collateral information, and assessment findings. Collaborates with client 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 applies research literature to clinical decision making when applicable after accounting for clinical, individual, 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 client productively in the treatment.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 7: GROUP THERAPY PREPARATION AND SKILLS

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 adapt approach when a clear evidence-base is lacking.

NA- 1- 2- 3- 4- 5-

GOAL 5: COMPETENCE IN RESEARCH 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 AND CRITICALLY USES CURRENT RESEARCH

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

NA- 1- 2- 3- 4- 5-



OBJECTIVE 3: DISSEMINATION OF RESEARCH

Demonstrates ability to teach/disseminate research in professional activities (e.g., case consultation, presentations, publications) and to training and multidisciplinary groups. Presentations are well-organized and demonstrate critical evaluation and synthesis of research findings.

NA- 1- 2- 3- 4- 5-

GOAL 6: COMPETENCE IN PROVIDING SUPERVISION

OBJECTIVE 1: PROVIDING SUPERVISION

Demonstrates good knowledge of supervision and techniques and employs these skills in a consistent and effective manner via peer supervision with psychology trainees and/or role-played supervision with others.

NA- 1- 2- 3- 4- 5-

GOAL 7: COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

OBJECTIVE 1: ENGAGEMENT IN AND PREPARATION FOR SUPERVISION

Is prepared for supervision and engages actively, openly, and positively with supervisors. Identifies when a greater degree of independence is appropriate as they advance through training.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: USE OF FEEDBACK

Is open and responsive to feedback from supervisors and is able to integrate feedback in professional activities. Openly and regularly “circles back” and discusses application of feedback in future supervision sessions.

NA- 1- 2- 3- 4- 5-



OBJECTIVE 3: SELF-ASSESSMENT IN SUPERVISION

Able to effectively assess and openly address areas of professional development and growth during supervision. Proactively and with support identifies ways to improve and maintain performance, well-being, and professional effectiveness.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 4: REFLECTIVE CAPACITY

Able to address process issues with open reflection during supervision, including reflection on supervisory, therapeutic, professional and personal development processes. Able to reflect on the impact of clinical work and identify sustaining self-care strategies.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 5: PROFESSIONAL BEHAVIOR

Engages in professional behavior that demonstrates the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and compassion towards the welfare of others.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 6: EFFICIENCY AND TIME MANAGEMENT

Demonstrates efficient and effective time management. Keeps scheduled appointments and attends meetings on time. Keeps supervisors aware of whereabouts. Minimizes unplanned leave, whenever possible.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 7: CONTINUING EDUCATION AND LIFELONG PROFESSIONAL DEVELOPMENT

Shows commitment to lifelong learning and participation in activities to further professional growth and development.

NA- 1- 2- 3- 4- 5-



GOAL 8: COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

OBJECTIVE 1: USE OF MULTIDISCIPLINARY CONSULTATION

Actively seeks consultation and collaboration with multidisciplinary professionals to address shared goals. Demonstrates knowledge and respect for the roles and perspectives of other professions/professionals.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: PROVIDING CONSULTATIVE GUIDANCE TO INTERPROFESSIONAL/DIVERSE AUDIENCES

Gives the appropriate level of guidance when providing consultation to other health care professionals, colleagues, interprofessional groups, team members, systems, and/or clients, based on the recipient's roles and perspectives.

NA- 1- 2- 3- 4- 5-

GOAL 9: COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

OBJECTIVE 1: DEVELOP AND MAINTAIN EFFECTIVE PROFESSIONAL RELATIONSHIPS

Effectively develops and maintains relationships with professional colleagues, supervisors, supervisees, clients, other community agencies, etc.

NA- 1- 2- 3- 4- 5-

OBJECTIVE 2: DEMONSTRATES PROFESSIONAL COMMUNICATION SKILLS

Effectively communicates concepts in a well-integrated, informative, and professional manner. Demonstrates effective verbal, nonverbal, and written professional communication skills. Is able to manage conflict and difficult communication while maintaining professional behavior and relationships.

