



Easterseals Rehabilitation Center

Internship in Clinical Psychology

Policies & Procedures Manual

2026-2027

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INTRODUCTION

The manual was completed in order to outline and organize the aims and competencies, in addition to the main policies and procedures, of the Psychology Internship Program. These policies and procedures have been developed and approved by the Internship Executive Committee in conjunction with the Psychology Training Faculty. If you as an intern have any concerns, questions, or needs as it relates to any of these items, please contact me immediately so these can be addressed in a manner that allows for successful completion of the experience.

Jim Schroeder, Ph.D., HSPP

Director of Training, Psychology Internship

The Easterseals Internship in Clinical Psychology Program is fully accredited with the American Psychology Association (APA) and is a member of the Association of the Psychology Postdoctoral Internship Centers (APPIC). Questions about the program's accreditation status should be taken to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

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TRAINING PROGRAM PHILOSOPHY

The philosophy of the Easterseals Internship in Clinical Psychology is consistent with the mission of Easterseals Rehabilitation Center and the Department of Psychology & Wellness, which is founded on three pillars. These pillars are to provide excellent, research-supported, holistic care to individuals regardless of means, provide excellent educational opportunities to future psychologists and mental health professionals, and to create innovative, research-supported community programs and initiatives that will have a widespread, positive impact. In regard to the educational pillar, the primary aim is to train psychologists in clinical psychology, who make use of the available research while also providing the most compassionate, empathetic care. During the internship year, trainees will be provided with numerous experiences designed to enhance their knowledge and empathy for those that they will serve both during their training year and in their career as psychologists.

The mission of the Easterseals Rehabilitation Center Department of Psychology & Wellness is as follows:

To treat each individual with a consideration of his or her unique set of needs, within a larger system of service and community needs, while utilizing all of the available resources to provide the best possible outcome; to provide a work environment which encourages and facilitates a balance between professional responsibilities and personal development, in the context of an ever-changing family; to blend both of these elements on a daily basis in a dynamic way, knowing that only when this happens is it possible to create a place of long-term stability, viability, and excellence.

AIMS, COMPETENCIES, AND OUTCOMES

Overarching aims for the internship program are as follows:

a) Develop competencies with a diverse range of clients and systems; b) Embrace a commitment to diversity and uniqueness of each individual; c) Further an understanding of research-based practice and community activities; d) Develop an ability to provide psychological services across a broad range of modalities and mechanisms; e) Utilize an ethical framework for clinical decision-making based on the highest ideals; f) Facilitate work with other professionals as part of a collaborative team; and ultimately, e) Embrace a model of practice that embodies high quality care that is both empathetic and sustainable in the long-term.

The following is a list of profession-wide competencies and elements by which interns will be evaluated, which coincide with the Implementing Regulations of the Standards of Accreditation for the American Psychological Association.

Competency: Research

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

Element: DEMONSTRATES CRITICAL EVALUATION & KNOWLEDGE OF RESEARCH: Demonstrates an effective ability to discuss research during case conferences, journal article discussions, and other related activities.

Element: DEVELOPS AND IMPLEMENTS RESEARCH AND/OR OTHER SCHOLARLY ACTIVITIES: Develops and implements plan for research or other professional writing or presentation (e.g., case conference, presentation, publication) at local (including ESRC), regional, or national level

Competency: Ethical and Legal Standards

Element: RECOGNIZE ETHICAL DILEMMAS AS THEY ARISE & SEEKS CONSULTATION & SUPERVISION AS NEEDED: Works to effectively apply ethical decision-making processes in order to resolve the dilemmas.

Element: CONDUCTS SELF IN AN ETHICAL MANNER IN ALL PROFESSIONAL ACTIVITIES: Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

Element: KNOWLEDGE OF ETHICS AND LAW: Demonstrates good knowledge of ethical principles, including APA Ethical Principles of Psychologists, and relevant regulations, rules, policies, and laws regarding the practice of health service psychology (e.g., reporting of neglect & abuse). Consistently applies these appropriately, seeking consultation as needed.

Competency: Individual & Cultural Diversity

Element: APPLICATION OF KNOWLEDGE AND APPROACH TO WORKING WITH DIVERSE CLIENTS: Consistently achieves a good rapport with patients regardless of diverse backgrounds; works effectively with a diverse range of groups and individuals. Monitors and adapts professional behavior in a culturally sensitive manner as is appropriate, with professionals and patients.

Element: KNOWLEDGE & SENSITIVITY TO PATIENT DIVERSITY: Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services. Demonstrates knowledge about diverse individuals and groups encountered during internship and applies knowledge to effectively work with a range of diverse individuals. Is familiar with APA's Professional Practice Guidelines for relevant populations, settings, and conditions.

Element: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND: Demonstrates an understanding of how own personal beliefs, attitudes, and biases and cultural attitudes may affect how they understand and interact with people who are different than themselves.

Competency: Professional Values, Attitudes, and Behaviors

Element: USES POSITIVE COPING STRATEGIES BASED ON AWARENESS OF STRENGTHS & WEAKNESSES: Engages in self-reflection/self-care to maintain health and fitness to practice and improve/develop well-being and effectiveness. Demonstrates positive coping strategies with personal and professional stressors and challenges. Engages in self-evaluation and uses awareness of strengths and weaknesses to guide practice, use of consultation, scholarly resources, and professional development.

Element: BEHAVES IN ACCORDANCE WITH THE VALUES/ATTITUDES OF PSYCHOLOGY: Demonstrates integrity, deportment, professional identity, accountability, lifelong learning, and concern for others. Responds professionally and with appropriate independent initiatives to complex professional situations. Seeks and demonstrates openness/responsiveness to feedback.

Element: EFFICIENCY AND TIME MANAGEMENT: Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps

supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

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

Competency: Communication and Interpersonal Skills

Element: PROFESSIONAL INTERPERSONAL BEHAVIOR: Demonstrate effective interpersonal skills. Professional and appropriate interactions with treatment teams, peers and supervisors are evident, and support is sought as needed; ability is shown in managing difficult communication well.

Element: PRODUCES EFFECTIVE VERBAL, NONVERBAL, AND WRITTEN COMMUNICATIONS: Communications are informative, well-integrated, useful, and practical, and appropriate to the context of the clinical care setting; they demonstrate a thorough grasp of professional language and concepts

Element: COMMUNICATES EFFECTIVELY ACROSS DIFFERENT PROFESSIONAL AND NON-PROFESSIONAL SECTORS: Demonstrates an ability to adapt communication effectively depending on the situation and person(s) involved; develops and maintains appropriate professional boundaries and good, professional relationships with patients, colleagues, allied professionals, organizations, supervisors/supervisees, and the public.

Competency: Assessment

Element: DIAGNOSTIC & CONCEPTUAL SKILLS: Demonstrates a thorough working knowledge of diagnostic clarifications (e.g., DSM/ICD), functional and dysfunctional, and considers client psychopathology and strengths. Utilizes historical, interview and psychometric data to diagnose accurately along with a knowledge of patient/family, contextual, and diversity considerations to guide assessment strategies and understanding of functional/dysfunctional behaviors

Element: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION: Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered, which are evidence-based and culturally-sensitive, to effectively answer referral questions. Collectively appropriate data using multiple methods and sources that appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the patient.

Element: PSYCHOLOGICAL TEST INTERPRETATION: Interprets the results of psychological tests using updated research and professional standards and guidelines to inform case conceptualization, classification, and

recommendations. Recognizes and guards against inherent decision-making biases, clarify which aspects of the assessment are objective from those that are subjective.

ELEMENT: ASSESSMENT WRITING SKILLS: Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

ELEMENT: FEEDBACK REGARDING ASSESSMENT: Plans and carries out a feedback interview; effectively and sensitively communicates assessment findings and recommendations clearly to patients, caregivers, and other relevant or referring professionals. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

Competency: Intervention

ELEMENT: ESTABLISHES AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH CLIENTS. Consistently achieves a good rapport with patients regardless of diverse backgrounds. Establishes and maintains effective rapport with a diverse range of children, adolescents, and caregivers.

ELEMENT: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY: Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Applied good clinical judgment about unexpected issues such as crises or confrontation. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

ELEMENT: CASE CONCEPTUALIZATION AND TREATMENT GOALS: Formulates and articulates an integrative case conceptualization that draws on theoretical and research knowledge, and addresses individual cultural diversity. Demonstrates an ability to apply relevant research literature to clinical decision-making. Collaborates with patient to form appropriate treatment goals.

ELEMENT: THERAPEUTIC INTERVENTIONS: Effectively applies knowledge to clinical decision-making, modifying treatment as needed for the unique individual/family served or when clear evidence-base is lacking. Interventions are implemented as informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interventions are evaluated for effectiveness and efficiency, and interventions goals and methods are adapted based on ongoing results.

ELEMENT: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE):

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

ELEMENT: GROUP THERAPY SKILLS AND PREPARATION: Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

Competency: Supervision

ELEMENT: SUPERVISORY SKILLS: Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Actively and appropriately participates in supervision-related training/practice opportunities either through direct or simulated examples of supervision (e.g., peer consultation with other trainees, group supervision, didactic lectures). Builds good rapport with supervisee.

ELEMENT: RECOGNIZES AND ADDRESSES POWER AND CULTURAL VARIABLES THAT INFLUENCE SUPERVISORY RELATIONSHIPS: Shows understanding and responsiveness on how diverse factors influence outcomes of supervision.

ELEMENT: UTILIZATION OF APA GUIDELINES FOR CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY (2018): Illustrates both an awareness and application of these guidelines in various aspects of supervision.

Competency: Consultation and Interprofessional/Interdisciplinary Skills

ELEMENT: CONSULTATION ASSESSMENT: Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

ELEMENT: UTILIZATION OF TEAM, INTERDISCIPLINARY APPROACH: Demonstrates an ability to function well as an interdisciplinary team member, both in receiving and articulation information and integration of members and their perspectives.

ELEMENT: CONSULTATIVE GUIDANCE: Applies the knowledge of consultation in direct or simulated consultation (e.g., role-played consultation with others) with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Gives the appropriate level of guidance when providing consultation to other health care professionals and those in the public sector, taking into account their level of knowledge about psychological theories, methods and principles.

TRAINING PROGRAM STRUCTURE

The Easterseals Rehabilitation Center Psychology Internship Program is located within the Department of Psychology & Wellness. Training sites include Easterseals Rehabilitation Center main building and the Easterseals Early Learning Center (ELC), where a licensed psychologist from Easterseals is credentialed and onsite for clinical activities. All psychologists involved in the training program are licensed in the state of Indiana to practice psychology, have endorsements in Indiana as Health Service Providers in Psychology (HSPP), and have faculty appointments in the Department of Psychology.

The internship is a full 12 months, beginning on the first working day of July and continuing through the last working day of the following June. The training year is structured into three yearlong rotations and three 3 month rotations. To ensure breadth of training, interns are expected to complete yearlong rotations in adult mental health/residential treatment, interdisciplinary evaluation, and youth outpatient services, as well as three 3-month rotations in early childhood assessment, early intervention, and group therapy. Please see page 14 for more detailed descriptions of core rotations.

Three positions are available, and all will be accepted into the clinical psychology positions. Rotation schedules are set in the spring before internship, and will take into account each intern's training objectives.

In addition to the rotations, interns attend a series of weekly didactics presented on a wide range of topics and also didactics held on a monthly and quarterly basis. Interns are expected to attend didactics unless they are out on vacation, sick, or utilizing professional time, or have arranged with the training director at a previous time that they are not able to attend due to conflicting or emergency reasons.

