THE BAKER CENTER
FOR CHILDREN AND FAMILIES

THE DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM AT THE BAKER CENTER FOR CHILDREN AND FAMILIES

Internship Handbook

2023-2024

HARVARD MEDICAL SCHOOL
AFFILIATE

Contents

Introduction

Welcome to the Doctoral Psychology Internship Program in Health Service Psychology at The Baker Center for Children and Families (previously Judge Baker Children's Center). The Baker Center offers distinctive experiences for interns seeking professional development and training in evidence-based practices in clinical and special education settings. Using a competency-based learning strategy, interns at The Baker Center spend the year embedded in our multiple direct service programs to build advanced skills to help children succeed. As a capstone clinical experience, the internship combines intensive and diverse professional experiences, supervision, and mentoring from a skilled faculty, and highly interactive seminars and training opportunities.

COVID-19 UPDATE: Please note that throughout this handbook, every effort has been made to account for changes required due to the unprecedented challenges posed by the COVID-19 pandemic. Interns should know that the Training Faculty is doing everything possible to communicate clearly with interns and graduate programs about any necessary changes to the internship experience. We are actively utilizing guidance from APA, APPIC, and the Massachusetts Board of Professional Licensure to make sure the internship year continues to provide an exceptional training experience while also protecting faculty and interns. At this point, the training year will begin as scheduled on July 3, 2023 and will consist of in-person service delivery through the Camp Baker rotation. In September, interns will begin their Manville and CET rotations in person as well, but will likely utilize virtual connections for a portion of service delivery activities. However, please note that we cannot predict all outcomes and request flexibility in the application of your training experience.

About The Baker Center for Children and Families

The Baker Center for Children and Families improves the quality of children's mental health care by translating research into programs and services that change lives. For over 100 years, The Baker Center has been instrumental in creating a continuum of care that supports children's healthy development at the policy, systems, and practice levels. Our research, direct programs and services, training, and advocacy make The Baker Center a preeminent voice and active resource on issues of children's mental health. At The Baker Center, the practices created and tested today will become the best practices of tomorrow. Our programs help children and families chart their own best course for developmental, emotional, and intellectual well-being in community-based settings. The Baker Center for Children and Families is an IRS certified 501c-3 non-profit with an independent Board of Trustees. The Baker Center has been an important partner in the implementation and delivery of evidence-based practices (EBPs) for children and families from a variety of racial and cultural backgrounds, including direct service programs and implementation initiatives in schools, community mental health centers, and for families involved in the child welfare system.

At The Baker Center, we promote the best possible mental health of children and families through the integration of research, intervention, training and advocacy.

- Through research we identify best practices.
- Through intervention we bring those practices to children and families of diverse communities.
- Through training we disseminate skills in research and quality care.
- Through advocacy we use scientific knowledge to expand public awareness and inform public policy.

Aim and Goals of the Internship Program

Our approach to professional training helps improve the quality of services for children and their families by developing trainees into outstanding professionals. Using competency-based learning strategies, interns spend the year embedded in our direct service programs building advanced skills to help children succeed. **The overall aim for the internship at The Baker Center is to train professional psychologists to develop**

the skills and knowledge in clinical child and school psychology to support the healthy development of children and families. The training program follows a scientist-practitioner model in which clinical practice is informed by science and empirically supported treatments which, in turn, leads to the generation of further research and evaluation.

This is accomplished through five main foundational goals for the internship:

1. To foster competence in the application of research and evidence-based principles to the practice of all professional psychology activities;
2. To develop the communication and interpersonal interactions skills necessary to facilitate change in children and families;
3. To enhance ethical and legal decisions-making skills;
4. To demonstrate the awareness, knowledge, and skills to facilitate sensitive practice toward cultural and individual differences in working with diverse individuals, groups, and communities; and
5. To nurture professional values, attitudes, and behaviors consistent with the field of professional psychology.

The training aim is also accomplished through four functional goals for the internship:

6. To train psychologists competent in the clinical diagnostic assessment of children, adolescents, and families in a range of clinical and school settings;
7. To train psychologists competent to provide effective interventions for children, adolescents, and families;
8. To train psychologists competent in the consultation and interprofessional skills to facilitate effective collaboration with other professionals; and
9. To train psychologists competent in the knowledge and use of supervision and the skills necessary for effective supervision.

Program Philosophy

The internship year is a supervised, intensive, experiential learning opportunity focused on the delivery of psychological services. Training is competency-based and relies on evidence-based teaching approaches. The internship is part of a professional community of psychologists that values and promotes diversity among the faculty, interns, populations served, and the theoretical perspectives and interventions utilized.

All interns in the internship program receive training in clinical child and school psychology. A priority is placed on professional development, including assistance to doctoral interns in securing opportunities after internship such as postdoctoral internships and employment. There are six explicit core elements to the philosophy that guide the Internship. Each of these is described in detail below.

Scientist-Practitioner Model

- The internship year is first and foremost an intensive, experiential learning opportunity focused on the delivery of psychological services.
- The experience centers on a combination of activities that include clinical care, assessment, diagnosis, prevention, clinical intervention, consultation, and evaluation.
- Throughout the internship, both theory and empirical evidence inform doctoral interns' practice.
- Learning to search for and apply the best available evidence in the provision of psychological services is an inherent part of the learning experience.

Evidenced-Based Teaching Approaches

- Learning is planned, sequenced, and graded in complexity over the course of the year.
- Learning is competency-based with explicit articulation of the competencies to be developed and demonstration that those competencies are achieved during the training year.

- An apprenticeship model is used in which interns observe faculty psychologists modeling the competencies and faculty members observe interns mastering the competencies.
- The internship experience is learner-driven with psychology interns playing an active role in identifying, through self-assessment, their strengths, learning needs, and progress in mastering the competencies.
- In keeping with adult learning principles, learning is problem-oriented, focused on the challenges experienced by the interns in the course of their internship responsibilities.
- Learning is directly linked, to the extent possible, to site-based experiential learning opportunities.

Diversity

- Diversity is integral to the training experience and valued among faculty, interns, and the individuals and families served with respect to gender, race, ethnicity, sexual orientation, socio-economic status, culture, geography, country of origin, and disability status.
- Diversity is valued among faculty and interns with respect to professional interests, activities, and work setting.
- Diversity is valued with respect to theoretical perspectives and interventions used in caring for individuals and their families, and incorporated into the work of service systems.
- Diversity is valued with respect to the use of cultural and linguistic adaptations of evidence-based practices.
- Diversity is embraced in the workplace and faculty are dedicated to the achievement of equality of opportunity for all its trainees including, but not limited to: race; color; religion; genetic information; national origin; sex; pregnancy, childbirth, or related medical conditions; age; disability; citizenship status; uniform service member status; or any other class protected under federal, state, or local law. In Massachusetts, the following also are a protected class: race; color; religious creed; national origin; sex; pregnancy; sexual orientation; gender identity; ancestry; age [over 40]; veteran status; genetic information; handicap; admission to a mental facility; status as a registered qualifying medical marijuana patient or registered primary caregiver; and military membership. The Baker Center is an Equal Opportunity/Affirmative Action Employer.

A Nurturing Professional Community

- Through professional and social group meetings and gatherings, a community is formed that serves as the interns' psychological and social home for the training year.
- A premium is placed on creating supportive relationships that help interns excel professionally while maintaining a balance between the professional and the personal and developing skills in self-care.

Professional Development

- The broad range of experiences that comprise the internship foster the development of interns' sense of professional identity.
- Ethical issues in psychological practice are examined and discussed throughout the internship.
- Intensive interactions with other disciplines and professions help interns define the essential characteristics of psychology as a discipline and recognize those attributes that are shared in common with other healthcare professions. A competency in interdisciplinary and team-based practice is mastered.
- The unique life histories, diversity of professional and personal interests, and expertise among the interns create a community of peers who learn from each other.
- Interns receive many things during the internship year, but are simultaneously challenged to give back, making a constructive mark on their peer group and the clinical and school settings in which they work.
- A planned sequence of educational opportunities combined with individual mentoring helps each intern explore and pursue their professional development and post-internship career opportunities.

Progress Monitoring and Continuous Quality Improvement

- Comprehensive and periodic self-evaluation promotes constant improvements in the quality of the internship program and the interns' experience.

Training Overview and Clinical Placements

The internship program focuses on training professional psychologists in clinical child and school specializations. The program is full-time (40 hours per week) for 12 months (2,000 hours). We offer no part-time positions. The intern year begins annually on July 3rd. The internship is a member of APPIC (Program Number is 2479) and is accredited by APA. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002
202-336-5979
Email: apaaccred@apa.org

The internship is also designed to conform to the Massachusetts Board of Registration of Psychologists requirements for internship experience.

All interns participate in all placements during the training year. The Manville School and the Center for Effective Therapy (CET) are major placements lasting the entire training year. Camp Baker is a minor rotation and lasts 7 weeks in the summer. Interns arrive for internship on July 3 and immediately begin their minor rotation at Camp Baker. Following the conclusion of Camp Baker, interns begin their major rotations at CET and Manville.

Camp Baker

Camp Baker at The Baker Center for Children and Families is a 7 week summer day treatment program that teaches children ages 6-12 and their families more effective ways to manage ADHD and other related challenges. Camp Baker is an adapted Summer Treatment Program (STP), which was named as a Model Program in for Service Delivery for Child and Family Mental Health by the American Psychological Association and the Substance Abuse and Mental Health Services Administration (SAMHSA), and was named Innovative Program of the Year by Children and Adults with ADHD (CHADD). Camp Baker helps children make and maintain new friendships, improve their ability to follow through with directions, increase compliance with adult instructions, and therefore enhancing children's self-esteem and sense of competence. Camp Baker is a highly structured and supportive program that leads to behavioral gains, improved social skills and positive peer interactions, and helps prevent against summer academic, behavioral, and social regression.

The Manville School

Manville is a therapeutic day school for students in grades K-10 who experience emotional, neurological, and/or learning difficulties that have impacted their ability to succeed in previous school settings. Manville offers a comprehensive array of clinical services and supports based on best practices that promote healthy development and educational success, including psychoeducational and diagnostic assessments, individual, family, and group therapy, parent coaching and support groups, case management, and speech and language and occupational therapy. The environment is designed to build skills, expand potential, and overcome the difficulties and failures of previous school placements.

The student body at Manville is rich in diversity. While the majority of students are male, there are a number of students of color, various religious backgrounds, some in foster care, some who were adopted, and some who are questioning their gender identity or who are gender non-conforming. The staff at Manville strives to create and promote a safe and inclusive environment for all.

With respect to documented mental health and educational challenges, all students are designated eligible for special education services on their Individual Education Plans. Most students present with a complex array of learning difficulties, executive functioning challenges, and some type of emotional/behavioral disorder. Just under 40% of the student body qualifies for an Autism Spectrum Disorder diagnosis, and many within that group have accompanying sensory integration difficulties. Most of the remaining 60% of the population have documented trauma histories, anxiety disorders, mood disorders, and ADHD. Though it is far less frequent, some students also have documented thought disorders. It is not uncommon that a student carries multiple diagnoses. Finally, and perhaps most importantly, all of our students have a unique personality and constellation of strengths. We have wonderfully involved parents who are dedicated to helping their children find success in the educational environment and throughout their lives.

Interns at the Manville School can expect to encounter a broad spectrum of mental health and education challenges among the students for whom they provide clinical services. Interns will have the opportunity to provide individual, group, and family therapy services, as well as parent guidance. Case management and exposure to different levels of care will also be a significant component of the training at Manville. Additionally, interns will hone their skills in psychological assessment (for educational planning and for personality assessment), diagnostic interviewing, and classroom/milieu consultation. With regard to the latter, one of the most valuable experiences of working in a therapeutic school is the opportunity to help a student generalize the skills being learned in sessions to the classroom environment. This is achieved through interns assuming the role of facilitator of team meetings, assisting classroom teams with the development of behavioral plans inclusive of the targeted therapeutic skills, and collaborating with other specialists (such as Speech/Language Pathologists, Occupational Therapists, and Board Certified Behavior Analysts).

Specific to the delivery of individual and family therapy services, there is no required model for trainees to follow. Part of the task of assessing the student and family is determining the therapeutic approach to which they will be most amenable, alongside building a therapeutic alliance. It is required that interns learn to conceptualize the case from a well-established paradigm that explains the development of psychopathology. From there, interns are encouraged to utilize best practices and evidence-based practices in delivering interventions. Our clinical supervisors are trained in Cognitive Behavioral Therapy (CBT), the Modular Approach to Therapy for Children (MATCH), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), and non-directive play therapy.

The very nature of a milieu or congregate care setting necessitates that clinical trainees have well developed skills in simultaneous (versus sequential) processing. This is particularly true at Manville School because the overall clinical acuity of the student population is moderate to high at all times. Any given role is multi-layered, and we must be simultaneously considerate of each layer while engaging in our work. Moreover, there are frequently simultaneous needs in different places around the school. Clinical trainees will develop their skills in triaging needs, clearly communicating what aspects require the support of a supervisor, and flexibly rescheduling non-urgent matters to attend to more urgent matters.

Below, please find a description of the major roles within the Manville rotation. While not exhaustive, this is meant as a guide for orienting interns to their primary responsibilities within Manville. It is crucial that interns understand these roles and that they bring anything that is new or not fully understood to supervision. The Manville Team is here to support the professional and clinical development of interns.

Intern Role #1: Clinician

Sub-roles: Individual/Family Therapist; Consultant to Milieu/Classroom; SEL; Case Management

Execution of Sub-Roles

Individual/Family Therapist

- Complete intake evaluation, inclusive of collateral contacts
- Formulate case conceptualization and develop facility with communicating it
- Develop a treatment plan, inclusive of dedicated interventions for establishing treatment readiness; also inclusive of child's/family's goals
- Identify evidence base for targeted interventions designed to meet goals
- Provide direct intervention to individual or to family members or both
- Refer for medication or other specialty evaluations if indicated
- Complete appropriate documentation (see intern handbook)
- Provide psychoeducation around what we can accomplish here and what is outside our capacity as a school
- Help parents/external providers establish appropriate expectations for themselves and for their students
- Attend to child abuse/neglect reporting concerns (clinical director makes final decision about filing this report – 51A)

Consultant to Milieu/Classroom

- Develop facility with guiding milieu and classroom management in accordance with conceptualization/treatment plan
- Conduct safety/risk assessments (SI/HI/NSIB) and develop safety plan as indicated (Columbia Severe Suicide Rating Scale: C-SSRS; Stanley-Brown Safety Plan Intervention: Safety Planning Article; Manville -> ManvilleShare -> ClinicianForms&Documents -> Safety Plan)
- Provide direction for modified supports if deemed necessary or if helpful/requested
- Observe periodically in classes/recess to get a sample of school-based behavior and to get a sample of teacher styles, this will help guide your suggestions to be within teacher wheelhouse
- Communicate relevant information in a timely fashion, particularly if it impacts adult/student relationships and if it will impact the classroom dynamics. Confidential clinical information must be protected while also alerting the classroom teams to periods of increased acuity, family stress, or severe turmoil.

SEL/Clinical Groups

- Consistently arrive on time and prepared to teach SEL/Clinical Group curriculum (utilizing evidence-based interventions)
- Collaborate with classroom team on creative solutions to barriers that might arise from evidence-based curriculum
- Solicit expertise, support, and collaboration from classroom team members – let supervisor know of challenges/barriers
- Plan monthly and utilize the dedicated time in schedule to do so
- Develop relationships with students and teams

Case Management

- Main Goals: Communicate, collaborate, advocate, synthesize
- All communication between school and home runs through you (with exceptions of suspensions/physical management and specific academic information)
- Leader of team meetings, including extended classroom, caregiver conference, and treatment planning meetings
- Check in weekly (by phone is preferable) to gather info about changes to home situation and to report out about school week
- Research resources and referrals as needed

- Make (complete) referrals as needed (outside treatment providers and/or community based services and/or agency referrals)
- Attend team planning meetings with outside organizations (group homes, DCF/DMH, in-home service providers). Synthesize that information with school-based needs and work. Prepare to share school-related needs and provide an update on clinical presentation in school at every meeting.
- Support operations (ex: school-wide initiatives; reminding parents of school-wide events and getting a sense of their plans to participate; disseminating or collecting relevant information)
- Support families in need with communication about financial help we can offer
- Support families in anticipating future needs: summer camps; transfer of schools; planning for school vacation weeks

Intern Role #2: Attendant at IEP Meetings
Sub-roles: Consultant to Team, Advocate for Child's Needs, Support to Caregiver, Evaluator/Assessor

Execution of Sub-Roles
Consultant
- Listen to colleagues' findings, insights, observations, interventions
- Offer connections, clarifications, and even corrections
- Provide recommendations to move the case forward
- Completion of disability paragraph prior to annual IEP meeting

Advocate
- Understand what the child needs based on clinical assessment and corresponding research base
- Offer that understanding and engage the team in discussion of how to meet those needs
- Suggest referrals if necessary

Support to Caregiver
- Understand caregivers' notion/conception of the meeting
- Be a calming and supportive presence
- Help the caregiver frame their concerns
- Move the caregiver in the direction of the team if there are conflicts – know when to do this after the meeting or in the meeting

Evaluator/Assessor
- Main Goal: Understand the questions about the student beyond the IEP-related need of determining eligibility for Special Education services (e.g., diagnostic clarification)
- Frame the referral questions related to psychological functioning
- Together with supervisor, design and administer test battery that answers the referral questions
- Score, interpret, and write integrated report with findings, conceptualization, and relevant recommendations (with supervisor oversight and input throughout the process)
- Present feedback to caregivers and student ***prior to*** IEP meeting whenever possible
- Present findings in IEP meeting and remain in meeting through eligibility determination (at least). At the IEP meeting, the intern should:
    - Provide an understanding of the child based on test findings and a clear conceptualization of difficulties; summarize it and make it accessible to the team – who is this child and how/why did they get the scores/ratings they did?
    - When others are reporting, make connections to your findings particularly if it helps bridge gaps or clarify confusion/contradiction
    - Offer suggestions for disability classification when eligibility determination arises)

Intern Role #3: Participant in Seminars
Sub-roles: Open-minded Learner, Contributor of Valuable Ideas/Research, Active and Supportive Participant

Execution of Sub-Roles

- We expect consistent and full attendance and mindfulness in seminars (no phones – except for emergencies, no computers – except for notes)
- Your level of training and experience exceeds that of all other participants - we expect respectful contributions and support of all members on all topics
- Be prepared with assigned readings
- Integrate learning from seminar into supervision discussion and approach to care when relevant and possible

The Center for Effective Therapy (CET)

CET at The Baker Center provides mental health assessments and focused short-term treatments for children and their families. CET promotes the best possible mental health of children by using scientifically proven treatments in the assessment and treatment of children and families of diverse communities. CET also trains mental health professionals in our treatment models to increase the quality of care throughout our communities. We expand public awareness and inform public policy through the use of research, data, and advocacy with local child and adolescent organizations.

