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

750 First St NE

Washington, DC 20002-4242

(202) 336-5979

TDD: (202) 336-6123

Fax: (202) 336-5978

Website: www.apa.org/ed/accreditation

Email: apaaccred@apa.org

Revised June 2023

Table Of Contents

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 Minnesota United FC (soccer).

II. The Agency – Washburn Center For Children

HISTORY – WASHBURN'S STORY

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.

At the time, 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 Edina, 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

SERVICES: 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. Our mission at Washburn Center for Children is *nurturing every child and family's well-being and full potential through transformative children's mental health care*. 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.

FUNDING: One of Washburn's programs is provided free of charge to families (Early Childhood Outreach). The Outpatient, School-Based, 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.

CLIENTS SERVED: 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.

OUTCOME DATA: 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.

TRAINING AND EDUCATION AT WASHBURN

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 20 to 30 students receive training and clinical supervision in Washburn's programs each year at the post-doctoral, predoctoral intern, graduate and undergraduate levels in a range of mental health disciplines.

HISTORY of PREDOCTORAL PSYCHOLOGY INTERNSHIP: 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 its initial accreditation from the American Psychological Association (APA), which was reaffirmed in 2018. The next scheduled site visit will be in 2027.

EXPANDING EDUCATION: 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. They have also held in-person and virtual trainings for professionals in the Twin Cities and Greater Minnesota area 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.

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, engaged in predoctoral practicum, predoctoral internship, and postdoctoral fellowship placements. This program is overseen by the Co-Directors of Training, who teams with a number of Licensed Psychologists at the agency, responsible for providing supervision and training within the program. ***The Psychology Training Program works closely with the Outpatient Program, as psychology trainees are embedded within this program as their home-base.*** In addition to seeing clients within an outpatient setting, predoctoral interns provide psychological assessment services for clients served by several programs throughout Washburn (detailed descriptions of programs below).

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

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

The Outpatient Program provides support for families and their children through assessment, evaluation, and treatment. Services include individual and family therapy, and psychological evaluations, 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. Clients are required to be enrolled in therapy services at Washburn, to receive psychiatric services at Washburn.

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 preschool 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, as well as Lions Gate Academy. 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 a 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 is 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: ethical and legal standards; individual and cultural diversity; psychological diagnosis and assessment; psychotherapeutic intervention; research and application of current scientific knowledge to practice; providing supervision; competence in professional values, attitudes, and behaviors; consultation and interprofessional/interdisciplinary skills; and communication and interpersonal skills.

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 engaged 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 furthering one's development in their use of self in their work with clients, and in understanding how one brings their cultural identities and areas of privilege into relationships with clients and co-workers. Interns and other trainees, agency staff members, and Training Supervisors all share the goal of enhancing their own cultural awareness and development. Focused attention is paid to this in the Reflective Practice Group, as well as embedded in the focus on cultural dynamics and implications during case consultations, team meetings, and supervision. Psychology Interns are also encouraged to engage in agency activities organized to support Equity, Diversity, Inclusion, and Cultural Responsiveness at Washburn.

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., doctoral practicum students, Interns training in social work, counseling, and other mental health disciplines) over the course of the year and receive supervision on their supervision skills and experiences. Interns are also required to complete two Clinical Case Presentations, 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 presentations. 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 2023-2024 training year, starting August 14th and ending August 13th), 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, 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. All Interns must complete 500-hours of direct clinical service by the end of the training year. In order to complete the 500 clinical hours required for completion of the internship, Interns may need to have more than 18 clinical hours per week scheduled during some weeks. Interns typically are in the office Monday through Friday and 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 – 21 are seen in Washburn's Outpatient Department. Several Outpatient staff have received training in DC: 0-5 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.

Diagnostic Assessments are generally 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. For more complex cases, a third session may be approved for gathering background information from additional collateral contacts and/or the identified client. 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 and group 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 individual and group supervision.

Interns will hone their skills in psychological evaluation, including diagnostic interviewing, completing mental status examinations, and conducting clinical record reviews. During their training year, interns can expect to receive training and experience in using a variety of measures, including intelligence, achievement, adaptive functioning, and objective personality tests. A typical battery may include:

Cognitive Measures:

-Wechsler Preschool and Primary Scale of Intelligence-4th Edition
-Wechsler Intelligence Scale for Children-5th Edition
-Wechsler Adult Intelligence Scale-4th Edition

Measures of Academic Functioning:
-Wide Range Achievement Test-5th Edition

Neuropsychological/Measures of Executive Functioning:
-Delis Kaplan Executive Functioning System
-A Neurodevelopmental Psychological Assessment-Second Edition

Objective Personality Measures:
-Millon Adolescent Clinical Inventory-II
-Millon Pre-Adolescent Clinical Inventory

Autism:
-Autism Diagnostic Interview-2nd Edition
-Social Language Development Test

Collateral Report Measures:
-Behavior Assessment Scale for Children-3rd Edition
-Behavior Rating Scale of Executive Functioning-2nd Edition
-Vineland-3
-BASC Parent Relationship Questionnaire
-Social Communication Questionnaire
-Social Responsiveness Scale-2nd Edition
-Trauma Symptom Checklist for Young Children
-Barkley Adult ADHD Rating Scales

Self-Report Measures:
-Children's Depression Inventory-Second 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
-Barkley Adult ADHD Rating Scales

Psychologists at Washburn Center for Children also have access to a number of additional measures. However, these tools are not integrated into the training program and interns should not expect to conduct regular assessments with the following measures. Interns who have the interest may be permitted to engage in self-study and seek additional supervision to utilize such measures, depending on their performance in the program. These measures include:

Cognitive Measures:
-Universal Test of Nonverbal Intelligence
-Woodcock Johnson Test of Cognitive Abilities

Measures of Academic Functioning:

-Woodcock-Johnson-4th Edition
-Wechsler Individual Achievement Test-2nd Edition

Autism:
-ADOS-II
-MIGDAS

Collateral Report Measures:
-Attention Deficit Disorder Evaluation Scale-4th Edition
-Parenting Stress Index-4th Edition
-Achenbach measures

Objective Personality Measures:
-Minnesota Multiphasic Personality Inventory-Adolescent

Projective Measures:
-Rorschach Inkblots
-Robert's 2
-Projective Drawings (House-Tree-Person; Person in the Rain)
-Incomplete Sentences

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.

SUPERVISION AND DIDACTIC & EXPERIENTIAL TRAINING COMPONENTS

FOUR CORE HOURS OF SUPERVISION:

Interns are assigned two Psychology Training Supervisors for weekly, regularly scheduled, face-to-face, **individual** clinical supervision. The Primary Supervisor provides administrative supervision and directly observes the Intern's clinical work when appropriate. The Secondary Supervisor 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 alternate presenting on their clinical work in this space. 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. 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 psychotherapy and psychological evaluation services and peer supervision. Group supervision will include processing and reflecting on psychotherapy cases and can include reviewing video recordings of sessions in addition to consulting conceptual aspects of specific psychological testing cases and processing the more nuanced aspects of testing (administration, scoring, interpretation. The focus is on creating a group space where interns can learn and grow in one's knowledge and skill through presenting on their clinical work, thinking with the group about their work, and thinking with the group about others' work. Focus will be on examining different theoretical orientations that might help inform work with families, and clinical decision-making process with emphasis on the interpersonal, cultural, and relational aspects that ground the work. The group is also a space to learn and grow in one's knowledge and skill of psychological assessment. Interns are expected to present testing data regularly during the training year. An important aspect of group supervision is to help interns to develop and expand their supervision skills. Group supervision will also include exploration of theories, concepts and skills related with supervision. To facilitate learning, the group may read and discuss articles about supervision, and interns will also bring in material and reflection from their experiences as peer supervisors for examination and discussion with the group.

In addition, within the group supervision space, Interns will process and reflect on their reflective practice rotations (see DIDACTIC AND EXPERIENTIAL TRAINING COMPONENTS section). Interns will engage in self-reflection, exploring personal assumptions and perspectives and how this influences their interpretations, decisions and actions, and work towards a growing in awareness of their individual privilege and power, biases and prejudices. The group will work to co-create space that recognizes not only similarities, but also distinct differences in the ways that we communicate, express emotional or relational needs, experience others and our world, and create and live out our value systems. An important focus of the group will be to use the space to lean into difference, and learn from others, and to engage in reflection of how race, ethnicity, white-body supremacy, oppression of BIPOC bodies, gender, sexual orientation, religion, spirituality, etc. exists in process group space, training and work spaces, in clinical practice, and in society. Interns will be encouraged to bring their experiences from their select rotation into the group for greater reflection and learning.