Each week, interns will attend two didactics from 8-9 AM on Wednesday morning (except on the 3rd Wednesday of the month and unless otherwise designated) and 12-1 PM on Tuesday. The Wednesday morning didactic is entitled "Developmental Hour." The purpose of this hour is as follows:

Development of communication and cognitive skills has a significant impact on social, emotional, and behavioral outcomes from birth to death. However, many psychologists and other medical professionals have limited training in the area of early cognitive, sensory, language, and motor development, and thus struggle to fully integrate these areas into their

assessment and intervention. The purpose of the Developmental Hour is to provide psychology interns with advanced training in the normal and abnormal development of individuals across the lifespan, with specific focus on children and adolescents. This didactic is designed to utilize well-trained professionals from other disciplines, including speech/language pathologists, physical therapists, occupational therapists, early childhood specialists, and audiologists who have extensive experience in both assessing and intervening regarding developmental abnormalities.

This training hour will combine presentation of scientifically-based research and practice with opportunities for discussion and application to clinical practice. Ultimately, this didactic is designed to provide psychology interns with enhanced education in the areas of communication, language, and motor development, and also encourage increased interdisciplinary practice as trainees and throughout their career as a professional. This knowledge will not only enhance their ability to practice competently, but also improve their ability as professionals to speak intelligently to clients and families about referrals made to other professionals.

The didactic hour from 12-1 PM on Tuesday is entitled “The Ins and Outs of Professional Psychology.” This training hour will utilize professionals in the field of psychology, medicine, and education, and as well as seminal research articles/chapters from the field of psychology and medicine. The purpose is to assist interns in acquiring a greater body of knowledge pertaining to the professional practice of psychology as they transition from graduate school to real-world practice. Emphasis will be placed not only on increasing their knowledge base as it relates to the practice of clinical psychology, but also on being better versed in understanding other paradigms (e.g., educational law, medical practice) as they directly interact with and affect psychological practice.

The Ins and Outs of Professional Psychology didactic hour will utilize multiple methods of teaching and learning. As noted on the schedule, some of the slots will include mental health, medical, and educational professionals presenting on topics that are central to the professional practice of psychology, especially in working with youth and families. In addition, certain sessions will specifically discuss seminal articles or chapters in the field with other interns, fellows, trainees, and faculty members / professionals. Once a month, this didactic hour will engage in what is called “Critical Topics in Psychology & Behavioral Health: Community Conversation.” This discussion will center on scientific, ethical, legal, or other central matters in the mental health field, and will incorporate a particular publication(s) that specifically ties into this matter. Ultimately, it is hoped that this didactic hour will not only provide a rich body of scientific and practice-based information, but will also serve to increase professional collegiality

and community connections for the interns, fellows, other trainees, and professionals in the area.

Interns will also attend a monthly seminar at Easterseals entitled “Beyond ASD: Addressing the Changing World of Autism Assessment.” This seminar description is as follows:

The world of autism spectrum disorders (ASD) has exploded. A review of PsycInfo indicates that over 60,000 research studies were published related to ASD between 2015-2025, which is significantly more than the previous 90 years combined; more articles exist in the 12 months from December 2024-2025 than all research prior to 1985. The rates of diagnosis have grown dramatically over the last couple of decades, with significant controversy about the causes related to this. The neurodiversity movement is becoming increasingly mainstream, concerns about masking and camouflaging have heightened, and various groups and communities continue to form around the condition. ASD has become about much more than the condition itself. By the time that clients present for assessment, parents and even the client themselves have often invested a significant amount of time consuming information via word of mouth, on the internet, and through other sources as they form their opinion regarding ASD.

As clinicians routinely assessing for the condition, this has presented additional challenges in navigating assessment and feedback, especially in utilizing a socio-cultural lens. For some parents today, not receiving an autism diagnosis for their child can be a more emotional, impactful event than when a diagnosis is given. Given all this, never has it been more paramount that clinicians practicing in this area are trained using the most integrated, holistic, culturally-informed methods of assessment, differential diagnosis, and feedback.

This once-a-month seminar will use the text *Differential Diagnosis of Autism Spectrum Disorder* by Katherine K.M. Stavropoulos and James C. McPartland published by Oxford University Press as a framework for training in addition to other peer-reviewed articles. The book not only focuses on differential diagnosis related to other psychological disorders, but also other medical conditions as well as key considerations. ESRC faculty will rotate in providing this training, which will occur on the 2nd Wednesday of every month from 12-1 PM.

Finally, interns are expected to attend the Quarterly Diversity Lecture Series. The Quarterly Diversity Lecture Series was developed as one more means of providing an atmosphere of continuous learning and diversity appreciation with the training program, department, and organization. This will be held quarterly in the Department of Psychology & Wellness, primarily on a 3rd Wednesday of the month from 8-9 AM that is workable for both the department and the speaker. Speakers will utilize virtual or the in person option, depending on what is considered most safe and accessible. The training director and other faculty members are

responsible for soliciting speakers for the series; the educational director is responsible for scheduling and coordinating the event.

The focus of the lecture series is multifold. Each presenter will speak to a specific area(s) of diversity that pertains to issues of age, culture, race/ethnicity, gender, sexual orientation, disability, and any other area that can distinguish one individual from another. The focus of the presentations is to provide a) authentic sharing of experiences as a particular individual affected by one or more area of diversity b) sound, empirically-based, respectful information regarding the chosen area(s) of diversity focus and c) key points of discussion regarding potential myths, challenges, or future directions that lie within these areas. Presenters will not only relate these issues to the practice of psychology, but also to everyday life. Presentations will be used to encourage further learning and discussion for faculty, trainees, and department members within personal, clinical, supervisory, and administrative activities; information from presentations will also be used to encourage a continued emphasis on developing a culture and climate of multiculturalism, inclusivity, and respect.

As presenters will be secured through a variety of means and connections, individuals in the training program, department, and organization will be informed about the speaker(s) at least a month in advance. Dates for the diversity series will be solidified as soon as possible according to speaker availability.

A full didactics schedule updated for each academic year, as is possible, will be made available on the internship website.

Beyond didactics, all interns also attend the Director's conference weekly on Friday from 2-3:00 PM in addition to another scheduled hour of group supervision and two hours of individual supervision. This is an opportunity for interns to have regularly scheduled time with the Director of Training and other faculty members, if needed.

Interns are expected to develop and schedule an Annual Learning Seminar (ALS), which in addition to providing opportunities for further learning and professional development, it is used as one means of providing for greater competency in the application of research. Interns are required to develop one full day workshop or two half-day workshops in areas of interest specific to the intern class and the field of psychology. A full-day is defined as having a minimum of 6 hours of instruction/didactic activities. The interns should work with the Training Director to determine appropriate areas of focus. Interns are urged to speak with the Training Director within the first two months of the training year to identify an area of interest for these seminars that is both appropriate and informative. Interns are encouraged to develop seminars

that relate to interests specific to the intern class, but which would also be useful for the faculty and staff at Easterseals Rehabilitation Center.

The purpose of these seminars is twofold. One, it is to further develop the skills of applying research and clinical knowledge in a practical way to benefit others, especially those in allied medical fields or other helping professions who interface and work with psychologists. Two, it is to further assist interns in becoming more comfortable and proficient in presenting on areas of expertise to different groups of attendees. In developing the seminars, the focus should be on utilizing sound, cutting edge research, but also learning how to disseminate this in a manner that is both accessible and useful for these professionals. For example, if the topic of a seminar relates to better understanding ADHD, interns should focus on introducing key lines of research that involve differential diagnosis, assessment, and treatment, but also then work to integrate this information in a way that is interesting and useful for professionals who may have differing levels of exposure and understanding.

Interns are also encouraged to seek out other opportunities for learning throughout the training year, including local conferences, meetings, and seminars. All interns will be given 4 professional days (or the equivalent of 32 hours) to seek further continuing education.

CORE ROTATIONS

Clinical Child Outpatient Clinic

Supervisor(s): Dr. Jim Schroeder, Dr. Emma Nicholls, Dr. Brooke Frazer, Dr. Lynnette Neu

Length: Yearlong

The clinical child outpatient clinic takes place at Easterseals Rehabilitation Center (ESRC). ESRC has a longstanding reputation of providing the highest quality care to youth and adults in both an outpatient and residential setting. It offers a number of programs, including therapy (e.g., speech/language, occupational, physical, audiology), residential services for adults with severe disabilities, early childhood education, psychology services, assistive technology, and aquatic programs. ESRC is affiliated with national Easterseals organization, but is locally run and operated non-for-profit. It is strongly supported by many individuals and organizations in the community, and will provide services to anyone regardless of financial abilities.

The outpatient psychology clinic at ESRC offers outpatient evaluation, assessment, and therapy services. Clinicians specialize in the treatment of mood, anxiety, trauma-related, behavioral, familial, relational, and personality disorders in addition other areas. Youth are evaluated for a variety of diagnostic questions, including autism spectrum, learning disabilities, ADHD, affective disorders, and other developmental concerns.

Interns on this rotation perform clinical interviews and diagnostic assessments, provide individual and family psychotherapy, receive individual supervision, and may have the opportunity to work and supervise undergraduate students. Clients range from ages 2-17, come from a variety of backgrounds, and are physician referred.

Interdisciplinary Evaluation Clinic

Supervisor: Dr. Jim Schroeder, Dr. Emma Nicholls, Dr. Brooke Frazer, Dr. Lynnette Neu

Length: Yearlong

The interdisciplinary evaluation clinic takes place at ESRC. The clinic focuses on utilizing a multi-disciplinary assessment approach to provide comprehensive diagnostic assessments to children between the ages of 4-17. Interns will work as part of a team, which includes an occupational therapist, speech/language therapist, and audiologist. A half-day assessment will be done by the team on Monday and Tuesday, and the interns will meet with the team on the following Thursday morning to discuss the results of the evaluation. Interns will organize a team report

with information from all disciplines and provide feedback to the parents after this is completed.

Early Childhood Assessment Rotation

Supervisor(s): Dr. Jim Schroeder

Length: 3 months

The early childhood rotation will take place at ESRC. The rotation will focus on providing evaluation and assessment services for children ages 0-5. Clients will be referred through ESRC and the community for psychological concerns that may coincide with other developmental issues. The focus of this service line is to provide early identification and assessment of key problem areas that can prevent more serious issues from developing and opening access to needed services/interventions at a time in which research indicates that the most gains can be made.

Early Intervention Rotation

Supervisor: Dr. Brooke Frazer

Length: 3 months

The focus of this intervention is to provide early identification and intervention for youth with social-emotional and behavioral difficulties. This rotation will occur at the Easterseals Early Learning Center (ELC) and at the main Easterseals building. Clients will either be existing students at ELC or current clients of medical therapists (e.g., OT, PT, ST). The focus will be twofold. One, utilizing in-class and other means of initial screening/assessment to identify causes of emotional/behavioral difficulties. Two, employing the use of Parent-Child Interaction Therapy (PCIT) techniques under the supervision of Dr. Brooke Frazer, who is nationally certified in this area.

Pediatric Group Therapy Services

Supervisor: Dr. Emma Nicholls

Length: 3 months

The pediatric group services rotation is located in ESRC. Youth ages 5-19 are referred from the community or in the center for group services due to various conditions, including ADHD, autism spectrum, chronic illness, and anxiety concerns. Interns utilize a closed group, age-

specific format in conjunction with empirically-supported group treatments to provide group services to clients and their parents.

Adult Residential/Mental Health Services

Supervisor: Dr. Jim Schroeder, Dr. Emma Nicholls, Dr. Brooke Frazer, Dr. Lynnette Neu

Length: Yearlong

The adult residential/mental health services rotation is located within ESRC. ESRC residential services have a reputation of delivering the highest-quality, most compassionate services to those with intellectual disabilities (and other psychological, physical complications) in the community. Adults referred from ESRC residential housing or Waiver services are provided with direct intervention designed to improve social skills, improve behavioral management, and increase emotional regulation. All referred adults have a documented intellectual disability, and often have other physical or psychological comorbid conditions. Empirically-supported treatments derived from Applied Behavioral Analysis (ABA) and Dialectical Behavioral Therapy (DBT) specifically designed for adults with intellectual disabilities will be used. In addition to direct service, interns will also work with staff to improve their ability to work with residents in improving a number of social-emotional outcomes, including reduction of behavioral outbursts, improved conflict resolution, and increased emotional control. Finally, interns will work with staff on utilizing research-supported techniques to improve self-care, especially in managing the inherent stressors of working in a residential facility.