With clinic locations in Roxbury and Waltham, clients from a variety of backgrounds and with a number of different emotional and behavioral challenges seek services at CET. Clients are 47% male and 53% female reported sex at birth and range from 3 to 18 years old. They are 63% White, 6% Black, 8% Asian, 1% Hawaiian or Other Pacific Islander, and 22% reported an unspecified racial background. 8% of clients identify as Hispanic and 92% identify as non-Hispanic. 30% of clients travel less than five miles for services, but up to 30% travel from 15 miles or more to The Baker Center for their services. Approximately 39% of patients have more than one diagnosis. Of the patients seen at CET, roughly 50% of clients have an anxiety disorder, 30% have a disruptive behavior disorder, 15% have an attentional disorder, and 5% have posttraumatic stress or an adjustment disorder. A number of other problem areas are represented including autism spectrum disorder, phobias, trichotillomania, and encopresis/enuresis. Many of the clients at CET receive special education services through their local school district and many have had a prior psychiatric hospitalization.

The use of evidence-based practices and programs and practices are prioritized at CET. Youth and families seeking services receive a comprehensive assessment using multiple tools including the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS). A majority of clients receive psychotherapy using the Modular Approach to Therapy for Children (MATCH), which was developed at The Baker Center and is listed in the National Registry of Evidence–Based Programs and Practices (NREPP). Young children at CET (ages 2 to 6 years old) are typically provided psychotherapy services using the Parent Child Interaction Therapy (PCIT) model, also listed on NREPP. A variety of other EBPs are utilized at CET, including Behavioral Parent Training, Exposure and Response Prevention, Trauma-Focused CBT (TF-CBT), Comprehensive Behavioral Intervention for Tics (CBIT), Organizational Skills Training (OST), and Problem Solving Skills Training (PSST).

As one of the only evidence-based practice clinics in Massachusetts that accepts private and public health insurance, CET is uniquely positioned to be a leader in disseminating high quality treatments to children and families most in need, bridging the research to practice gap in clinical service delivery.

Academic Prerequisites

1. Requirements to Apply
   a. Enrolled in an APA or CPA accredited doctoral program
   b. Minimum 400 doctoral hours of intervention and a minimum of 200 doctoral hours of assessment at time of application

c. At least three years of graduate training
d. Passed the comprehensive or qualifying exam by the application deadline
e. Approved dissertation proposal by the application deadline

2. Requirements for Acceptance: Practicum and academic preparation are evaluated through a thorough application review and interview process. During the application review, applicants are assessed on: (a) whether they meet the program's admission requirements; (b) the congruence between their goals and the training offered in their preferred placement(s); (c) the congruence between their previous training and experience and the training offered in the placement(s); (d) prior education; (e) experience with diverse patients/consumers/participants; (f) quality and clarity of writing; (g) professional development and conduct; and (h) potential for leadership in the field. Information acquired through the interview process contributes to a decision about applicants' preparation for the placement and internship, interpersonal skills, and overall fit for the placement and internship.

Intern Orientation

Interns arrive for internship on July 3 and immediately begin their minor rotation in the Camp Baker Program. They receive instruction in the daily activities and behavioral strategies they will utilize throughout the program. They then serve as lead counselors in the Camp Baker program for the remainder of the summer until the end of August. Following the conclusion of Camp Baker, interns begin their major rotations at CET and Manville. At the beginning of the training year, interns receive an orientation to the training site and structure of the training experience. Interns attend a week of orientation sessions at CET and another week of orientation sessions at the Manville School to prepare for the upcoming year. During their CET orientation, interns receive orientation to their work in the outpatient department. They are presented with policies and procedures, receive instruction on scheduling and meeting clients, tracking contact hours, billing for services, and documenting clinical services. Interns also receive extensive didactic instruction in child-focused evidence-based assessment and treatment practices. During their Manville orientation, they receive information regarding the daily school schedule, activities, and resources available. Interns are trained in conflict resolution and physical safety and management skills, CPR and first aid, and how to respond to emergency situations. In the following four weeks of school, interns are presented with details regarding policies, procedures, clinical goals and orientations, and vital operating procedures via individual and group supervision meetings.

Intern Schedules

Since the combined school/outpatient track requires delivering services in three environments, it is important that interns are aware of the unique scheduling requirements of the site. Once the school year begins in September, interns are expected to be attending to school activities on Mondays, Wednesdays, and Fridays from 8:00 AM through 4:00 PM (with, on average, one Wednesday per month extending to 5:00 PM). Interns are expected to be attending to outpatient activities on Tuesdays and Thursdays from 9:00 AM through 7:00 PM depending on the need to schedule clients. This schedule is to account for the fact that students at Manville School are present in the mornings and early afternoons while clients at the outpatient center typically receive services after school hours. During the 7 weeks of Camp Baker, interns are expected to be attending to Camp Baker activities full time from 7:30 AM through 4:30 PM, plus working one evening per week until 6:00PM to assist with parent training sessions. Overall, interns can expect to spend approximately 11-12 hours per week providing direct face-to-face assessment and psychotherapy services and approximately 2-3 hours engaged in face-to-face milieu therapy services, resulting in total face-to-face hours of approximately 13-15 hours.

Outpatient (40% FTE)	School (60% FTE)
Conduct structured clinical diagnostic interview (1.5 hours/week) Conduct individual psychotherapy (6 clients/week – 6 hours) Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 5 hours/week)	Conduct individual psychotherapy (2-4 students/week – 4 hours) Conduct Case management (2-4 students/week – 3 hours) Administer, score, and write integrated reports for assigned psychological/3-year re-evaluation assessments (2-4

Attend individual supervision (1 hour/week) **Attend PCIT group supervision (1 hour/biweekly)** **Attend assessment seminar (2 hours/week)** Attend evidence-based practice seminar (1 hour/week)	assessments/academic year)Lead or co-lead SEL/Clinical Groups (1 hour/week) Participate in milieu therapy (1-2 hours/week) Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6.75 hours/week) Attend individual supervision (1 hour/week) Attend intern training seminars (1 hour/week) Attend psychoeducational testing seminar (1 hour/biweekly) Attend culturally sensitive care seminar (1 hour/biweekly)
Supervision with the Director of Training (1 hour/week) Multidisciplinary Group Supervision (1 hour/week)	
Summer Program (100% FTE for 7 weeks)	
Didactic training in Summer Treatment Program (44 hours for staff training week) Lead group-based behavioral summer program (40 hours/week) Supervising undergraduate staff (1 hour/week) Individual supervision (1 hour/week) Group Supervision (1 hour/week) Supervision with the Director of Training (1 hour/week) Complete administrative work and documentation (e.g., data entry, Daily Report Card updates; end of summer reports, letters of recommendation) (2 hours/week and 50% of week of August 21-August 25)	

Supervision Requirements

Supervision within the internship is defined in the following ways:

1. The internship has adopted the APA/COA definition of supervision, which is as follows: "Supervision is characterized as an interactive educational experience between the intern/resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009)."

2. In applying the above definition, the internship program will deem a professional relationship to be supervisory if: (a) the faculty member or other professional has authority over some aspect of the intern's work; and (b) that work is an essential element of the intern's internship experience.

Supervision is distinct from educational sessions, such as didactic seminars, and from administrative and management sessions such as clinical team meetings and staff meetings. From the perspective of the internship program, faculty members and other staff members may influence, consult to, and even direct the activities of an intern without being in a formal supervisory role. Similarly, individuals consulting to interns may play a non-evaluative, non-supervisory, mentoring role or may function in an evaluative supervisory capacity. Questions regarding whether an activity meets the definition of supervision are resolved by the Director of Training. The definition of supervision, reprinted above, will be used as the basis for resolving such questions.

During the course of the year, interns are assigned 2-3 supervisors for their work across all programs and receive a minimum of 4 hours per week of supervision (3 hours individual and 1 hour group) from doctoral level licensed psychologists (200 hours for the year). Each supervision session will be documented by the supervisor in the Supervision Log and submitted to the Director of Training after each supervision session. Supervision logs serve as an informal evaluation of the intern's week to week attainment of profession-wide competencies. In addition to 3 hours of individual supervision, 1 hour of group supervision is provided in conjunction with seminars in order to discuss cases in the context of the seminar topics. Supervision is provided by the Manville School Clinical Director or staff psychologists in the Manville School clinical

department for school cases. Supervision is provided by the Senior Director of Outpatient Clinical Services or CET staff psychologists for outpatient cases. Supervision for Camp Baker interns is provided by the Associate Director of Camp Baker. These supervisors, when on vacation or other leave, must designate a covering supervisor who will be available to the intern. Routine supervision sessions will not occur when either the supervisor or intern are on vacation or other leave. Supervision sessions cancelled during weeks in which the supervisor and intern are working must be rescheduled. All intern clinical activities must be conducted when their supervisor or an appropriately credentialed substitute supervisor is on site.

Interns also meet weekly with the Director of Training for supervision. Supervisors take both a developmental and competency-based theoretical approach to supervision as well as various intervention-based supervision models (e.g., cognitive-behavioral, systems). Direct observation is utilized in supervision at Manville and video recording equipment is utilized extensively in supervision at CET. Interns can expect to video record all of their direct service outpatient work and receive video review in supervision in CET. Additionally, interns may participate in live co-therapy with a supervisor at CET for select cases and may also receive live observational supervision using audio earpieces to facilitate live coaching.

Medical Record Documentation: The following requirements apply to medical record documentation as it relates to supervision:

1. The legally responsible supervisor for clients served by an intern shall be documented in each client's medical record. Licensed psychologists should be supervising at least half of the intern's caseload.
2. The documentation created by psychology interns shall be reviewed and co-signed by the licensed professional supervising the care of the client using procedures established by the institution in which the service is being delivered.

Didactic Training

Throughout the course of the training year, interns will spend at least 4 hours per week engaged in structured learning activities designed to facilitate the development of the program competencies. These structured learning activities include formal trainings, case conferences, seminars on clinical issues, and group supervision. Immediately upon their arrival at internship, interns spend 40 consecutive hours in intensive didactic training in the Summer Treatment Program model, led by the Director of Camp Baker. In August, interns spend 8 hours in intensive didactic training in the administration of the Kiddie-Schedule for Affective Disorders and Schizophrenia (KSADS). Then, beginning in late August, interns begin the standard didactic calendar throughout the rest of the training year. The specific schedule and descriptions of each learning activity are listed below, and specific curricula are attached to the end of this document.

Monday	Tuesday	Wednesday	Thursday	Friday
			9:00 – 11:00 Assessment Seminar (weekly)	9:00 – 10:00 Intern Seminar (weekly)
		10:00 – 11:15 Child Mental Health Forum (monthly)	11:00 – 12:00 Evidence-Based Practice Seminar (weekly)	11:00 – 12:00 Culturally Sensitive Care Seminar/ Psychoeducational Testing Seminar (alternates weekly)

Evidence-Based Practice Seminar

During this learning activity, interns join all clinical trainees at CET for didactic presentations on relevant evidence-based programs and practices that can be utilized in the clinical, school, or

summer programs. During the course of the year, each intern will present a current case, conceptualized using a framework grounded in one or more evidence-based programs. The focus of this structured learning activity is on enhancing the interns' capacity to apply evidence-based principles across all functional competency areas. Didactic topics may also be requested based on intern need. The Evidence-Based Practice Seminar is overseen by the Senior Director of Outpatient Clinical Services.

Intern Seminar

During this weekly learning activity, interns join other professionals working in the Manville School for a rotating series of didactic presentations focused on pertinent issues in special education clinical service delivery. Topics include the application of evidence-based programs to the school setting and creating and using special education information such as Individualized Education Programs (IEPs) and classroom behavior plans to facilitate clinical progress. The Intern Seminar is led by a rotating instructor from The Baker Center faculty (or occasionally visiting faculty) with expertise in the subject matter presented that week.

Culturally Sensitive Care Seminar

The focus of this structured learning activity, occurring every other week, is on enhancing the interns' competency in the areas of providing quality and evidenced-base care to people of all cultures and/or marginalized groups. Interns will have the opportunity to explore their own identity development and resulting unconscious (or conscious) biases. They will also be responsible for reviewing and presenting relevant literature, self-exploration, and facilitating discussion about culturally sensitive matters. The Culturally Sensitive Care Seminar is led by the Manville School Diversity, Equity, and Inclusion (DEI) Educator.

Assessment Seminar

During this weekly learning activity, interns join the entire faculty of the Center for Effective Therapy to deliver case presentations on the diagnostic assessments of outpatient clients. Interns present their own cases approximately twice a month, and participate in diagnostic discussions on the cases of other faculty members and trainees. The focus of this structured learning activity is enhancing trainee competency in the area of evaluation and assessment. Since the format of this seminar is entirely case presentation based, there is no curriculum document provided. The Assessment Seminar is led by the Senior Director of Outpatient Clinical Services.

Psychoeducational Testing Seminar

In this bi-weekly structured learning activity, interns join other psychology trainees at the Manville School for didactic presentations and case presentations focused on clinical interviews, MSE, psychoeducational testing and complex cognitive/learning profiles. Topics covered include planning and conducting school-based psychological testing; test selection, administration, and interpretation; integration of data and report writing; communication of results to diverse audiences; domains assessed and related measures (e.g., cognitive/intellectual, achievement, language and socio-pragmatics, visual-motor, construction, and spatial, attention and executive functioning, memory, behavioral and social-emotional functioning, adaptive functioning, personal adjustment and personality); specific learning profiles and intervention recommendations (e.g., ASD, ADHD, LDs); professional ethics in assessment and decision-making; multicultural assessments; and facilitating testing feedback session. Throughout the year, interns and other psychology trainees will have an opportunity to bring their ongoing test cases for discussion and formulating integrated reports. The Psychoeducational Testing Seminar is led by the Manville School Staff Psychologist.

Child Mental Health Forum

The Child Mental Health Forum is one of the longest continuously running lecture series in the country. Interns join multiple faculty and trainees from both The Baker Center and other surrounding institutions for monthly lectures. Forum presenters are renowned clinical, research, and academic leaders in child and adolescent mental health. The Forum aims to provide intellectually stimulating information on scientific advances and evidence supporting clinical practice and research. The focus of this structured learning activity varies depending on the presenter, and provides interns with knowledge and skills designed to span their functional and foundational competencies.

Licensure Criteria

The training program at the Baker Center is designed to provide interns who successfully complete the program the experience to fulfill the Massachusetts Board of Registration of Psychologists requirements for internship as indicated below:

- The internship is designed as an organized training program and is not a supervised experience or on-the-job training;
- A licensed psychologist is responsible for the integrity and quality of the program;
- There are two or more licensed psychologists on the staff as supervisors;
- Training in the program is conducted at post-clerkship, post-practicum, and post-externship level;
- Supervision is conducted by a licensed professional who carries full legal and clinical responsibility for cases being supervised;
- At least half of the hours of supervision are delivered by one or more psychologists;
- The program provides training in a range of approaches to assessment and intervention;
- At least 25% of the trainee's time is spent in direct contact with clients seeking assessment or treatment (minimum 400 hours);
- Supervision is provided at a minimum ratio of one hour of acceptable supervision per sixteen hours of work;
- The program provides at least four hours per week of structured activities such as case conferences, seminars on clinical issues, group supervision, and additional individual supervision;
- There were at least two psychology interns at the internship training level during the applicant's period;
- Trainees will have the title "psychology intern", which clearly indicates their training status;
- The program has a written statement describing goals and content of the program, and expectations for quantity and quality of trainee's work. This statement is available prior to onset of program.

Foundational Profession-Wide Competencies

(i) Research

A. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
    1. Discusses scientific and scholarly developments in supervision
    2. Disseminates scientific and scholarly developments in case presentations
    3. Evaluates of research and professional literature in relation to patient needs
    4. Seeks out evidence-based literature relevant to areas of practice from supervisors and peers
    5. Formulates questions that can be addressed by the literature, research, and program evaluation

B. Integrates scientific literature into service delivery activities
    1. Accesses, summarizes, and evaluates the literature related to professional activities and patient needs
    2. Discusses the relevant literature in case conferences, lectures, and/or professional presentations
    3. Applies the scientific literature to professional work (e.g., clinical, consultation, research, program evaluation, quality assurance)

(ii) Ethical and legal standards

A. Is knowledgeable of and acts in accordance with each of the following:
    1. The current version of the APA Ethical Principles of Psychologists and Code of Conduct
    2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
    3. Relevant professional standards and guidelines

B. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
    1. Recognizes and helps others recognize ethical and legal issues as they arise
    2. Develops and implements plans to address ethical and legal issues
    3. Takes action when others behave in an unethical or illegal manner
    4. Seeks supervision or consultation on ethical and legal issues
    5. Articulates own ethical values and priorities

C. Conducts self in an ethical manner in all professional activities.
    1. Strives to benefit others and do no harm
    2. Develops relationships of trust with others and accepts responsibility for their behavior
    3. Maintains personal integrity
    4. Promotes fairness and justice
    5. Respects the dignity, worth, and rights of all people

(iii) Individual and cultural diversity

A. Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
    1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability)
    2. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals and groups

3. Explores and monitors how they are influenced by individual and cultural characteristics and experiences
4. Recognizes stereotypes as applied to self and others

B. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
   1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of clients' linguistic and cultural characteristics
   2. Considers individual and cultural characteristics in developing treatment plans and selecting, modifying, implementing, and monitoring interventions
   3. Applies knowledge of individual and cultural diversity in prevention, consultation, evaluation, and research activities
   4. Connects clients to culturally responsive services and resources
   5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination

C. Able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
   1. Recognizes and respects differences between self and others
   2. Communicates in client's preferred language or uses interpreter services as needed
   3. Explores with clients their individual and cultural characteristics and the meaning of these characteristics to them
   4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships
   5. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their career
   6. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own

D. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
   1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds
   2. Reviews relevant literature and practice guidelines on providing services to diverse populations
   3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds
   4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds

(iv) Professional values, attitudes, and behaviors

A. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
   1. Maintains appropriate personal hygiene and attire
   2. Utilizes appropriate language and non-verbal communications, including in difficult interactions
   3. Engages in behavior appropriate for their professional role and adjusts behavior to the setting and situation
   4. Uses multiple self-care approaches to maintain health and wellness
   5. Uses positive coping strategies to tolerate ambiguity and uncertainty and to manage stress
   6. Exhibits knowledge of the profession and awareness of issues central to the field
   7. Pursues career goals and continuing education
   8. Demonstrates emerging leadership skills

B. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
    1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback)
    2. Recognizes the limits of personal knowledge and skills
    3. Recognizes changes in the field that require the development of new or enhanced competencies
C. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
    1. Recognizes professional challenges and uses feedback and supervision to improve professional performance
    2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance
D. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
    1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements)
    2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner)
    3. Remains available and accessible as their role requires
    4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values

(v) Communications and interpersonal skills

A. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
    1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families
    2. Develops productive working relationships with peers, supervisors, other professionals, and community members
    3. Interacts in a manner that is honest, straightforward, and flexible
    4. Expresses genuine interest in others, providing them support and encouragement
    5. Displays compassion and empathy toward others, including those dissimilar from oneself
B. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
    1. Listens attentively to others
    2. Demonstrates a command of language, both written and verbal
    3. Adapts communications to the person and situation
    4. Uses professional terms and concepts appropriately and clearly
    5. Produces written work that is organized, clear, and sufficiently comprehensive
C. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
    1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships)
    2. Acknowledges and tolerates others' feelings and attitudes, including those expressed toward them
    3. Allows and facilitates clients' exploration of emotionally laden issues
    4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress
    5. Recognizes and uses problem solving strategies to address interpersonal conflicts
    6. Offers and accepts feedback constructively

Functional Profession-Wide Competencies

(vi) Assessment

A. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
    1. Has understanding of the major DSM5 diagnoses used in children and adolescents
    2. Able to apply diagnoses appropriately following diagnostic evaluation
    3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM5 diagnosis
    4. Uses empirically supported measures to assign DSM5 diagnoses

B. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
    1. Obtains family, social, societal, and cultural information from assessments
    2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports

C. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
    1. Able to identify both functional and dysfunctional behavior and gather background information
    2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior

D. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
    1. Screens and clarifies referrals to determine appropriate assessment methods
    2. Selects appropriate tools and tests for the presenting problem using empirical literature
    3. Administers tools and tests accurately and efficiently
    4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences

E. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
    1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature)
    2. Formulates case conceptualizations and recommendations
    3. Uses diagnostic classification systems to conduct differential diagnosis
    4. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations

F. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
    1. Writes clear, accurate, and timely reports
    2. Communicates findings and recommendations clearly to clients and other providers
    3. Recognizes and reports the strengths and limitations of assessments and findings

(vii) Intervention

A. Establishes and maintains effective relationships with the recipients of psychological services.
    1. Creates a secure, trusting environment for clients and families
    2. Manages therapeutic contract issues appropriately
B. Develops evidence-based intervention plans specific to the service delivery goals.
    1. Collaborates with clients and families to identify goals and plans
    2. Links case conceptualizations and treatment plans to assessments
    3. Utilizes at least one theoretical orientation and theory of change
    4. Selects appropriate evidence-based interventions and best practices
C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
    1. Uses evidence-base and theory to inform activities
    2. Integrates evidence-based practices into treatment plans
    3. Utilizes treatment manuals in practice when appropriate
    4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients
D. Demonstrates the ability to apply the relevant research literature to clinical decision making.
    1. Uses evidence-base and theory to inform activities
    2. Integrates evidence-based practices into treatment plans
    3. Utilizes treatment manuals in practice when appropriate
    4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients
E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
    1. Demonstrates knowledge of instances where evidence-base for an approach is lacking and identifies alternative treatment approaches
    2. Uses data to evaluate and modify evidence-based approaches
F. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
    1. Assesses patient progress using standardized measures
    2. Manages, analyzes, and interprets quantitative and qualitative progress monitoring data
    3. Uses progress data to adjust clinical practice
    4. Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools

(viii) Supervision

A. Seeks and uses supervision effectively to improve performance.
    1. Establishes strong working relationships with supervisors of diverse practice orientations
    2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions
    3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar clients or services, ethical and legal issues, strong personal reactions to clients)
    4. Uses multiple methods to provide supervisors with timely, accurate information about their work and is open to being observed
    5. Accepts feedback without being overly defensive
    6. Acknowledges challenges and areas for professional growth
    7. Follows supervisors' direction
    8. Adjusts professional behavior based on feedback
B. Demonstrate knowledge of supervision models and practices.
    1. Has understanding of the major models of supervision used in psychology
    2. References empirically supported practices utilized in supervision

3. Facilitates supervision of peers and colleagues.
4. Participates in peer supervision/consultation groups
5. Structures the groups using an explicit method to guide discussions by peers of their work
6. Maintains a constructive and supportive environment within the groups
7. Gives constructive and supportive feedback to peers

C. Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. (Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees).
   1. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee
   2. Uses multiple methods to monitor the quality of care provided and assess supervisee level of development, strengths, and learning needs (e.g., observation; audio and video recording; case discussion and presentations; review of documentation; clinical measures; QA data; and feedback from others)
   3. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address peer supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications)
   4. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the peer relationship
   5. Maintains accurate and timely documentation of supervision and supervisee performance
   6. Requests and uses feedback from supervisees to improve the quality of supervision

(ix) Consultation and interprofessional/interdisciplinary skills

A. Demonstrate knowledge and respect for the roles and perspectives of other professions.
   1. Demonstrates knowledge and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, clients, family, and community members
   2. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts
   3. Shares and receives information from others in a sensitive manner when authorized by the client and permissible under applicable laws, regulations, policies, and ethical codes

B. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
   1. Communicates psychological information while working flexibly with others to develop and implement a plan of care
   2. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services)
   3. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement
   4. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives
   5. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems
   6. Responds appropriately to problems within organizations and systems given their role
   7. Forms effective consultative relationships
   8. Clarifies and refines referral questions and consultation goals

Evaluation of Interns

Interns are educated about policy regarding their evaluation during an initial group orientation to the internship program by the Director of Training. All interns will receive informal feedback regarding their

competence and areas in need of improvement during their weekly supervision meetings. All interns meet individually with at least three supervisors per week, one of whom is the Director of Training. Supervisors meet as a group once a month to discuss intern progress. During these meetings, notes will be taken by the Director of Training to be kept in a temporary personnel file kept on each intern. The Director of Training will share the feedback from these meetings with interns during their regular weekly supervision and notes about these meetings will also be entered into the temporary personnel file.

Evaluation Scale and Frequency

Interns are evaluated using a standardized form three times yearly in October, February, and June. All individuals formally designated as "supervisors" of an intern will evaluate the intern using a standardized competency evaluation form at each evaluation point and will review their feedback with the intern. While all competency domains apply to all interns, supervisors can use a rating of Not Applicable (NA) to designate that the competency was not observed or is not covered in the training experience being supervised. Each intern typically receives evaluations from at least two supervisors, which provides a diverse set of perspectives on the intern's performance. A direct observation or videotaped evaluation of the intern work is required for each evaluation period from each supervisor and is incorporated into the competency evaluations.

Rating	1 Beginning Proficiency	2 Basic Proficiency	3 Developing Proficiency	4 Intermediate Proficiency	5 Advanced Proficiency
Typical developmental level	Early or mid-practicum	Internship entry	Internship mid-year	Internship completion	Post-Internship
Skill Level	Learning basic skills	Has acquired basic	Developing more advanced skills	Flexibly integrating a range of skills	Competence at an advanced level
Supervision required:	Extensive with close observation	Routine	Minimal	Functions independently in entry-level situations	Functions independently in advanced situations
Nature of supervision:	Supervisor sets agenda	Supervisor sets agenda with intern input	Agenda set jointly by supervisor & intern	Intern largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent & explicit	Frequent & explicit	Moderate and decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

Submission of Evaluations to the Director of Training

All supervisor evaluation forms are forwarded to the Director of Training. For each evaluation period, the Director of Training uses the evaluations of other supervisors to inform their own evaluation, which shall serve as the formal evaluation of the intern for the internship. For each evaluation period, the Director of Training will indicate on the evaluation form whether the intern has made adequate progress toward achieving an intermediate level of proficiency for all competency categories and is on track for successful completion of the internship.

Expected Proficiency Levels

Program expectations regarding Director of Training ratings of the competency categories are:

a) October: Each intern will be at least at Level 2 (Basic Proficiency) for all competency categories.
b) February: Each intern will be at Level 3 (Developing Proficiency) for the majority of competency categories, with some interns rated at Level 2 (Basic Proficiency) and/or Level 4 (Intermediate Proficiency) for some categories.
c) June: All interns will be at Level 4 for all categories with a few interns achieving ratings at Level 5 (Advanced Proficiency) for some categories.

Major Deficiencies

Major deficiencies in the competencies that are judged at any time in the program to pose the potential of harm to others and/or serious breaches in professionalism may result in the intern being placed on probation or terminated, as outlined in the Due Process Policy. Since probation is reserved for these issues, it is possible

for an intern to not meet expected proficiencies and not successfully complete the internship without being placed on probation.

Written Skill Development Plan

If, at any time, a supervisor evaluates an intern as not making adequate progress, the supervisor, in collaboration with the intern, will develop a written skill development plan to address the identified concern. These plans will be reviewed and approved by the Director of Training. The plans are designed to ensure: (a) intern and faculty awareness of the importance of raising the level of competence by year's end, and (b) a clear and focused plan to achieve that level of competence.

The supervisor of interns who have a skill development plan will provide verbal and written feedback to each intern monthly regarding their progress, or lack thereof, in achieving the intermediate level of competence necessary to successfully complete the internship. In making these assessments, the supervisor will, as needed, gather and document verbal and written feedback from other supervisors. This monthly feedback must indicate in writing if, in the opinion of the supervisor, the intern is or is not making adequate progress toward completing the internship successfully. Copies of the written feedback will be provided to the Director of Training.

Expedited Final Evaluation: An intern who is in jeopardy of not completing the internship successfully will have their final evaluation process expedited by the Director of Training. The intern will receive final feedback by June 5th, including the Director of Training's recommendation as to whether the intern has or has not met all criteria to successfully complete the internship.

Criteria for Successful Completion

For each intern in the program, the year-end evaluation of the Director of Training must demonstrate an intermediate level of proficiency (4) across all competency categories for the intern to successfully complete the internship. Successful completion also requires that all other internship expectations are met, including a final chart review which entails review of the charts of all the patients seen during the internship year to ensure that all diagnostic, testing, transfer, and discharge forms are complete and that all progress notes are present and properly signed.

Interns Not Meeting Competency Expectations

For interns who do not meet all criteria for internship completion listed above, the Director of Training, in consultation with the intern, can present to the Executive Training Committee, no later than June 7th, a corrective action plan focused on professional training and activities that will occur after the June 30th internship end date. By June 17th, the Executive Training Committee, at its discretion, can: (a) accept the plan and require its adequate completion before the intern is designated as having successfully completed the internship; (b) accept the plan and designate the intern as having successfully completed the internship, concluding that the competency deficit is sufficiently narrow and that an adequate post-internship plan is in place to supervise and promote skill development of the intern; or (c) conclude that the intern has permanently failed to complete the internship.

The Grievance and Due Process Policy of the internship program applies to all steps in this evaluation process, thus ensuring that interns have the opportunity to question, challenge, and appeal supervisory ratings, skill development plans, corrective action plans, and decisions regarding successful completion of the internship.

Timeline for Evaluation of Interns

All Evaluation Periods	**Eval 1 Jul - Oct**	**Eval 2 Nov - Feb**	**Eval 3 Mar - Jun**
Training Coordinator releases instructions and *Supervisor Evaluation Form* to interns and their Supervisors.	Sept 18	Jan 22	May 6
Each Supervisor electronically completes the form, discusses it with the intern, and emails it to the intern. The intern adds optional comments, signs, and emails the form to the Director of Training with a copy to the Supervisor.	Oct 13	Feb 16	May 24
Director of Training completes and electronically signs a *Director of Training Evaluation Form*, integrating feedback from all Supervisors, discusses the completed form with the intern, and emails it to the intern. The intern adds optional comments, signs electronically, and emails the form to the Training Coordinator with a copy to the Director of Training	Oct 27	Mar 1	Jun 7
Training Coordinator forwards Director of Training's evaluation to intern's graduate program, copying the intern.	Nov 6	Mar 11	Jun 17
Additional Steps - Final Evaluation Period			
Training Coordinator releases instructions and template for the Year End Summary of Experience.			May 6
Intern completes draft of the Year End Summary of Experience and emails this to the Director of Training.			May 17
Director of Training edits the draft, reviews changes with the intern, and forwards a fully signed final copy to Training Coordinator with a copy to the intern.			Jun 7
Training Coordinator forwards Year End Summary of Experience (and Director of Training's June Evaluation) to intern's graduate program, copying the intern.			Jun 28

Supervisor Evaluation Form

Intern _____ **Supervisor** _____

Placements _____

Instructions:

For each intern use one evaluation form for the entire year. The evaluations for each evaluation period (October, February and June) are added to a single form. Complete the form electronically using this template.

Place the cursor where you want to type. Do Not Use the Tab Key to move through the document.

For Supervisors: For each evaluation period (October, February, and June):

a. Save the document electronically with a new name: Eval of [intern last name] by [your last name] [date].
b. Section A: Insert the completion date for your evaluation.
c. Section B: Indicate all methods you used to assess the competencies during the current evaluation period.
d. Section C: Review the Competency Rating Scale.
e. Section D: For the evaluation period, complete the ratings of each competency and give an Overall Rating for each competency category (this does NOT have to be a numerical mean). Insert "NA" for any competency or competency category that you cannot rate.
f. Section E: Check a summary statement about the intern's progress; insert comments; type your name as your electronic signature and insert the date of signature; review the evaluation with the intern; ask the intern to insert comments, sign electronically, and date the document. The intern will forward the document electronically to the Director of Training and will copy you.

For Interns: For each evaluation period (October, February, and June):

a. Review and discuss with the supervisor their completed evaluation.
b. Add optional comments at the end of the form, sign it electronically by typing your name, add the date, and forward the document electronically to your Director of Training, with an electronic copy to the supervisor.

Section A: Completion Dates (Insert dates for each of the following):

Jul - Oct Eval _____ Nov – Feb Eval _____ Mar – Jun Eval _____

Section B: Methods Used to Assess Competencies (place an X in the box for all that apply during this evaluation period:

Oct	Feb	Jun		Oct	Feb	Jun	
			Direct Observation *				Review of other written work
			Videotape *				QA data or clinical measures
			Audiotape				Feedback from staff & supervisors
			Case presentations				Feedback from peers
			Discussion of work				Feedback from clients & families
			Review of documentation				Other (specify):

*A direct observation or videotaped evaluation of the intern work is required for each evaluation period and should be incorporated into the competency evaluations in this evaluation.

Section C: Competency Rating Scale

➔ Expected Competency Level During Internship ←

RATING ➔	1 Beginning proficiency	2 Basic proficiency	3 Developing proficiency	4 Intermediate proficiency	5 Advanced proficiency
Typical developmental level:	Early or mid-practicum	Internship entry	Internship mid-year	Internship completion	Post-internship
Skill level:	Learning basic skills	Has acquired basic skills	Developing more advanced skills	Flexibly integrating a range of skills	Competence at an advanced level
Supervision required:	Extensive with close supervision	Routine	Minimal	Functions independently in entry-level situations	Functions independently in advanced situation
Nature of supervision:	Supervisor sets agenda	Supervisor sets agenda with intern input	Agenda set jointly by supervisor & intern	Intern largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent & explicit	Frequent & explicit	Moderate & decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

***Note: Ratings of NA (not applicable or not observed):** Supervisors may use NA for rating individual competencies if these are not applicable to the work the supervisor is supervising or if the supervisor has no information on which to rate the competency. However, Supervisors must rate all overall competencies since all categories apply to all interns at each evaluation point.

Section D: Competency Ratings

a. In the column for this evaluation period provide one rating of each Individual Competency (the bolded items that begin with a letter, listed as A, B, C, etc.). Do not rate the elements of each competency (listed as 1, 2, 3, etc.).
b. Provide one rating for the overall competency Category (e.g., I. Communication and Interpersonal Skills). The space to insert this rating occurs at the end of the Category. This does not have to be a numerical mean of the ratings for competencies in this category.

FOUNDATIONAL COMPETENCIES

Research	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. a. Discusses scientific and scholarly developments in supervision b. Seeks out evidence-based literature relevant to areas of practice from supervisors and peers c. Formulates questions that can be addressed by the literature, research, and program evaluation			
B) Integrates scientific literature into service delivery activities a. Accesses, summarizes, and evaluates the literature related to professional activities and patient needs. b. Discusses the relevant literature in case conferences, lectures, and/or professional presentations			

c. Applies the scientific literature to professional work (e.g., clinical, consultation, research, program evaluation, quality assurance)			
Overall Rating for this Competency Category			

Ethical and Legal Standards	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Is knowledgeable of and acts in accordance with each of the following:			
1. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;			
2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels			
3. Relevant professional standards and guidelines.			
B) Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.			
1. Recognizes and helps others recognize ethical and legal issues as they arise			
2. Develops and implements plans to address ethical and legal issues			
3. Takes action when others behave in an unethical or illegal manner			
4. Seeks supervision or consultation on ethical and legal issues			
5. Articulates own ethical values and priorities			
C) Conducts self in an ethical manner in all professional activities.			
1. Strives to benefit others and do no harm			
2. Develops relationships of trust with others and accepts responsibility for their behavior			
3. Maintains personal integrity			
4. Promotes fairness and justice			
5. Respects the dignity, worth, and rights of all people			
Overall Rating for this Competency Category			

Individual and Cultural Diversity	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.			
1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability)			
2. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals and groups			
3. Explores and monitors how they are influenced by individual and cultural characteristics and experiences			
4. Recognizes stereotypes as applied to self and others			

B) Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. 1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of clients' linguistic and cultural characteristics 2. Considers individual and cultural characteristics in developing treatment plans and selecting, modifying, implementing, and monitoring interventions 3. Applies knowledge of individual and cultural diversity in prevention, consultation, evaluation, and research activities 4. Connects clients to culturally responsive services and resources 5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination			
C) Able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). 1. Recognizes and respects differences between self and others 2. Communicates in client's preferred language or uses interpreter services as needed 3. Explores with clients their individual and cultural characteristics and the meaning of these characteristics to them 4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships 5. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their career. 6. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.			
D) Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. 1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds 2. Reviews relevant literature and practice guidelines on providing services to diverse populations 3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds 4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds			
Overall Rating for this Competency Category			

Professional values, attitudes, and behaviors	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others 1. Maintains appropriate personal hygiene and attire 2. Utilizes appropriate language and non-verbal communications, including in difficult interactions 3. Engages in behavior appropriate for their professional role and adjusts behavior to the setting and situation			

4. Uses multiple self-care approaches to maintain health and wellness 5. Uses positive coping strategies to tolerate ambiguity and uncertainty and to manage stress 6. Exhibits knowledge of the profession and awareness of issues central to the field 7. Pursues career goals and continuing education 8. Demonstrates emerging leadership skills			
B) Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. 1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback) 2. Recognizes the limits of personal knowledge and skills 3. Recognizes changes in the field that require the development of new or enhanced competencies			
C) Actively seeks and demonstrates openness and responsiveness to feedback and supervision. 1. Recognizes professional challenges and uses feedback and supervision to improve professional performance 2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance			
D) Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. 1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements) 2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner) 3. Remains available and accessible as their role requires 4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values			
Overall Rating for this Competency Category			

Communication & Interpersonal Skills	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. 1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families 2. Develops productive working relationships with peers, supervisors, other professionals, and community members 3. Interacts in a manner that is honest, straightforward, and flexible 4. Expresses genuine interest in others, providing them support and encouragement 5. Displays compassion and empathy toward others, including those dissimilar from oneself			

B) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. 1. Listens attentively to others 2. Demonstrates a command of language, both written and verbal 3. Adapts communications to the person and situation 4. Uses professional terms and concepts appropriately and clearly 5. Produces written work that is organized, clear, and sufficiently comprehensive			
C) Demonstrates effective interpersonal skills and the ability to manage difficult communication well. 1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships) 2. Acknowledges and tolerates others' feelings and attitudes, including those expressed toward them 3. Allows and facilitates clients' exploration of emotionally laden issues 4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress 5. Recognizes and uses problem solving strategies to address interpersonal conflicts 6. Offers and accepts feedback constructively			
Overall Rating for this Competency Category			

FUNCTIONAL COMPETENCIES

Assessment	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 1. Has understanding of the major DSM5 diagnoses used in children and adolescents 2. Able to apply diagnoses appropriately following diagnostic evaluation 3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM5 diagnosis 4. Uses empirically supported measures to assign DSM5 diagnoses			
B) Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). 1. Obtains family, social, societal, and cultural information from assessments 2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports			
C) Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 1. Able to identify both functional and dysfunctional behavior and gather background information 2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior			
D) Selects and applies assessment methods that draw from the best available empirical			

	literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. 1. Screens and clarifies referrals to determine appropriate assessment methods 2. Selects appropriate tools and tests for the presenting problem using empirical literature 3. Administers tools and tests accurately and efficiently 4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences		
E)	**Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.** 1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature) 2. Formulates case conceptualizations and recommendations 3. Uses diagnostic classification systems to conduct differential diagnosis 4. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations		
F)	**Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.** 1. Writes clear, accurate and timely reports 2. Communicates findings and recommendations clearly to clients and other providers 3. Recognizes and reports the strengths and limitations of assessments and findings		
	Overall Rating for this Competency Category		