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:

Intern: _____ Date: _____

Supervisors: _____ Date: _____

_____ 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.

2017 – 2018 DOCTORAL TRAINING SCHEDULE

ONGOING SEMINARS/ MEETINGS: *=required

MEETING NAME	WHEN	TIME	WHERE
* Case Consultation with Outpatient and Psychology Training Programs	1 st and 3 rd Tuesday of every month	9:00 AM – 10:30 AM	Weiser Room or Lepinski Room
Outpatient Business Meeting	1 st and 3 rd Tuesday of every month (As needed- Dr. Shah or email will notify you accordingly)	10:30 AM – 11:00/11:30 AM	Lepinski room
* Clinical/ Didactic Seminar	2 nd and 4 th Tuesday of every month:	9:00 AM – 11:00 AM	Opperman Room
*Inclusion TALX	1 st Tuesday of the month/ 3 rd Tuesday of the month	12:00 PM – 1:00 PM/ 11:00 AM – 12:00 PM	Weiser Room



Agency In-Service	Occasionally the 3 rd Tuesday of the month (Look for information about in-services via email)	12:00 – 1:15 PM	Training Institute
* Psychological Testing Consultation	1 st , 2 nd , 3 rd , & 4 th Tuesday of the month	1:00 PM – 2:00 PM	Opperman Room
* Process Group Supervision with Dr. Miller & Dr. Lukens	1 st , 2 nd , 3 rd , & 4 th Tuesdays of the month	2:00 PM – 3:00 PM	Evans Room
*PracticeWise MAP Consultation with Dr. Brooks & Dr. Daml	TBD – Scheduled sometime after weeklong training	TBD	TBD
Social Hour	TBD as coordinated by Trainees		Off-site
LGBTQ Affinity Group	Look for information about meetings via email	TBD	TBD
People of Color Affinity Group	Look for information about meetings via email	TBD	TBD
Health and Happiness Activities	Look for information about activities via email	TBD	TBD
Spanish Speaking Providers Group	2x per month, typically on Thursdays	Let Dr. Shah know if you're interested and she'll connect you to facilitators	TBD
Online Trainings through Learning Management System	<ul style="list-style-type: none"> - Foundations in Trauma - Foundations in Attachment and Development - Foundations in Family Systems and Ecological Theory - Foundations in Diversity - Foundations in Engagement and the Therapeutic Alliance - Collaborative Documentation Video 		In-person and online post in-person training or pre in-person training



- In-Service Videos
 (Training Institute support staff will set up a username and password to grant you access to these)

Community Based Meetings: YIPA Youth Intervention Programs Association (YIPA) – Washburn is a member of this organization, so trainees/staff are able to go to trainings for free. Here is the link to the website for more information: <http://yipa.org/trainings/>

Community Based Meetings: CPN Cultural Providers Network (CPN): CPN is a coalition of providers for children and families of color, institutions of higher learning and Minnesota policy professionals. Meetings are on the 2nd Thursday of the month from 11:00 am to 1:00 pm and alternate between two sites in Minneapolis and St. Paul. Here is the link to the website for more information: <https://sites.google.com/a/umn.edu/cpn/CPN-Calendar>

TRAINING SCHEDULE – SPECIFIC DATES AND DETAILS -- BY MONTH

DATE	TIME	MEETING NAME	LOCATION	OTHER DETAILS
SEPTEMBER				
9/12/2017	9:00 AM – 11:00 AM	Predoc & Postdoc 101 with Psychology Training Supervisors	Opperman Room	
9/25/2017 – 09/29/2017 (M - F)	8:30 – 4:30 PM	PracticeWise Managing and Adapting Practice (MAP) Training with MAP Trainers	Training Institute	
OCTOBER				



10/03/2017	4:30 PM – 5:30 PM	ALL-AGENCY RENEWAL TIME: Dr. Henry Emmons presenting on Self-Care & Rejuvenation	Training Institute
10/10/2017	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Collaborative Documentation with Marlene Ovalle-Stiehm, PsyD, LMFT & Christine Brooks, PsyD, LP	Opperman Room
10/24/2017	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Day Treatment Observation & Debrief with Carin Wolfe, PsyD, LP	Opperman Room

NOVEMBER

11/6/2017	All Day - Time TBD	MAAPIC TRAINING	University of St. Thomas (Off-Site)	This training is for Predoctoral Interns only
11/14/2017	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Family Therapy with Matt Witham, LMFT (Take Time to Complete Additional LMS Trainings)	Opperman Room	
11/28/2017	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Attachment & Development with Jessica Cohen, PhD, LP	Opperman Room	