Interns will also receive outpatient referrals from physicians in the community for adults with general mental health concerns. This includes, but is not limited to, anxiety, depression, family related issues, and trauma. Focus will be on utilizing cognitive-behavioral, insight-oriented, and systems-based approaches to reduce concerns and improve functionality and quality of life.

INTERNSHIP TRAINING PROGRAM RESOURCES

Interns are provided with diverse patient populations and various programs within the Easterseals Rehabilitation Center and the ancillary sites noted.

All psychologists identified as training supervisors have faculty appointments within the Department of Psychology & Wellness and are licensed to practice psychology, with endorsements as Health Service Providers in Psychology (HSPP), in the state of Indiana.

The internship's education coordinator, Mrs. Macy Eggimann, serves in a number of roles to support the internship. In addition to serving in a number of functions related to recruitment, applications, interviewing, and admission, her role also involves orientation of interns, regular attendance at internship meetings (including taking minutes), schedule/didactics coordination, data collection, and many other responsibilities. Mrs. Eggimann works directly with the training director to assure that all internship functions work smoothly, and also to troubleshoot issues, especially related to educational matters. She also works to make sure that yearly accreditation standards are met, and oversees the filing, record keeping, and distribution of materials as needed. Overall, Mrs. Eggiman provides general administrative support to interns for a variety of needs.

Interns receive a salary, which will be \$34,000 for the training year. They will also be provided with a 1,000 professional fund to be used for training and clinical purposes during the year. Benefits offered also include the following: health insurance for the intern and family, life insurance, malpractice coverage, vision and dental insurance, and free on-campus parking. Each intern is entitled to designated paid holidays (see time off and leave policies on page 50), 80 hours vacation time, and 5 days of paid sick time. Holiday time includes days off between Christmas and New Year's, during which time all employees are paid in full. Interns are provided with 4 professional days as part of their training to be used for activities such as post-doctoral or job interviews, attendance at approved conferences (not part of the training program), and/or dissertation defense.

Interns are provided with appropriate office space, laptop computers, printers, telephones, and copiers and scanners as needed. Computers include ability to access the EHR, all needed software and/or online access to programs such as Microsoft Office, Excel, Outlook, Power Point, and other programs. Interns also have access to audio/visual equipment that provides for supervision opportunities.

Full clerical support is available to assist with patient scheduling and support. IT support is available during all working hours.

All interns are provided with email accounts. They will have full access to wired internet connections at all sites and wireless internet in most situations.

SUPERVISION REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP

Interns must have a minimum of 2 hours of individual, regular supervision per week that is provided by training faculty who are doctoral level and individually licensed in the state of Indiana.

Interns must have a minimum of 4 hours of total supervision a week, including two hours of scheduled individual supervision and two hours of scheduled group supervision. Beyond this, further unscheduled (e.g., “curbside”) supervision is provided as needed. Additional hours can be provided by a professional beyond a psychologist (e.g., psychiatrist, board certified behavioral analysis). However, in order to be counted, the supervisor needs to be formally approved in this capacity by the Internship Executive Committee.

Supervision is defined as a direct, interactive experience between the intern and supervisor. This means that co-therapy and observation, although potentially useful from a training capacity, do not count as supervision hours.

Some direct observation (e.g., live observation, direct recording) must occur at some point during the supervision process.

Supervision must occur in a hierarchical, formal process in which evaluation of skills and expertise does occur. This denotes that simply having a discussion with a professional who is not in an evaluative relationship with the intern (e.g., professional not affiliated with the internship program) does not count as supervision.

In situations where there is more than one supervisor on a rotation, it is necessary that a particular supervisor be named as primary. The primary supervisor has the responsibility of making sure that the intern has at least 4 hours of supervision per week.

Supervisors should record time spent in supervision even though interns do track their hours for supervision.

Telesupervision Policy

The following policy is in accordance with the American Psychological Association’s Implementing Regulations (IRs), specifically C-15 I. Telesupervision, and the Indiana licensure regulations for psychologists and supervised training experiences.

How many hours of supervision (of the four required hours) may be provided via telesupervision vs. in-person supervision, both regarding overall hours and individual vs. group supervision? Up to two of the required hours per week can be provided as

telesupervision for interns. This includes one hour each for individual and group supervision. This supplies interns with reasonable time to gain in-person guidance and instruction as needed while also providing for the flexibility of telesupervision. The only exception to this limit is in the rare situations of a pandemic, natural disaster (e.g., earthquake) or long-term inclement weather (e.g., blizzard) in which having face-to-face supervision would be potentially hazardous for the intern and/or faculty.

Rationale for using telesupervision: The rationale for using telesupervision is multi-fold. One, it allows for supervision if faculty are working remotely from home on a given day. Two, as we have two sites for our internship experiences, it provides interns with an opportunity to get supervision either in their office or while off-site at the Early Learning Center in a private, secure office. Finally, in situations of illness, inclement weather, or a natural disaster (including a pandemic), telesupervision provides an excellent option to maintain the supervisory experience as is required and needed.

How telesupervision is consistent with our program's overall aims and training outcomes: Consistent access, at both scheduled and unscheduled times, ensures that interns meet requirements for supervision as indicated by the IRs. It also enhances our ability to prepare interns for entry-level practice and licensure, and to provide quality, evidence-based services that correspond to the Profession-Wide Competencies. The use of telesupervision permits our program to ensure that interns can more easily meet with their regular supervisor even if both are not located in the same physical space on a given day and/or unexpected circumstances of a personal, professional, or societal nature arise.

How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision: Our program uses multiple means of self-assessment for all aspects of our program, including experiences of telesupervision, which include the following. One, we have bimonthly Internship Executive Committee (IEC) meetings in which interns provide updated concerns regarding aspects of their experience. Two, supervisors regularly solicit feedback in-person regarding interns' experiences of the program, both in face-to-face supervision and through evaluation review. Three, interns complete evaluations for each rotation and for the entire internship year that include an assessment of faculty and the supervision that they provide.

How and when our program uses telesupervision in clinical training: Telesupervision is used when a faculty member is working offsite or from home on a scheduled day of supervision or as needed. Telesupervision is also used in situations where the intern and/or faculty member (or family) is ill, there is inclement weather making it difficult to travel to the office, or there is a natural disaster in which one or all participants are expected to shelter in place.

How is it determined which interns can participate in telesupervision? Telesupervision will be utilized with all interns, at least at some juncture, throughout the training year. Each intern is initially assessed to determine if telesupervision is appropriate for them and/or the circumstances being discussed. If it is determined that an individual trainee is not able to engage in telesupervision due to technology issues or due to difficulty engaging over telesupervision, the supervisor will use their judgement to limit supervision to in-person only if the issues cannot be addressed.

How will our program ensure that relationships between supervisors and interns are established at the onset of the supervisory experience? A substantial majority of the supervision in our program will be provided in person; in addition, all of the components of the weeklong orientation are provided in person and almost all of the didactics that faculty provide are in-person. Other in-person outings are scheduled, including just prior to the internship year starting, to provide further time for interns and supervisors to interact and get to know each other. Supervisors and interns discuss intern goals, preferred styles of supervision, and ways that faculty members can assist them in reaching these goals in the first two weeks of internship. Thus, an emphasis from the beginning of internship is to make sure that supervisors and interns become acquainted with one another before telesupervision is ever used.

How the supervision relationship is facilitated, maintained, and monitored for ruptures:

As noted prior, most of the intern-supervisor interaction is in person, regarding supervision, didactics, and overall interaction that occurs throughout the week. Also, all intern and faculty offices are less than a minute walk from each other, thus facilitating regular conversation, check-ins, and unscheduled supervision time that occurs in person. Through all of these mechanisms, in addition to off-site functions, faculty and supervisees are frequently communicating about any issues that might result in a more serious rupture.

How will off-site supervisors maintain full professional responsibility for clinical cases? We do not have supervisors who are fully off-site; all of our faculty are onsite at least two days a week and most faculty are present for at least four days per week. All faculty have offices and work in the space that they supervise intern's experiences. If a supervisor is working remotely on a given day, they can utilize VPN to fully access medical records through the electronic record system and our shared psychology drive and will be available via cell phone or email.

How are non-scheduled consultation and crisis coverage managed? If an intern is onsite when a supervisor is working remotely, another supervisor will be available onsite in addition to the primary supervisor being available via cell phone and email. If both the intern and supervisor are working remotely, the supervisor will be immediately available via cell phone and email. In situations of crisis involving clinical matters occurring in our department, interns are instructed

from the beginning of the year to access onsite supervisors immediately before resorting to faculty who are off-site.

Management of privacy and confidentiality of patients and interns: Supervisors will only conduct telesupervision utilizing a HIPAA compliant platform version of Microsoft Teams. Supervisors and interns will both ensure they are in their offices, or another secure, private location, where discussions cannot be overheard by others. Supervisors will review variables that need to be taken into account to ensure their location is private.

Technology and quality requirements and education regarding technology for trainees and supervisors: All supervisors and trainees will have ESRC issued laptops and/or desktops with cameras and microphones. Supervisors and interns are provided with access to HIPAA compliant teleconferencing/ telehealth platforms via ESRC and will use these accounts for telesupervision. Interns are provided with education and training regarding these platforms during orientation; new faculty are provided this training during onboarding.

Assurance that supervisors are competent to provide telesupervision: All supervising faculty are licensed as psychologists and Health Service Providers in Psychology (HSPP) in the state of Indiana and thus must be appropriately trained to meet requirements for supervision and telesupervision per Indiana statutes. Initial education is provided for new faculty during onboarding regarding the use of virtual platforms as well as faculty regularly consult with the training director regarding all aspects of the internship program, including supervision.

Circumstances that would lead to changing between telesupervision and in-person supervision: Circumstances that would lead to a change from telesupervision to regular supervision involve a sensitivity to matters involving clients and/or an intern, in which in-person supervision would be most effective in managing. This might include difficult feedback given to an intern involving areas of growth, or complicated, emotional matters pertaining to a client that is better addressed face-to-face. Also, all feedback for formal evaluations of interns is given in person, except in rare situations in which scheduling conflicts or unanticipated occurrences (e.g., long-term inclement weather) makes it difficult or impossible to provide timely feedback.

How are diversity, equity, inclusion (DEI), and accessibility issues considered and addressed:

DEI and accessibility issues are addressed in the same manner they are for all other aspects of the program. They are embedded into the training, supervision, and oversight that occur from the initial day of orientation until the final day of internship. If it is determined that telesupervision creates situations of inequity or reduced accessibility, issues will be discussed by all involved and in-person means would be immediately provided, if deemed as the best solution.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP

By the end of the internship year, interns are expected to either have a rating of **(A) Advanced/Skills (comparable to autonomous practice at the licensure level)** or **(HI) High (Intermediate/Occasional supervision needed)** in all elements of the 9 profession-wide competencies (PFC's). **HI** is a common rating given at the completion of internship whereas **A** is considered to reflect advanced skills more consistent with the completion of postdoc. No elements of competency areas will be rated as **I** or **R** or **E**. Please see evaluation procedures and forms starting on pages 21 as well as program aims, competencies, and outcomes outlined on pages 5.

Acceptable progress during the internship program will be defined as accomplishing a minimum rating of **I (Intermediate/Should remain a focus of supervision)** in all applicable areas of competency by 6 months into the internship. If adequate progress is not made (as designated by an **R [Needs remedial work]** rating), a remediation plan will be orchestrated (please see remediation procedures beginning on page 35).

Adherence to all other ESRC policies, APA ethics code, and Indiana Law requirements must occur (see internal policies available online through each of these entities).

Completion of all required rotations must occur as designated by the internship training schedule.

An intern must complete 1 year of full-time training (2,000 hours total), and a minimum of 500 hours of direct patient contact. The training begins on the first working day of July, and continues until the last working day of June, with the exception as noted in the Time Off & Leave policies included in this manual starting on pages 50.