DIDACTIC AND EXPERIENTIAL TRAINING COMPONENTS:

EVIDENCED-BASED PRACTICE TRAINING AND CONSULTATION

Interns also receive training and required consultation in a specific evidenced-based practice during their training year. For the 2023-2024 training year, interns will receive all of required training components to apply for credentialing in *PracticeWise: Managing and Adapting Practice* (MAP). The MAP training is embedded into the psychology training program, and provided by Dr. Melissa Sovak, a MAP training professional, and also a psychology supervisor/co-program director of the training program. Initial instruction is provided in partnership with Washburn staff from other clinical programs including Case Management and School-Based programs, and consultation is specific to the psychology training program, and embedded within the clinical topic seminar time (see description right below).

CLINICAL TOPIC SEMINARS

Interns also attend clinical topic seminars that are scheduled roughly biweekly for two-hours and lead by by Psychology Training Supervisors as well as other Agency Supervisors and Other Contributors that include topics such as family therapy, professional development, therapeutic assessment, play therapy, working with specific populations, and the implementation of evidenced-based treatment interventions (e.g., Managing and Adapting Practice, MAP – *PracticeWise* system). Clinical topic seminars tends to be scheduled more frequently during the first few months of training as part of onboarding and preparing interns for providing psychological testing and psychotherapy services to a range of ages clinical presentations.

RESEARCH ROUNDTABLE:

Research Roundtable is a monthly group meeting to disseminate and apply current research to the practice of psychology with children. On the date of the Roundtable, presenters lead a discussion around at least one scholarly article or reading that has been provided by them ahead of time. It is expected that presenters give a brief overview of their article/reading and facilitate a discussion of the strengths and weaknesses of the article, as well as a discussion of the possible applications to clinical practice. The Roundtable takes place on a monthly basis starting in October and interns are expected to present at least one time throughout the training year, though they may present more if that is consistent with their training goals. The group is led by one Washburn staff member, who provides evaluative feedback on intern participation, engagement, and presentations. Dr. Melissa Sovak is the group leader for the 2023-2024 academic year.

ROTATIONS FOR REFLECTIVE PRACTICE: BRIDGING DIFFERENCES IN OUR WORK

Interns chose select rotation(s) that facilitate their development as a culturally-responsive clinician, and increase their ability to lean into the complexity of their clinical work, and help them to respectfully attend to the unique cultural identities of the clients and families they serve. They will process and reflect on their experience within the group supervision space.

Interns will select one of five rotations, and connect their engagement in the rotation with at least one of the training goals that they develop for their Learning Contract:

1. **Pathways Fellowship Program:** This program is created for individuals who identify as indigenous or people of color and pursuing a career in the mental health field. This program offers a cohort experience with around 8 other fellows over the course of 9 months (current cohort September 2023 – May 2024). Fellows experience twice monthly cohort meetings (90 minutes each), mentorship with a clinician of color in the Twin Cities, and professional development opportunities. *Please note that interviewing for this program is conducted in spring/summer prior to the start of the predoctoral internship.

2. **Inclusion Talks Rotation:** Inclusion Talks an important part of the Equity, Diversity, & Inclusion (EDI) ecosystem at Washburn. They occur monthly on the 3rd Tuesday of each month from 11-12, and focus on a timely and relevant topic (i.e., Black History Month). In addition, pop-up Inclusion Talks occur as needed throughout the year in response to events within our world. Pop-up TALX is a space for collective sharing and processing. Interns that select this rotation will be required to attend a minimum of 10 Inclusion Talks throughout the training year, and meaningfully participate in the planning and implementation of at least 1 Inclusion Talks meeting.
3. **DICR:** The Diversity, Inclusion, and Cultural Responsiveness (DICR) committee is comprised of WCC staff in both clinical and non-clinical roles. As part of the EDI Ecosystem, the DICR team develops and facilitates the agency's introductory Foundations in Seeing Complexity training for new staff. DICR team meetings take place from 10 to 11 AM on the 2nd and 4th Mondays of the month. Interns who choose this rotation will attend a minimum of 12 DICR team meetings and participate in planning and development of program materials including creating FISC 2.0. Interns are also encouraged to participate in co-facilitation of FISC trainings if their schedules permit. Throughout this rotation, Interns will also have access to a staff psychologist/DICR member for mentorship and support.
4. **White-Bodied Accountability Group:** The White-Bodied Accountability Group provides a space for white-bodied people to challenge one another to recognize the problems caused by the ideology of white supremacy. The goal is to humbly explore new ways of understanding the power and privilege associated with white conditioning and to commit to the ongoing transformation of one's racial biases. This is about self-reflective practice and personal accountability. Interns that select this rotation will be required to attend a minimum of three White Bodied Accountability Groups per month, and to identify a psychology training staff with whom they will establish a plan to be accountable to meaningful action-steps that they will engage in, subsequent to learning that occurs connected with each group.
5. **Independent Study with Amber Buck:** Interns will partner with Amber and choose their own adventure based on strengths and goals of the training year with a commitment of checking in/meeting with Amber 2-3 hours/month.

AGENCY-SPONSORED TRAININGS AND OTHER OPPORTUNITIES

Interns are welcomed and encouraged to attend employee-led identity groups:

The BIPOC Consult/Support Group hopes to create a positive space for clinical and non-clinical staff and trainees that self-identify as Black, Indigenous, or a Person of Color (BIPOC). This group is a space to discuss topics that are important to the attendees and also to consult about the clients and families the attendees are interacting with and providing care for using a multicultural lens. Its focus is to build supportive connections and expand relationships across departments.

The LGBTQ+ affinity group is a space for LGBTQ+ staff to come together, share experiences and provide mutual support. The goal of the group is to encourage, exchange, and deepen space for dialogue around issues affecting the LGBTQ+ community and its allies. The group will also learn from experiences providing care to LGBTQ+ clients and families.

The White-Bodied Accountability Group provides a space for white-bodied people to challenge one another to recognize the problems caused by the ideology of white supremacy. The goal is to humbly explore new ways of understanding the power

and privilege associated with white conditioning and to commit to the ongoing transformation of one's racial biases. This is about self-reflective practice and personal accountability.

There are also monthly meetings for Spanish-Speaking Providers at the agency. The goals of this group is to provide a space to build community, discuss challenges and successes, as well as provide resources and opportunities.

COMMUNITY-SPONSORED TRAININGS

Interns attend two, one in the fall and one in the spring, half or full-day trainings that generally focus on such topics as Cultural Responsiveness, 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

See Section Above – Supervision and Didactic & Experiential Training Components: Four Core Hours of Supervision

DEPARTMENT AND GROUP CASE CONSULTATION

As mentioned above, Interns attend monthly Psychology Training case consultation meetings focused on case discussion/presentation. Interns are encouraged to present cases/issues as often as needed, and at minimum of two times over the course of the year. The team is comprised of trainees and staff working from psychology, psychiatry, 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. Aoun and Mr. Tucker.

Starting this year, the agency has also added once-a-month Across-Program consultations for all clinicians. Interns will be joining the Psychological Testing Consultation meeting facilitated by Dr. Rachael Krahn and additional outside consultants may be joining as appropriate to focus on psychological evaluation cases.

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

The following three goals provide greater definition of the key areas of focus for the Psychology Internship program at Washburn – that orient Interns to what is emphasized and attended to:

1. Psychology Interns will develop competence in providing generalist psychology assessment and psychotherapy services for a diverse children's community mental health population:

    a. They will develop collaborative relationships with the families that they serve, and strengthen their capacity to lean into and learn about their unique needs.

    b. They will gather comprehensive information through collaborative engagement with the child, their caregiving system, service providers, and community partners.

    c. They will effectively utilize evidence-base, MAP framework and resources, theory, and best practice guidelines to develop client-centered, well-synthesized, conceptualization and recommendations.

    d. They will engage in comprehensive psychology assessment throughout the training year, and will be challenged to provide recommendations that are grounded in and informed by a skilled understanding of therapeutic practice.

    e. ***Of central focus,*** they will hone their skills at identifying, seeking out, and utilizing targeted consultation necessary to serve the needs of a broad population.

2. Psychology Interns will consolidate previous and current training. In the process of this, they will form an integrated and adaptable, foundational framework for how they organize their therapeutic work with children and families, which encompasses the following:

    a. Training at Washburn emphasizes the critical importance of developing and deepening therapeutic relationships, reflection upon how healing and change transpires within the context of relationships, and the impact of client strengths, resiliencies, as well as trauma and adversity.

    b. Interns will demonstrate the ability to form solid, reliable therapeutic relationships with their clients, and engage in open and curious reflection on the impact of their intervention with monitoring client progress and listening to client feedback.