DECEMBER

12/12/2017	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Managing Suicidal Risk with Michelle Bettin, LICSW, PsyD, LP	Opperman Room
12/26/2017	9:00 AM – 11:00 AM	Time to complete <i>Foundational Trainings on Developmental Repair</i> on the LMS	

JANUARY

1/9/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: CANCELLED	Opperman Room
1/23/2018	9:00 AM – 11:00 AM	<i>Clinical Case Presentations</i> , Interns - 9AM: Louisa - 10AM: Samin	Opperman Room

FEBRUARY



2/13/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Therapeutic Language with Lauren Nietz, LICSW <i>Clinical Case Presentations, Interns</i> 10AM: Adrija	Opperman Room
2/27/2018	9:00 AM – 11:00 AM	Compassion Fatigue with Rachael Krahn, PsyD, LP & Tina Shah, PsyD, LP	Opperman Room
MARCH			
3/13/2018	9:00 AM – 11:00 AM	<i>Mid-Year Process Presentations, Interns and post-docs</i> - 9:00 AM: Adrija - 9:40 AM: Louisa - 10:20 AM: Samin	Opperman Room
3/16/2018	10:00 AM - 1:30 PM	<i>DICR Experience, Part I</i> with Carin Wolfe, PsyD, LP & Yael Gun-Goggins, LICSW	TBD
3/27/2018	9:00 AM – 11:00 AM	<i>Mid-Year Process Presentations, Interns and Post-Docs</i> - 9:00 AM: Brooklyne - 9:40 AM: Denae - 10:20 AM: N/A	Opperman Room
APRIL			
4/10/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Dyadic Communication with Dr. Wolfe	Opperman Room
4/20/2018	10:00 AM – 1:00 PM	<i>DICR Experience, Part II</i> with Dr. Wolfe and Ms. Gun-Goggins	TBD
4/24/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Models of Supervision and Consultation with Jen Gozy, PsyD, LP	Opperman Room
4/30/2018	8:00 AM – 4:00 PM	<i>MAAPIC Conference</i>	<i>TBD (Off-Site)</i> This training is for Predoctoral Interns only



MAY			
5/8/2018	9:00 AM – 11:00 PM	<i>Diversity and Cultural Responsiveness Presentations, Interns and Postdocs</i> - 9:00 AM: Louisa - 10:00 AM: Denae	Opperman Room
5/22/2018	9:00 AM – 11:00 AM	<i>Diversity and Cultural Responsiveness Presentations, Interns and Postdocs</i> - 9:00 AM: Brooklyne - 10:00 AM: Samin	Opperman Room
JUNE			
6/12/2018	9:00 AM – 11:00 AM	<i>Diversity and Cultural Responsiveness Presentations, Interns and Postdocs</i> - 9:00 AM: Adrija - 10:00 AM: N/A	Opperman Room
6/26/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Intro. to Child-Parent Psychotherapy & Early Childhood Work with Sara Younge, PsyD, LP	Opperman Room
JULY			
7/10/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Drama Therapy with Sarah Paper, PsyD, LP	Opperman Room
7/24/2018	9:00 AM – 11:00 AM	DIDACTIC SEMINAR: Trichotillomania: Clinical Implications & Two Case Studies with Melissa Sovak, PsyD, LP	Opperman Room
AUGUST			
8/14/2018	9:00 AM – 11:00 AM	<i>End of the Year Process Presentations, Interns and post-docs</i>	Opperman Room



		<ul style="list-style-type: none">- 9:00 AM: Adrija- 10:00 AM: Louisa- 1:00 PM: Samin	
8/28/2018	9:00 AM – 11:00 AM	<i>End of the Year Process Presentations, Interns and post-docs</i>	Opperman Room
		<ul style="list-style-type: none">- 9:00 AM: Brooklyne- 10:00 AM: Denae	
		END OF THE YEAR PARTY!! 😊	



APPENDIX C

PRESENTATION INFORMATION

CLINICAL CASE PRESENTATION

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. It may be appropriate to include a videotaped session during this presentation (as long as consent has been obtained by the client). These presentations are expected to be an hour each with accompanying handouts with references (please email Psychology Training program support staff, a copy of the handout to add your file).