Experience must include 4 hours of supervision per week, including 2 regularly scheduled, individual, face-to-face meetings with a core or secondary supervisor. See supervision guidelines on page 19 for more information.

Interns must attend all didactics except when out of the office for approved time off, or in emergency situations.

Attendance at Director's Conference is mandatory unless leave has been approved consistent with the Internship Leave of Absence Policy.

INTERNSHIP EVALUATION PROCEDURE

- 1.** All rotation supervisors will complete the Core Competency (Assessment) Form at the end of 3 month rotations using an adapted evaluation form designed for each rotation, as each rotation does not involve all 9 profession-wide competencies. A Core Competency Form will also be completed at the midpoint mark of the internship year, to assess both overall performance at this juncture and midway performance in the yearlong rotations. Each evaluation will provide a summary of competency areas that are the focus of the internship in conjunction with APA accreditation guidelines; in addition, each evaluation (using the Core Competency Form) provides written space to note the intern's strengths/achievements and growth areas overall and within each competency (and specific objectives as part of each competency). At minimum, interns will receive a formal, written evaluation twice a year of all competency areas as required by the internship in conjunction with APA accreditation guidelines. Once this evaluation has been completed, using the Google Docs version of the Core Competency Form, a pdf will be generated of the evaluation, which will be emailed to the student and printed to allow for review during the meeting regarding the evaluation.
- 2.** Each of these forms will be reviewed with the intern by the supervisor(s), and then both will sign the form during the last supervision of that rotation (or shortly after the rotation has been completed), or during a midpoint or final meeting, when applicable. This review will guarantee the most complete opportunity for communication regarding the evaluation. Once this has all occurred, the evaluations will be uploaded into the Provide database, which stores all files for each intern and record of their supervision.
- 3.** All supervisors (primary and secondary) of the interns for that rotation will conference toward the end of each 3-month rotation, and just before the mid-term and end of the year for full-year rotations, with the Director of Training. The objective is to provide comprehensive feedback for the psychology intern at the end of each rotation (and at the mid-term, for yearlong rotations) that includes input from all involved.
- 4.** Data from the Core Competency Form will be entered into a Summation Table in order to allow progress from one rotation to the next to be easily tracked, and also to allow aggregate data to be completed for each intern, each internship class, and over multiple years. This will facilitate a determination of whether competencies for each intern, and aims for the program as a whole, are being achieved. To allow this to occur with maximum efficiency and accuracy, as noted prior, all evaluations are completed using the Google Docs version of the Core Competency Form, where each rating has been

translated into a number that allows for immediate aggregation across any variable, including intern, internship year, and a selected time period. Each rating has been assigned a numerical value, as noted below:

A (Advanced) – 5

HI (High Intermediate) – 4

I (Intermediate) – 3

E (Entry) – 2

R (Remedial) – 1

N/A – No value assigned (removed from rating and aggregate calculations)

5. A final Core Competency Form will be completed just prior to the overall completion of the internship year as well as a mid-term evaluation (at 6 months). A feedback meeting with all primary supervisors will be conducted in order to provide feedback on the completion of this form.
6. As noted in the section entitled “Communication with Directors of Clinical Training” in the Policies and Procedures Manual, a formal update with the Directors’ of Clinical Training (DCT) at the interns' home doctoral program will occur at a minimum of twice a term, including during mid-term and end of training. This will occur in the form of a written evaluation sent to the DCT. Other communications will occur in whatever form is needed if concerns arise, at a frequency that matches the particular needs of the situation.

PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM

Trainee _____ Supervisor _____

Training Year _____ Training Experience _____

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation
_____ Videotape
_____ Audiotape
_____ Case Presentation

_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

RATINGS DESCRIPTIONS

- NA** Not applicable for this training experience/Not assessed during training experience
- A (5)** **Advanced/Skills comparable to autonomous practice at the licensure level.**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
- HI (4)** **High Intermediate/Ready for Entry Level Practice.**
This is a required rating for Profession Wide Competencies, and associated elements, at completion of internship; individuals at this level are prepared for entry level practice as is deemed by the Standards of Accreditation.
- I (3)** **Intermediate/Should remain a focus of supervision**
Common rating throughout internship and practica. Routine supervision of each activity.
- E (2)** **Entry level/Continued intensive supervision is needed**
Most common rating for practica. Routine, but intensive, supervision is needed.
- R (1)** **Needs remedial work**
Requires remedial work if trainee is in internship or post-doc.

PROFESSION-WIDE COMPETENCIES

COMPETENCY: RESEARCH

ELEMENT: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

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

- A** Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- HI** Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
- I/E** Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources,

- R** willingly uses the information provided and uses supervisor's knowledge to enhance own understanding. Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

ELEMENT: DEMONSTRATES CRITICAL EVALUATION & KNOWLEDGE OF RESEARCH

Demonstrates an effective ability to discuss research during case conferences, journal article discussions, and other related activities.

- A** Shows evident mastery of a wide range of research as related to not just clinical practices, but also other relevant areas in the field. Is comfortable discussing varied topics with psychological professionals and others in medical field or other professional or non-professional sectors.
- HI** Demonstrates a good awareness of core areas of research in the field, and is able to present key ideas and thoughts in a clear, cohesive manner. May still be developing a comfort in presenting on the complexities of this research.
- I/E** Shows emerging command of critical areas of research and how this can be integrated with other scientific knowledge; may still be reticent or developing in articulating this in a more public forum.
- R** Exhibits limited knowledge regarding basic research in the area of psychology, and even may seem uninterested in learning from other psychology professionals and trainees regarding key concepts and ideas.

NA ELEMENT: DEVELOPS AND IMPLEMENTS RESEARCH AND/OR OTHER SCHOLARLY ACTIVITIES

Develops and implements plan for research or other professional writing or presentation (e.g., case conference, presentation, publication) at local (including ESRC), regional, or national level

- A** Develops research plan alone or in conjunction with a colleague. Is a full and equal participant in the project.
- HI** Provides substantive input/involvement into the plan and execution of activity. Demonstrates ability to execute at least one aspect of the project independently.
- I/E** Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of the project.
- R** Does not follow-through with responsibilities in development or implementation of plan.

COMPETENCY: ETHICAL AND LEGAL STANDARDS

NA ELEMENT: RECOGNIZE ETHICAL DILEMMAS AS THEY ARISE & SEEKS CONSULTATION & SUPERVISION AS NEEDED

Works to effectively apply ethical decision-making processes in order to resolve the dilemmas.

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

NA ELEMENT: CONDUCTS SELF IN AN ETHICAL MANNER IN ALL PROFESSIONAL ACTIVITIES

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

- A** Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- HI** Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.

- I** Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- E** Needs considerable direction from supervisor. May leave out crucial information.
- R** May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

NA ELEMENT: KNOWLEDGE OF ETHICS AND LAW

Demonstrates good knowledge of ethical principles, including APA Ethical Principles of Psychologists, and relevant regulations, rules, policies, and laws regarding the practice of health service psychology (e.g., reporting of neglect & abuse). Consistently applies these appropriately, seeking consultation as needed.

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

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY

NA ELEMENT: APPLICATION OF KNOWLEDGE AND APPROACH TO WORKING WITH DIVERSE CLIENTS. Consistently achieves a good rapport with patients regardless of diverse backgrounds; works effectively with a diverse range of groups and individuals. Monitors and adapts professional behavior in a culturally sensitive manner as is appropriate, with professionals and patients.

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

NA ELEMENT: KNOWLEDGE & SENSITIVITY TO PATIENT DIVERSITY

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services. Demonstrates knowledge about diverse individuals and groups encountered during internship and applies knowledge to effectively work with a range of diverse individuals. Is familiar with APA's Professional Practice Guidelines for relevant populations, settings, and conditions.

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

NA ELEMENT: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND

Demonstrates an understanding of how own personal beliefs, attitudes, and biases and cultural attitudes may affect how they understand and interact with people who are different than themselves.

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

COMPETENCY: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

NA ELEMENT: USES POSITIVE COPING STRATEGIES BASED ON AWARENESS OF STRENGTHS & WEAKNESSES Engages in self-reflection/self-care to maintain health and fitness to practice and improve/develop well-being and effectiveness. Demonstrates positive coping strategies with personal and professional stressors and challenges. Engages in self-evaluation and uses awareness of strengths and weaknesses to guide practice, use of consultation, scholarly resources, and professional development.

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

NA ELEMENT: BEHAVES IN ACCORDANCE WITH THE VALUES/ATTITUDES OF PSYCHOLOGY Demonstrates integrity, deportment, professional identity, accountability, lifelong learning, and concern for others. Responds professionally and with appropriate independent initiatives to complex professional situations. Seeks and demonstrates openness/responsiveness to feedback.

- A** Demonstrates a clear professional demeanor and standing, both with appropriate confidence in skills and also openness to feedback and consultation. Handles self that conveys clear professional identity.
- HI** Exhibits qualities of an emerging professional in the field, with evident integrity, accountability, and curiosity present. May still be establishing complete professional identity, but clearly demonstrates core components.
- I** Demonstrates clear components, but in still need of nuanced refinement and flexibility
- E** Still learning the basics of what it means to be a professional; behavior is appropriate, but still raw
- R** Is either unaware or in denial of behaviors that conflict with basic values/attitudes of psychology

NA ELEMENT: EFFICIENCY AND TIME MANAGEMENT Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

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

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

COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS

- NA ELEMENT: PROFESSIONAL INTERPERSONAL BEHAVIOR**
Demonstrate effective interpersonal skills. Professional and appropriate interactions with treatment teams, peers and supervisors are evident, and support is sought as needed; ability is shown in managing difficult communication well.
- A** Smooth working relationships, handles differences openly, tactfully and effectively.
- HI** Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
- I** Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- E** Ability to participate in team model is limited, relates well to peers and supervisors.
- R** May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.
- NA ELEMENT: PRODUCES EFFECTIVE VERBAL, NONVERBAL, AND WRITTEN COMMUNICATIONS**
Communications are informative, well-integrated, useful, and practical, and appropriate to the context of the clinical care setting; they demonstrate a thorough grasp of professional language and concepts
- A** Interactions and communications are consistently succinct, effective, and address not just core issues involved, but also complexities and nuances that allow for optimal outcomes on a frequent basis.
- HI** Effectively communicates using means that are most timely and productive. Addresses primary issues at hand, but may still be working to further integrate complexities and nuances that are reflective of a more seasoned professional.
- I** Utilizes written and verbal communication to resolve key issues and maintain good working relationships. Written communications especially may still need further refinement.
- E** Able to communicate basic ideas and questions verbally, but is relatively early in learning to produce cohesive, comprehensive communications, especially in written form.
- R** Communications are regularly tangential, circumstantial, or even altogether ineffective or even divisive; struggles with basic communication skills, especially in a professional manner
- NA ELEMENT: COMMUNICATES EFFECTIVELY ACROSS DIFFERENT PROFESSIONAL AND NON-PROFESSIONAL SECTORS**
Demonstrates an ability to adapt communication effectively depending on the situation and person(s) involved; develops and maintains appropriate professional boundaries and good, professional relationships with patients, colleagues, allied professionals, organizations, supervisors/supervisees, and the public.

- A** Is able to adeptly flex style of communication and amount & format of information depending on the circumstance and also individual(s) receiving the information; shows an acute ability to adjust delivery to in order to maximize effectiveness and relationship.
- HI** Demonstrates an awareness and sensitivity to audience in communication style and overall information presented; may still be refining flexibility in communication between parent or professional, but shows understanding of the importance of modulating style depending on need.
- I** Conveys appropriate information in a sensitive, reasonable manner to all involved, but still developing an understanding of the critical nuances and subtleties associated with different circumstances and individuals.
- E** Communication style is basic; focus is on disseminating core information, with minimal awareness to critical differences needed depending on receiver or situation.
- R** Shows little sensitivity to the different needs of communication depending on the situation or person; may periodically communicate in a way that seems unaware of basic demands or limitations in particular circumstances, thus increasing likelihood of conflict or alienation.