3. Throughout the course of the training year, Psychology Interns will grow in their capacity to engage in culturally responsive practice. In tandem with all staff at Washburn, Psychology Interns will be expected to use their engagement in supervision, training spaces, and the Washburn community to broaden their perspectives. This includes:

a. Self-reflection: exploring personal assumptions and perspectives and how this influences our interpretations, decisions and actions, and growing in awareness of our individual privilege and power, biases and prejudices.

b. Co-creating space that recognizes not only similarities, but also distinct differences in the ways that we communicate, express emotional or relational needs, experience others and our world, and create and live out our value systems. Using space to lean into difference, and learn from others, and to engage in reflection of how race, ethnicity, white-body supremacy, oppression of BIPOC bodies, gender, sexual orientation, religion, spirituality, etc. exists in our shared spaces.

c. In work with clients, thinking about the ways in which the clinician's and client's social and contextual lived experiences are similar and different, and how this impacts the therapeutic work.

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. The specific breakdown of this is listed below:

ETHICAL AND LEGAL STANDARDS:

The following training activities and experience tie to this profession-wide competency:

- Continuous feature of clinical training – embedded throughout the program.
- Interns attend a formal training on HIPAA and privacy rights, mandated reporting, and other ethical issues within the first month of their training through Washburn's online learning system.
- Interns review both APA and state guidelines for professional practice. These guidelines are discussed during individual supervision, case consultation, and didactic seminars throughout the training year.

INDIVIDUAL AND CULTURAL DIVERSITY:

The following training activities and experience tie to this profession-wide competency:

- Continuous feature of clinical training – embedded throughout the program.
- Interns attend a half-day training in this area through MAPPIC, a collaborative of internship site across the state of Minnesota.
- Interns receive training in providing culturally responsive treatment to diverse and often under-served populations.
- Interns participate in Reflective Practice Group and select rotations, in which they engage in learning and development of directed at individualized learning goals to improve ability to effectively bridge differences in their work
- Interns are encouraged to participate in agency-sponsored activities that support their learning and growth in their capacity to engage in culturally responsive practice.
- Interns are strongly encouraged to use a framework such as the "ADDRESSING" model, RESPECTFUL model, and the Social Matrix when conceptualizing cases.

PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT:

The following training activities and experience tie to this profession-wide competency:

- Interns receive two-hours per week of training activities in this area: Individual and Group Supervision.
- Interns complete initial and/or annual comprehensive diagnostic assessments with their clients.
- Interns complete at least 5 comprehensive psychological evaluations.

PSYCHOTHERAPEUTIC INTERVENTION:

The following training activities and experience tie to this profession-wide competency:

- Interns provide individual and family therapy with an ongoing caseload of approximately 18-20 clients.
- Interns receive didactic seminar training in a range of therapeutic techniques and organizing frameworks.
- Interns have access to a range of training opportunities through Washburn's online training system.
- Interns receive training in requirements necessary for credentialing in Managing and Adapting Practice.
- 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.
- 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 caregiver guidance and caregiver/child therapy.

RESEARCH AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE:

The following training activities and experience tie to this profession-wide competency:

- Interns participate in a monthly Research Roundtable meeting
- Interns receive formal training in MAP, and have access to the use of the MAP-based *PracticeWise* system, and are expected to utilize in their therapeutic work.
- According to their particular area of interest/research/clinical need, Interns are required to present a Formal Case Presentation during the Psychology Training Team Case Consultation meeting on information that informs a clinical area related to the case they present, to practice embedding current scientific knowledge into their clinical practice, as well as to present on research and current scientific knowledge to colleagues.

SUPERVISION:

The following training activities and experience tie to this profession-wide competency:

- Interns supervise other young professionals (i.e., doctoral practicum students, Interns training in social work, counseling, and other mental health disciplines) over the course of the year and receive supervision on their supervision skills and experiences.
- Interns participate in supervision training that occurs within individual and group supervision and didactic seminars. To facilitate learning, within group supervision interns may read and discuss articles about supervision, and interns

will also bring in material and reflection from their experiences as peer supervisors for examination and discussion within group and individual supervision.

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS:

The following training activities and experience tie to this profession-wide competency:

- Continuous feature of clinical training – embedded throughout the program.
- 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 growth edges.

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS:

The following training activities and experience tie to this profession-wide competency:

- Continuous feature of clinical training – embedded throughout the program.
- Interns participate in MAP consult, group supervisions, and case consultation – to think together with other professionals about psychological testing and psychotherapeutic work.
- Interns participate in a reflective practice group which is a space to work on professional development issues. In addition, there is a strong focus in this group on professional development throughout the year; Interns present on their reflections about their developmental process once at the midway point of the training year and again at the end of the training year.
- Interns work across program and discipline at Washburn in care coordination with programs inside and outside of the agency, often in their peer supervision experience, and providing psychological assessment services to programs across the agency.

COMMUNICATION AND INTERPERSONAL SKILLS:

The following training activities and experience tie to this profession-wide competency:

- Continuous feature of clinical training – embedded throughout the program
- 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.

- Interns reflect on how communication styles shape their work with clients, peers, supervisors, colleagues – individual supervision and reflective practice group are two key places that this is focused on.

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 (Appendix A) 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 D 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 D 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.

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 Intern's 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) Treatment Plans and their 6-month reviews in order to evaluate client progress and compare this with the Intern's report of progress through supervision. Supervisors also complete Case Reviews at minimum every two months 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 DSM-5 Cross-Cutting Measures, Strengths and Difficulties Questionnaire, and the Child and Adolescent Service Intensity Instrument 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 D for more information about these procedures.

VII. Training Seminars

See “Didactic and Experiential Training Components” section above.

VIII. Supervision - see 4 core hours of supervision in “Didactic and Experiential Components” section above

IX. The Psychology Training Supervisors, Agency Supervisors, and Other Contributors

Psychology Training Supervisors

Melissa Sovak, PsyD, LP. (she/her) Outpatient Staff Psychologist, Training Supervisor, Co-Director of Training

Dr. Sovak joined WCC as a Postdoctoral Fellow in 2010, after completing her doctoral Internship at Neighborhood Involvement Program in Minneapolis, MN. After completing her Fellowship, she remained at WCC within the outpatient setting. Dr. Sovak provides individual and family therapy and psychological testing, as well as supervision to doctoral trainees. She helped create one of the foundational children’s mental health trainings provided by the Training Institute, and focused on the topic of development. Dr. Sovak is certified in TF-CBT, credentialed in Managing and Adapting Practice (MAP), and has received specialized training in EMDR and DC 0-5 Assessment. She is a MAP Training Professional, and provides MAP training and consultation both within WCC and throughout the state of Minnesota. Dr. Sovak is also a consultant with Practicewise, where she provides consultation and completes case reviews for individuals across the U.S. seeking credentialing as a MAP therapist. She previously was an adjunct professor for five years in the Masters in Clinical Psychology Program at Argosy University/Twin Cities. Dr. Sovak’s areas of clinical interest include: Interpersonal trauma, anxiety, depression, high conflict divorce, identity development, parenting guidance, grief and loss, neurodevelopmental disorders, supervision and consultation, cultural humility and providing culturally responsive treatment, and MAP.

Carin Wolfe, PsyD, LP. (she/her) Outpatient Staff Psychologist, Training Supervisor, Co-Director of Training

Dr. Wolfe received her BA from Georgia State University in Psychology, as well as her Master of Arts and PsyD from the Georgia School of Professional Psychology. Dr. Wolfe completed her practica at Children’s Healthcare of Atlanta, Beyond Words Center, and Murphy Harpst Children’s Centers in Atlanta, Georgia before moving to Minneapolis to complete her APA-accredited predoctoral internship at Washburn Center for Children. She was also a postdoctoral fellow and recipient of the Patricia L. Klibanoff Fellowship at Washburn Center in 2014-2015. Upon completion of her fellowship in the Outpatient Program, Dr. Wolfe worked in the Day Treatment Program at WCC, as a family and group therapist and the intake specialist. She returned to the Outpatient and Psychology Training program in 2019. 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 within the Committees of Equity and Human Development at WCC. She has received training and is working toward certification in TF-CBT, EMDR, and MAP. Dr. Wolfe has been trained in DC 0-5 Assessment. Dr. Wolfe has also been trained in Imago Relationship Therapy and enjoys using this model with couples, as well as in dyadic work with adolescents and parents. Dr. Wolfe specializes in relationship-based, client-centered care with a developmental and attachment focus. Dr. Wolfe's areas of interest include: assessment and therapy with children of all ages including DC 0-5 Assessment, psychological testing, trauma and life stress, attachment and child development, cultural identity development, equity and inclusion, adjusting to life changes, clinical supervision and training, consultation with schools and educators, group therapy, parenting support and guidance, couples therapy and relationship enhancement, women's issues, and adult individual therapy.