DIVERSITY AND CULTURAL RESPONSIVENESS PRESENTATION

This presentation is to address the objective of developing cultural responsiveness skills for both Interns and Postdocs. Please select a multicultural topic (which could include, but not limited to, focusing in on one or multiple parts of the ADDRESSING framework developed by Pamela Hays, PhD, as well as use of the social matrix). This topic could be something that has come up in one of your cases at Washburn that has challenged you and required additional research, supervision, and/or training. Please share your process and new learning with the group and supervisors in an hour long presentation. Acknowledging and reflecting on your own ADDRESSING framework will be an important aspect of this presentation. It is also important to explore current theoretical and empirical bases as it relates to your topic. Handouts with references are expected (please email Psychology Training program support staff, a copy of the handout to add your file).

AGENCY IN-SERVICE

This presentation is completed by the Postdocs only (but attended by Interns). This presentation gives our Postdocs the opportunity to share their expertise by presenting to a large audience comprised of all-agency staff members and trainees on a clinical topic that the Postdocs 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. Please email Psychology Training program support staff, a copy of the handout with references to add your file.

PROCESS PRESENTATIONS (MID-YEAR AND FINAL)

This presentation gives Interns and postdocs an opportunity to reflect on their training experiences and development for the first six months (mid-year) and whole year (final) at Washburn with the Intern and Postdoc cohort group and Training 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). Interns and Postdocs are expected to discuss how they would like to complete the remainder of their train year at their mid-year presentations, as well as areas they need to continue to develop during their final presentation. Cultural responsiveness is an important aspect of professional development and thus Interns and Postdocs are also asked to integrate how their enhanced diversity awareness has impacted them over the course of the year in this presentation. The Training Supervisors also love hearing about your top five memorable moments of the year! Mid-year process presentations are a half-hour long and final process 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 Training Supervisors as needed.



APPENDIX D

2009 Washburn Agency In-Services

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

2010 Washburn In-Services

January 19, 2010	Eating Disorders
February 16, 2010	Nguzo Saba Celebration
March 16, 2010	Strategies for Parenting
April 20, 2010	Attachment and Parents
May 18, 2010	Juvenile Fire setting
June 15, 2010	Family Sculpting Using the Kvebaek Method
July 20, 2010	Relational Diagnostic Assessments with Families



September 21, 2010	Integrative Medicine
October 19, 2010	Working with Children on the Autism Spectrum
November 16, 2010	Accessing Community Resources for Clients-Bridge for Benefits

2011 Washburn In-Services

January 18, 2011	Family Group Decision Making
February 15, 2011	Selective Mutism
March 15, 2011	Auditory and Language Processing Disorder – Assessment and Intervention
April 19, 2011	Using Assessment Measures to Enhance Diagnostic Assessment
May 17, 2011	Working with Youngsters on the Spectrum-Treatment Strategies
June 2011	Using Therapeutic Language in our Clinical Work
July 2011	Sensory Integration
September 2011	The Use of Play Therapy in Home
October 2011	Means Restriction – Prevention Access to Lethal Materials
November 2011	Mindfulness

2012 Washburn In-Services

January 17, 2012	Is it Family Work or Family Therapy -What is the Difference?
February 21, 2012	Using Therapeutic Games in Family Therapy
March 20, 2012	Being Safe and Feeling Secure Out in the Field: Managing Home Visits
April 17, 2012	Motivational Interviewing
May 29, 2012	The Developing Brain: What It Means For Treating Adolescents
June 19, 2012	Eye Movement Desensitization and Reprocessing



July 17, 2012	Attachment Development
September 18, 2012	Working with Transgender Clients
October 16, 2012	Therapeutic Use of Yoga
November 20, 2012	Cornerhouse: Investigation of Abuse

2013 Washburn In-Services

January 15, 2013	Hoarding
February 19, 2013	Medication Issues
March 19, 2013	Working with Adults Diagnosed with Borderline Personality Disorder
April 16, 2013	Assessment Measures/Psychological Testing
May 21, 2013	Navigating the Special Education System
June 18, 2013	
July 16, 2013	Culturally Responsive Work with Latino Families
August 2013	No Inservice
September 17, 2013	Immigration Issues