COMPETENCY: ASSESSMENT

- NA ELEMENT: DIAGNOSTIC & CONCEPTUAL SKILLS**
Demonstrates a thorough working knowledge of diagnostic clarifications (e.g., DSM/ICD), functional and dysfunctional, and considers client psychopathology and strengths. Utilizes historical, interview and psychometric data to diagnose accurately along with a knowledge of patient/family, contextual, and diversity considerations to guide assessment strategies and understanding of functional/dysfunctional behaviors
- A** Demonstrates a thorough knowledge of psychiatric classification and all relevant factors to develop an accurate diagnostic formulation and comprehensive conceptualization autonomously.
- HI** Has a good working knowledge of psychiatric diagnoses and other moderating/mediating factors. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- I** Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- E/R** Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization.
- NA ELEMENT: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION**
Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered, which are evidence-based and culturally-sensitive, to effectively answer referral questions. Collectively appropriate data using multiple methods and sources that appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the patient.
- A** Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- HI** Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- I** Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- E/R** Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.
- NA ELEMENT: PSYCHOLOGICAL TEST INTERPRETATION**
Interprets the results of psychological tests using updated research and professional standards and guidelines to inform case conceptualization, classification, and recommendations. Recognizes and guards against inherent decision-making biases, clarify which aspects of the assessment are objective from those that are subjective.
- A** Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic

- formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- HI** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- I** Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- E/R** Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.
- NA** **ELEMENT: ASSESSMENT WRITING SKILLS**
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.
- A** Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.
- HI** Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
- I** Uses supervision effectively for assistance in determining important points to highlight.
- E/R** Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.
- NA** **ELEMENT: FEEDBACK REGARDING ASSESSMENT**
Plans and carries out a feedback interview; effectively and sensitively communicates assessment findings and recommendations clearly to patients, caregivers, and other relevant or referring professionals. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.
- A** Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
- HI** With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
- I** Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- E** Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
- R** Does not modify interpersonal style in response to feedback.

COMPETENCY: INTERVENTION

- NA** **ELEMENT: ESTABLISHES AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH CLIENTS.**
Consistently achieves a good rapport with patients regardless of diverse backgrounds. Establishes and maintains effective rapport with a diverse range of children, adolescents, and caregivers.
- A** Establishes good working relationships & alliance with almost all patients and professionals, reliably identifies potentially challenging patients and seeks supervision.
- HI** Generally comfortable and relaxed with patients; able to manage unexpected and potentially conflictual situations in a way that preserves relationships.
- I** Actively developing rapport building skills, especially those populations with more diverse backgrounds than trainee.
- E** Rapport-building is basic, and evident difficulties are present as trainee works to acquire more developed skills

R	Alienates patients or shows little ability to recognize problems.
NA	ELEMENT: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Applied good clinical judgment about unexpected issues such as crises or confrontation. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.
A	Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.
HI	Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
I	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
E	Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
R	Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.
NA	ELEMENT: CASE CONCEPTUALIZATION AND TREATMENT GOALS Formulates and articulates an integrative case conceptualization that draws on theoretical and research knowledge, and addresses individual cultural diversity. Demonstrates an ability to apply relevant research literature to clinical decision-making. Collaborates with patient to form appropriate treatment goals.
A	Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
HI	Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
I	Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
E/R	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.
NA	ELEMENT: THERAPEUTIC INTERVENTIONS Effectively applies knowledge to clinical decision-making, modifying treatment as needed for the unique individual/family served or when clear evidence-base is lacking. Interventions are implemented as informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interventions are evaluated for effectiveness and efficiency, and interventions goals and methods are adapted based on ongoing results.
A	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
HI	Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
I	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
E/R	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

- NA ELEMENT: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)**
Understands and uses own emotional reactions to the patient productively in the treatment.
- A** During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
- HI** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
- I** Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.
- E** When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- R** Unable to see countertransference issues, even with supervisory input.
- NA ELEMENT: GROUP THERAPY SKILLS AND PREPARATION**
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.
- A** Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of cotherapist/supervisor with follow-up supervision later.
- HI** Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- I** Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- E** Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
- R** Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

COMPETENCY: SUPERVISION

- NA ELEMENT: SUPERVISORY SKILLS**
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Actively and appropriately participates in supervision-related training/practice opportunities either through direct or simulated examples of supervision (e.g., peer consultation with other trainees, group supervision, didactic lectures). Builds good rapport with supervisee.
- A** Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.
- HI** Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as documented on evaluation form.
- I** Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful. Trainee is rated by supervisee at the satisfactory or higher level in all areas.
- R** Unable to provide helpful supervision.
- NA ELEMENT: RECOGNIZES AND ADDRESSES POWER AND CULTURAL VARIABLES THAT INFLUENCE SUPERVISORY RELATIONSHIPS**
Shows understanding and responsiveness on how diverse factors influence outcomes of supervision.
- A** Demonstrates an acute awareness to various ways that diverse factors can affect supervisory relationships; is proactive and sensitive in managing these complex issues in a way that not just preserves, but can

- enhance the relationship(s).
- HI** Shows an ability to navigate supervisory situations that are complicated by cultural/power-based variables; although still developing nuanced skills, understands limitations and seeks consultation effectively to help manage challenging situations.
 - I** Shows awareness of cultural/power factors as related to supervision, but still demonstrates need to grow in how to best manage in an effective way.
 - R** Supervision seems to show minimal or no awareness of critical variables that could influence effectiveness and collegiality; “one size fits all” or random approach is utilized.

NA ELEMENT: UTILIZATION OF APA GUIDELINES FOR CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY (2018)

- Illustrates both an awareness and application of these guidelines in various aspects of supervision**
- A** Spontaneously and consistently applies guidelines in a variety of supervisory situations. Demonstrates both a fidelity and flexibility in using the guidelines given various unique situations that arise.
 - HI** Consistently recognizes and demonstrates core implementation of guidelines in supervisory situations; utilizes both content and process elements of guidelines even as development of nuanced skills remains.
 - I** Shows awareness of basic provisions and components of guidelines, and demonstrates efforts to implement effectively; however, still needs further refinement and development to be consistently effective.
 - R** Little or no understanding and/or usage of guidelines is present in supervision; supervision does not appear to be founded on empirically-supported, reliable methods and may be arbitrary or insensitive in nature.

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

NA ELEMENT: CONSULTATION ASSESSMENT

- Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.**
- A** Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.
 - HI** Occasional input is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question
 - I/E** Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.
 - R** Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

NA ELEMENT: UTILIZATION OF TEAM, INTERDISCIPLINARY APPROACH

- Demonstrates an ability to function well as an interdisciplinary team member, both in receiving and articulation information and integration of members and their perspectives**
- A** Demonstrates an acute ability to integrate perspectives from multiple team members while also transparently and effectively sharing and synthesizing own area of knowledge; demonstrates evident leadership qualities.
 - HI** Functions well in an interdisciplinary setting, both in communication and integration of different types of knowledge and expertise.
 - I/E** Demonstrates awareness and emerging capabilities in working as part of an interdisciplinary team; however, still needs further development in integration and communication skills.
 - R** Is consistently ineffective in interdisciplinary settings, either due to poor communication or challenges with integrating various perspectives or knowledge; at times, may either dominate or not communicate during team meetings.

NA ELEMENT: CONSULTATIVE GUIDANCE

Applies the knowledge of consultation in direct or simulated consultation (e.g., role-played consultation with others) with individuals and their families, other health care professionals,

interprofessional groups, or systems related to health and behavior. Gives the appropriate level of guidance when providing consultation to other health care professionals and those in the public sector, taking into account their level of knowledge about psychological theories, methods and principles.

- A** Relates well to those seeking input, is able to provide feedback that is effective and effective regardless of professional seeking guidance or context of the situation.
- HI** Requires occasional input regarding the manner of delivery or type of feedback given; however, in general provides consultation that is both effective and comprehensive.
- I/E** Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
- R** Unable to establish rapport.

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

REQUIREMENT FOR PRACTICUM EVALUATIONS

All competency areas will be rated at a level of **E** or higher. No competency areas will be rated as **R**.

REQUIREMENT FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

REQUIREMENT FOR INTERN EVALUATIONS DONE AT 12 MONTHS

All elements of profession wide competencies will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R, E, or I**.

REQUIREMENT FOR POST-DOCTORAL EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **HI** or **A**. No competency areas will be rated as **R, E, or I**.

REQUIREMENT FOR POST-DOCTORAL EVALUATIONS DONE AT 12 MONTHS

All competency areas will be rated at level of competence of **A**. No competency areas will be rated as **HI, I, R** or **E**.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have reviewed this together.

Supervisor _____

Date _____

Supervisor _____

Date _____

Supervisor _____

Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

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

Trainee _____

Date _____

DUE PROCESS

This section includes guidelines for remediation when an intern is not meeting competency goals as well as management of problematic conduct. The guidelines are consistent with accreditation standards of the American Psychological Association, APPIC, and Human Resource policies of ESRC. These guidelines emphasize due process, assure fairness in the program's decisions about interns, and provide avenues of appeal that allow interns to file grievances and dispute program decisions.

General Guidelines:

1. During orientation, each intern is provided with expectations for intern professional conduct and functioning. As part of this, each intern is required to review the Easterseals Internship Policies & Procedures Manual and then sign a statement of understanding.
2. Decisions and recommendations regarding the intern's competencies are based on input from multiple professional sources to ensure that no one individual has excessive influence regarding an intern's status in the program.
3. Remediation plans are developed and implemented for identified inadequacies. Each plan includes a time frame for expected remediation and specifies the consequences for failure to rectify the inadequacies.
4. Interns are given sufficient time to respond to any action taken by the program.

Competency Issues

For interns who are not meeting competency goals, the following policies are in place:

1. A formal remediation plan will be implemented at six months into the position if an intern is not meeting proficiency in competencies as specified on the competency evaluation.
 - a. Any rating below an "I" on the competency evaluation upon the 6-month evaluation will lead to a remediation plan.
2. A formal remediation plan may also be requested at any point during the training year if a supervisor has particular concerns and informal attempts to resolve these issues have been unsuccessful.
 - a. A supervisor should bring these concerns to the Training Director. If it is agreed that a remediation plan is needed, it will be developed at this time.
 - b. If there is not agreement between the Training Director and supervisor, this will be brought to the Internship Executive Committee (IEC) to facilitate a further decision in the matter. **When this occurs, due to ethical issues such as**

confidentiality, the intern serving on the IEC will be excused from these discussions.

3. A formal remediation plan should seek to understand probable causes of the deficient performance (e.g., if due to disability, environmental influences) as well as specific steps to be taken to remediate performance.
4. Formal remediation plans become part of the intern's file and a copy is forwarded to the Training Director at the intern's school.
5. Any formal remediation plan that is developed will include documentation of the response/progress of the intern in writing. This should occur at least monthly until it is determined that the remediation plan has been successfully completed, or a new remediation plan has been implemented.
6. If a remediation plan is not successful, then the following procedures will be followed:
 - a. Scheduling Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Director. Several possible concurrent courses of action may be included including modifying a schedule. These include:
 - Increasing the amount of supervision, either with the same or other supervisor
 - Change in the format, emphasis, and/or focus of supervision
 - Recommending personal therapy
 - Reducing the intern's clinical or other workload
 - Requiring specific academic coursework
 - b. The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification will be determined after discussions with the intern by the Training Director in consultation with the primary supervisor.
 - c. Probation is also a time-limited, remediation-oriented, more closely supervised training period. The purpose of probation is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes:
 - The specific behaviors associated with the unacceptable rating
 - The recommendations for rectifying the problem
 - The time frame for the probation during which the problem is expected to be ameliorated, and

- The procedures to ascertain whether the problem has been appropriately rectified
- d. If the Training Director determines that there has not been sufficient improvement in the intern's performance to remove the probation or modified schedule, then the Training Director will discuss with the primary supervisor and the Internship Executive Committee possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule has not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified period of implementation of another alternative. Additionally, the Training Director will communicate to the Internship Executive Committee that if the intern's behavior does not change, the intern will not successfully complete the internship.
 - e. Suspension of Direct Service Activities requires a determination that the welfare of the intern's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Internship Executive Committee. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
 - f. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed.
 - g. Termination/Dismissal from the Program involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the intern seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Internship Executive Committee the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor or the intern is unable to complete the internship due to physical, mental, or emotional illness. When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the program.