BROOKLYNE OLSON, PSYD, LP. (SHE/HER) OUTPATIENT STAFF PSYCHOLOGIST Dr. Olson received her BA in Psychology from the University of St. Thomas and went on to complete her doctorate in Clinical Psychology with a child and adolescent emphasis at Adler University in Chicago, Illinois. Dr. Olson completed her APA-accredited predoctoral internship at Primary Children's Hospital in Salt Lake City, Utah. She then completed her postdoctoral fellowship at WCC and stayed on as a staff psychologist. Dr. Olson provides individual and family therapy within the Outpatient Program, and co-facilitates the reflective group for the training program. Dr. Olson's areas of clinical interest include: Anxiety, depression, behavioral issues, parenting difficulties, trauma, autism spectrum disorder, and ADHD. Dr. Olson has specialized training in TF-CBT, DBT, MAP, and DC: 0-5 Assessment.

KELLY WICKS, PSYD, LP. (SHE/HER) OUTPATIENT PSYCHOLOGIST 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 WCC 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. 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 TF-CBT, MAP, DC: 0-5 Assessment, and TI-CPP.

CLAUDIA DAML, PSYD, LP. (SHE/HER) OUTPATIENT STAFF PSYCHOLOGIST, OUTPATIENT ASSISTANT PROGRAM 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 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. She has worked at WCC since 2007, which 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 has a specialization in trauma-focused care and has been trained in EMDR, TFCBT, DBT, and 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.

RACHAEL KRAHN, PSYD, LP. (SHE/HER) TRAINING SUPERVISOR/DIRECTOR OF OUTPATIENT SERVICES 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 Director of Outpatient Services, and has also worked as Co-Director of WCC's Training Institute. Dr. Krahn greatly enjoys training, supervision, and program management, as well as direct client care in her work at WCC. Her areas of interest include supervision, trauma, play therapy, attachment and development, family systems, and program development and training.

OTHER AGENCY SUPERVISORS AND OTHER CONTRIBUTORS

JESSICA SINKO, PSYD, LP. SCHOOL-BASED MENTAL HEALTH PROGRAM SUPERVISOR AND PSYCHOLOGY TESTING PROGRAM SUPERVISOR (AGENCY SUPERVISOR) Dr. Sinko received her BA in Child Psychology from the University of Minnesota and went on to complete her MA and PsyD at the Minnesota School of Professional Psychology in 2011. Dr. Sinko joined WCC 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 provided 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 WCC in 2016. She has also collaborated with the Psychology Training Program to facilitate social skills groups in the school setting and has provided group supervision to predoctoral interns; presently, she is the program supervisor for the testing program, and is in a role of providing agency support for clinicians that are providing psychological assessment. Dr. Sinko is certified in TF-CBT and 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.

SUZANNE AOUN, MD. STAFF AND CONSULTING PSYCHIATRIST (OTHER CONTRIBUTOR) Dr. Aoun is a child and adolescent psychiatrist who has been treating children, adolescents and adults in Minneapolis, MN for over fifteen years. In her clinical practice, Dr. Aoun utilizes a multidisciplinary team approach providing a comprehensive treatment to patients. Dr. Aoun provides consultation for several WCC programs, including Outpatient. 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.

LARRY TUCKER, LMFT. AGENCY CONSULTANT (OTHER CONTRIBUTOR) Mr. Tucker is the owner and co-founder of Kente Circle. Mr. Tucker is an Adjunct Professor at St. Mary's University, Twin Cities Campus, in their Masters Program for Marriage and Family Therapy. Mr. Tucker has 20 plus years of experience in the social service field. He is an AAMFT Approved Supervisor, Minnesota MFT and LPC Board Approved Supervisor. Mr. Tucker is also a trainer and consultant to agencies who are interested in enhancing their cultural knowledge and experiences with their staff and clients. As a trainer and consultant his goal is to inspire people to resist giving into the fear that comes with the unknown.

MARLENE OVALLE STIEHM, PSYD, LMFT. ASSISTANT OUTPATIENT PROGRAM SUPERVISOR AND 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 WCC. She completed her predoctoral internship and postdoctoral fellowship at WCC. 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 MAP, and she has also received specialized training in TF-CBT, DBT, DC: 0-5 Assessment, and EMDR. Currently, Dr. Ovalle Stiehm provides individual and family therapy, as well as supervision of staff in the Outpatient Department at WCC. 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.

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.

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 (minimum of 150 direct, face-to-face hours)
    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 (minimum of 150 direct, face-to-face hours)
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, and Staff Psychologists. 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 Internship Program requires two letters of recommendation as part of the APPIC Application. 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 one of the Co-Directors of Training - Melissa Sovak, PsyD, LP, msovak@washburn.org, or Carin Wolfe, PsyD, LP cwolfe@washburn.org. Online application materials are due November 10, 2023. The Co-Directors of Training via their administrative program support person will notify applicants by email by December 15, 2023 on whether they will be offered an interview; applicants no longer under consideration will be informed by the same date. Applicants will be notified via email about their eligibility for an interview. Interviews will be conducted in early to mid-January. Interviews are conducted virtually. Applicants will be able to select from a few set dates/times for the interview process, and each interview will be comprised of several meetings. There will be an initial group meeting with several other applicants and the training co-directors to provide initial information about the training program, and to orient to the interview experience. The applicant will then have an individual interview with 1-2 training psychologists, and a group interview with the training co-directors. Applicants will have the opportunity to meet as a group with one or more current psychology interns to ask questions and hear more about the internship program from an intern's perspective. Applicants are encouraged to follow-up with one of the training directors afterwards, with any additional questions that are left unanswered

XII. STIPENDS AND BENEFITS

The stipend is $24,000 for the 12-month Internship (i.e., 2000 hours from August 14th through August 13th). Malpractice insurance is provided. Interns receive 10 days of vacation (80 hours), eight holidays off (64 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 starting date for the internship has in the past been at the end of August, beginning of September; and has typically occurred on the Monday of the week before Labor Day, or the Tuesday following Labor Day. This is shifting to start at the beginning of August for future training years. For 2023-2024, the start date is being moved to 8/14/2023.

The Predoctoral Internship program has an 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

CLASS OF 2019-2020

CHARLI CRAWFORD Minnesota School of Professional Psychology at Argosy University in Eagan, Minnesota

RYAN CUMMINS Louisiana State University in Baton Rouge, Louisiana

JACQUELINE RILEY Adler University in Chicago, Illinois

CLASS OF 2020-2021

KIM STEWART University of Oklahoma, Norman

ERIKA BRINK Saint Mary's University in Minneapolis, Minnesota

IKRAM HASSAN Adler University in Chicago, Illinois

JILLIAN BARANZINI Midwestern University in Glendale, Arizona

KATE ROTHMAN Roosevelt University in Chicago, Illinois

CLASS OF 2021-2022

SOPHIA DODGE University of Wisconsin in Madison, Wisconsin

ANI MANGOLD University of North Dakota in Grand Forks, North Dakota

MATHEW STEWART University of Denver in Denver, Colorado

BHARATHI VENKAT Alliant International University in San Diego, California

RYAN WONG Loma Linda University in Loma Linda, California

CLASS OF 2022-2023

SHATIMA AYCOCK The Chicago School of Professional Psychology, Washington, DC in Washington, DC

JULIA CLEARMAN Wheaton College in Wheaton, Illinois

YODIT DENU University of South Dakota in Vermillion, South Dakota

CONOR FITZ Pacific University in Hillsboro, Oregon

SHARYL WEE Southern Methodist University in Dallas, Texas

JINGYOU ZHU University of St. Thomas in Minneapolis, Minnesota

XIV. CONNECTION AT WASHBURN

PROGRAM-SPONSORED CONNECTION OPPORTUNITIES

The Psychology Training program typically welcomes new trainees with a welcome lunch with Training Supervisors. We also celebrate the completion of the training year with a graduation ceremony and/or an End-of-the-Year Party. Since the COVID-19 pandemic, Interns have had opportunities to connect in meetings in-person as well as remotely. The program utilizes Zoom and Microsoft TEAMS as a way of regularly connecting when there is the need to minimize in-person meetings and gatherings.

The Psychology Training host half-day retreats twice per year, which provide opportunities for self-care, rejuvenation, and connection.

AGENCY-SPONSORED CONNECTION OPPORTUNITIES

The COVID-19 pandemic has greatly impacted how the Agency connects both online and in-person over the past several years. The Agency provides many community spaces (generally still virtual gatherings) for staff and trainees to gather to learn, ask questions, and connect. Some of these include: Inclusion Talks, "huddles" with Agency Leadership (topics such as Agency structure and working with our Board of Directors, financial status, broader Agency strategy and priorities), racialized trauma healing groups, affinity groups, open hours for teams such as our EHR superusers and IT staff, picnics outside on the playground, and All-Staff meetings (which moved to hybrid in-person and online in summer 2022 and occur quarterly). The Agency's Human Resources team has resumed planning staff recognition events out in the community. It is hoped that next summer we can resume our annual All Staff Recognition picnic, which is hosted off-site for staff and trainees to share a meal, enjoy each other's company, recognize staff who have reached professional milestones, and engage in summer games and activities.