Intervention		**Ratings**		
	Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A)	**Establishes and maintains effective relationships with the recipients of psychological services.** 1. Creates a secure, trusting environment for clients and families 2. Manages therapeutic contract issues appropriately			
B)	**Develops evidence-based intervention plans specific to the service delivery goals.** 1. Collaborates with clients and families to identify goals and plans 2. Links case conceptualizations and treatment plans to assessments 3. Utilizes at least one theoretical orientation and theory of change 4. Selects appropriate evidence-based interventions and best practices			
C)	**Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.** 1. Uses evidence-base and theory to inform activities 2. Integrates evidence-based practices into treatment plans 3. Utilizes treatment manuals in practice when appropriate 4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients			

D) Demonstrates the ability to apply the relevant research literature to clinical decision making. 1. Uses evidence-base and theory to inform activities 2. Integrates evidence-based practices into treatment plans 3. Utilizes treatment manuals in practice when appropriate 4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients			
E) Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. 1. Demonstrates knowledge of instances where evidence-base for an approach is lacking and identifies alternative treatment approaches. 2. Uses data to evaluate and modify evidence-based approaches			
F) Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. 1. Assesses patient progress using standardized measures. 2. Manages, analyzes, and interprets quantitative and qualitative progress monitoring data. 3. Uses progress data to adjust clinical practice 4. Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools.			
Overall Rating for this Competency Category			

Supervision	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Seeks and uses supervision effectively to improve performance 1. Establishes strong working relationships with supervisors of diverse practice orientations 2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions 3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar clients or services, ethical and legal issues, strong personal reactions to clients) 4. Uses multiple methods to provide supervisors with timely, accurate information about their work and is open to being observed 5. Accepts feedback without being overly defensive 6. Acknowledges challenges and areas for professional growth 7. Follows supervisors' direction 8. Adjusts professional behavior based on feedback			
B) Demonstrate knowledge of supervision models and practices. 1. Has understanding of the major models of supervision used in psychology. **2.** References empirically supported practices utilized in supervision			
C) Facilitates supervision of peers and colleagues 1. Participates in peer supervision/consultation groups 2. Structures the groups using an explicit method to guide discussions by peers of their work 3. Maintains a constructive and supportive environment within the groups 4. Gives constructive and supportive feedback to peers			

D) Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. (Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees). 1. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee 2. Uses multiple methods to monitor the quality of care provided and assess supervisee level of development, strengths, and learning needs (e.g., observation; audio and video recording; case discussion and presentations; review of documentation; clinical measures; QA data; and feedback from others) 3. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address peer supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications) 4. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the peer relationship 5. Maintains accurate and timely documentation of supervision and supervisee performance 6. Requests and uses feedback from supervisees to improve the quality of supervision.			
Overall Rating for this Competency Category			

Consultation and interprofessional/interdisciplinary skills	**Ratings**		
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**
A) Demonstrates knowledge and respect for the roles and perspectives of other professions.			
1. Demonstrates knowledge and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, clients, family, and community members 2. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts 3. Shares and receives information from others in a sensitive manner when authorized by the client and permissible under applicable laws, regulations, policies, and ethical codes			
B) Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.			
1. Communicates psychological information while working flexibly with others to develop and implement a plan of care 2. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services) 3. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement 4. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives 5. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems 6. Responds appropriately to problems within organizations and systems given their role 7. Forms effective consultative relationships 8. Clarifies and refines referral questions and consultation goals			
Overall Rating for this Competency Category			

Section E: Summary Assessment, Comments, & Signatures (Affixing your name electronically to this document is equivalent to a written signature).

OCTOBER EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

☐ Intern has made adequate progress in developing the core competencies that I am assessing.
☐ Intern has NOT made adequate progress in developing the core competencies that I am assessing.
(Supervisors who select this answer should follow up with the Director of Training to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern.

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature **Date** **Intern's signature** **Date**

(Signatures indicate that the supervisor and intern have discussed this evaluation)

FEBRUARY EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

☐ Intern has made adequate progress in developing the core competencies that I am assessing.
☐ Intern has NOT made adequate progress in developing the core competencies that I am assessing.
(Supervisors who select this answer should follow up with the Director of Training to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern.

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature **Date** **Intern's signature** **Date**

(Signatures indicate that the supervisor and intern have discussed this evaluation)

JUNE EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

☐ Intern has made adequate progress in developing the core competencies that I am assessing.
☐ Intern has NOT made adequate progress in developing the core competencies that I am assessing.
(Supervisors who select this answer should follow up with the Director of Training to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern.

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature	**Date**	**Intern's signature**	**Date**

(Signatures indicate that the supervisor and intern have discussed this evaluation)

Director of Training Evaluation Form

Intern _____ **Director of Training** _____

Instructions:

For each intern, use one evaluation form for the entire year. The Initial Intern Self-Assessment and the Director of Training's evaluations for each evaluation period (October, February, and June) are all added to a single form. Complete the form electronically using this MS Word template.

For Interns:

(2) In July:
   a. Save the document electronically with a new name (Eval of [intern last name] by [Director of Training last name] [date]).
   b. Complete the Initial Self-Assessment by inserting narrative comments about strengths and areas of growth for each Competency Category.
   c. Identify and insert up to three major professional goals for the internship year in Section D of the document. These goals may expand on or be different from the competencies listed in this document.
   d. Discuss the goals with your Director of Training and reach agreement on them.

(3) For each evaluation period:
   a. Review and discuss with the Director of Training their evaluation, as well as the comments on progress in attaining your professional goals.
   b. Add optional comments at the end of the form, sign it electronically by typing your name, add the date, and submit it electronically to the Training Coordinator at training@bakercenter.org and copy your Director of Training.

For Director of Training:

(2) In July:
   a. Discuss the completed self-assessment and professional goals identified by the intern and record the date of discussion below.
   b. Discuss with the intern how these core competencies are applied in their placement and record the date of discussion below.
   c. Submit the completed document electronically to the Training Coordinator at training@bakercenter.org.

(3) In October, February, and June:
   a. Review the feedback from all of the intern's supervisors since the Director of Training's evaluation should be informed by feedback from other supervisors.
   b. Section A: Insert the completion date for your evaluation.
   c. Section B: Indicate the assessment methods used by ALL SUPERVISORS, not just the Director of Training.
   d. Section C: For the evaluation period, complete the ratings of each competency and give an Overall Rating for each competency category (this does NOT have to be a numerical mean). Director of Trainings must provide a numerical rating for each of the 9 competency categories. Provide narrative comments for each of the nine competency categories (not for each individual competency). For the first evaluation period comment on *strengths* and *areas for growth*. For the second and third evaluation periods comment on *progress since last evaluation*.
   e. Section E: Check a summary statement about the intern's progress; insert summary comments; type your name as your electronic signature and insert the date of signature; review the evaluation with the intern; ask the intern to insert comments, sign electronically, and date the document.
   f. After inserting comments and a signature, the intern will forward the completed documents to the Training Coordinator at training@bakercenter.org and will copy you.

Section A: Completion Dates (Insert dates for each of the following):

Intern's Self-Assessment and Goals Discussed with Intern _____

Jul – Oct Evaluation _____ Nov – Feb Evaluation _____ Mar – Jun Evaluation _____

Section B: Methods Used by ALL SUPERVISORS to Assess Competencies (place an X in the box for all that apply during this evaluation period)

Oct	Feb	Jun		Oct	Feb	Jun		Oct	Feb	Jun	
			Direct Observation*				Discussion of Work				Feedback from Staff & Supervisors
			Videotape*				Review of Documentation				Feedback from Peers
			Audiotape				Review of Other Written Work				Feedback from Clients & Families
			Case Presentations				QA Data or Clinical Measures				Other (specify):

*A direct observation or videotaped evaluation of the intern work is required for each evaluation period and should be incorporated into the competency evaluations in this evaluation.

Section C: Competency Ratings & Narrative Assessments

RATING SCALE

➔ Expected Competency Level During Internship ←

RATING ➔	**1 Beginning Proficiency**	**2 Basic Proficiency**	**3 Developing Proficiency**	**4 Intermediate Proficiency**	**5 Advanced Proficiency**
Typical developmental level:	Early or mid-practicum	Internship entry	Internship mid-year	Internship completion	Post-Internship
Skill level:	Learning basic skills	Has acquired basic skills	Developing more advanced skills	Flexibly integrating a range of skills	Competence at an advanced level
Supervision required:	Extensive with close observation	Routine	Minimal	Functions independently in entry-level situations	Functions independently i situations
Nature of supervision:	Supervisor sets agenda	Supervisor sets agenda with intern input	Agenda set jointly by supervisor & intern	Intern largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent & explicit	Frequent & explicit	Moderate and decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

***Note: Ratings of NA (not applicable or not observed) are not permitted,** since all elements apply to intern competency development during each evaluation period. While individual supervisors may utilize NA on the Supervisor Evaluation Form during an evaluation period, the intern competencies rated on this Director of Training Form should be inclusive of all rotation experiences and must be rated.

COMPETENCY RATINGS

a. In the column for this evaluation period provide one rating of each Individual Competency (the **bolded** items that begin with a **letter,** such as "I.A. communicates effectively"). Do not rate the elements of each competency (listed as 1, 2, 3, etc.).
b. Provide one rating for the overall competency Category (e.g., I. Communication and Interpersonal Skills). The space to insert this rating occurs at the end of the Category. This does not have to be a numerical mean of the ratings for competencies in this category.
c. In the space for this evaluation period provide narrative comments for each competency Category. For the first evaluation period comment on *strengths* and *areas for growth*. For the second and third evaluation periods comment on *progress since last evaluation*. Use specific behavioral examples that support your ratings.

FOUNDATIONAL COMPETENCIES

Research	**Ratings**			**Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)**
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. a. Discusses scientific and scholarly developments in supervision b. Seeks out evidence-based literature relevant to areas of practice from supervisors and peers c. Formulates questions that can be addressed by the literature, research, and program evaluation				**Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*:
B) Integrates scientific literature into service delivery activities d. Accesses, summarizes, and evaluates the literature related to professional activities and patient needs. e. Discusses the relevant literature in case conferences, lectures, and/or professional presentations f. Applies the scientific literature to professional work (e.g., clinical, consultation, research, program evaluation, quality assurance)				**Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:

Overall Rating for this Competency Category				

Ethical and Legal Standards	Ratings			Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Is knowledgeable of and acts in accordance with each of the following: 1. The current version of the APA Ethical Principles of Psychologists and Code of Conduct; 2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels 3. Relevant professional standards and guidelines.				**Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*:
B) Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. 1. Recognizes and helps others recognize ethical and legal issues as they arise 2. Develops and implements plans to address ethical and legal issues 3. Takes action when others behave in an unethical or illegal manner 4. Seeks supervision or consultation on ethical and legal issues 5. Articulates own ethical values and priorities				**Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
C) Conducts self in an ethical manner in all professional activities. 1. Strives to benefit others and do no harm 2. Develops relationships of trust with others and accepts responsibility for their behavior 3. Maintains personal integrity 4. Promotes fairness and justice 5. Respects the dignity, worth, and rights of all people				

Overall Rating for this Competency Category				

Individual and Cultural Diversity	Ratings			Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)
Competency Elements	Jul - Oct	Nov - Feb	Mar - Jun	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. 1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability) 2. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals and groups 3. Explores and monitors how they are influenced by individual and cultural characteristics and experiences 4. Recognizes stereotypes as applied to self and others				**Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*: **Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
B) Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. 1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of clients' linguistic and cultural characteristics 2. Considers individual and cultural characteristics in developing treatment plans and selecting, modifying, implementing, and monitoring interventions 3. Applies knowledge of individual and cultural diversity in prevention, consultation, evaluation, and research activities 4. Connects clients to culturally responsive services and resources				

5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination				
C) Able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). 1. Recognizes and respects differences between self and others 2. Communicates in client's preferred language or uses interpreter services as needed 3. Explores with clients their individual and cultural characteristics and the meaning of these characteristics to them 4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships 5. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their career. 6. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.				
D) Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. 1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds 2. Reviews relevant literature and practice guidelines on providing services to diverse populations 3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds 4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds				
Overall Rating for this Competency Category				

Professional values, attitudes, and behaviors	Ratings			Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*: **Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
A) Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others 1. Maintains appropriate personal hygiene and attire 2. Utilizes appropriate language and non-verbal communications, including in difficult interactions 3. Engages in behavior appropriate for their professional role and adjusts behavior to the setting and situation 4. Uses multiple self-care approaches to maintain health and wellness 5. Uses positive coping strategies to tolerate ambiguity and uncertainty and to manage stress 6. Exhibits knowledge of the profession and awareness of issues central to the field 7. Pursues career goals and continuing education 8. Demonstrates emerging leadership skills				
B) Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. 1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback) 2. Recognizes the limits of personal knowledge and skills 3. Recognizes changes in the field that require the development of new or enhanced competencies				
C) Actively seeks and demonstrates openness and responsiveness to feedback and supervision. 1. Recognizes professional challenges and uses feedback and supervision to improve professional performance				

2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance				
D) Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. 1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements) 2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner) 3. Remains available and accessible as their role requires 4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values				
Overall Rating for this Competency Category				

Communication & Interpersonal Skills	**Ratings**			**Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)**
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. 1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families 2. Develops productive working relationships with peers, supervisors, other professionals, and community members 3. Interacts in a manner that is honest, straightforward, and flexible				**Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*:

4. Expresses genuine interest in others, providing them support and encouragement 5. Displays compassion and empathy toward others, including those dissimilar from oneself				**Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
B) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. 1. Listens attentively to others 2. Demonstrates a command of language, both written and verbal 3. Adapts communications to the person and situation 4. Uses professional terms and concepts appropriately and clearly 5. Produces written work that is organized, clear, and sufficiently comprehensive				
C) Demonstrates effective interpersonal skills and the ability to manage difficult communication well. 1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships) 2. Acknowledges and tolerates others' feelings and attitudes, including those expressed toward them 3. Allows and facilitates clients' exploration of emotionally laden issues 4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress 5. Recognizes and uses problem solving strategies to address interpersonal conflicts 6. Offers and accepts feedback constructively				
Overall Rating for this Competency Category				

Assessment	Ratings	Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)

Competency Elements	Jul - Oct	Nov - Feb	Mar - Jun	
A) Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 1. Has understanding of the major DSM5 diagnoses used in children and adolescents 2. Able to apply diagnoses appropriately following diagnostic evaluation 3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM5 diagnosis 4. Uses empirically supported measures to assign DSM5 diagnoses				**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Jul - Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*: **Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
B) Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). 1. Obtains family, social, societal, and cultural information from assessments 2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports				
C) Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 1. Able to identify both functional and dysfunctional behavior and gather background information 2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior				
D) Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.				

1. Screens and clarifies referrals to determine appropriate assessment methods 2. Selects appropriate tools and tests for the presenting problem using empirical literature 3. Administers tools and tests accurately and efficiently 4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences				
E) Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. 1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature) 2. Formulates case conceptualizations and recommendations 3. Uses diagnostic classification systems to conduct differential diagnosis 4. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations				
F) Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. 1. Writes clear, accurate and timely reports 2. Communicates findings and recommendations clearly to clients and other providers 3. Recognizes and reports the strengths and limitations of assessments and findings				
Overall Rating for this Competency Category				

Intervention	**Ratings**	**Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)**

Competency Elements	Jul - Oct	Nov - Feb	Mar - Jun
A) Establishes and maintains effective relationships with the recipients of psychological services.			
1. Creates a secure, trusting environment for clients and families			
2. Manages therapeutic contract issues appropriately			
B) Develops evidence-based intervention plans specific to the service delivery goals.			
1. Collaborates with clients and families to identify goals and plans			
2. Links case conceptualizations and treatment plans to assessments			
3. Utilizes at least one theoretical orientation and theory of change			
4. Selects appropriate evidence-based interventions and best practices			
C) Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.			
1. Uses evidence-base and theory to inform activities			
2. Integrates evidence-based practices into treatment plans			
3. Utilizes treatment manuals in practice when appropriate			
4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients			
D) Demonstrates the ability to apply the relevant research literature to clinical decision making.			
1. Uses evidence-base and theory to inform activities			
2. Integrates evidence-based practices into treatment plans			
3. Utilizes treatment manuals in practice when appropriate			
4. Adapts evidence based practiced in practice activities to account for individual and cultural diversity of clients			
E) Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.			
1. Demonstrates knowledge of instances where evidence-base for an approach is lacking and identifies alternative treatment approaches.			

Intern Initial Self-Assessment (Jul):

Strengths:

Areas for Growth:

Director of Training Comments (Jul - Oct):

Strengths:

Areas for Growth:

Director of Training Comments (Nov - Feb):

Progress Since Last Evaluation:

Director of Training Comments (Mar - Jun):

Progress Since Last Evaluation:

2. Uses data to evaluate and modify evidence-based approaches				
F) Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. 1. Assesses patient progress using standardized measures. 2. Manages, analyzes, and interprets quantitative and qualitative progress monitoring data. 3. Uses progress data to adjust clinical practice 4. Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools.				
Overall Rating for this Competency Category				

Supervision	**Ratings**			**Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)**
Competency Elements	**Jul-Oct**	**Nov - Feb**	**Mar- Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Seeks and uses supervision effectively to improve performance 1. Establishes strong working relationships with supervisors of diverse practice orientations 2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions 3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar clients or services, ethical and legal issues, strong personal reactions to clients) 4. Uses multiple methods to provide supervisors with timely, accurate information about their work and is open to being observed 5. Accepts feedback without being overly defensive 6. Acknowledges challenges and areas for professional growth 7. Follows supervisors' direction				**Director of Training Comments (Jul-Oct):** *Strengths*: *Areas for Growth*: **Director of Training Comments (Nov-Feb):** *Progress Since Last Evaluation*: **Director of Training Comments (Mar- Jun):** *Strengths*: *Areas for Growth*:

8. Adjusts professional behavior based on feedback				
B) Demonstrate knowledge of supervision models and practices. 1. Has understanding of the major models of supervision used in psychology. 2. References empirically supported practices utilized in supervision				
C) Facilitates supervision of peers and colleagues 1. Participates in peer supervision/consultation groups 2. Structures the groups using an explicit method to guide discussions by peers of their work 3. Maintains a constructive and supportive environment within the groups 4. Gives constructive and supportive feedback to peers				
D) Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. (Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees). 1. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee 2. Uses multiple methods to monitor the quality of care provided and assess supervisee level of development, strengths, and learning needs (e.g., observation; audio and video recording; case discussion and presentations; review of documentation; clinical measures; QA data; and feedback from others) 3. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address peer supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications) 4. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the peer relationship 5. Maintains accurate and timely documentation of supervision and supervisee performance				

6. Requests and uses feedback from supervisees to improve the quality of supervision.				
Overall Rating for this Competency Category				

Consultation and interprofessional/interdisciplinary skills	**Ratings**			**Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)**
Competency Elements	**Jul - Oct**	**Nov - Feb**	**Mar - Jun**	**Intern Initial Self-Assessment (Jul):** *Strengths*: *Areas for Growth*:
A) Demonstrates knowledge and respect for the roles and perspectives of other professions.				**Director of Training Comments (Jul - Oct):**
1. Demonstrates knowledge and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, clients, family, and community members 2. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts 3. Shares and receives information from others in a sensitive manner when authorized by the client and permissible under applicable laws, regulations, policies, and ethical codes				*Strengths*: *Areas for Growth*: **Director of Training Comments (Nov - Feb):** *Progress Since Last Evaluation*: **Director of Training Comments (Mar - Jun):** *Progress Since Last Evaluation*:
B) Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.				
1. Communicates psychological information while working flexibly with others to develop and implement a plan of care 2. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services)				

3. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement 4. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives 5. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems 6. Responds appropriately to problems within organizations and systems given their role 7. Forms effective consultative relationships 8. Clarifies and refines referral questions and consultation goals				
Overall Rating for this Competency Category				

Section D: Intern's Additional Professional Goals [Intern to identify/describe up to three professional goals. These may expand on or be different from the competencies listed in this document.]