INTERNSHIP REMEDIATION PLAN

Intern: _____

Rotation: _____

Supervisor: _____

Date of Enactment: _____

Issues to be addressed by this plan (including underlying probable causes that might be contributing):

Specific objectives and timeline for meeting goals:

- 1.
- 2.
- 3.
- 4.

Supervisor and/or program interventions to help the intern in meeting these objectives:

Intern Signature: _____

Supervisor: _____

Training Director: _____

EASTERSEALS PSYCHOLOGY INTERNSHIP REMEDIATION PLAN - PROGRESS UPDATE

Intern: _____

Rotation: _____

Supervisor: _____

Date of Enactment: _____

Date of Update: _____

Progress toward objectives:

Have objectives been met?

If objectives are not met, specific objectives to still be attained and timeline for meeting goals:

1.

2.

3.

4.

If objectives are not yet met - supervisor and/or program interventions to assist the intern in meeting these goals:

Intern Signature: _____

Supervisor: _____

Training Director: _____

Problematic Performance or Conduct

For interns who are exhibiting problematic performance or conduct, the following policies are in place:

1. Problematic performance or conduct is defined as when there is interference in professional functioning that renders the intern unable and/or unwilling to acquire or integrate professional standards into his/her repertoire of professional behavior, unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress that leads to dysfunctional emotional reactions or behavior that disrupt professional functioning. Specifically, problematic performance and/or conduct may include:
 - a. The intern does not acknowledge, understand, or address the problem when it is identified.
 - b. The problem is not merely a reflection of a skill deficit that can be improved by a didactic training and supervision.
 - c. The quality of the clinical services delivered by the intern is significantly negatively affected.
 - d. The problem is not restricted to one area of professional functioning.
 - e. A disproportionate amount of attention by training personnel is required.
 - f. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - g. Note that many of these behaviors would fall under the "R" rating of the competency goals (but highlight conduct/adherence-related issues).
2. The following steps will be followed when problematic conduct has been identified:
 - a. Verbal warning to the intern emphasizing the need to discontinue the inappropriate behavior under discussion. This conversation will be documented in recorded supervision notes.
 - b. Written acknowledgement to the intern formally acknowledges that:
 - The Training Director is aware of and concerned with the performance rating
 - That the concern has been brought to the attention of the intern.
 - That the Training Director will work with the intern to rectify the problem, and
 - That the behaviors associated with the rating are not significant to warrant more serious action
 - c. Written warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - A description of the intern's unsatisfactory performance
 - Actions needed by the intern to correct the unsatisfactory behavior
 - The time line for correcting the problem
 - What action will be taken if the problem is not corrected, and
 - Notification that the intern has the right to request a review of the action

- d. A copy of this letter will be kept in the intern's file. For the letter that remains in the file, documentation should contain the position statements involved in the dispute.
- e. Scheduling Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Director. Several possible concurrent courses of action may be included including modifying a schedule. These include:
 - Increasing the amount of supervision, either with the same or other supervisor
 - Change in the format, emphasis, and/or focus of supervision
 - Recommending personal therapy
 - Reducing the intern's clinical or other workload
 - Requiring specific academic coursework
- f. The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification will be determined after discussions with the intern by the Training Director in consultation with the primary supervisor.
- g. Probation is also a time-limited, remediation-oriented, more closely supervised training period. The purpose of probation is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes:
 - The specific behaviors associated with the unacceptable rating
 - The recommendations for rectifying the problem
 - The time frame for the probation during which the problem is expected to be ameliorated, and
 - The procedures to ascertain whether the problem has been appropriately rectified
- h. If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then the Training Director will discuss with the primary supervisor and the Internship Executive Committee possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule has not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified period of implementation of another alternative. Additionally, the Training Director will communicate to the Internship Executive Committee that if the intern's behavior does not change, the intern will not successfully complete the internship.

- i. Suspension of Direct Service Activities requires a determination that the welfare of the intern's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Internship Executive Committee. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
- j. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed.
- k. Termination/Dismissal from the Program involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the intern seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Internship Executive Committee the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor or the intern is unable to complete the internship due to physical, mental, or emotional illness. When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the program.

APPEALS PROCEDURES

Interns may appeal any decision made regarding competency and/or problematic conduct.

The following procedures are used for appeals:

1. If an intern disagrees with a remediation plan or procedure related to problematic conduct, the intern should respond in writing within five (5) work days of the decision in question.
2. The written appeal should include the intern's specific concerns with the decision and any evidence of lack of due process (e.g. intern not given sufficient time or opportunity to remediate) and should be submitted to the Training Director and Internship Executive Committee (IEC). **When this occurs, due to ethical issues such as confidentiality, the intern serving on the IEC will be excused from these discussions.**
3. The Training Director, VP of Mental Health Services, and Internship Executive Committee will review the appeal and respond in writing within five (5) work days. Their decision may include modification of the remediation plan or other procedures, or the original decision may be upheld.
4. If the intern does not agree with the decision of the Training Director, VP of Mental Health, and Internship Executive Committee, then the intern may appeal to ESRC's Vice President of Human Resources within three (3) work days.
5. The Vice President of Human Resources will review the written appeal and respond in writing within three (3) work days. Again, they may modify the original remediation plan or procedures, or uphold the original decision.
6. Within three (3) work days of receipt of HR's determination, the intern may request in writing that the President of Easterseals review the appeal. The president will respond in writing within three (3) work days, providing final review and disposition.

GRIEVANCE PROCEDURES

The purpose of the grievance procedure is to resolve, if possible, any work-related complaint that involves professional or personal issues. The general grievance procedure follows ESRC policy and is summarized below.

1. If a concern or disagreement is levied by an intern toward a supervisor or another intern that cannot be resolved informally (which is strongly encouraged as a first step), this should be brought to the immediate supervisor either in written or oral form. The immediate supervisor can provide guidance as to how to present the problem if the intern feels that this would be beneficial. An intern asserting a concern should first take up the matter with the immediate supervisor within three (3) workdays of its occurrence. The supervisor should reply within three (3) workdays in written or oral form.
2. If the complaint or concern cannot be resolved by the intern and immediate supervisor, consultation will then occur with the Training Director. The Training Director will address all concerns within three (3) workdays of receipt.
3. If an intern has a disagreement or concern with the Training Director, or is not comfortable bringing it up with the training director, they should bring this concern to the VP of Mental Health Services within three (3) workdays of occurrence. If a solution has not been found with these steps, the grievance should be written, detailing the nature of the complaint, and submitted to the Training Director and VP of Mental Health Services within three (3) work days of receipt of the supervisor's response. The Training Director and VP of Mental Health Services will then meet with the intern and those involved to determine what steps are needed to resolve the problem.
4. If an intern still feels that the issue has not been resolved, or is not comfortable talking with anyone in the mental health division, whether it involves a complaint or formal grievance, then HR should be contacted. HR will then review the written grievance, meet with the intern, and seek a solution. The following will need to be submitted in writing or via email within three (3) workdays:
 - A description of the problem
 - Those persons involved in the problem
 - Efforts you have made to resolve the problem
 - Any suggested solution you may have

HR will review the concern and respond within three (3) workdays.

5. If the intern believes the concern is not resolved following the above steps, they may appeal the determination to the President/CEO in the same manner indicated above. It will be reviewed within three (3) workdays. If it is necessary to submit the concern to the President/CEO, the decision will be final and binding.

If the intern feels they have witnessed or been subject to any form of discrimination or harassment, they should immediately notify any supervisor in their reporting structure, Human Resources, or the Compliance Officer.

INTERN EXPECTATIONS FOR CORE ROTATIONS

1. Interns are expected to be onsite Monday through Friday for complete workdays unless it is an official Easterseals holiday or they are taking declared sick, vacation, or professional days. Face-to-face hours with clients will vary depending on the rotation cycle. However, it is generally expected that interns will have between 12-17 face-to-face hours each week. A sample weekly schedule with rotation cycle is included here for both interns, with a key at the bottom. However, it should be noted that depending on specific intern/client needs and availability, slight modifications will be made as needed while keeping the structure of the rotations intact.

July through September					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	COMP		Dev Hr	Out. Test	
9:00 AM	1st of		Sup-JS	Out. Test	
10:00 AM	month		Res Tx	Out. Test	
11:00 AM				Out. Test	
12:00 PM		Psy Hr			
1:00 PM	Gr. Sup		New Pt		Sup - LN
2:00 PM	Out Tx			Feedback	Gr. Sup
3:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx
October through December					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	COMP		Dev Hr		Out. Test
9:00 AM	1st of				Out. Test
10:00 AM	month		Res Tx		Out. Test
11:00 AM	Sup- EN			Sup - LN	Out. Test
12:00 PM		Psy Hr			
1:00 PM	Gr. Sup		New Pt		
2:00 PM	Out Tx			Feedback	Gr. Sup
3:00 PM	Out Tx	Out Tx	Group	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Group	Out Tx	Out Tx

January through March					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	COMP		Dev Hr		0-5 Testin
9:00 AM	1st of				0-5 Testin
10:00 AM	month		Res Tx		0-5 Testin
11:00 AM			Sup-BF		0-5 Testin
12:00 PM		Psy Hr			
1:00 PM	Gr. Sup		New Pt		Sup- JS
2:00 PM	Out Tx			Feedback	Gr. Sup
3:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx

April through June					
	Monday	Tuesday	Wed	Thursday	Friday
8:00 AM	COMP	EI ELC	Dev Hr	EI MT	
9:00 AM	1st of	EI ELC		EI MT	
10:00 AM	month	EI ELC	Res Tx	EI MT	
11:00 AM		EI ELC		EI MT	
12:00 PM		Psy Hr			
1:00 PM	Gr. Sup	Sup- EN	New Pt	Sup-BF	
2:00 PM	Out Tx			Feedback	Gr. Sup
3:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx
4:00 PM	Out Tx	Out Tx	Out Tx	Out Tx	Out Tx

Abbreviations	Corresponding Rotation	Didactic Activities	Supervision
Out Tx - Outpatient Treatment	Clinical Child Outpatient Clinic		
Gr. Sup - Group Supervision			Group Supervision
Int. Disc - Interdisciplinary	Interdisciplinary Eval. Clinic		
New Pt - New Patient	Clinical Child Outpatient Clinic		
Psy Hr - Psychology Hour		Ins and Outs of Pro Psychology	
Dev Hr- Developmental Hour		Developmental Hour	
Res. Tx - Residential Treatment	Adult MH/Residential Services		
Group - Group Therapy	Pediatric Group Therapy		
Int. Disc - Interdisciplinary	Interdisciplinary Eval. Clinic		
EI - Early Intervention	Early Intervention Rotation		
Ind Sup - Individual Supervision			Individual Supervision
Gr. Sup - Director's Meeting			Group Supervision
Out. Test - Outpatient Testing	Clinical Child Outpatient Clinic		
0-5 Testing	Early Childhood Rotation		

Further expectations are as follows:

- The general guidelines are that interns will be present at least from 8:00 AM to 5:00 PM with an hour lunch break although at times, certain meetings or didactics may occur that would necessitate a working lunch. However, this schedule can be modified if agreed upon by an intern and supervisor. It is important that interns work as designated both to provide for full training experience and meet hour requirements for licensure in most states.