APPENDIX A

WASHBURN CENTER FOR CHILDREN

DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

INTERN COMPETENCY ASSESSMENT FORM

Intern:

Supervisors:

Date:

☐ Mid-Year Evaluation

☐ Final Evaluation

Minimum Levels of Achievement:

- Competency Goal for Mid-Year Evaluation: All ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training/remediation plan.
- Competency Goal for Final Year Evaluation: All ratings are 4 or above. No ratings of 1, 2, or 3 are to be addressed in any area.

ASSESSMENT METHOD(S)

☐Direct Observation

☐Videotape

☐Audiotape

☐Case Presentation

☐1:1 Supervision

☐Review of Written Work

☐Review of Raw Test Data

☐ Discussion of Clinical Interaction

☐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 entry-level 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 entry-level 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 – Performance is unacceptable and significantly below what would be expected for someone on internship. Trainee may not be able to grow skills in this area, even with time, practice and supervisory guidance. Trainee may or may not have an accurate awareness of level of skill in this

area. Trainee may or may not be working toward competence. Trainee may be actively or passively

refusing to engage in learning objectives. *This level includes unethical practice and repeated boundary violations and requires remediation as outlined in the Grievance Procedure.*

N/A – No opportunity to evaluate skills in this area.

COMPETENCY 1: COMPETENCE IN ETHICAL AND LEGAL STANDARDS

APA-defined elements associated with this competency at the internship level:

- Be knowledgeable of and act in accordance with each of the following:
    - o The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
    - o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

o Relevant professional standards and guidelines.

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

ELEMENT 1: RECOGNIZES ETHICAL DILEMMAS

Recognizes ethical dilemmas when they arise. Recognizes ethical dilemmas and applies ethical decision-making process; uses supervisor and consultation support for more complex situations.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 2: SEEKS CONSULTATION/SUPERVISION

Seeks consultation or supervision around ethical dilemmas as soon as they arise and uses feedback productively.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Regularly communicates potential ethical concerns with supervision and seeks support through supervision and consultation. Consults with supervisor about documentation considerations.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Knowledgeable of rules, explains clearly to children and families, and acts consistently; seeks support from supervisors and colleagues for consultation

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Knows and understands ethical code; seeks support from supervisors and colleagues for consultation

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 7: ETHICAL BEHAVIOR

Conducts self in an ethical manner in all professional activities. Consistently acts on basis of ethical code and seeks support from supervisors and colleagues for consultation

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

APA-defined elements associated with this competency at the internship level:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

ELEMENT 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. Shows commit to exploring own cultural background by discussing in supervision; uses ADDRESSING model, Social Matrix model, and/or RESPECT model in supervision. Actively reflects on and acknowledges their own cultural background and biases in supervision and consultation. Uses reflective supervision consistently to process how one's own background plays into their clinical work.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 4: RECOGNITION OF BARRIERS TO EFFECTIVE TREATMENT

Able to identify factors that might impede successful treatment and able to discuss these with client. Strong awareness of multifaceted factors that can impede successful treatment and openly engages in discussion with clients. May still use support in supervision and consultation at times and seeks consultation and supervision when needed.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 3: COMPETENCE IN PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

APA-defined elements associated with this competency at the internship level:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional Behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 3: PSYCHOLOGICAL TEST ADMINISTRATION

Demonstrates competence in administration of selected tests (WISC-V, WRAT-5, NEPSY-II and/or D-KEFS).

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 4: PSYCHOLOGICAL TEST SCORING AND INTERPRETATION

Appropriately scores psychological tests (i.e. WISC-V, NEPSY-II, D-KEFS, CDI-2, RCMAS-2), 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Reports clearly identify the recommended primary treatment target (i.e. using Focus-Interference Framework from MAP). By midyear, report writing includes most relevant background information including cultural influences. Case conceptualization skills are further developed and support from supervision and consultation may still be needed to consider all 4 sources of evidence from EBS System model from the MAP framework by midyear of training. Treatment recommendations are empirically supported (i.e. PWEBS results). By end of predoctoral internship, reports are well-organized, clearly written without clinical jargon so that clients understand the results and recommendations. Relevant background information with cultural influences are included. Includes clear and integrative

case conceptualization that incorporates the EBS System model from MAP. Treatment recommendations are individualized and connect with conceptualization (i.e. "golden thread"). Few revisions are needed when reviewed by supervisor.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 4: COMPETENCE IN PSYCHOTHERAPEUTIC INTERVENTION

APA-defined elements associated with this competency at the internship level:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 2: CLIENT RISK MANAGEMENT AND CONFIDENTIALITY

Effectively evaluates, manages and documents client risk by assessing immediate concerns such as suicidality, homicidally, 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 and caregivers.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 4: THERAPEUTIC INTERVENTIONS

Interventions are well-timed, effective and consistent with empirically-supported treatments. Utilizes MAP framework and MAP resources as part of this process.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Identifies and uses therapeutic practices that are evidence-based and intentionally adapts as appropriate to best fit client's needs; utilizes Practice Guides for less familiar therapeutic practices.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☒

ELEMENT 8: EVALUATIVE USE OF OUTCOME DATA AND FEEDBACK

Actively evaluates interventions and progress by utilizing outcome measures/data, measurable treatment objectives/goals, and other sources of information as applicable. Able to adapt approach when a clear evidence-base is lacking. Uses at least 2 MAP dashboards ongoing during internship to monitor progress in treatment; regularly monitors progress in treatment with clients and reviews treatment plan goals at least quarterly informally as well as formally every 6 months; incorporates at least 1 outcome measure in treatment (i.e. CASII, PHQ-9A, RCADS, GAD-7, DSM-5 cross-cutting measures, PSC) for at least ¼ of case load.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 5: COMPETENCE IN RESEARCH AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

APA-defined elements associated with this competency at the internship level:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 3: DISSEMINATION OF RESEARCH

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

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 6: COMPETENCE IN PROVIDING SUPERVISION

APA-defined elements associated with this competency at the internship level:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

ELEMENT 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. Utilizes a supervision model within peer supervision and consistently provides peer supervision on a weekly basis; is open to feedback and growth in supervisory skills by reviewing at least 1 supervision tape every 6 months with supervisor.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

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

APA-defined elements associated with this competency at the internship level:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

ELEMENT 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. Attends supervision weekly and communicates with supervisor in advance if unable to attend and reschedules. Identifies topics to discuss in supervision and is flexible to discuss both administrative and clinical topics. Regularly engages in reflective supervision in addition to administrative and clinical concerns. Brings at least 1 video recording of a clinical service (i.e. psychotherapy, testing administration, testing feedback) each quarter of the training year to review within supervision.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 2: USE OF FEEDBACK

Is open and responsive to verbal and written 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Receives feedback non-defensively and incorporates feedback into their administrative and clinical work. Informs supervisor after they have incorporated feedback and written work is updated after feedback is received.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Consistently participates in in-person and virtual meetings (i.e. unmutes, chats over) and avoids multi-tasking doing paperwork during meetings or is on the phone. Lives out the values of Washburn Center for Children (1. Practice Resiliency and Hold Hope, 2. Embody Compassion, 3. Build a Multicultural Community, 4. Transform and Grow).

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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. Keeps both Credible and Outlook calendars up-to-date including when out of office and when working remotely.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 7: CONTINUING EDUCATION AND LIFELONG PROFESSIONAL DEVELOPMENT

Shows commitment to lifelong learning and participation in activities to further professional growth and development. Attends all training activities (i.e. didactic seminars, MAP consultation, Team consultation, Research Roundtable) and gives advance notice if unable to attend a scheduled training activity.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 8: COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

APA-defined elements associated with this competency at the internship level:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

ELEMENT 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. Presents in a consultation space at least 1 time every 6 months.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

Engages in care coordination within and/or outside of Washburn (i.e. school, pediatrician, case manager) at least 1 time per week on average for at least 1 client.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

COMPETENCY 9: COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

APA-defined elements associated with this competency at the internship level:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

ELEMENT 1: DEVELOP AND MAINTAIN EFFECTIVE PROFESSIONAL RELATIONSHIPS

Effectively develops and maintains relationships with professional colleagues, supervisors, supervisees, clients, other community agencies, etc. Engages in difficult conversations and is open and respectful of diverse perspectives.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

ELEMENT 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.

1- ☐ 2- ☐ 3- ☐ 4- ☐ 5- ☐ NA- ☐

Formal Case Presentations

Interns must pass both case presentation ratings on the Formal Case Presentation form with no more than one faculty rating any performance as not meeting standards.