Goal 1:

Goal 2:

Goal 3:

Section E: Summary Assessment, Comments, and Signatures. (Affixing your name electronically to this document is equivalent to a written signature)

OCTOBER EVALUATION

Director of Trainings' Summary Assessment (place an X in one box)

☐ Intern has made adequate progress toward achieving an intermediate level of proficiency for all Competency Categories and is on track for successful completion of the internship.

☐ Intern has not made adequate progress toward achieving an intermediate level of proficiency for all Competency Categories and, therefore, is not on track for

☐ successful completion of the internship. (Director of Trainings who select this answer should ensure that the areas of concern are well documented in this evaluation and must develop a Written Skill Development Plan with the intern.)

Director of Training's Summary Comments:

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Director of Training's Signature	**Date**	**Intern's Signature** (Signature indicates review of this evaluation with the Director of Training)	**Date**

FEBRUARY EVALUATION

Director of Trainings' Summary Assessment (place an X in one box)

☐ Intern has made adequate progress toward achieving an intermediate level of proficiency for all Competency Categories and is on track for successful completion of the internship.

☐ Intern has not made adequate progress toward achieving an intermediate level of proficiency for all Competency Categories and, therefore, is not on track for successful completion of the internship. (Director of Trainings who select this answer should ensure that the areas of concern are well documented in this evaluation and must develop a Written Skill Development Plan with the intern.)

Director of Training's Summary Comments:

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Director of Training's Signature	**Date**	**Intern's Signature** (Signature indicates review of this evaluation with the Director of Training)	**Date**

JUNE EVALUATION

Director of Training's Summary Assessment (place an X in one box)

☐ Intern has achieved an intermediate level of proficiency for all Competency Categories and is on track for successful completion of the internship pending

completion of remaining service and administrative responsibilities.

☐ Intern has <u>not</u> made adequate progress toward achieving an <u>intermediate</u> level of proficiency for all Competency <u>Categories</u> that is required to complete the internship successfully. (Director of Trainings who select this answer will have referred this performance issue to the Psychology Section's Executive Training Committee well in advance of completing this June evaluation).

Director of Training's Summary Comments:

Psychology Intern's Comments: These comments are optional. If you choose not to make comments write "none".

Director of Training's Signature	**Date**	**Intern's Signature** (Signature indicates review of this evaluation with the Director of Training)	**Date**

Graduate Program Communication Policy

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The doctoral internship is a required part of the doctoral degree, and while the internship faculty members assess the student's performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance to the profession. Therefore, evaluative communication must occur between the two training partners.

Request for Information Post-Match

After a student has matched to this internship site, the Director of Training of the internship will invite the doctoral program Director of Clinical Training to provide additional written information about the student's strengths and training needs.

Internship Evaluations Provided to Graduate Program

Copies of each intern's competency evaluation completed by the Director of Training in October, February, and June will be sent to the Director of Clinical Training in the student's graduate program. The standard Year End Evaluation letter will accompany the June evaluation. These documents will be sent to graduate programs by the Training Coordinator.

Communication Regarding Problems

In the event that problems occur during the internship year, such as an intern struggling to make expected progress, the faculty of the internship and graduate program will communicate and document the concerns and the planned interventions to address these concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing the necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program Director of Clinical Training.

Interns' Rights to Information

All interns will be informed of the practice of communication between internship and doctoral program faculty. Each intern has the right to know about any communications that occur between the internship and their graduate program and will be given copies of any information that is exchanged.

Intern Evaluation of Program

As part of a continuous quality improvement effort, interns evaluate all of their supervisors throughout the course of the internship. At the conclusion of Camp Baker, interns provide feedback regarding their supervision during the summer program. During the interns' major rotations at Manville and CET, interns provide feedback to all supervisors in December and June.

Intern Evaluation of Supervisor

Date: _____

Intern: _____ Supervisor: _____

As part of a continuous quality improvement effort, your feedback is used to strengthen the quality of supervision provided to psychology interns. Supervisors do receive a summary of their evaluations. Although your responses are anonymous, if a supervisor has only one or two students it may be possible for the supervisor to discern the identity of the intern submitting ratings or comments.

General Characteristics of Supervisor:	Significant Development Needed	Development Needed	Meets Intern Needs and Expectations	Exceeds Expectations	Significantly Exceeds Expectations
Is accessible for discussion, questions, etc.	☐	☐	☐	☐	☐
Treats intern with respect and courtesy	☐	☐	☐	☐	☐
Supports the intern's successful completion of the training program	☐	☐	☐	☐	☐
Presents as a positive professional role model consistent with the program's aims	☐	☐	☐	☐	☐
Schedules supervision meetings and is available at the scheduled time	☐	☐	☐	☐	☐
Allots sufficient time for supervision	☐	☐	☐	☐	☐
Keeps sufficiently informed of case(s)	☐	☐	☐	☐	☐
Is interested in and committed to supervision	☐	☐	☐	☐	☐
Sets clear objectives and responsibilities throughout supervised experience	☐	☐	☐	☐	☐
Is up-to-date in understanding of clinical populations and issues	☐	☐	☐	☐	☐
Maintains appropriate interpersonal boundaries with patients and supervisees	☐	☐	☐	☐	☐

Provides constructive and timely feedback on supervisee's performance	☐	☐	☐	☐	☐
Encourages appropriate degree of independence	☐	☐	☐	☐	☐
Demonstrates concern for and interest in supervisee's progress, problems, and ideas	☐	☐	☐	☐	☐
Communicates effectively with supervisee	☐	☐	☐	☐	☐
Interacts respectfully with supervisee	☐	☐	☐	☐	☐
Maintains clear and reasonable expectations for supervisee	☐	☐	☐	☐	☐
Provides a level of case-based supervision appropriate to supervisee's training needs	☐	☐	☐	☐	☐

Comments on Supervisor Characteristics:

Development of Clinical Skills:					
	Significant Development Needed	Development Needed	Meets Intern Needs and Expectations	Exceeds Expectations	Significantly Exceeds Expectations
Assists in coherent conceptualization of clinical work	☐	☐	☐	☐	☐
Assists in translation of conceptualization into techniques and procedures	☐	☐	☐	☐	☐
Is effective in providing training in behavioral health intervention	☐	☐	☐	☐	☐
Is effective in providing training in assessment and diagnosis	☐	☐	☐	☐	☐
Supports intern in navigating and responding to clients' cultural and individual differences	☐	☐	☐	☐	☐

Is effective in helping to develop short-term and long-range goals for patients	☐	☐	☐	☐	☐
Promotes clinical practices in accordance with ethical and legal standards	☐	☐	☐	☐	☐
Promotes intern's general acquisition of knowledge, skills, and competencies	☐	☐	☐	☐	☐
Comments on Clinical Skill Development:					
	Significant Development Needed	Development Needed	Meets Intern Needs and Expectations	Exceeds Expectations	Significantly Exceeds Expectations
Overall rating of supervision with this supervisor:	☐	☐	☐	☐	☐
Describe how the supervisor contributed to your learning:					
Describe how supervision or the training experience could be enhanced:					
Any other suggestions/feedback for your supervisor?:					

Due Process, Probation, and Grievance

Due Process Policy

The Internship Program is committed to training highly competent clinicians who adhere to the highest ethical and professional standards in psychology. Competence includes three broad aspects of professional functioning and map onto the program foundational and functional competencies: a) knowledge and application of professional standards (e.g. Ethical and Legal Standards, Professionalism, Individual and Cultural Diversity), b) professional skills competency (e.g. Research and Evidence-Based Principles, Assessment, Intervention, Consultation and Interprofessional Practice, and Supervision), and c) personal functioning (e.g. Communication and Interpersonal Skills) (Lamb, et. al. 1991). Consistent with this understanding of professional competence this due process policy clearly delineates how problematic behavior is addressed when professional competencies are not being met. Formal evaluations of intern competence are a component of, and could trigger, these Due Process procedures.

Problematic behavior is defined as an interference in professional functioning which is reflected in one or more of the following ways: a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; b) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or, c) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. Problematic behavior in interns will be tracked in the following ways:

Notice

1) During their regular supervision meetings, interns might be informally addressed regarding problematic behavior. This is the first level of notice to the intern that the program has a concern.

2) If such behavior continues, or supervisors are dissatisfied with the intern's response to these concerns, communication with the Director of Training should occur. Such communication should be noted by the Director of Training in the interns' personnel file. The Director of Training will meet with the intern (second notice) within 5 working days to assess the intern's perception of the problematic behavior and to share faculty concerns. The Director of Training, in collaboration with the program faculty, will develop an appropriate corrective action plan for remediation of the problem and present this to the intern within 15 working days. Depending upon the nature of the problem such a corrective action plan might include increased supervision, additional readings, reduction in caseload, referral for personal therapy, etc. This plan will include setting specific goals and a time frame for reaching them. Notes from this meeting will be entered into the intern's personnel file and shared with the rest of the psychology staff at the next supervisor's meeting. Progress towards the specific goals of the corrective action plan will be reviewed and documented monthly with the program faculty at the supervisor's meeting and with the intern during the intern's supervision with the Director of Training. A student may exit the corrective action plan when they have achieved the specific goals of the plan as determined by the Director of Training in collaboration with the program faculty.

3) If the intern does not meet the expectations and goals enumerated in the corrective action plan by the time specified, a written letter to the intern (third notice) will be drafted by the Director of Training within 5 working days. This letter will reiterate the goals established in the plan and enumerate those areas in which the intern fell short of expectations. A copy of this letter will be entered into the intern's personnel file. The intern's graduate school Director of Clinical Training will be sent a copy of this written notice.

Hearing

4) The Director of Training will convene a meeting of staff psychologists within 15 days of the end of the corrective action plan timeline to determine the future course of action regarding this intern. Possible outcomes of this meeting might include: a) placing the intern on probation with a new plan for remediation which includes modified goals and a specified time period for reaching the goals, b) informing the intern that although the internship will be completed, performance concerns will be reflected in letters of reference and forms for licensure, c) temporary suspension of clinical duties, or, d) informing the intern that they will be terminated from the internship. All communications regarding actions to be taken must be documented in a formal letter to be given to the intern, sent to their graduate school Director of Clinical Training, and entered into their personnel file.

Probation & Termination Policy

The Executive Training Committee, consisting of the President, the Director of Human Resources, the Vice President of Innovation and External Affairs/Senior Diversity Officer, and the Director of Training reserves the right to require at any time the withdrawal from the program of any intern when in the opinion of the Committee and as documented through evidence available for review, the intern is unfit for any reason to continue in the program. The Baker Center for Children and Families and its programs have an obligation to protect clients, other students, and employees, as well as an obligation to protect its educational, clinical, and research missions from harm caused by actions or conditions of an intern. As an intermediate step, interns may be placed on probation, with a corrective action plan that may limit their professional activities and specifies the actions necessary to end probationary status. Interns may be placed on probation or terminated for lack of competence, potential harm, and lack of professionalism.

Lack of Competence

As documented in the Evaluation of Interns Policy in the Intern Handbook, those interns who are unable to achieve an intermediate level of competence on all competency categories are subject to a determination at the end of the internship that they have failed to complete the program successfully. An intern can participate in the program for a full 12 months without being on probation and yet still fail to successfully complete the program. However, major deficiencies in competencies that are judged at any time in the program to pose the potential of harm to others and/or serious breaches in professionalism may result in the intern being placed on probation or terminated prior to the end of the internship year.

Potential Harm

Potential harm may be described as arising from: behavior regarded by faculty, clients, or the public as alarming, threatening, bizarre, hostile, or otherwise inconsistent with the duties and responsibilities of an intern; behavior that is disruptive for working groups, clinical treatment, or educational processes; or the inability to function adequately in the role of an intern due to illness while refusing the option of medical leave. Potential harm to other people that occurs in the context of an intern's professional and training duties is a legitimate concern of the internship program. Private acts of an intern outside of this context are also a legitimate concern of the program because they may indicate the existence of a potential hazard if the person continues in their role as an intern (e.g., conviction for a crime).

Lack of Professionalism

The program takes seriously any unprofessional conduct of its interns. Professionalism includes, but is not limited to: honesty; adherence to the APA Ethical Principles of Psychologists and Code of Conduct (http://www.apa.org/ethics/code/index.aspx); adherence to applicable rules, policies, and requirements of the program, training facilities; and appropriate respect for colleagues, faculty, staff and peers.

Procedures for Probation and Termination

Serious concerns or allegations about lack of competence, professionalism, or actual or potential harm will be reported to the Director of Training. They will investigate the concern and meet with the intern within 10 working days. The Director of Training will then present a Probationary Report of Findings and Recommendations for review and decision by the Executive Training Committee within 5 working days. Interns can be placed on administrative leave during the course of the investigation provided that the reasonable efforts are made by the Director of Training and the Executive Training Committee to conclude their review in a timely manner. Interns placed on probation will be given a written notice of probationary status that explains the terms of probation and a corrective action plan that outlines the demands being made of the intern and the process and timeline by which the intern's progress in meeting those demands will be assessed. The intern's graduate school Director of Clinical Training will be sent a copy of this written notice. Probationary status will be reviewed monthly at the supervisor's meeting, and results of this meeting will be documented in the intern's personnel file and presented to the Executive Training Committee by the Director of Training. Interns are removed from probationary status by successfully fulfilling the terms of the corrective action plan within the timeline allotted.

Interns who fail to fulfill the terms of the corrective action plan within the timeline allotted are subject to termination by the Executive Training Committee. Interns will be provided with a written notice of the reason and the effective date. Copies of termination notices are provided, as well, to the intern's graduate school. Interns will be required to submit all outstanding patient paperwork. Interns may receive credit for training hours accrued prior to the initiation of the corrective action plan. Terminated interns may not get credit for any hours accrued while subject to a corrective action plan.

Exceptions to the Previously Delineated Steps

Consistent with the Progressive Discipline Policy established by the Human Resources Department of The Baker Center for Children and Families, some actions on the part of interns might be considered serious enough to warrant immediate dismissal without benefit of a remedial plan. Such actions might include (but, certainly are not limited to):

- Abusive or inconsiderate treatment of patients, parents, visitors, intern, or employees.
- Theft or abuse of The Baker Center for Children and Families property, or the property of patients, parents, visitors, intern, or employees.
- Falsification of application, timecard, time sheet, or any other The Baker Center for Children and Families record.
- Unauthorized use or possession of confidential information concerning patients, their families, interns, or employees; breaches of confidentiality.
- Physical violence or threat of physical violence against any person or their property.
- Possessions of weapons on The Baker Center for Children and Families property.
- Possession, use, sale, or being under the influence of intoxicants or narcotic substances during work time or while on The Baker Center for Children and Families property.
- Refusal to perform work assignments.
- Sleeping while on duty.
- Sexual harassment toward patients, parents, visitors, interns, or employees.
- Horseplay which may result in the injury of a patient, parent, visitor, intern, or employee.
- Serious safety violations.

Appeal

If the intern does not agree with any of the decisions taken as a part of this due process procedure they can file an appeal within 10 days of the action by sending a formal written appeal to the Director of Training. Such an appeal can be filed if an intern believes that their due process rights were violated or in the event of a denial of the opportunity to fairly present data to refute conclusions drawn. A written appeal must contain the following information:

a) Date of submission
b) Clear statement that the communication is an appeal of the due process procedures
c) Clear statement of the complaint
d) Clear statement of the redress or remedy requested
e) Previous actions taken to address the complaint
f) Handwritten or electronic signature of the intern

Appeals related to the faculty or placement should be submitted to the Director of Training. The responsibilities of the Director of Training are to: (1) acknowledge to the intern receipt of the appeal within two working days; (2) take immediate action if there are allegations of abuse, harassment or other urgent issues; (3) meet with the intern within five working days to gather additional information about the dissatisfactions; and (4) provide to the intern a written response to the appeal within 15 working days of its receipt, with copies to the Vice President of Innovation and External Affairs/Senior Diversity Officer and Director of Human Resources. Appeal issues that are specific to the Director of Training should be submitted to the Vice President of Innovation and External Affairs/Senior Diversity Officer, who will follow the process indicated above.

If the intern is dissatisfied with a response provided by the Director of Training, they may file a second written appeal with the Vice President of Innovation and External Affairs/Senior Diversity Officer, clearly stating the reason for the appeal and the requested redress. The responsibilities of the Vice President of Innovation and External Affairs/Senior Diversity Officer in this situation are to: (1) acknowledge to the intern receipt of the appeal within two working days; (2) meet with the intern within five working days to gather additional information about the appeal; and (3) provide the intern with a written response to the appeal within 15 working days of its receipt, with copies to the President and Director of Training.

If the intern is dissatisfied with a response provided by the Vice President of Innovation and External Affairs/Senior Diversity Officer, a meeting of the Executive Training Committee will be convened by the Vice President of Innovation and External Affairs/Senior Diversity Officer along with the President, Director of Human Resources, and Director of Training to resolve the difficulties. The intern will be allowed to present their case before the Executive Training Committee by submitting written documentation, meeting with the committee, or requesting the presence of other individuals as they deems appropriate. The supervisor involved and the Director of Training may do the same. Following review of all the information available the Executive Training Committee will draft a summary of findings and render a decision regarding appropriate action. The decision of the Executive Training Committee will be the final decision rendered by The Baker Center for Children and Families with the exception of an appeal involving the intern's termination from the internship program.

Appeal Involving Termination from the Internship

If the intern is dissatisfied with the response provided by the Executive Training Committee only in cases involving termination of the intern from the internship, the intern may submit in writing a request to the Director of Training for appeal to an ad hoc Grievance Committee. In response to such a request the following will occur: (1) acknowledgement to the intern of the request within two working days; (2) designation within five working days of an ad hoc faculty Grievance Committee of three members from outside The Baker Center for Children and Families previously uninvolved in matters related to the appeal, with notice to the intern of its membership; (3) convening of the committee within 15 working days of receipt of the request for appeal and arranging for the intern to meet with the committee; and (4) issuance by the committee of its report and decision within 30 working days of receipt of the request for appeal, with copies to the intern, Director of Training, and Vice President of Innovation and External Affairs/Senior Diversity Officer. Should the intern object to the membership of the ad hoc committee they must file with the Director of Training in writing the nature of the objection within two working days of receipt of notification of the membership. Decisions made by supervisors regarding professional assessments and judgments, such as performance evaluations, are not subject to review under this procedure by the ad hoc

committee unless it is alleged that the professional assessment or judgment resulted from unlawful discrimination. In reviewing a complaint of discrimination, the ad hoc committee may have to inquire into the process by which professional judgments were made, but the grievance committee may not substitute its judgment for that of the supervisor.