- b. In the situation that an intern needs to leave earlier or arrive later than the aforementioned standard, the intern should discuss this in advance with their supervisor, and determine how this time will be accounted for. An intern should be prepared to take PTO for any absence that is two hours or more.
 - c. Interns who encounter any emergencies that do not allow for prior planning should contact their supervisor as immediately as possible to inform them of a need to change the schedule, and possibility of not being available for future work responsibilities.
 - d. If interns find that they have unexpected “free time”, they should speak with their supervisor about additional activities that may provide for a good training experience. Leaving early is not allowed, even when work is completed, without an arrangement made between the intern and supervisor.
2. Interns are to check their organizational email accounts and phone messages at least twice a day, including upon arriving in the morning and before leaving in the evening, on every day that they are scheduled in the office. They are expected to respond to any messages and emails that require a response before leaving for the day.
3. Interns will be required to log their time in the Accel Trax system utilized by all employees of Easterseals Rehabilitation Center. Total time each day should be logged in at the end of the business day, or within at least 48 hours of the day in which it was last logged.
4. Client concern calls should be returned within 24 hours. Documentation should be completed according to a specified time frame by each supervisor.

OFF-SITE ENGAGEMENTS DURING CORE ROTATIONS

In the event that a supervisor is involved in an off-site activity, such as a meeting or seminar that is related to an intern’s rotation, the intern may participate in the event as part of that rotation without taking vacation time under the following conditions:

1. The supervisor must be directly involved in the activity, which would not include a conference or other engagement that is of interest to an intern, but for which the supervisor is not attending.
2. The supervisor must initiate the offering to the intern as interns are not necessarily allowed to participate as part of a rotation. The supervisor ultimately makes the decision about which opportunities are available for the intern to participate.

3. Approval is not needed from the training director or Internship Executive Committee as long as the activity does not interfere with any ongoing rotation.
 - a. If the activity would impact any rotation, the supervisor involved is asked to speak and get approval from any other supervisors whose rotations would be impacted.
 - b. If the activity is more than one day, this would need to be approved by both the affected supervisor and the training director.

INTERNSHIP TRANSITION OF CARE PROCESSES

1. For all rotations, it is presumed that care of clients will be transferred to another intern, or provider if needed, at the end of each rotation. Exceptions to this policy will be in situations where clients participate in a close-ended group, provide only psychological assessments as part of rotation, or if clients have improved to the point of treatment no longer being needed.
2. When ongoing treatment is needed at the end of the rotation, transfer of any client will involve the following procedure
 - a. At least two weeks prior to the completion of the rotation, each intern will complete a transfer of care note (either in a regular progress note or the communication section of the medical chart) for each client currently under their care with the following information included
 - i. Diagnosis and current status of the patient
 - ii. Recent circumstances that may require additional action (e.g., additional testing, communication with various individuals) and any safety concerns
 - iii. Alteration in patient status that may require specific interventions
 - b. If there is question about which clients currently qualify for a transfer of care form, supervisors should assist the intern in determining this
3. If the clients are to be transferred to an incoming intern who is not yet on campus, the formal transfer of care should be done with the supervising provider. This provider will communicate this information to the incoming intern as soon as possible, thus facilitating an expedient transfer of care.

TIME OFF AND LEAVE POLICIES

PAID TIME OFF (PTO)

Interns will receive paid time off provisions that are largely consistent with ESRC policy. Interns are encouraged to utilize all time available to maximize their physical and psychological health, and minimize the likelihood of “burnout.” Through use of generous paid time off provisions, ESRC strives to maintain a healthy workplace, where all employees can maximize performance and well-being at work, home, and in other endeavors.

HOLIDAYS

Interns are eligible for full pay on the following holidays:

Spring Holiday (Coincides with the Friday of Spring Break for Evansville-Vanderburgh School Corporation)

Independence Day

Thanksgiving Day

Memorial Day

Labor Day

Thanksgiving Friday

Christmas Day through New Year’s Day is also an observed Holiday.

If Independence Day falls on a Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the following Monday.

VACATION

Interns will be provided with 80 vacation hours (in addition to time off for holidays) upon starting their term. Vacation can be used for any personal use, including dissertation defense, and any other activities that are not specifically approved as professional time or educational activity within the internship program. As noted prior, interns are provided with 4 professional days as part of their training to be used for activities such as post-doctoral or job interviews, attendance at approved conferences (not part of the training program), and/or dissertation defense.

Except in emergency circumstances, all vacation time must be approved at least 4 weeks in advance by the intern’s supervisor and Director of Training. This is especially important for any requests made for during the last two weeks of the intern’s term, as it is important to ensure that an intern is not concluding their appointment prior to the end of a 12-month training period. Interns must be present at least two days during the last week of internship.

It is presumed that all interns will be present and active in their duties until the last working day in June. Any unused vacation time will not be paid out at the end of the term.

SICK LEAVE POLICY

Interns are given 5 paid sick days per year. Paid Sick Leave is for your personal sickness, trips to a physician's appointment, or to care for the sickness of a member of your immediate family. If all available sick leave is exhausted, interns may use vacation time for to provide for paid sick leave. If available sick and vacation time has been exhausted, interns may take unpaid leave (see policy below) if approved by the training director and the Vice President of Human Resources.

LEAVE OF ABSENCE

Medical leave may be requested either consecutively or intermittently. Interns who will be absent more than five (5) days should contact the Human Resource Department in order to receive appropriate leave forms. Every effort will be made to reinstate the intern to the same position.

One week of available sick hours and/or all available vacation hours will be substituted before being eligible for unpaid leave. Please refer to the sections regarding Sick Time and Vacation. If an intern participates in the group health insurance plan, they are advised to provide for the retention of this coverage by arranging with the Human Resource Department to pay the premium contributions during the unpaid leave. See the section titled **"Eligibility for Insurance Continuation during Family Medical Leave or Personal Leave of Absence"**.

If an intern elects not to return to work upon completion of an approved unpaid leave, benefit entitlements based upon length of service will be calculated as of the last paid work day prior to the start of the unpaid leave.

FAMILY AND MEDICAL LEAVE

The family and/or medical leave of absence is an approved absence available to employees who have been employed for at least twelve (12) months and who have worked at least 1250 hours during the twelve month period preceding the commencement of the leave. Up to twelve (12) workweeks of unpaid leave may be taken in the event of the birth of an employee's child, upon the placement of a child with the employee for adoption or foster care, when the employee is needed to care for a child, spouse, or parent who has a serious health condition, or because of an employee's own serious health condition which renders an employee unable to perform the functions of an employee's position. In most situations, this will not apply to an intern given his or her year term.

One week of available sick hours and/or all available vacation hours will be substituted for unpaid family medical leave (Short Term Disability may be available via the Short Term Disability per the ESRC short-term disability policy).

The Easterseals Rehabilitation Center Family Medical Leave Policy is based on a rolling twelve month period, counting backwards. The ESRC will require medical certification to support a claim for leave for an intern's own serious health condition, or to care for a seriously ill child, spouse or parent. For an intern's own medical leave, the certification must include a statement that an intern is unable to perform the essential functions of the position. For leave to care for a seriously ill child, spouse or parent, the certification must include an estimate of the amount of time needed for an intern to provide care. The ESRC will provide the health certification forms. At its discretion, the ESRC may require a second medical opinion and periodic re-certification at its expense.

If medically necessary for a serious health condition, leave may be taken on an intermittent or reduced leave schedule. Spouses who are both employed by the ESRC are entitled to a total of twelve work weeks of leave for the birth or adoption of a child or for the care of a sick parent. When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, an intern must provide reasonable prior notice and make efforts to schedule leave so as not to disrupt our operations.

This information is only a summary of the Family and Medical Leave Act Policy. Interns will receive a copy of the Easterseals Rehabilitation Center Family Medical Leave Policy upon starting the term; however, anyone may contact the Human Resources Department for a copy of the policy and the forms to request leave.

MILITARY FMLA ENTITLEMENTS

MILITARY FAMILY EXIGENCY LEAVE

Eligible interns with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their twelve week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, parental care leave (permits eligible employees to take Leave to care for a military member's parent when necessitated by the military member's active duty), addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Eligible interns who are family members of Armed Forces, National Guard and Reserves personnel can qualify for Leave if the military member is deployed to a foreign country in support of a contingency operation. Eligible interns are permitted a maximum of fifteen days for rest and recuperation with a military member who is a spouse, son, daughter, or parent. To qualify, interns must present, to the Vice President of Human Resources, military documentation establishing the dates of the military member's leave. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. Eligible employees can contact the Vice President of Human Resources or training director for the appropriate forms.

MILITARY LEAVE (CALLED TO ACTIVE DUTY)

Military Leave will be granted to an intern who enlists in the armed forces, regardless of the employee's status. Reservists, National Guardspersons, and those volunteering for or called to active military duty will receive reemployment rights with the ESRC upon their return from duty in full compliance with all applicable federal and state laws. An intern must request reemployment within thirty (30) days of their return from active duty, and arrangements must be made with the training director and the Vice President of Human Resources to complete their 12-month term appropriately. The Easterseals Rehabilitation Center Military Leave Policy is available upon request from the Human Resource Department.

EXTENDED MEDICAL LEAVE OF ABSENCE

Although the Easterseals Rehabilitation Center cannot offer an unlimited Medical Leave of Absence, as a reasonable accommodation, ESRC may approve an extended Medical Leave of Absence based on physician certification regarding an intern's ability to return to work. All requests for extended medical leaves should be made to the Vice President of Human Resources in conjunction with the training director.

PERSONAL LEAVE

A personal leave of absence is any leave which is requested for reasons other than medical or military leave. At the start of a personal leave, any available vacation hours must be used. Once vacation hours are depleted, the personal leave of absence becomes an unpaid leave. A personal leave of absence cannot exceed thirty (30) days. It should be requested at least two

(2) weeks in advance. The request must be made through and approved through the training director and the VP of human resources. Approval will be based on the needs of the department. There may be times when personal leave requests are denied or modified. Reinstatement is not guaranteed, however every effort will be made to reinstate the intern to the same position if business conditions permit. If an intern does take a leave of absence for any reason, all efforts will be made to arrange an extended term that would allow for 12 months of training, and make up for missed time. This arrangement would be discussed with the Internship Executive Committee, in conjunction with the intern, to determine how this would occur.

ELIGIBILITY FOR INSURANCE CONTINUATION DURING FAMILY MEDICAL LEAVE OR PERSONAL LEAVE OF ABSENCE

An intern is eligible to continue insurance premiums during Family Medical Leave (FML) or if an intern does not qualify for FML during an approved thirty (30) day Personal Leave of Absence (LOA).

Coverage will end on the last day of the month in which FML ends or the last day of the Personal LOA. If an intern is unable to return to work at the end of FML or the Personal LOA, the intern is offered COBRA. The intern will have sixty-three (63) days to elect COBRA. If COBRA is elected, coverage will retro to the first day of the month following the loss of coverage. If an intern chooses not to elect COBRA, the intern is not covered during the period in which COBRA has been declined.

During unpaid FML or an unpaid LOA, insurance premiums are due on the regularly scheduled pay date in which the premiums would have been payroll deducted. Remittance of the balance due is subject to the term of coverage as stated in the Plan Document. If an intern gives their resignation while on FML or LOA, the intern is covered through the end of the month in which the notice is given.

BEREAVEMENT

Up to 24 hours, paid absence may be authorized for **interns after thirty (30) days of service** following a death in his or her spouse/domestic partner's immediate family (spouse/domestic partner, parent, sibling, or child). In cases of death outside of the immediate family, arrangements must be made for an authorized absence (either paid or unpaid) with the training director and the Vice President of Human Resources. Up to 8 hours paid absence may be

authorized for an intern after thirty (30) days of service for the funeral of an employee or spouse/domestic partner's grandparent.

JURY DUTY

After 30 days of employment, an intern who is absent from scheduled work because of jury duty is paid their regular salary up to a maximum of ten (10) days per year. Documentation must be provided indicating the hours spent on jury duty. Interns are expected to report for work when doing so does not conflict with court obligations. There will be no loss of vacation and sick hours during this time.