Intern's performance on Formal Case Presentation #1: Pass ☐ Fail ☐

Intern's performance on Formal Case Presentation #2: Pass ☐ Fail ☐

SUMMARY OF INTERN STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT, INCLUDING RECOMMENDATIONS:

INTERN COMMENTS REGARDING COMPETENCY EVALUATION:

INTERN FEEDBACK REGARDING TRAINING EXPERIENCE:

Internship Training Goals

The following scale is used to rate goals: (5) Accomplished; (4) Some Accomplishment; (3) Progressing; (2) Little Progress; (1) No Progress; (0) Discontinued.

Supervisor: _____ Date: _____

Supervisor: _____ Date: _____

Intern: _____ Date: _____

Behavioral Anchors

Competency 1: Competence in Ethical and Legal Standards

Behavioral anchors:

Level 5: Very familiar with ethics code and state statutes and able to consistently integrate these into practice. Recognizes common ethical/legal dilemmas without difficulty. Recognizes more complex ethical/legal problems as potential difficulties and consults as needed.

Level 4: Familiar with ethics codes and state law. Recognizes common ethical/legal problems. Actively seeks guidance from supervisor on more difficult ethical and legal concerns and shows evidence of grappling with overriding ethical principles.

Level 3: Conversant with ethics code and some exposure to state statutes. Requires only nominal supervision regarding basic ethical issues. Accepts and learns from close supervision in more difficult ethical areas.

Level 2: Has read ethics code and has some familiarity with state statutes. Fully conversant with basic ethical principles (confidentiality, non-malfeasance, dual relationships) and avoids serious ethical problems. Accepts and learns from close supervision in the area of ethics.

Level 1: Ignorant of ethics code or state law and does not recognize or appreciate the significance of this. Makes basic ethical errors or is judged at high risk to do so because of poor judgment. Places self, supervisor, or others at liability risk or clients at risk because of ethical problems. Engages in

dual relationships. Refuses to engage in learning objectives.

Competency 2: Competence in Individual and Cultural Diversity

Behavioral anchors:

Level 5: Reflects commitment, appreciation and sensitivity to diversity in self and others, and uses techniques and instruments that display this. Seeks an expanding understanding of differences and community resources that serve diverse populations. Uses sense of own identity to further effectiveness of clinical interventions.

Level 4: Regularly integrates factors of individual and group differences into clinical practice. Aware of many community resources and seeks consultation when needed. Able to discuss matters of diverse identities readily with clients and community stakeholders. Able to articulate ways clinician identities impact clinical work.

Level 3: Displays interest and openness to issues of diversity, and responds to informative materials. Responds to client diversity with sensitivity and can share clinician limitations appropriately. Some awareness of community resources. Recognizes when consultation is needed and seeks it out. Beginning awareness of how clinician identities impact clinical work.

Level 2: May have early ideas or recognition of when issues of diversity intersect with presenting problems. Occasionally makes awkward or clumsy references to a client's diversity. Generally unaware of community resources.

Level 1: Displays lack of awareness, concern, or sensitivity to individual or cultural differences. Denies his or her own limits of understanding. Makes insensitive or offensive comment regarding the individuality of clients or staff. Unwilling to explore own background or belief system. Causes clients to feel disrespected or ill at ease. Refuses to work with a client or client population based on ethnicity, race, religion, gender identity, sexual orientation, or other matter of diversity. Refuses to engage in learning objectives.

Competency 3: Competence in Psychological Diagnosis and Assessment

Behavioral anchors:

Level 5: Reflexively helps referring parties define referral questions to better satisfy their needs for decision making. Appraises referral questions and independently selects range of data required to complete the assessment task. Matches style and approach to interviewing from a range of options to comprehensively assess issues of concern. Effectively considers and rules out a broad range of differential diagnostic possibilities. Continuously evaluates the credibility of information. Has a strong grasp of the DSM and diagnostic nomenclature. Is able to formulate an accurate diagnosis using interview data, observations and collateral reports. Case conceptualization takes into account the DSM, but also goes beyond basic DSM terminology and singular models of psychopathology. Assessments are professionally written. Uses tests with proficiency and ease. Seeks new assessment skills and independently masters new tests or assessment techniques. Understands manuals and follows directions without prompting. Accurately and efficiently uses data for maximum interpretive benefit. Obtains positive feedback from referral sources on helpfulness of report. Writes clear, useful, well-integrated reports. Edits own writing, with minimal need for supervisory editing or help in planning feedback.

Level 4: Refines referral questions and range of data necessary to address them with minimal prompting and supervision. Has a variety of styles and approaches to collect data, and uses them with familiarity and ease. Modifies approaches and topics easily to gain relevant data. Readily recognizes the possibilities for bias and inaccuracy in data. Adopts role of authority in interviewing as required. Has a thorough understanding of the DSM. Is able to independently complete most assessments, but continues to require supervision to resolve difficulties in diagnosing. Assessments are well written. Summary contains well formulated case conceptualization, as well as a foundation from which the course of treatment naturally follows. Selects tests with minimal guidance. Understands how to learn new tests and techniques and when to utilize them. Prepares sufficiently when learning new tests or assessment techniques. Adequately addresses referral questions in majority of cases but still needs input on interpretation to maximize benefit from results.

Understands limits of computerized interpretations, and uses them effectively. Writes effectively and clearly but requires regular input and restructuring of reports and feedback. A clear sense of client emerges in writing. Displays good self-editing skills. Uses dictation effectively.

Level 3: Understands need to refine referral questions and does so with supervision. Structures interviews with familiar and standard formats that are generally successful in collecting the needed data and can modify them as appropriate with supervision. Identifies ways data may be inaccurate or biased by cultural or motivational factors. Has moderate knowledge of differential diagnostic possibilities. Can look beyond attempts to mislead or avoid the interviewer's scrutiny. Discriminates roles and is not drawn into being inappropriately "therapeutic," but still expresses discomfort with "expert" role. Is able to competently complete a diagnostic interview and reach, at a minimum, a working diagnosis. May miss some diagnoses but recognizes the presenting or primary one. Gathers critical information well, but still misses necessary details for complete diagnosis. Assessments are generally well written, although areas of refinement in formulation may be evident. Requires some guidance in test selection and interpretation. Requires support in learning new assessment techniques and over which tests to use in an evaluation. May over or under-interpret data and can over-rely on computerized interpretations. Understands and uses essential statistical knowledge. May use rote interpretive strategies and fail to integrate assessment data into more meaningful formulations. Developing skill with report writing formats. Communicates information clearly in reports but first drafts lack focus. Is learning dictation skills. Can help peers edit and write results. Needs some guidance and preparation for feedback sessions.

Level 2: Uses structured formats to gather information as instructed, and modifies them based on supervision. Uses a developing base of diagnostic possibilities to search for confirmatory information. Requires supervision to adapt to the needs of referral sources, and to seek clarification of referent needs. Can sound awkward in interviews, lose track of place or purpose, and be misled by deceit or malingering. May confuse evaluation and treatment roles. Understands the DSM and the process of diagnosing, but will miss relevant diagnostic possibilities or fail to gather relevant information. Assessment writing is satisfactory, but needs supervision to improve style, structuring of information, and/or wording. Case formulation requires hands on assistance from supervisor.

Requires significant and regular supervisory input about test usage, scoring, and interpretation. Has basic understanding of assessment and statistics but demonstrates some difficulty in integrating testing into practice. Is learning interpretive strategies, but is not confident in how to apply them. Unfamiliar with many computerized evaluation systems. Needs training to use report formats and templates. May need to be re-trained after practicum site has taught different formats. Is not comfortable with dictation. Still uses jargon unnecessarily. Blurs concepts and data occasionally. May have some habitual language errors.

Level 1: Refuses to engage in learning objectives. Demonstrates an insufficient knowledge of behavior, mental illness, or other diagnostic concerns. Does not seek a broader understanding of base of knowledge. Shows biases for certain problems that causes him or her to miss important issues. Repeatedly violates roles of assessment. Lacks basic understanding of the DSM. Case formulations don't accurately reflect client presentation or are poorly organized. Lacks knowledge of theories of pathology or personality and does not develop a working understanding of treatment and options. Assessments are consistently poorly written. Misuses data. Fails to maintain test security. Offers incorrect or irrelevant interpretations. Makes errors in administration or scoring. Fails to check work and relies on supervisor to ensure accuracy. Misunderstands test fundamentals. Makes errors more than once. Uses poor grammar, or poor organization of ideas. Reports lack coherence and value to referral source. Does not follow formats and templates as requested. Blurs concepts and data frequently. Uses jargon frequently, obscuring meaningful communication. Does not do self-editing. Is unprofessional or insensitive in giving personal feedback.

Competency 4: Competence in Psychotherapeutic Intervention

Behavioral anchors:

Level 5: Selects and implements interventions accurately and consistent with case needs. Seeks deeper knowledge of treatment options. Recognizes and implements referrals to other helpful interventions. Demonstrates accurate empathy and rapport even with difficult clients. Clinic

receives consistent positive feedback from clients. Outcomes are average or above. Manages a full professional caseload.