If The Baker Center for Children and Families is in recess during an appeal process, or in instances where additional time may be required because of the complexity of the appeal or unavailability of the parties or witnesses, any of the time periods specified herein may be extended by the Director of Training with written notice to the intern.

Grievance Policy

The Doctoral Psychology Internship Program at The Baker Center for Children and Families is committed to the highest quality training and supervision. It is expected that supervisors and teachers will, at all times, behave in the most professional manner. This includes adhering to the highest professional and ethical standards of the field of psychology and treating interns with respect. Staff responsibilities to interns include adhering to a regular supervision schedule, timely return of paperwork, availability as necessary for additional supervision, and frequent, clear, and constructive feedback on intern performance. Interns will complete formal evaluations of supervisors at regular six month intervals. These evaluations will be shared with supervisors verbally and a written evaluation form submitted to the Director of Training.

Interns can, during the course of the internship, become dissatisfied with some aspect of their experience. The interns are entitled to clear and easily accessible mechanisms to address these issues and will be educated about these mechanisms during the orientation of new interns at the beginning of the training year. Interns may use the procedures outlined in this policy without fear of reprisal or prejudice. If an intern feels that they has been retaliated against as a result of raising a concern or pursuing a grievance, a separate claim of retaliation may be pursued through this process.

Expressing a Concern

Interns may express a "concern" about some aspect of the internship experience. A concern shall be considered an informal expression of dissatisfaction communicated verbally or by email. The internship program encourages, but does not require, interns to address dissatisfactions in this informal manner soon after the dissatisfaction arises so that members of the faculty can work proactively with the intern to review and, if indicated, address the issue. Informal expression of dissatisfaction may include the following actions:

- If the intern feels comfortable doing so, they should bring their concern to the supervisor in question.
- If the intern does not feel comfortable doing so or does not receive a satisfactory response to their initial approach, they should speak privately with the Director of Training about the concerns. The Director of Training will determine, together with the intern, the next course of action. Possible options include having the intern return to talk to the supervisor in question, convening a meeting between the supervisor, the Director of Training and the intern, or convening a meeting between the Director of Training and the supervisor. If the difficulties cannot be resolved the Director of Training may consider a change in supervisors.

Levels of Redress

Interns may express concerns to a range of faculty members. As general guidance, interns are strongly encouraged, though not required, to first address the concern with the faculty member most immediately involved in the issue and then work through the organizational ladder in the training program, which is as follows:

a) Direct Supervisor

b) Alternate Supervisor
c) Director of Training
d) Vice President of Innovation and External Affairs/Senior Diversity Officer
e) Executive Training Committee

Filing a Grievance

Whether or not they have made an expression of "concern", all interns may at any time file a formal "grievance". A grievance is a written statement of complaint and request for redress. This internship program considers the terms "grievance" and "complaint" synonymous. A written grievance must contain the following information:

g) Date of submission
h) Clear statement that the communication is a grievance
i) Clear statement of the complaint
j) Clear statement of the redress or remedy requested
k) Previous actions taken to address the complaint
l) Handwritten or electronic signature of the intern

Initial Processing of a Grievance

Grievances related to the faculty or placement should be submitted to the Director of Training. The responsibilities of the Director of Training are to: (1) acknowledge to the intern receipt of the grievance within two working days; (2) take immediate action if there are allegations of abuse, harassment or other urgent issues; (3) meet with the intern within five working days to gather additional information about the dissatisfactions; and (4) provide to the intern a written response to the grievance within 15 working days of its receipt, with copies to the Vice President of Innovation and External Affairs/Senior Diversity Officer and Director of Human Resources. Grievances of issues that are specific to the Director of Training should be submitted to the Vice President of Innovation and External Affairs/Senior Diversity Officer, who will follow the process indicated above.

Appeal of a Grievance

If the intern is dissatisfied with a response provided by the Director of Training, they may file a written appeal with the Vice President of Innovation and External Affairs/Senior Diversity Officer, clearly stating the reason for the appeal and the requested redress. The responsibilities of the Vice President of Innovation and External Affairs/Senior Diversity Officer in this situation are to: (1) acknowledge to the intern receipt of the grievance within two working days; (2) meet with the intern within five working days to gather additional information about the appeal; and (3) provide the intern with a written response to the grievance within 15 working days of its receipt, with copies to the President and Director of Training.

If the intern is dissatisfied with a response provided by the Vice President of Innovation and External Affairs/Senior Diversity Officer, a meeting of the Executive Training Committee will be convened by the Vice President of Innovation and External Affairs/Senior Diversity Officer along with the President, Director of Human Resources, and Director of Training to resolve the difficulties. The intern will be allowed to present their case before the Executive Training Committee by submitting written documentation, meeting with the committee, or requesting the presence of other individuals as they deems appropriate. The supervisor involved and the Director of Training may do the same. Following review of all the information available the Executive Training Committee will draft a summary of findings and render a decision regarding appropriate action. The decision of the Executive Training Committee will be the final decision rendered by The Baker Center for Children and Families.

If The Baker Center for Children and Families is in recess during a grievance process, or in instances where additional time may be required because of the complexity of the grievance or unavailability of the parties or

witnesses, any of the time periods specified herein may be extended by the Director of Training with written notice to the intern.

General Policies and Procedures

No Harassment Policy

The Baker Center for Children and Families does not tolerate the harassment of applicants, employees, trainees, clients, or vendors. Any form of harassment relating to an individual's race; color; religion; genetic information; national origin; sex (including harassment by a member of the same sex); pregnancy, childbirth, or related medical conditions; age; disability; or any other category protected by federal, state, or local law ("protected class") is a violation of this policy and will be treated as a disciplinary matter.

In Massachusetts, the following also are a protected class: race; color; religious creed; national origin; sex; pregnancy; sexual orientation; gender identity; ancestry; age [over 40]; veteran status; genetic information; handicap; admission to a mental facility; status as a registered qualifying medical marijuana patient or registered primary caregiver; and military membership.

Violation of this policy will result in disciplinary action, according to the due process policies outlined in this handbook.

If you have any questions about what constitutes harassing behavior or what conduct is prohibited by this policy, please discuss the questions with a member of management or one of the contacts listed in this policy. At a minimum, the term "harassment" as used in this policy includes:

a) Offensive remarks, comments, jokes, slurs, or verbal conduct pertaining to an individual's protected class.

b) Offensive pictures, drawings, photographs, figurines, or other graphic images, conduct, or communications, including e-mail, faxes, and copies pertaining to an individual's protected class.

c) Offensive sexual remarks, sexual advances, or requests for sexual favors regardless of the gender of the individuals involved; and

d) Offensive physical conduct, including touching and gestures, regardless of the gender of the individuals involved.

We also absolutely prohibit retaliation, which includes: threatening an individual or taking any adverse action against an individual for (1) reporting a possible violation of this policy, or (2) participating in an investigation conducted under this policy.

In Massachusetts, "sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or

b) such advances, requests, or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating, or sexually-offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised benefits such as favorable reviews, stipend increases, job offers, or increased benefits constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating or humiliating to male or female workers may also constitute sexual harassment. This may include the dissemination of sexually explicit voice mail, e-mail, graphics, downloaded material or websites in the workplace. The conduct prohibited by this policy includes conduct in any form including but not limited to e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writings, words or gestures.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances -- whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences; and,
- Discussion of one's sexual activities.

All members of management are covered by this policy and are prohibited from engaging in any form of harassing, discriminatory, or retaliatory conduct. No member of management has the authority to suggest to any applicant or trainee that their training or evaluation will be affected by the individual entering into (or refusing to enter into) a personal relationship with any member of management, or for tolerating (or refusing to tolerate) conduct or communication that might violate this policy. Such conduct is a direct violation of this policy.

This policy also prohibits harassment, discrimination, or retaliation by non-employees, including vendors, clients, and employees of contractors or subcontractors. Immediately report any harassing or discriminating behavior by non-employees. Any intern who experiences or observes harassment, discrimination, or retaliation should report it using the steps listed below.

If you have any concern that our No Harassment policy may have been violated by anyone, you must immediately report the matter. Due to the very serious nature of harassment, discrimination and retaliation, you must report your concerns to one of the following: your Supervisor, the Director of Training, or Human Resources at (617) 232-8390 or 53 Parker Hill Ave Boston, MA 02120. If an intern makes a report to any person listed above and that person either does not respond or does not respond in a manner the employee deems satisfactory or consistent with this policy, the employee is required to report the situation to one of the other persons on the list above. You should report any actions that you believe may violate our policy no matter how slight the actions may seem.

BCCF will investigate the report and then take prompt, appropriate remedial action. BCCF will protect the confidentiality of intern reporting suspected violations to the extent possible consistent with our investigation. You will not be penalized or retaliated against for reporting improper conduct, harassment, discrimination, retaliation, or other actions that you reasonably believe may violate this policy.

We are serious about enforcing our policy against harassment. Persons who violate this or any other BCCF policy are subject to discipline, up to and including discharge. We cannot resolve a potential harassment policy violation unless we know about it. You are responsible for reporting possible harassment policy violations to us so that we can take appropriate actions to address your concerns. We strongly encourage interns to file a complaint of sexual harassment using the Grievance Procedures. However, using internal complaint process does not prohibit you from contacting one of the following agencies:

- Massachusetts Commission Against Discrimination Boston Office: One Ashburton Place, Room 601, Boston, MA 02108-1518, (617) 994 6000 (voice), (617) 994 6196 (TTY). Springfield Office: 436 Dwight Street, Room 220, Springfield, MA 01103, (413) 739 2145.

- Worcester Office: Worcester City Hall, 455 Main Street, Room 101, Worcester, MA 01608. (508) 799-8010.

- New Bedford Office: 800 Purchase St., Rm 501, New Bedford, MA 02740. (508) 990-2390.

- Equal Employment Opportunity Commission, John F. Kennedy Federal Building, Government Center, 4th Floor, Room 475, Boston, MA 02203, (617) 565 3200 (voice), (617) 565 3204 (TTY). Complaints must be filed within 300 days of the adverse action.

Stipend and Benefits

Salary

During their training, interns receive a salary of $36,000 annually for full time interns. There are no part-time internship placements available. The intern salary is divided equally across 26 pay periods throughout the year ($1,384.62 biweekly). The intern's salary and health care subsidy will be reported to interns as Wage Income using a federal W-2 form. Your W-2 form will be mailed to you at the beginning of February. It is also available online. If you do not receive it, contact the Finance Department.

Benefits

Interns are required to have health insurance coverage. Interns may choose to participate in the Baker Center health insurance plan. A subsidy is provided by the Baker Center for this coverage, and an intern contribution is also required for participation. Coverage for family members, legally married partners, and domestic partners is available. Dental and vision coverage is optional for interns and the cost is fully paid by interns.

Leave and Sick Time

Holidays and Vacation Leave

Interns receive 14 holidays annually as well as 10 scheduled vacation days. Interns do not follow the school vacation schedule. In other words, during the five days of February vacation week, an intern would be expected to report to CET on Tues/Thurs, and would need to use 3 vacation days if they chose to take Mon/Wed/Fri off from Manville. Interns must obtain written permission in the form of an email from their supervisor for planned time off. Interns should notify their supervisor via email as soon as possible in the event that a sick day must be used. The following holidays are observed.

New Year's Day
Martin Luther King, Jr. Day
Presidents' Day

Patriots' Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

One (1) floating holiday per calendar year for religions or cultural observances. Employees must send their request to their manager for approval. Floating holidays cannot be carried over to the next calendar year.

****Vacation Leave is NOT permitted during the first 90 days of internship.****

Prior Approval

Leave should be requested well in advance, with a minimum of 30 days prior to the requested leave. The Director of Training has final authority to approve or deny requested leaves. Interns can facilitate the review of the leave request by discussing it in advance with their supervisor. Supervisors will make every effort to approve reasonable requests for leave. To request any leave, interns must complete a leave request form and obtain signatures of all supervisors and the Director of Training.

The supervisor is responsible for ensuring that there are procedures and personnel available for providing coverage while the intern is away. However, the intern will usually be asked to help arrange coverage once the leave is approved and to ensure that reasonable preparations are made prior to the leave (e.g., alerting covering staff to emergent clinical issues).

Prohibited Days:

Leave during the first 90 days is not permitted due to the need to coordinate orientation and training activities. In rare instances, and at the discretion of the Director of Training, exceptions can be granted for a limited number of days of leave during these periods for unavoidable conflicts or essential tasks.

Sick Leave

Interns receive 10 sick days, 3 of which may be used for professional days off (e.g., job interviews, dissertation work or defense, graduate school graduations, and attendance at conferences). Strategies for managing the impact of extended illnesses and absences from the internship will be devised through consultations between the intern, supervisor, and the Director of Training.

Family or Medical Leave

For illness and family-related issues that result in an intern being absent from the internship, interns must first use their 10 sick days. After seven consecutive days of absence from work for medical reasons, medical documentation from a health care provider is required to verify that the intern is unable to return to work. An intern may request Family or Medical Leave any time after the 10 sick days are exhausted and no later than the date on which all sick days and vacation days are exhausted. Medical and Family Leave is not covered by the intern stipend and provides interns with up to 8 work weeks of leave. Leave and suspension of the stipend may be granted in the following circumstances: serious illness of the appointee; birth, adoption or foster care placement of a child; care of a seriously ill child, stepchild, spouse, parent, parent-in-law, or civil union partner.

Interns complete a full calendar year of internship working an average of 40 hours per week. Scheduled holidays and sick leave do count towards the total work hour requirement during the calendar year. Vacation days do not count towards the total work hours. Thus, the total number of internship hours is 2,000 (52 weeks a year - 2 vacation weeks= 50 internship weeks. 50 weeks x 40 hours per week = 2,000). Interns are required to complete all 2,000 hours of the internship. If an intern, in the course of taking a family or medical leave, will complete less than 2,000 hours, the Executive Training Committee may extend the length of the internship to account for the remaining hours. While leaves may extend the total length of an internship, completion of the internship in terms of required hours and achievement of satisfactory ratings on the competencies must occur no later than 18 months from the start of the internship.

Confidentiality

Our professional ethics require that each intern maintain the highest degree of confidentiality when handling client matters. To maintain this professional confidence, no intern shall disclose client information to anyone. Interns must not discuss clients in hallways, common areas, and/or elevators or outside of the work setting. Questions concerning client confidentiality may be addressed with your Supervisor.

Care of Client Records

The internship program has legal, ethical and professional obligations to guard the privacy of all client and student records and communications. All client and student records and communications must be kept in locked cabinets in rooms that are locked when not in use. No client/student records may be removed from BCCF in any format, nor may they be stored on removable drives or personal devices of any kind.

Interns should consult BCCF's policy on Records Retention and Destruction for further guidance. In addition, some work is governed by the Health Insurance Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (FERPA). HIPAA is especially concerned with electronic records and communications. If you are working directly with clients or students, you should request a copy of the HIPAA guidelines for BCCF and review them thoroughly. Please see the Director of Human Resources regarding questions about HIPAA and FERPA.

If you receive a request for information regarding a client/student, please consult with your direct Supervisor. Under no circumstances should requests for information be honored without a written request and permission from your Supervisor.

Social Security Number Privacy and Protection of Personal Information

To ensure to the extent practicable the confidentiality of our applicants' and interns Social Security numbers (SSNs) and confidential personal information, no employee may acquire, disclose, transfer, or unlawfully use the SSN or personal information of any intern except in accordance with BCCF policy. The release of intern SSNs, driver's license numbers, or financial account numbers to external parties is prohibited except where required by law. Internal access to intern SSNs, driver's license numbers, or financial account numbers is restricted to employees with a legitimate business need for the information.

Intern SSNs and personal information may be collected in the ordinary course of business for the purpose of identity verification or to administer benefits and in accordance with state and federal laws. Records that include Social Security numbers and personal information will be maintained in accordance with federal and state laws.

Any documents that include intern SSNs or personal information which are to be discarded must be destroyed by shredding paper documents and running a data scrubbing program before disposing of electronic storage media. Any violation of this policy will result in disciplinary action up to and including

discharge. Where BCCF policy and operating procedures may conflict with federal or state law, the federal or state law shall supersede this policy.

Client, Coworker, and Public Relations

BCCF's reputation is built on excellent service and quality work. To maintain this reputation requires the active contribution of every intern. The opinions and attitudes that clients have toward BCCF may be determined for a long period of time by the actions of any one intern. It is sometimes easy to take a client for granted, but if we do, we run the risk of losing not only that client, but their associates, friends, or family who may also be clients or prospective clients. Each intern must be sensitive to the importance of providing courteous treatment in all working relationships.

Media Policy

In any situation where a member of the media, i.e., television, radio, print, etc., contacts you for comments or information on behalf of or regarding an issue related to The Baker Center for Children and Families, do not offer any information or answer any questions. All media inquiries need to be directed through the proper protocol to ensure that The Baker Center's position on relevant issues is appropriately considered and consistently presented. Staff members should not comment to any members of the media. Let the media know that The Baker Center will respond to their needs, but defer all media inquiries to the office of BCCF's President/CEO.

In a **crisis situation**, staff members should immediately contact their supervisor and the Crisis Communications Team:

BCCF Crisis Team Leader: Bob Franks – 617-631-2980
VP of Finance: Chris Tice – 617-278-4264
Manville School Director: David Zimmer – 617-278-4144
BCCF Crisis Team Liaison: Christina Minassian – 617-895-8754
BCCF Facilities Manager: Nina Rodriguez – 617-799-4941

Or crisis@bakercenter.org.

If the media are on-site and you cannot reach the Crisis Communications Team, below is a statement that can be used to guide a brief response. This statement should be adjusted to fit the circumstances and should be used only in the event that you must give the media some immediate response:

"We have just learned of the situation, and we are acting swiftly to address the problem. We appreciate your patience and cooperation. We will update you as soon as we have more information."

Media Do's:

- Do notify the Crisis Communication Team immediately
- Do tell reporters you are reaching someone who can talk with them and have someone stay to monitor their activities if contacted by the press of the press has arrived
- Do make a list of reporters' names and phone numbers, what outlets they are from, and the questions they are asking
- Do be courteous. Tell reporters that someone will be available to speak with them shortly

Media Don'ts:

- Do Not discuss the situation with reporters, formally or informally
- Do Not speculate about the situation or give names of any injured parties

- Do Not attempt to prohibit media from videotaping or taking photographs if they are on public property
- Do Not allow reporters onto The Baker Center's property or into the facilities, or provide them with any documents

Social Media

"Social media" includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with BCCF.

You are more likely to resolve work related complaints by speaking directly with your co-workers or by utilizing our problem solving policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as maliciously false, obscene, threatening or intimidating, that defames clients, competitors, vendors or interns or that might constitute harassment or bullying. Examples of such conduct might include posts meant to put someone in fear for their physical safety or psychological well-being; posts designed to cast someone in a false light; posts that invade a person's reasonable expectation of privacy; or posts that could contribute to a hostile work environment on the basis of race, age, gender, national origin, color, disability, religion or other status protected by federal, state or local law.