2014 Washburn In-Services

January 21, 2014	Study of Depressed Teens
February 18, 2014	The Use of Drama Therapy in Mental Health Settings
March 18, 2014	Capernaum Pediatric Therapy Clinic--Occupational and Speech Therapy



April 29, 2014	Hennepin County Mandated Reporter Training
May 20, 2014	An Integrated Approach to Wellness: Introduction to YogaCalm
June 17, 2014	“Therapeutic Language: Relating to Dysregulated Children and Setting Goals in Treatment”
July 2014	No In-Service
August 2014	No In-Service
September 16, 2014	Mental Health Consultation
October 21, 2014	Psychological First Aid
November 2014	No In-Service
December 2014	No In-Service

2015 Washburn In-Services

January 2015	No In-Service
February 2015	No In-Service
March 2015	No In-Service
April 21, 2015	Dyadic Communication: Utilizing a Couples Therapy Model with Adolescents and Parents
May 2015	No In-Service
June 16, 2015	Incorporating Traditional Native American Practices into Clinical Work and Reconnecting Families to Cultural Resources within their Community
July 21, 2015	Working with Gifted Children
August 2015	No In-Service
September 15, 2015	Beyond Consequences



October 20, 2015	Neurobehavioral Markers of Abuse within Depression
November 2014	No In-Service
December 2014	No In-Service

2016 Washburn In-Services

January 19, 2016	Utilizing EMDR with Children
February 16, 2016	Neurobehavioral Markers of Self-Injurious Behaviors in Depression
March 15, 2016	Assessment Measures
April 19, 2016	Keeping MAP Alive at WCC
May 17, 2016	Treating the Children of Chronically and Terminally Ill Parents
June 21, 2016	Feeding Disorders in Early Childhood
July 19, 2016	Assessment and Treatment of ASD
August 2016	No In-Service
September 20, 2016	Limited English Proficiency Training
October 18, 2016	An Interdisciplinary Approach to Working with Gender Expansive Children
November 15, 2016	Limited English Proficiency Training
December 2016	No In-Service



2017 Washburn In-Services

August 1 st , 2017	Spiritually-Focused Therapy for Trauma
August 15 th , 2017	The Making of an Asian Therapist
August 29 th , 2017	Mental Health Services and Transition-Aged Youth



APPENDIX E

Washburn Center for Children

Predocctoral 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 those 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 training cohort.

GENERAL GUIDELINES FOR INTERN AND TRAINING PROGRAM RESPONSIBILITIES

The Predoctoral 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 Minnesota Board of Psychology state rules 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 and apply 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. Training objectives are captured in Goal 1: Competence in Ethical and Legal Standards on the Intern Competency Assessment Form.

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, systemic, and psychological problems.
- Demonstrate sensitivity and responsiveness to the cultural and individual diversity of clients, as well recognize the intersectionality of diversity factors while reflecting on one's own cultural identity and how this impacts

assessment and therapeutic services.

- Demonstrate diagnostic skills and methods of diagnosis including psychological evaluations, clinical interview, chart review, and gathering of collateral information.
- Demonstrate knowledge and skills in treatment, including psychotherapy (various modalities including evidence based practices), crisis management, group and family therapy.
- Demonstrate skills in research, teaching, supervision, and consultation.
- Demonstrate ethical and professional behavior while maintaining positive and collaborative relationships with those they work with.

The above competency expectations imply that Interns will be making adequate progress in the above areas (as assessed formally by mid-year and end-of-the year evaluations) and that Interns will achieve a minimum level of competency in all Goal areas on the Intern Competency Assessment Form by the completion of the Internship, which will prepare them for entry-level independent practice and/or proceeding to post-internship supervised practice.

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 and to the Director of Training at their graduate program. The training program, in conjunction with the Intern, will formulate strategies for ameliorating such problems, will implement such strategies and procedures, and will document and track progress collaboratively. 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 their 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, and Personal Functioning) and are described below:

1. The training program will provide Interns with information regarding relevant professional standards and guidelines, as well as provide 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 provide 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 six and 12 month points of the Internship, feedback and recommendations are requested from any staff members who are involved in the Internship Training Program. This process is viewed as an opportunity for the Director of Training and Training Supervisors 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 is completed by Training Supervisors and Director of Training, as well as reviewed collaboratively with the individual Intern. A minimum rating of Intermediate Internship level (3) is expected by mid-year, and a minimum rating of High Internship/Post-Doctoral level (4) is required by the end of Internship in order to successfully complete internship. If a rating of Needs Remediation (1) or Early Internship level (2) is obtained on the mid-year evaluation, a support or remediation plan will be developed.