ACCOMMODATIONS FOR NURSING MOTHERS

The Easter Seals Rehabilitation Center provides a supportive environment to enable breastfeeding employees to express their milk during work hours. All interns who breastfeed their child, and who need to express milk during the working day, will work with their supervisor and the Human Resource Department to determine how best to accommodate the needs of the mother while still accomplishing the objectives of the internship. A private room will be made available or if an intern prefers they may also express breast milk in their own private office, or in other comfortable locations agreed upon in consultation with the intern's supervisor. Milk should be labeled with the mother's name and date. Each intern is responsible for proper storage of her milk. Expressed milk may be stored in company refrigerators. Supervisors may consider flexible working arrangements. Break time should, if possible, be taken concurrently with any other break time already provided. If you are nonexempt, clock out for any time taken that does not run concurrently with normally scheduled rest periods. If more than two breaks are needed during the workday to express milk, the employee will need to use vacation time, if available.

INTERNSHIP LEADERSHIP

Jim Schroeder, Ph.D./HSPP, is the Director of Training for the ESRC Internship Program. Macy Eggimann is the Educational Coordinator for the program.

Internship Executive Committee

The Internship Executive Committee (IEC) is composed of faculty members in the Department of Psychology & Wellness, the Training Director, and one intern (interns will rotate for four months on the committee). In addition, there are two outside members of the IEC to provide additional output from an interdisciplinary perspective. These members are Laurie Seals, VP of Residential and Early Learning Services and Sam Salmon, lead occupational therapist. The IEC is led by the Training Director.

The objective of the IEC is to provide organizational and administrative guidance for the internship program. The IEC meets every other month to review the operations and revise and implement program directives and procedures as needed. The IEC also assists with application review and admissions.

The IEC is also designed to review the progress of each intern and in needed situations, resolve areas of conflict between interns and faculty members consistent with the grievance procedure. The IEC also has the authority to develop remediation plans for an intern as noted in remediation guidelines outlined prior. However, as noted in the due process and appeals documents, when specific discussion of intern's progress or difficulties occurs, the intern serving on the IEC will be excused from these discussions. This is due to concerns about ethical issues, such as confidentiality and conflict of interest, and also morale problems that stem from these discussions. The intern will also not participate in any vote that may occur regarding these issues.

Regarding intern remediation, issues of disciplinary action/termination, and resolving complaints levied by an intern, decisions of the IEC will be determined by a majority vote with each member having one vote. If the conflict involves the Training Director or any other member of the IEC, he or she will abstain from voting in this dispute.

The proceedings of the IEC will be documented in regular minutes which will be provided for members of the IEC and other internship faculty members and supervisors.

ACCEPTANCE AND APPOINTMENT OF INTERNS

Graduate students who apply for acceptance to the Psychology Internship Program are required to come from an APA or CPA accredited doctoral program in Clinical, Counseling, or School Psychology. Applicants must have completed a minimum of three years of graduate training, which has included formal clinical and educational experiences in evaluation, assessment, and intervention as well as relevant experience with research.

Applicants are required to complete the AAPI, provide the appropriate transcripts documenting their graduate education in psychology, and three letters of recommendation. An applicant's Director of Training must indicate on the AAPI that the applicant is prepared to apply for internship. Deadline for submission of materials is November 1st of each year.

Applications are firstly reviewed by the Training Director and Supervisors to ascertain whether minimal requirements noted above are met. Applications are then reviewed by the Internship Executive Committee (IEC). A majority vote is utilized to determine which applicants will progress to the next stage of recruitment.

The selection committee meets at the end of November to determine which applicants will be invited for interviews. All qualified applicants of an under-represented group will be offered an interview in an attempt to ensure ideal diversity of our internship class.

For those applicants offered an interview, they will be given a choice of two interview dates in January. Each applicant will engage in individual interviews with at least two faculty members who will complete formal evaluations after this occurs. In addition, interviews will be provided with current interns and administrative staff and other IEC members.

After the interviews are completed, the IEC/selection committee will meet to discuss the applicants and develop rank order lists for the internship slots. All actions will be consistent with APPIC policies, which are reviewed prior to the start of the admissions cycle. Interns who are accepted into the program will receive an appointment with Easterseals Rehabilitation Center (ESRC) for 12 calendar months starting on July 1st and ending on June 30th. Consistent with ESRC policies, all interns will be responsible for completing the following items upon acceptance of the internship opportunity.

POST ACCEPTANCE

- 1) Complete and sign the employment application

- 2) Complete and sign disclosures authorizing ESRC to conduct background and reference checks
- 3) Provide a current copy of your curriculum vitae
- 4) Provide a list of references to include personal, professional, and employer references

PRE-HIRE SCREENING

A member of the Human Resources team will work with the intern candidate to schedule an appointment time for all pre-hire screenings, which will include a TB test, drug screen, nursing assessment, and Pre-Work screen. A list of immunizations will also be required. In most cases, screenings are completed at ESRC facilities. In the event the onsite drug screen is inconclusive, interns will be sent to an offsite facility for further testing. Completion of all pre-screenings with a passed result is a prerequisite for continuation in the hiring process.

ORIENTATION

Upon successful completion of the pre-hire process, interns will be scheduled for an Orientation. Interns will need to bring the following items with them to their scheduled date:

- 1) Employment verification documents from the list provided
- 2) Copy of diploma
- 3) Voided check for inclusion with direct deposit
- 4) Copy of transcripts

During their term, intern clinical activities conducted as part of their training will be covered by liability insurance maintained by ESRC. Interns will be paid 25,000 dollars per year, provided with health insurance, vision and dental insurance for the intern and family members, life insurance, short-term disability, and free on-campus parking. Termination of appointment will end at 12 months or when the training is deemed complete by the provision of the training and alternate plan, due to extenuating circumstances such as a leave. Early termination of the term may be accomplished as noted in the Corrective Action, Due Process, and Termination policy.

STATEMENT OF NON-DISCRIMINATION

As a means of creating an environment rich in knowledge, compassion, and empathy, the internship program actively seeks to recruit trainees from diverse backgrounds in addition to recruiting and retaining diverse faculty members over the long-term. The Easterseals Psychology Internship Program maintains the non-discrimination policies of ESRC and its affiliates, and does not engage in discrimination based on attributes of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, or physical or mental disability. Further details can be found in the Affirmative Action/Equal Employment Opportunity statement in the ESRC handbook.

The Psychology Internship Training program adheres to the Americans with Disabilities Act of 1990 and will provide adaptations to interns consistent with the ESRC policies so that they can perform the essential functions of their job. It is the Easter Seals Rehabilitation Center policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. Additionally, the Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. It is the policy of the ESRC to comply with all federal, state, and local laws concerning the employment of persons with disabilities.

The Psychology Internship program is focused on achieving as much diversity as possible in each of the internship terms. Emphasis will be placed on creating a supportive environment that maximizes opportunities for interns from a diverse background to succeed.

Further ESRC policies on these matters include the following:

EQUAL EMPLOYMENT OPPORTUNITY

The Easter Seals Rehabilitation Center and its affiliates prohibit discrimination against employees and applicants for employment. The ESRC does not discriminate based on race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability, military status, disabled military status or any other basis prohibited by law. In compliance with the law, the ESRC will make reasonable accommodations for employees with mental or physical disabilities. This policy also protects gender identity and expression.

SERVICE NONDISCRIMINATION

The Easter Seals Rehabilitation Center provides services without regard to race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability (within the scope of our services), military status, disabled military status or any other basis prohibited by law as well as gender identity and expression.

CULTURAL COMPETENCY AND DIVERSITY PLAN

The Easter Seals Rehabilitation Center values and respects the diversity of our communities and recognizes that this diversity enriches our lives and the lives of our clients, consumers, employees, and other stakeholders. It is our intention to recognize, respect and address the needs, worth, customs, beliefs and values of all clients, consumers, employees, and other stakeholders. There are numerous areas of diversity; however, for the purpose of this plan diverse needs will be based on consideration of the following: age, gender, gender identity, color, sexual orientation, religion, socio-economic status, language, disability, national origin, race, marital status, and personal characteristics.

We as an agency have created a Cultural Competency & Diversity Plan that addresses our aim to increase awareness of cultural diversity within our agency and promote policies and practices that lead our organization in the direction of equality and accessibility. The Cultural Competency & Diversity Plan addresses cultural competency within the agency and staff by utilizing the following guiding elements:

Diversity of Employees

The ESRC does not discriminate with regards to culture, age, gender, sexual orientation, spiritual beliefs, and socio-economic status. The ESRC ensures there is training for staff to improve understanding of and sensitivity to our culturally diverse population, and increase competency in serving those individuals.

Education

Employees will receive ongoing education regarding the Cultural Competency Program through their initial and annual training.

Linguistic Services

The ESRC will identify individuals that have potential language issues for which alternative communication methods are needed. Staff will use Relay Indiana to communicate with the hearing impaired when needed. When necessary, individuals may receive interpreter services at no cost. Interpreter services available include verbal translation, verbal interpretation for those with limited English proficiency, and sign language for the hearing impaired. These services will be provided by qualified vendors.

FACULTY AND PROGRAM EVALUATION

Consistent, formal evaluation of the Psychology Internship Program will occur to ensure sustained, highly-quality programmatic aims and a clear commitment and respect for diversity. Interns will complete a formal, written evaluation of all supervisors, rotations, and each didactic training activity. Didactic evaluations will occur at the end of each activity. Formal evaluations of faculty and rotation will occur at the end of each 3-month rotation, mid-year, and end of the year. Each intern will be expected to complete an evaluation of the entire internship and faculty members at the end of the training year. Evaluations will be completed using Google Docs.

Information from these evaluations will be reviewed by the Internship Executive Committee (IEC) and faculty. To further elaborate on this, only Macy Eggimann, educational coordinator, and Julie Martin, IT specialist, have access to individual faculty/rotation evaluations. Data from these evaluations are anonymized to provide for continued feedback for faculty and rotations to improve the quality of training and supervision, but also to allow for honest appraisal by interns. Information from these reviews, including summary evaluation data, will be utilized by the faculty and IEC to make suitable changes to the combined structure of the internship, including rotations, educational components, policies, and procedures.

It should be noted that every effort is made to create a climate of access and collegiality within the Department of Psychology & Wellness, beginning with the examples set by the Internship Executive Committee and the Training Director. The Training Director is actively involved in monitoring the training program and frequently checks formally and informally with interns and supervisors regarding intern's progress and potential problems. In addition, each intern meets on a weekly basis with the Training Director.

If the intern believes the program is not meeting accreditation standards, the intern can submit a formal complaint to the American Psychological Association, which has a formal procedure to review intern concerns.

RECORDS RETENTION POLICY

Accurate records of the interns training experience, including evaluations and certificates of completion, will be kept in the Department of Psychology & Wellness at Easterseals Rehabilitation Center. This record-keeping is designed to provide verification of an intern's training experience, including evaluations and other important documents, for purposes of licensure and credentialing issues.

All records will be kept electronically indefinitely. Records will be retained in a relational database, accessed through a cloud-based application. Documents will be uploaded to this database as they are created and tied both to employees and to specific assessment items. Assessment items will carry additional metadata such as scores, review dates, location of original paper documents, etc.

This arrangement provides for robust security and backup features: the app is accessed via https encrypted protocol, with credentials managed by Windows Active Directory. Security features on the app include the ability to restrict users to viewing only appropriate information about students, according to that user's role with regard to the program. Restrictions on which students may be viewed are also available. The server for this app is located on-premises and backed up daily both to a backup server and to tape. Every week, tapes are cycled between two locations in the city to provide for disaster recovery readiness.

COMMUNICATION WITH DIRECTORS OF CLINICAL TRAINING

A formal update with the Directors' of Clinical Training (DCT) at the interns' home doctoral program will occur at a minimum of twice a term, including during mid-term and end of training. This will occur in the form of a written evaluation sent to the DCT. Other communications will occur in whatever form is needed if concerns arise, at a frequency that matches the particular needs of the situation.