Make sure you are always truthful and accurate when posting information or news. If you make a mistake, correct it quickly. Be open about any previous posts you have altered. Use privacy settings when appropriate. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. The Internet is immediate; nothing that is posted ever truly "expires." Never post any information or rumors that you know to be false about BCCF, fellow interns, clients, and people working on behalf of BCCF or its competitors.

Do not create a link from your blog, website or other social networking site to BCCF's website without identifying yourself as a BCCF intern. Express only your personal opinions. Never represent yourself as a spokesperson for BCCF or make knowingly false representations about your credentials or your work. If BCCF is a subject of the content you are creating, be clear and open about the fact that you are an intern of BCCF and make it clear that your views do not represent those of BCCF. It is best to include a statement such as "The postings on this site are my own and do not necessarily reflect the views of The Baker Center for Children and Families." You must refrain from using social media during working hours.

Interns are encouraged to report violations of this policy. BCCF prohibits retaliation against any intern for reporting a possible deviation from this policy by another intern or employee or for cooperating in an investigation about another intern or employee. Where applicable, BCCF complies with state laws concerning access to an intern's personal social networking account, including restrictions concerning employer requests for an intern's username and/or password.

Professional Conduct and Social Networking Websites. Interns in educational and clinical settings are expected to model responsible and respectful conduct to children and young people with whom they work. In addition to their general interpersonal conduct, interns need to consider the electronic social environments they utilize. It is important they consider what information about them or images of them could be accessed by others and whether they believe these represent them in a light consistent with their role in working with children. Would they be happy for the children, other employees and parents of the children and in the community in which they work to access that material? What judgments could be made about their suitability to have responsibility for children? What misuse of the material could children make? In order to enhance privacy of staff, it is recommended that all the Baker Center interns who have contact with children and families set their social media settings to private.

1. While it is everyone's personal decision whether or not to use social media networks and tools, staff should take great care to respect the privacy and confidentiality of our clients and students and BCCF in general. Social networking systems are not secure and have potential risk for breach of confidentiality for students and staff. BCCF does not allow the discussion, via online networking sites, of topics that would include identification or identifying information about staff or the clients/students served.

    a. Interns should not discuss any work related topics that include identifying information about staff members, work functions, or day to day operations using online networking sites.
    b. Interns should not discuss any client/student related topics, identifying information, behaviors, or family members of any client/student using online networking sites.
    c. Interns should not communicate via online social networking sites with present and past client/students and family members.
    d. Interns should always be professional referring to any BCCF matter. Interns should be careful to protect the dignity of clients/students by refraining from discussions that reflect negatively on them, even if they are not named.
    e. Staff should not post any work samples of clients/students' work.

2. Interns are not permitted, under any circumstances, to post pictures of clients/students or their families on any social media site, including but not limited to, Facebook, Snap Chat, Instagram, Twitter, etc. This is a clear violation of privacy guidelines/regulations and must be adhered to at all times. If this occurs, immediate action will be taken by administrators which may result in disciplinary action, suspension according to the due process policy.

3. Interns are not permitted to "friend" clients/students or their family members both while clients/students are receiving BCCF services and after they have left the program. It is important to remember that while you may no longer work at the BCCF, some of your "friends" online may still be working at BCCF and any personal information regarding their activities should not be accessible to former clients/students and/or their parents.

4. Interns should be extremely careful that clients/students do not have access to their personal information and/or photographs. Set your privacy settings so that clients/students cannot find you or your personal information or photographs. This is your responsibility as an intern. You should inform your supervisor if a client/student posts intern photos or other personal information.

5. Interns are prohibited from entering and participating in chat rooms through the BCCF computers. When accessing chat rooms on their own time and using non-center equipment, interns are prohibited from disclosing in chat rooms any confidential or business information related to BCCF, including but not limited to information about its client/students, families, interns and its business.

Photography

From time to time, BCCF uses photographs or video recordings of children in our programs for promotional purposes. For the protection of these children, such images can only be taken with BCCF-owned equipment and with the permission of the child and caregivers. It is expressly forbidden, unless specifically approved by the President/CEO (or designee), for staff, interns, or volunteers to take photographs or make video recordings of any minor at BCCF with their personal equipment or devices, including, but not limited to, cell phones, digital cameras and tablets.

Non-Solicitation

BCCF believes interns should have a work environment free from interruptions of a non-work related nature, as work time is for work. During work hours, you should focus on your duties and not engage in activities that would interfere with your own work or the work of others. For the purpose of this policy, solicitation includes, but is not limited to, solicitation for collection of any debt or obligation, for raffles of any kind or chance taking, or for the sale of merchandise or business services, and the attempt to sell any product or service (e.g., selling or collecting for Tupperware®, Avon® products, churches, schools, Girl Scout cookies, etc.). Such interruptions can be both detrimental to the quality of work and efficiency, and may not be respectful of others' job responsibilities and right or desire not to be interrupted.

Interns may not engage in solicitation for any purpose during their training time, which includes the working time of the intern who seeks to solicit another intern, trainee, or employee and the intern, trainee, or employee who is being solicited. Notwithstanding the foregoing, solicitation is not prohibited as long as it is limited to interns' break and lunch time and occurs outside of active working areas.

Distribution

Distribution by interns of non-work related materials, goods, or paper is prohibited in work areas at any time, whether or not the interns are on working time. Electronic distribution is subject to BCCF's Electronic Mail and Monitoring Policy, and also may not occur during the intern's working time. Non- interns are prohibited from distributing materials to interns on BCCF premises at any time. Communications that violate BCCF's EEO and No Harassment policies, include threats of violence, or are knowingly and recklessly false are never permitted. Nothing in this policy is intended to restrict an intern's statutory rights, including discussing terms and conditions of employment.

Non-Fraternization

Consensual romantic or dating relationships between supervisors or managers and their subordinates have the potential to create, or be perceived as creating, hostile working environments. Accordingly, BCCF strongly discourages its managers and supervisors from dating subordinates. Misunderstandings can occur when intimate relationships change. Relationships of this sort have the potential to suggest favoritism (real or imagined) and may cause resentment and morale problems. BCCF reserves the right to take affirmative steps to minimize problems created when interns engage in romantic or dating relationships with co-workers, including but not limited to the parameters set forth in this policy.

Prior or Ongoing Relationships. To the maximum extent possible, a manager or supervisor who has had a prior romantic or dating relationship, or is presently involved in a romantic or dating relationship, with a subordinate intern, the terms and conditions of whose employment the manager or supervisor may influence, shall not be involved in decisions relating to that individual's promotions, raises, termination or other terms and conditions of employment. Any BCCF manager or supervisor engaged in a romantic or dating relationship with a subordinate is required promptly to notify the Director of Human Resources.

Individuals involved in a relationship covered by this policy may be asked to sign a document acknowledging that their relationship is entirely consensual and free from coercion and harassment. At the discretion of the BCCF, one or both of the individuals involved in the relationship may be subject to transfer or termination of employment.

Professionalism. Workplace romantic or dating relationships must not interfere with an intern's professionalism, including treating others with respect and refraining from behavior that may make others feel uncomfortable (for example, overt displays of physical affection or the use of sexually explicit language). All interns are prohibited from social interaction with colleagues that is or might be perceived as inappropriate (for example, unwanted flirting, touching or other behavior that may be regarded as sexual harassment).

Conflict of Interest/Code of Ethics
BCCF's reputation for integrity is its most valuable asset and is directly related to the conduct of its employees. Therefore, interns must never use their positions with BCCF, or any of its clients, for private financial gain, to advance personal financial interests, to obtain favors or benefits for themselves, members of their families or any other individuals, corporations or business entities, or engage in activities, investments or associations that compete with BCCF, interfere with an employee's business judgment concerning BCCF's best interests, or exploit an employee's position with BCCF for personal gain.

BCCF adheres to the highest legal and ethical standards applicable to our business. BCCF's business is conducted in strict observance of both the letter and spirit of all applicable laws and the integrity of each employee is of utmost importance. Employees of BCCF shall conduct their personal affairs such that their duties and responsibilities to BCCF are not jeopardized and/or legal questions do not arise with respect to their association or work with BCCF.

General Operating Policies

ID Badge, Keys, & Passwords:
All interns will receive an ID badge and keys. These can be obtained by contacting the Training Coordinator who will set up a time slot to have a photograph taken by the facilities department. Typically, new staff members have their photograph taken on their first day and then receive their badge and keys within the following two days. The Training Coordinator will request the appropriate keys for each individual through the facilities department. The ID badge allows access to the building via the three card readers at the entry doors. This should be worn at all times in the building. Additionally, keys should be kept with the individual and/or in a safe place when not at work and not shared with other employees. Should a key be lost, immediately notify the Training Coordinator and Facilities Director. At this time, a plan will be discussed. Upon final leave of internship, return your ID badge and keys to facilities department.

Rooms that contain PHI or ePHI must be locked at all times if not occupied.

Similarly to lost ID badges and keys, if a laptop, USB drive, any item with confidential client information, etc. is lost, the staff member should contact the Director of Training and IT Department immediately. If any password is shared or compromised, change the password immediately and contact the IT department immediately.

Parking
There is limited parking availability at The Baker Center for Children and Families parking lot. It is highly unlikely that an intern will be able to park during the training year. Interns will have to put their name on a waiting list for parking and there is no guarantee of parking at any time of the training year. An intern who is selected to receive parking at BCCF will have the cost of parking deducted from their biweekly stipend; interns who choose to take public transportation can purchase a discounted T-pass. The parking cost is $70.00/month. You cannot purchase both a T-pass and pay for parking. Street parking is available in the neighborhood surrounding The Baker Center, but can be difficult to find.

Inclement Weather
Inclement weather or emergency situations can disrupt The Baker Center's operations. Emergency situations include natural disasters, utilities failure, or any other extreme circumstances which might prevent BCCF from opening or prevent staff from getting to work. If weather forecasters predict severe weather conditions or there is an emergency situation that could affect The Baker Center/Manville School operations, this policy will be implemented.

Staff Responsibilities: In the event of inclement weather or emergency situations:

- If possible, check your e-mail for a message regarding closure.
- Call The Baker Center's main number at 617-232-8390. If the phone message has not been changed to indicate a closing, then The Baker Center is open.
- Should the Governor or the Mayor declare a snow emergency (or state of emergency), The Baker Center will be closed.

If The Baker Center is not closed and you believe weather conditions or an emergency situation make it impossible to report to work, please notify your Supervisor as soon as possible. Your Supervisor may excuse you from work and decide on one of the following:

1. Either allow you a vacation day or sick day,
2. Determine that the absence is not subject to your stipend,
3. Allow you to work from home or make up missed hours with no loss of stipend or vacation time. If the work cannot be done or made up, The Baker Center will not provide stipend funds for the time unless you take a vacation or sick day.

If The Baker Center is not closed and you believe weather conditions or an emergency situation make it impossible to report to work, it is important that you speak with your Supervisor personally so that alternate staffing arrangements may be made. The same applies should you desire to leave work due to inclement weather and/or emergency situation.

When there is a forecast of severe weather, the President/CEO (or designee) will consult to determine if staff should be sent home early**.** Based on this discussion and the weather forecast, an email will be sent out regarding the closure of The Baker Center for Children and Families. If there are any questions about closure, or possible closure, interns should always check with their Supervisors. As always, BCCF is concerned for both the safety of its staff and providing quality services to its clients. Good judgment on the part of all concerned must be exercised. Staff can obtain weather related information at Emergency Storm Center at (617) 635-3050 or http://www.cityofboston.gov/snow/.

Travel/Expense Accounts

BCCF will reimburse interns for reasonable expenses incurred for pre-approved business travel or entertainment. All cash advances must be accounted for and expense receipts are required. The following business expenses will be reimbursed: Travel Expense; Automobile/Mileage; Lodging; Tips; Business Meals (in accordance with our per diem rates; room service excluded). This list is not all-inclusive. See your Supervisor regarding additional reimbursable business expenses.

Personal Property

BCCF is not responsible for loss or damage to personal property. Valuable personal items, such as purses and their contents, should not be left unattended in areas where a theft might occur.

Dress Policy

Interns are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times. Our clients' satisfaction represents the most important and challenging aspect of our business. You represent BCCF with your appearance as well as your actions. The properly-attired individual helps to create a favorable image for BCCF, to the public and fellow interns. While BCCF maintains a business casual environment, all interns should use discretion in wearing attire that is appropriate for their job. Interns should consult the site-specific dress policies in this handbook and/or discuss the appropriate dress with their supervisor.

Personal Hygiene

Maintaining a professional, business-like appearance is very important to the success of BCCF. Part of the impression you make on others depends on your choice of dress, personal hygiene and courteous behavior. A

daily regimen of good grooming and hygiene is expected of everyone. Please ensure that you maintain good personal hygiene habits. While at work, you are required to be clean, dressed appropriately and well groomed.

Changes in Personal Data

To aid you and/or your family in matters of personal emergency, we need to maintain up-to-date certain personal information. Changes in name, address, telephone number, marital status, number of dependents or changes in next of kin and/or beneficiaries should be given promptly to Human Resources.

Care of Equipment

You are expected to demonstrate proper care when using BCCF's property and equipment. No property may be removed from the premises without the proper authorization of management. If you lose, break or damage any property, report it at once to your Supervisor.

Use of BCCF Vehicles

No BCCF-owned or leased vehicle should be operated without prior written authorization from BCCF. Only BCCF interns with prior written authorization from BCCF may transport a student, client, or program participant and such interns may only do so in a BCCF-owned or leased vehicle. Any intern who operates a BCCF owned or leased vehicle must maintain a valid driver's license, be in good standing with the Registry of Motor Vehicles, and submit to CORI and National Criminal File background checks. BCCF will review an intern's driving record prior to providing written permission authorizing that intern to transport a student, client, or program participant in a BCCF-owned or leased vehicle. Prior to transporting any minors in a BCCF-owned or leased vehicle, interns must confirm that the minor's parent or legal guardian has completed the appropriate BCCF permission slip. Operators of BCCF vehicles are responsible for the safe operation and cleanliness of the vehicle. Accidents involving a BCCF vehicle must be reported immediately to the intern's Supervisor. Interns are responsible for any moving and parking violations and fines that may result from operating a BCCF vehicle. BCCF's vehicles may not be used by interns for personal business unless prior authorization has been received from the intern's Supervisor. Staff members may not transport family or friends in any BCCF vehicle.

All BCCF interns are required to utilize lap and shoulder restraints while utilizing BCCF's vehicles, or while utilizing personal vehicles on BCCF business. Since there is a mandatory seat belt law in Massachusetts, any violations in which a driver or passenger is fined for not using a seat belt shall not be reimbursed. Before transporting other interns, guests, tenants, or program participants, the driver will remind passengers of Massachusetts state law requiring seat belts and will require passengers to fasten seat belts.

Appropriate car seats must be used when transporting children. Car seats must be installed and fastened according to manufacturer's instructions. Children eleven years old or younger must not be transported in the front seat because of potential injuries from air bags in the event of an accident. All passengers must wear seat belts or be transported in properly fastened car seats. Drivers are responsible for any fines for children under sixteen not wearing seat belts or appropriately strapped into car seats. The BCCF Maintenance Staff are responsible for routine maintenance of the vehicles to ensure safety, securing annual car safety inspections and ensuring that MA vehicle registration is current. Please report any van maintenance issues to the executive assistant who will convey the message to the Facilities Director. You must sign out a van ahead of time if planning an outing. This is done through the executive assistant at Manville School. If the van or vans are already reserved you will need to make other travel arrangements. Remember at no time are clients/students allowed to be transported in staff owned vehicles. It is best to plan ahead and reserve the vans to ensure that you will have access when you need it.

BCCF policy about an alcohol and drug-free workplace extends to all BCCF vehicles. Smoking is also prohibited in all BCCF vehicles. Interns are prohibited from utilizing a cell phone or other mobile device while operating any vehicle owned or leased by BCCF or while using their own personal vehicles to conduct business on behalf of BCCF. This applies to both BCCF-issued and personal cell phones and mobile devices.

Interns are responsible for reporting any BCCF vehicle problems or unsafe conditions to their Supervisor, who will then notify Facilities Staff.

Use of Personal Vehicles for BCCF Business

BCCF interns are strictly prohibited from using their personal vehicles to transport any student, client, or program participant. An intern who uses their personal vehicle for BCCF business must maintain a valid driver's license, a current vehicle registration and inspection sticker, and a personal auto insurance policy with minimum limits of $250,000/$500,000 for bodily injury and $100,000 for property damage liability. BCCF reserves the right to request verification of interns' insurance policies. BCCF has no responsibility or insurance coverage for any damage to an intern's vehicle.

Protecting BCCF Information

Protecting BCCF's information is the responsibility of every intern. Do not discuss BCCF's confidential business or proprietary business matters, or share confidential, personal information (such as Social Security numbers, personal banking or medical information) with anyone who does not work for BCCF, including friends, family members, members of the media, or outside business contacts.

Document Retention

BCCF maintains a formal document retention policy and procedure. Your Supervisor will explain how that policy applies to you and the work that you perform. You must retain all work products in the manner required and for the time period required by this policy. Never destroy or delete any work product until the retention periods specified by BCCF's policy have been satisfied. Failure to comply with BCCF document retention policy and procedure may result in discipline up to and including discharge according to the Due Process Policy.

Professional Boundaries with Clients/Students

Educational and clinical professions depend on positive relationships with students and clients. The relationship of a staff member and student or client is characterized by differing roles and an imbalance of power based on a number of factors including age, authority, and gender. The staff member is responsible for maintaining a professional role with the student or client. This means establishing clear professional boundaries that serve to protect everyone from misunderstandings or a violation of the professional relationship. The following examples will assist staff in establishing and maintaining appropriate boundaries.

Boundary	Examples of Violation
Communication	• Inappropriate comments about appearance, including excessive flattering comments about physical development in a suggestive manner • Inappropriate conversation or inquiries of a sexual nature, except when appropriate in a psychotherapy or research setting • Use of pet names • Jokes, stories, or innuendo of a sexual nature • Obscene gestures and language • Facilitating access to pornographic or sexual material • Personal correspondence (letters, email, phone, texting) outside of approved professional parameters
Personal Disclosure	• Discussing personal details of lifestyle of self or others. It may be appropriate and necessary at times, however, to draw on relevant personal life experiences when teaching or conducting clinical work, but this should be done for professional, not personal reasons • Sharing of personal information about other staff or students/clients

Physical Contact	• Unwarranted, unwanted and/or inappropriate touching of a student/client • Initiating or permitting inappropriate physical contact (defined more specifically below)
Place	• Inviting/allowing/encouraging student/client to one's home • Attending/entering students'/clients homes or social gatherings for personal reasons (and without prior supervisory approval) • Being alone with a student/client other than within a staff member's job responsibilities • Watching students in a changing room when not in a supervisory role • Driving a student/client unaccompanied and without prior approval
Targeting Individual Students	• Personal gifts and special favors • Adopting a caregiving role that is the responsibility of another staff member (e.g., teacher, clinician, etc.), or doing so without the knowledge of supervisory staff

Professional boundary violations by an intern represent a breach of trust and/or a failure to meet a duty of care owed to students. When interns violate boundaries, they risk:

- harmful consequences for the client or student
- seriously undermining the learning process
- seriously undermining the professional reputation of the staff member
- disciplinary action for the intern

Appropriate Physical Contact Between Interns and Client/Students

Some use of appropriate, positive, physical contact with students can contribute to a safe and therapeutic school environment. Employees need to make professional and sensitive judgments about the nature and extent of their physical contact with students. Particular regard for cultural sensitivities and gender differences, for the needs of adolescent students, and of those who may be particularly vulnerable following previous trauma or abuse should be applied.