Level 4: Displays consistent performance in designing and using interventions. Selects from a broad range of possible interventions, with a preference for empirically supported interventions when available. Seeks supervision consistently, and uses supervision to shape intervention behavior. Recognizes errors and can recover from them without injury to client. Demonstrates generally accurate empathy. Recognizes needs and usually can implement referral to other needed treatment resources. Manages expected, moderate caseload.

Level 3: Seeks and learns new interventions and implements them with reasonable skill. Evaluates empirical evidence for interventions effectively, and implements them accurately. Seeks supervision and feedback about methods of treatment, but may fail to implement some ideas or methods accurately. Clinical timing may be off at times and may miss opportunities to explore difficult content. Listening skills need shaping, but clients feel heard and that interventions are relevant to them. Sometimes needs help in recognizing need for referral to other resources. Manages a moderate but selected caseload.

Level 2: Knows a few interventions and has beginning skill set in using them. Does not know referral needs and options. Displays willingness to see and shape personal behavior therapeutically. Not always sure what is important or how to set priorities. May miss opportunities to enhance empathy and collaborative relationship or explore difficult content. Often fails to sufficiently explore difficult content. Requires a selected, smaller caseload.

Level 1: Uses inappropriate interventions despite supervisory guidance. Reflects inaccurate empathic statements. Multiple clients indicate failure of empathy via complaints, discomfort in taped sessions or premature terminations. Uses self inappropriately or not at all in treatment process. Insufficient recognition of counter-transference issues, including over or under identification with clients. Acts aggressively or passively in treatment sessions. Avoids taping or informing supervisor of case issues. Hides errors.

Competency 5: Competence in Research and Application of Current Scientific Knowledge to Practice

Behavioral anchors:

Level 5: With substantial independence, uses scientific methods to evaluate interventions and programs. Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.

Level 4: Able to comfortably access and interpret peer-reviewed research. Demonstrates knowledge of how scientific methods can be applied to evaluate interventions and programs.

Level 3: Has graduate-level understanding of the scientific basis of psychology. Some skills in accessing and interpreting peer-reviewed research.

Level 2: Has undergraduate-level understanding of the scientific basis of psychology and research skills. Unable to access or interpret relevant research without supervision.

Level 1: Is substantially lacking in scientific knowledge and skills. Denies his or her own limits of understanding. Refuses to participate in learning objectives.

Competency 6: Competence in Providing Supervision

Behavioral anchors:

Level 5: Demonstrates a substantially independent knowledge of supervisory models. Demonstrates basic ability to apply skills in supervising other professionals, ensuring the safety and welfare of clients served.

Level 4: Demonstrates awareness of different supervision models and able to identify preferred model(s). Demonstrates beginning skills in supervision.

Level 3: Demonstrates awareness of different supervision models. Can access research and resources regarding supervision as needed. Has not had opportunity to apply supervision skills in practice.

Level 2: Demonstrates beginning awareness of supervision models. Can access research and basic resources as needed. Has not had opportunity to apply supervision skills in practice.

Level 1: Demonstrates lack of understanding of supervisory models and/or skills. Refuses to participate in learning objectives.

Competency 7: Competence in Professional Values, Attitudes, and Behaviors

Behavioral anchors:

Level 5: Shows confidence at the level of a new professional as opposed to a trainee. Comfortable in what he or she knows but also able to acknowledge areas of relative ignorance without defensiveness. Is viewed by clients and colleagues as a fully functioning professional. Is able to serve as an informal mentor or guide to others with less experience.

Level 4: Generally presents a confident, professional demeanor, though may occasionally show apprehension, overconfidence, or defensiveness. Recognizes and corrects these tendencies and ensures they do not impair professional functioning. Sees self as a developing professional while also acknowledging areas of ignorance. Clients and colleagues are comfortable with the trainee's competence.

Level 3: Shows some confidence, along with displays of anxiety. With guidance, can view own developing confidence and can recognize and correct behaviors that have an impact on professional functioning. Dresses and presents oneself professionally. Clients and colleagues do not have major reservations about working with a trainee.

Level 2: Confident in trainee role and aware of need to build a professional identity. Recurrent apprehension or anxiety is present and trainee is able to verbalize this in supervision. Trainee status does not interfere with ability to work productively with clients and colleagues. Dresses and presents oneself professionally.

Level 1: Unrealistically confident or apprehensive to the degree the functioning is significantly impaired. Conducts self as a student or more as a friend to clients and is unaware of the need to develop a professional identity. Does not demonstrate ability to rely on own knowledge and skills, but rather looks to others to make decisions for trainee. Wears unprofessional clothing, or behaves unprofessionally. Refuses to engage in learning objectives.

Competency 8: Competence in Consultation and Interprofessional/Interdisciplinary Skills

Behavioral anchors:

Level 5: Working relationships are seen by other professionals as excellent. Differences are consistently handled tactfully. Functions as a productive team member contributing at a level typical of that of a new professional. Consistently respects ethics and norms of other professional disciplines.

Level 4: Working relationships are seen by other professionals as good, able to handle differences tactfully and effectively though with occasional tentativeness or over-assertion, functions as a productive team member who is generally treated as a peer by team members. Generally understands the basic practices and expectations of other professional disciplines. Volunteers for activities that enhance the viability of the team.

Level 3: Working relationships are positive, able to function as a team member and open to input from supervisor and others. Willing to volunteer at times to make unique contributions to team. Respected by team members. Makes efforts to communicate with other professionals, despite a small level of anxiety about doing so. Respects and treats support staff well.

Level 2: Working relationships are positive, though may be limited because of intern's unfamiliarity with roles/systems or normal discomfort with responsibilities. Maintains professional boundaries and treats others courteously. Accepts suggestions on how to contribute to staff cohesion. Occasionally steps on toes of other staff, but attempts to correct this.

Level 1: Relationships may be fraught with unresolved conflict, problems with boundaries or lack of sufficient social etiquette. Overly abrupt or dismissive of support staff or other colleagues. May shirk responsibilities and leave own tasks to others. Several staff express discomfort or frustration regarding behavior. Appears not to listen to or take concerns of other staff seriously. Refuses to engage in learning objectives.

Competency 9: Competence in Communication and Interpersonal Skills

Behavioral anchors:

Level 5: Communicates clearly and professionally in writing. Writes clear, useful, well-integrated

reports. Edits own writing, with minimal need for supervisory editing. Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions. Demonstrates effective conflict resolution skills. Is open to feedback.

Level 4: Writes effectively and clearly but requires regular input and restructuring of work. Displays good self-editing skills. Verbal and nonverbal communications are appropriate to the professional context. Challenging interactions may overpower developing skills in verbal and nonverbal communication, but trainee manages oneself without causing harm to client, colleagues or others. Demonstrates effective, basic conflict resolution skills. Is open to feedback.

Level 3: Developing skill with formats used for diagnostic assessment, evaluations, progress notes and other routine written communication. First drafts of reports lack focus and contain errors. Needs guidance and preparation for feedback sessions. Verbal and nonverbal communication are developing appropriately. Appropriate and developing conflict resolution skills present. Accepts feedback.

Level 2: Needs training to use report formats and templates. May need to be re-trained after practicum site has taught different formats. Uses unhelpful jargon unnecessarily. Blurs concepts and data occasionally. May have some habitual language errors. Communicates verbally and nonverbally to others in a manner consistent with an inexperienced, unconfident trainee, rather than a developed professional. Appears defensive when given feedback. Basic conflict resolution skills present.

Level 1: Uses poor grammar. Poor organization of ideas; reports lack coherence and value to referral source. Uses unhelpful jargon frequently, obscuring meaningful communication. Does not sufficiently edit work. Is unprofessional or insensitive in giving feedback. Verbal and/or nonverbal communication causes harm to relationships with clients, colleagues, or others. Lacks conflict resolution skills. Rejects feedback. Refuses to engage in learning objectives.

APPENDIX B

First Half of 2023-2024 Training Schedule*

*Training Schedule for 2023-2024 is continuing to be updated and will include seminars 1-2 times per month throughout the training year that have not yet all be scheduled. Continue to check in for updates to the schedule. List of past didactic topics can be found at the end of the schedule below.