The Intern has an evaluation review meeting with the Director of Training and/or Training Supervisors. During this meeting, 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. During this meeting, Interns and the Director of Training and/or Training Supervisors also collaboratively rate progress on the individual Intern's training goals, which were developed at the beginning of the year. The following scale is used to rate goals: (5) Accomplished; (4) Some Accomplishment; (3) Progressing; (2) Little Progress; (1) No Progress; (0) Discontinued. These goals will also be updated and revised depending on the first review in order to specify goals for the last half of the training year. At this time, both parties discuss how the Internship experience is progressing, and the Intern is provided with the opportunity to give their reactions and feedback of supervisors and other aspects of their 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 Director of Training, Training Supervisors, and the Intern may arrange for a modification of the Intern's Internship expectations in order to address their training needs and/or the needs of the training program. Due Process and Intern Grievance Procedures may be followed as a result.

ADDITIONAL COMMUNICATION AND MAINTENANCE OF RECORDS

Throughout the course of the Internship, the Intern's doctoral program is kept apprised of the Intern's training experience, in particular at the six and 12 month points. They receive copies of the written evaluations. The Intern's doctoral program will also be notified in the event that a formal, remediation plan is made and as deemed appropriate by the Director of Training. In addition, the training program maintains records of the Intern's training experiences (including copies of presentation handouts), as well as keeps copies of the Intern's evaluations, and certificate of completion, all of which is preserved in the individual Intern's confidential, digital notebook. Any written records of formal complaints and grievances that the program is aware of will be secured in the program's confidential, digital notebook.

PROCEDURE FOR RESPONDING TO INADEQUATE PERFORMANCE BY AN INTERN

If an intern receives a rating of 2 (Early Internship level) , which indicates that competency for independent practice has not been obtained and continued intensive supervision is needed in most areas and is openly accepted at mid-year evaluation, the Director of Training, Training Supervisor, and Intern will work collaboratively to complete the Remediation Form, which identifies the problem area, steps to provide additional supervision and/or training to make improvements, and review dates to track progress. If progress is not made by the set review dates, the Training Director will proceed with the appropriate step (Continuation of Inadequate Rating) 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/Training Supervisor has concerns about an Intern's behavior (i.e., ethical violations, professional incompetence), the following procedures will be initiated:

- The Intern's Training Supervisor(s) or the concerned staff will meet with the

Director of Training 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 another trainee or staff, the Director of Training will meet with the Intern's Training Supervisors to discuss the problem. The Training Director may also meet with other Training 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 their response or request a meeting to discuss the matter.
- When a decision regarding corrective action has been made, the Director of Training and the Intern's Training Supervisors will meet with the Intern to review the decision. The problem area, steps to correct the behavior, and dates to review progress will be documented on the Remediation Form. If an action other than a verbal warning is needed, the Director of Training will promptly communicate in writing the plan (i.e., the Remediation Form) to the Intern's graduate program.

The following methods, ordered from least to worst in severity, 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.
 - **PURPOSE:** The purpose of the verbal warning is to ensure the Intern is aware of the concerning behavior and that Training Supervisors will closely monitor the Intern's efforts in self-correcting.
 - **COURSE OF ACTION:** In meeting with the Intern, the Director of Training 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 their Training 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 their behavior as discussed or in the case of more serious and/or repeated ethical or performance misbehavior.

- **PURPOSE:** The purpose of the written remediation plan is to ensure the Intern is aware of and understands why their behavior is under review and what specific actions are needed to correct the behavior.
 - **COURSE OF ACTION:** 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 timeline 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 their Training Supervisors on a weekly basis during the designated timeframe 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.
- **PURPOSE:** 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.
 - **COURSE OF ACTION:** In meeting with the Intern, the Director of Training will review a written description of the schedule modification. The Intern and their Training 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 Director of Training and Training Supervisors will meet to determine the next corrective action that is needed. If a schedule modification is needed, this will be indicated on the Internship Competency Assessment Form, as well as the intern's progress; however, the Training Supervisors and Director of Training 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.