*Ongoing WCC Meetings NOT included in this calendar:
BIPOC Clinician Group (open to all who identify as BIPOC; email Claudia Daml for rotating days/times; cdaml@washburn.org)
White Body Accountability Group (open to all who identify as white; 2nd & 4th Tuesdays 9-10am; email Jessica Cohen jbcohen@washburn.org)
Pathways Program Processing/Consultation meetings (open only to Pathways Fellows; schedule provided by Amber Buck)
Inclusion Talk (open to all agency staff; 1st Tuesdays at 12pm & 3rd Thursdays at 9am; Amber Buck sends calendar invites for these)
My Grandmothers Hands groups (open to all agency staff; details TBD from Amber Buck about days/times)
Foundations in Seeing Complexity (new staff training; details TBD from Amber Buck about days/times)
MAP Consult (required for team members who attend MAP Training; 2nd & 4th Tuesdays 1-2pm)
Group Supervision meetings (Thursday 12:30pm – 2:30pm)
Psychology Training Program Team Case Consultation meetings (1st Wednesdays 9-10:30am unless otherwise noted)
Psychological Testing Consultation meetings (4th Wednesdays 11am-12:30pm)
Research Roundtable (1st Tuesdays 1-2pm)

DATE	TIME	MEETING NAME	LOCATION	OTHER DETAILS

2023-2024 Training Year				
08/14/2023-08/18/2023	Please see HR schedule for dates and times	Week 1: Orientation and Onboarding Please see HR schedule for dates and times	Onsite/Teams	Monday: Glenwood Office (GW) 1100 Glenwood Ave MPLS 55405
Wednesday 08/16/2023	9:00 AM to 11:00 AM	DIDACTIC SEMINAR: -Ongoing Orientation to Clinical Work with Transfer Clients	Opperman at Glenwood	Presenters: Dr. Carin Wolfe, PsyD, LP & Melissa Sovak, PsyD, LP
8/21/2023-8/22/2023	8:30 am to 4:30 pm	MAP Training (Day 1 & Day 2)	Glenwood-Weiser Conference Room 311	Presenters: Lisa Vaupel, LMFT & Melissa Sovak, PsyD, LP
08/23/2023-08/25/2023	Please see HR schedule for dates and times	Week 2: Orientation and Onboarding Please see HR schedule for dates and times	Onsite/Teams	Presenter: Dr. Carin Wolfe, PsyD, LP & Melissa Sovak, PsyD, LP
8/30/2023	8:30 AM to 10:30 AM	MAP Training-Day 3 AM (trauma focus)	Virtual-Zoom	Presenter: Melissa Sovak, PsyD, LP
09/6/2023-9/8/2023	8:30 AM to 4:30 PM	MAP Training (Days 3-5)	Glenwood-Weiser Conference Room 311	Presenters: Lisa Vaupel, LMFT & Melissa Sovak, PsyD, LP
Wednesday 09/13/2023	9:00 AM to 11:00 AM	DIDACTIC SEMINAR: -Psych Testing 101 at WCC -WISC-V iPads Lab Practice	Glenwood-Opperman	Presenter: Dr. Carin Wolfe, PsyD, LP & Melissa Sovak, PsyD, LP
Wednesday 09/20/2023	9:00 AM to 11:00 AM	DIDACTIC SEMINAR: -Psych Testing 101 at WCC Part 2 (ADHD Testing (NESPY, DKEFS, BRIEF)	Glenwood-Opperman	Presenter: Dr. Carin Wolfe, PsyD, LP & Melissa Sovak, PsyD, LP

Friday 9/29/2023	9:00 AM to 5:00 PM	Psych Training Team Retreat	Renaissance Festival	Facilitators: Dr. Carin Wolfe & Dr. Melissa Sovak
10/10/23-10/12/23	1:00 PM to 5:30 PM	ASSESS, CONCEPTUALIZE & DIAGNOSE MH DISORDERS IN YOUNG CHILDREN USING DC:-05™	Webinar-link TBD	Presenter: Catherine Wright-MN DHS
Wednesday 10/18/2023	9:00am-11:00am	DIDACTIC SEMINAR: Play Therapy	Hybrid: Opperman at Glenwood or Zoom link	Presenter: Dr. Carin Wolfe, PsyD, LP
Monday 10/30/2023	8:00 AM to 3:00 PM	MAAPIC Fall Conference (Supervision Focus)	TBD	Presenter(s): TBD
Wednesday 11/8/2023	9:00am-11:00am	DIDACTIC SEMINAR: Navigating 504plans/IEPS & Advocating for School Supports for Clients	Virtual	Presenter: Melissa Sovak, PsyD, LP
Wednesday 11/15/2023	9:00am-11:00am	DIDACTIC SEMINAR: Cultural Genograms	Virtual-TEAMS	Presenter: Dr. Marlene Ovalle Steim
Tuesday 11/08/2022	10:00 AM to 12:00 PM	2nd Tuesday; DIDACTIC SEMINAR: Working with Young Children	Hybrid; Opperman at Glenwood or via Zoom (see outlook invite for Zoom link)	Presenters: Dr. Jessica Cohen & Dr. Kelly Wicks
Tuesday ??/??/2022	10:00 AM to 12:00 PM	4th Tuesday; DIDACTIC SEMINAR: Jim Crow of the North; Racial Segregation & Housing Discrimination in MPLS	Zoom (see outlook invite for Zoom link)	Presenters: Amber Buck & Carin Wolfe
Tuesday 12/13/2023	11:30 AM to 12:00 PM	DIDACTIC SEMINAR: The Overidentification of BIPOC kids in Special Education	Virtual-TEAMS	Presenter: Amber Buck
Tuesday 12/20/2022		Didactic cancelled in advance due to holidays		

Didactic Seminars for 20202-2023 included the following:

- Managing and Adaptive Practice (MAP) 40-hour direct service training and 12 hours of consultation
- Orientation to Clinical Work with Transfer Clients
- Play Therapy
- Administering the WISC-V on iPads
- Working with Young Children
- Early Childhood Psychologists Learning Collaborative - Developing a Developmentally Appropriate, Culturally Responsive Psychological Testing Protocol for Children Under the Age of Six, Monthly Series
- Cultural Genograms
- Jim Crow of the North; Racial Segregation & Housing Discrimination in MPLS
- The Overidentification of BIPOC kids in Special Education
- Working with High Conflict Divorce Families
- Supporting single parents in building and sustaining collaborative co-parenting relationships which help their children to thrive
- Guiding Principles to Support Gifted and Twice-Exceptional Clients
- Care Coordination with Schools
- Intro to Millon's Theory of Personality Part 1 & Part 2
- Mandated Reporting 101 – Hennepin County Child Protective Services
- Family Therapy Strategies
- Professional Development
- Supervision-Two Part Series
- Latinx Families and Clients
- Dyadic Communication
- Assess, Conceptualize & Diagnosis MH Disorders in Young Children Using DC:-0-5
- Grant Writing 101

APPENDIX C

PRESENTATION INFORMATION

Psychology Interns will complete two CLINICAL CASE PRESENTATIONS in the Psychology Training Case Consultation. They also present on their PROCESS PRESENTATIONS (MID-YEAR AND FINAL):

Interns attend biweekly Psychology Training case consultation meetings focused on case discussion/presentation. Interns are encouraged to present cases/issues as often as needed, and at minimum of two times over the course of the year. During the Interns' presentation, they identify a particular area of interest/research/clinical need related to a client/family that they are working with. Interns present on this information and how it relates to and is used in the care of their client/family, to practice embedding current scientific knowledge into their clinical practice, as well as to present on research and current scientific knowledge to colleagues.

Interns participate in a reflective practice group which is a space to work on professional development issues. In addition, there is a strong focus in this group on professional development throughout the year; Interns present on their reflections about their developmental process once at the midway point of the training year and again at the end of the training year.

APPENDIX D

Washburn Center for Children

Predoctoral 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 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 Director will communicate in writing to the Intern that the conditions for revoking the probation have not been met and what further course of action needs to be implemented. These may include continuation of the remediation efforts for a specified time period or corrective actions listed below. Additionally, the 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

supervisors involved in the Psychology Training Program selected by the Director of Training and two supervisors involved in the Psychological Training Program 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 Director of Outpatient Services, 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 Director of Outpatient Services 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 Director of Outpatient Services within 10 days of the receipt of the request by the Director of Outpatient Services for further deliberation. The Director of Outpatient Services 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 Director of Outpatient Services 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 Director of Outpatient Services 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 supervisors from the Psychology Training Program selected by the Director of Training, and two supervisors involved in the Psychology Training Program 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 Director of Outpatient Services. Decisions by the Review Panel will be made by majority vote.

        - Within 5 days of receipt of the recommendations, the Director of Outpatient Services 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 Director of Outpatient Services within 10 days of the receipt of the request by Director of Outpatient Services for further deliberation. The Director of Outpatient Services 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 supervisors involved in the Psychology Training Program and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.

- If the 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 Training Supervisor 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 supervisors involved in the Psychology Training Program selected by the Training Supervisor, and two supervisors involved in the Psychology Training Program 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 Director of Outpatient Services. Decisions by the Review Panel shall be made by majority vote.

- Within 5 days of receipt of the recommendation, the Director of Outpatient Services 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 Director

of Outpatient Services within 10 days of the receipt of the request by the Director of Outpatient Services for further deliberation. The Director of Outpatient Services 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 Director of Outpatient Services.
- 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 Director of Outpatient Services 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.