- **PURPOSE:** 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.
 - **COURSE OF ACTION:** In meeting with the Intern, the Director of Training 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 Director of Training in conjunction with the Intern's Training Supervisors, determine that there has not been sufficient improvement in the Intern's behavior to discontinue the probation, then the Director of Training will discuss with the Internship program supervisors what possible courses of action might be taken. The Director of Training 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 Director of Training will include in writing that if their 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.
- **PURPOSE:** 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 Director of Training and the Intern's Training Supervisors to assess if and when the Intern is capable of effective functioning.

- **COURSE OF ACTION:** In meeting with the Intern, the Director of Training 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 their 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.
- **PURPOSE:** Administrative leave is a specific time period that involves the temporary withdrawal of all responsibilities and privileges in the agency.
 - **COURSE OF ACTION:** In meeting with the Intern, the Director of Training 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 their behavior in accordance with a specific remediation plan or plans.

- **PURPOSE:** 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 their behavior.
- **COURSE OF ACTION:** The Director of Training discusses with the Training Supervisors whether this action needs to be invoked. In meeting with the Intern, the Director of Training 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 intention of Due Process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Director of Training/Training Supervisors and Intern, 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) **INTERN CHALLENGE:** When the Intern challenges the action taken by the Director of Training/Training Supervisors
- 2) **CONTINUATION OF INADEQUACY RATING:** When the Director of Training/Training Supervisors are not satisfied with the Intern's performance in response to the action
- 3) **INTERN VIOLATION:** When either the Director of Training or a Training Supervisor initiates action against an Intern

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, they must, within 10 days of receipt of the decision, inform the Training Director, in writing, of such a challenge.

- The Director of Training will then convene a Review Panel consisting of two

Training Supervisors selected by the Director of Training and two Training Supervisors selected by the Intern. The Intern retains the right to hear all facts with the opportunity to dispute or explain their behavior.

- A review hearing will be conducted, chaired by the Director of Training, 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 Director of Training and Training Supervisors determine that there has not been sufficient improvement in the Intern's performance as documented on the Remediation Form, 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 Director of Training and Training Supervisors 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 performance issue in question has improved
 3. Communication which informs the Intern that the Director of Training 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 Director of Training

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 either:
 - a. accepting the action
 - b. challenging the action
 - If a challenge is made, the Intern must provide the Director of Training, 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 Training Supervisors selected by the Director of Training, and two staff two Training Supervisors selected by the Intern.
 - A Review Panel hearing will be conducted, chaired by the Director of Training, 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:** The Director of Training or any Training Supervisor 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
- c. infringement on the rights, privileges or responsibilities of others.
 - The Director of Training Director will review the grievance with 2 members of the Training Supervisors and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
 - If the Director of Training and two other Training Supervisors determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the Director of Training shall inform the Training Supervisor who may be allowed to renew the complaint if additional information is provided.
 - When a decision has been made by the Director of Training and the other two Training Supervisors that there is probable cause for deliberation by the Review Panel, the Training Director shall notify the Training Supervisor 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 Director of Training Director and the two other Training Supervisors shall decide whether to proceed with the matter.
 - If the Intern is informed, a Review Panel is convened consisting of the Training Director, two Training Supervisors selected by the Training Supervisor, and two Training Supervisors selected by the Intern. The Review Panel receives any relevant information from both the Intern and Training Supervisor as it bears on its deliberations.
 - A review hearing will be conducted, chaired by the Director of Training 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 TRAINING SUPERVISOR, STAFF MEMBER, TRAINEE, OR PROGRAM.

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

- Raise the issue with the Training Supervisor, staff member, other trainee, or Director of Training 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 Director of Training. If the Director of Training is the object of the grievance, or unavailable, the issue should be raised with the Chief Psychologist.
- If the Director of Training cannot resolve the matter, they will choose a Training Supervisor that is acceptable to the Intern who will attempt to mediate the matter. Written material will be sought from both parties.
- If mediation fails, the Director of Training 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.