All physical contact with students must be professional and appropriate. At times, interns will be required to give practical assistance to a student who is hurt, needs assistance or encouragement, or who is experiencing a behavioral crisis. The following examples of physical contact that are acceptable are:

- administration of first aid
- helping a child who has fallen
- coaching during physical education
- using approved physical management procedures during a behavioral crisis

At times, interns will encourage and acknowledge students' efforts and accomplishments with appropriate physical contact. This sort of physical contact should be limited to a:

- pat on the upper back or shoulder
- handshake
- high-five

Hugging is to be avoided, and should not be initiated by interns. If a student requests a hug from an intern, the intern should decline if they has any concerns about appropriateness, and if not, should limit the hug to a brief, "side-hug". Interns should maintain appropriate personal space with students/clients (i.e., twelve inches) whenever possible, and should provide feedback to students/clients who, for whatever reason, have difficulty maintaining their personal space with interns, employees, or other students.

The following self-assessment questions may assist employees in assessing the application of professional boundaries:

- Am I dealing in a different manner with a particular student than I do with others under the same circumstances?
- Is my attire/availability/language different with a particular student than what I normally wear/provide/utilize with other students?
- Would I do or say this if a colleague were present?
- Would I condone my conduct if I observed it in another adult?
- Are the consequences of my actions likely to have negative outcomes for one or more students?
- If I were a parent would I want an adult behaving this way towards my own child?

Managing Boundaries for Employees in Specialized Roles. In some situations, in performing their professional role with students/clients, employees may be required to work in a one-on-one situation. Examples are psychotherapy, research, educational assessments, tutoring, mentoring, or coaching. All work of this kind must occur as an authorized activity so that arrangements can be put in place that minimize risk. The main considerations to be taken into account regarding one to one work are location, time, and parental/guardian consent.

- Location: The more visible and public the location, the better.
- Time: Using usual working hours is preferable.
- Consent: It is essential that parents/guardians be informed/give consent to activities that involve their child in one to one unsupervised contact with employees.

Duty to Report. When any intern becomes aware of another employee having crossed the boundaries specified in this policy, they must report the conduct to a supervisor or administrator, who will, in their discretion, determine which reports are serious enough to be directed to the President/CEO who will determine the next steps. In all cases, the purported offender may be put on leave until an investigation is complete. The outcome of the investigation will be shared with all appropriate persons. BCCF has a zero tolerance policy for inappropriate physical or sexual contact, and may immediately terminate employment, and report it to authorities as it deems appropriate.

Reporting Improprieties

BCCF interns are encouraged to report to their Supervisor any activity that the intern considers to be illegal, dishonest or a violation of the intern's rights. Examples of illegal or dishonest activities include, but are not limited to, violations of federal, state, or local laws; billing for services not performed or for goods not delivered; and fraudulent financial reporting.

If an intern has knowledge of or a concern about illegal or dishonest activity, the intern is to contact their immediate supervisor, the Director of Human Resources, the President/CEO of BCCF, a member of BCCF's Board of Trustees, or whomever else the intern feels most appropriate under the circumstances. The intern must exercise sound judgment to avoid baseless allegations. An intern who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination. A report may be made anonymously.

Insofar as possible, the confidentiality of the person making the complaint will be maintained. However, their identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals with an opportunity to respond to the complaint. BCCF will not retaliate against a person who makes a good faith complaint of illegal or dishonest activity. Any person who believes they is being retaliated against for having made such a complaint should immediately contact the Human Resources Director.

Outside Employment/Activity

The Baker Center for Children and Families does not prohibit outside employment, as long as it does not interfere with employee duties or performance at BCCF. If BCCF determines that an outside job would be inappropriate or would interfere with internship at BCCF, the intern may be asked to select between internship and the job. For that reason, all interns are required to notify their supervisors of outside employment/activity. The law prohibits the use of charitable resources for personal gain. Polices around outside employment/activity are designed to be consistent with the law.

The following should be considered:

1. Outside employment should not adversely affect intern performance on the job at BCCF. Examples of such adverse effects include fatigue from added work, which interferes with BCCF job performance or unavailability to assist with clinical emergencies.

2. Outside employment should not present a conflict of interest or involve working in any capacity for an employer offering goods or services that are competitive with those offered by BCCF.

3. No communication, written or oral regarding any outside employment/activity may state or imply that the outside employment/activity is sponsored by or carried out under the auspices of BCCF. As an example, no letter or invoice related to outside employment/activity may be printed on BCCF letterhead.

Safety Reporting Policies

BCCF respects the dignity and privacy of each client to the extent afforded by the law. In some cases, however, it may be necessary to break confidentiality and/or to act preemptively to maintain the safety of the client or those associated with the client.

Client Safety

In the course of working with a client, that individual may express to the intern, a family member or someone associated with the client that they intends to inflict serious injury upon him or herself. If the client is unable to contract for safety, the intern will hospitalize the client. If it is a voluntary hospitalization the intern will obtain a release from the client to communicate with the hospital. If it is an involuntary hospitalization the intern will breach confidentiality to provide the hospital with enough information to work with the suicidal client. In these cases of involuntary hospitalization, completion of a Form 12a is required.

Safety of others

Interns have a legal responsibility to breach confidentiality when a client makes an explicit threat of violence and bodily injury and represents a clear and present danger to a reasonably identified victim.

A threat is defined as follows:

- An explicit statement indicating the intent of the client to kill or inflict serious bodily injury upon a reasonably identified person.
- A clear and present danger to an identified victim may be said to exist under the following circumstances:
    - An explicit threat to a reasonably identified victim and the client has the apparent ability to carry out the threat. This may mean access to a weapon, knowledge of the whereabouts of the intended victim, and access to transportation.
    - An explicit threat to a reasonably identified victim and the client has a past history of violent or assaultive behavior.
- The Supervisor is responsible for determining whether the information shared meets the criteria for invoking Duty to Warn. If the intern who heard the threat is not a licensed mental health professional,

then the licensed mental health professional with whom the intern consults is responsible for initiating a clinical response.
- Once it has been determined that precautions must be taken in the face of an explicit threat to kill or injure a reasonably identified victim, it is the responsibility of the licensed mental health professional with whom the intern consults to implement option (i) or (ii) below; additionally, options (iii) and (iv) below must be considered:
    - Arrange for the patient to be hospitalized voluntarily.
    - Initiate proceedings for involuntary hospitalization pursuant to the law.
    - Communicate the threat of death or serious bodily injury to the reasonably identified person(s).
    - Notify an appropriate law enforcement agency in the vicinities where the patient and potential victim reside.

BCCF strives to be more conservative than existing statutes or regulations: therefore, clinicians should always consider more than one of the above options in consultation with their clinical supervisors and document their decisions in the clinical record.

It is the responsibility of the intern to inform the client of BCCF's exercise of the Duty to Warn. The information is to be conveyed at the appropriate time based upon sound clinical judgment as to the client's ability to receive such information in a safe manner.

Abuse/Neglect

Any suspicion of abuse/neglect towards children, mentally disabled adults between the ages of 18 and 59, and elders must be reported immediately to either the Departments of Children and Families or Mental Health or to the Executive Office of Elder Affairs, respectively.

- Abuse is defined as "the non-accidental commission of any act by a caretaker upon a person under age 18 which causes, disabled person, or elderly person that creates a substantial risk of physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual."
- Neglect is defined as: "failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child, disabled person, or elderly person with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition."
- Physical injury is defined as: "Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's, disabled persons, or elderly person's age or ability, the circumstances under which the injury occurred, and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive."
- Emotional injury is defined as: "an impairment to or disorder of the intellectual or psychological capacity of a child, disabled person, or elderly person as evidenced by observable and substantial reduction in the person's ability to function within a normal range of performance and behavior."

Child Abuse and Neglect

- The Child Abuse Statute, Massachusetts General Laws, Chapter 119, Section 51A, pertains to children under 18 years of age and defines reportable condition as follows any therapist in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth…"
    - Examples include:

i. Abuse as defined as the non-accidental commission of any act by caretaker which causes or creates a substantial risk of harm or threat of harm to a child's well-being.
ii. Neglect is defined as the failure of a caretaker either deliberately or through negligence to take actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, or supervision.

- A caretaker is a caregiver, guardian, household member, or other person entrusted with the child's health or welfare in the home, school, day care, or babysitting, foster home, or other residential setting.
- Clinicians must report any suspicion of abuse or neglect of a child immediately to the appropriate area office of the Department of Children and Families. After 5:00 pm and on weekends, suspected abuse or neglect of a child is reported to the Department of Children and Families "Child at Risk" Hotline: 617-232-4882.
- Clinicians are encouraged to seek consultation from their clinical supervisor or Director when in doubt about filing.
- Clinicians must inform the Director before they file a 51A, unless it is an emergency. When possible, clinicians should inform caregivers of filing.
- Within 48 hours of verbally reporting the suspected abuse/neglect, staff must complete the Abuse/Neglect Report. The original is sent to the appropriate Department of Children and Families office and a copy of the report is forwarded to the Senior Director of Outpatient Clinical Services for filing and data collection. In addition, a copy of the report is placed in Section #2 of the client's record.
- Failure by staff to fulfill these mandated reporting requirements may result in a $1,000.00 fine by the Commonwealth of Massachusetts and are grounds for dismissal by CET.

Abuse of Mentally Disabled Persons and Examples

- Massachusetts General Law Chapter c19C defines a disabled person as someone "between the ages of eighteen to fifty-nine, inclusive, who is mentally retarded or who is otherwise mentally or physically disabled and as a result of such mental or physical disability is wholly or partially dependent on others to meet his daily living needs…" Abuse is defined as "any act or omission which results in serious physical or emotional injury."
- Clinicians must report any suspicion of abuse or neglect by a caretaker of a mentally disabled adult immediately to the Disabled Person Protection Commission at 1-800-426-9009. The number is operational 24 hours per day, seven days a week.
- Clinicians are encouraged to seek consultation from their supervisor or Director when in doubt about filing.
- Clinicians must inform the Director when they report an offense against a disabled person.
- Within 48 hours after verbally reporting the suspected abuse, staff must complete and M.G.L. chapter 19C Reporting Form and forward the form to the Intake Unit, Disabled Persons Protection Commission, 99 Bedford Street, Boston, Massachusetts 02111. In addition, a copy of the report is forwarded to the Senior Director of Outpatient Clinical Services for filing and data collection. In addition, a copy of the report is placed in the reports section of the client's record.
- Failure by staff to comply with these mandated reporting requirements may be punishable by a $1,000.00 fine and are grounds for dismissal action by CET.

Elder Abuse and Neglect and Examples

- Massachusetts General Law 19A Sections 14-27, Chapter 604 of the Acts of 1982 pertains to persons 60 years of age and older and defines a reportable condition as "…an act or omission which results in serious physical or emotional injury to an elderly person or financial exploitation of an elderly person.
    - Examples Include:
        i. Non-accidental infliction of serious physical or emotional injury.

ii. Use of confinement, physical force or restraint causing serious physical or emotional injury.
iii. Acts to influence or control by threatening physical or mental harm, which causes serious physical or emotional injury.
iv. Failure or refusal by caregiver to provide treatment or services necessary to maintain physical or mental health, resulting in serious physical or emotional injury.
v. Serious abuse including murder, assault, rape, kidnapping, extortion, poison, etc.
vi. Serious emotional injury is an extreme emotional condition such as severe anxiety, fear, depression, withdrawal, Post-traumatic Stress Disorder.
vii. Serious physical injury including death, fractures of bones, burn extensive skin bruising, non-trivial bleeding, unreasonable decubiti (bedsores), malnutrition and dehydration.

- Clinicians must report any suspicion of elder abuse to the area's designated Elder Affairs Protection Service Agency: Elder Abuse Hotline at 800-922-2275 (open 24 hours/day).
- Clinicians are encouraged to seek consultation from their clinical supervisor or Director when in doubt about filing.
- Clinicians must inform their Director before they file an Elder Abuse Mandated Reporter Form, unless it is an emergency.
- Within 48 hours after verbally reporting the suspected abuse or neglect, staff must complete the Elder Abuse Mandated Reporter Form. The original is then sent to the designated area protective service agency. A copy of the report is forwarded to the Senior Director of Outpatient Clinical Services for filing and data collection. In addition, a copy is placed in the reports section of the client's treatment record.
- Failure by staff to fulfill these mandated reporting requirements may result in a $1,000.00 fine by the Commonwealth of Massachusetts and are grounds for dismissal by CET.

Mandated Reporting

Mandated reporting is initiated when physical, sexual or emotional abuse of a child or young person, disabled person, or elderly person is disclosed to an intern or the intern suspects neglect, relinquishment of care by a caregiver/guardian, or significant problems in a guardian of a child/young person. It is important that interns do the following:

- **Listen to the person**. An intern's role is to listen, gather basic details, and make sure the person is currently safe. It is NOT to conduct an investigation or to determine whether suspected abuse actually occurred. Obtain information that the person is willing to give, but do not push for information. Ask open-ended questions and try to avoid asking leading questions. Helpful information to gather includes:
    - Nature of abuse (physical, sexual, or emotional)
    - Suspected perpetrator and their current location
    - When the suspected abuse occurred
    - Whether other children are in the family
    - Current safety of the child: Ask the child, "Do you feel safe at home?"

  Gathering only basic information (as opposed to a more detailed report) is both clinically and legally indicated. It serves to 1) maintain appropriate boundaries with a person who may not be ready to discuss trauma and 2) if needed, allow an investigator to gather details in a forensically sensitive way.
- **Validate the person**. Acknowledge that it is a difficult thing to talk about. Remain calm and be reassuring to the person. Emphasize that what has happened is not their fault. Consider normalizing statements, e.g., "sometimes when people tell me this kind of thing has happened to them, it can make them feel like it is there fault. It's important for you to know that it is not your fault at all."
- Where the person asks that this be kept confidential, an intern must make it very clear that **this is a promise that cannot be made**. Explain that Interns are mandatory reporters and potentially the

Department of Children and Families will need to be notified, however, the report always remains anonymous.

- **Contact your Supervisor:** The supervisor will help an intern decide the best course of action to take.

Filing 51A Reports

Interns should always consult with a supervisor (when possible) or a covering supervisor before filing a 51A. However, should the person in charge/designee advise against filing, any clinician or trainee retains the right to contact the Department of Children and Families (DCF) directly.

A written report must be submitted to DCF within 48 hours after the oral report has been made. While licensed agencies generally conduct brief internal reviews prior to determining if there is sufficient evidence to file a 51A report, such reviews should be concluded as quickly as possible. In cases when a staff member observes an incident or a child makes a direct allegation, particularly if that child is injured, "reasonable cause" can be readily perceived and the 51A report should be filed without delay. However, some situations, such as allegations based on hearsay, may require additional information prior to determining "reasonable cause." In that case, the process of gathering information should start immediately, and may entail a review of records, as well as interviews with children, caregivers and staff. As soon as "reasonable cause" is determined, the 51A report must be filed.

If a 51A report is filed alleging abuse or neglect by a staff person, that staff person may not work directly with children until the outcome of the 51A investigation is determined, or for such additional time as required by DCF. Staff may continue to work in the program in a capacity that does not involve direct contact with children, such as an administrative position pending the outcome of the investigation.

Useful Phone Numbers

Boston Police: 911
Boston Police Headquarters: 617-343-4633
Boston Emergency Services Team (BEST): 1-800-981-HELP
Ambulances:

- American Medical Response: 617-522-3060
- Fallon: 617-745-2100
- Fallon (To request an ambulance): 888-FALLONS

Hospitals:

- Beth Israel Deaconess: 617-667-7000
- Beth Israel Deaconess Emergency: 617-754-2450
- Boston Medical Center: 617-638-8000
    - Boston Medical Center Pediatric ER: 617-414-4991
- Brigham and Women's: 617-732-5500
    - ER: 617-732-5636
- Cambridge Hospital: 617-665-1000
- Children's Hospital: 617-355-6000
    - Emergency: 617-355-6624
- Massachusetts General Hospital: 617-726-2000
- Massachusetts General Acute Psychiatric Service (ER): 617-724-5600
- McLean Hospital: 617-855-2000
- St. Elizabeth Hospital: 617-789-3000

Poison Control Center: 800-222-1222

Electronic Information Policies

Computer Software Licensing

BCCF purchases or licenses the use of various computer software programs. Neither BCCF nor any of BCCF's interns have the right to duplicate this computer software or its related documentation. Unauthorized duplication of computer software is a federal offense, punishable by up to a $250,000 fine and up to five years in prison. BCCF does not condone the illegal duplication of software. You must use BCCF's software programs in accordance with any applicable license agreement. This policy applies not only to individual desktop computers and laptops but to local area networks as well. Interns learning of any misuse of BCCF owned or licensed software or related documentation shall notify a member of management. Interns who reproduce, acquire or use unauthorized copies of computer software will be subject to discipline, up to and including discharge.

Acceptable Use of Electronic Communications

This policy contains guidelines for Electronic Communications created, sent, received, used, transmitted, or stored using BCCF's communication systems or equipment and intern provided systems or equipment used either in the workplace, during working hours or to accomplish work tasks. "Electronic Communications" include, among other things, messages, images, text data or any other information used in e-mail, instant messages, text messages, voice mail, fax machines, computers, personal digital assistants (including Blackberry, iPhone, iPad or similar devices), pagers, telephones, cellular and mobile phones including those with cameras, Intranet, Internet, back-up storage, information on a memory or flash key or card, jump or zip drive or any other type of internal or external removable storage drives. All of these communication devices are collectively referred to below as "Systems."

Acceptable Uses of Our Systems: Interns may use our Systems to communicate internally with co-workers or externally with clients and other business acquaintances for business purposes.

BCCF Control of Systems and Electronic Communications: All Electronic Communications contained in BCCF Systems are BCCF records and/or property. Although an intern may have an individual password to access our Systems, the Systems and Electronic Communications belong to BCCF. The Systems and Electronic Communications are accessible to BCCF at all times, including periodic unannounced inspections. Our Systems and Electronic Communications are subject to use, access, monitoring, review, recording and disclosure without further notice. Intern communications on our system are not confidential or private.

BCCF's right to use, access, monitor, record and disclose Electronic Communications without further notice applies equally to intern-provided systems or equipment used in the workplace, during working hours, or to accomplish work tasks.

Personal Use of Our Systems: Personal communications utilizing our Systems are treated the same as all other Electronic Communications and may be used, accessed, recorded, monitored, and disclosed by BCCF at any time without further notice. Since all Electronic Communications and Systems can be accessed without advance notice, interns should not use our Systems for communication of information that interns would not want revealed to third parties. Personal use of our System should be limited to non-working hours. Personal use of our Systems must be conducted in such a manner that it does not affect smooth System operation or use a disproportional amount of the System's functional capacity.

Prohibition of Storage of Personal Information.

Interns may not keep non-work related personal files stored on the local disk drives (hard drives) of the Center's computer equipment or in the network supporting the Center's computer equipment. All personal documents should instead be stored on removable media such as USB drives or diskettes. There are several reasons for this policy:

- The computer hardware in Center offices and all of the information produced or stored on that hardware, or on any equipment connected with it through a network and all related passwords are the property of the Center. The Center has legitimate business reasons for accessing and monitoring information produced or stored on Center equipment or on equipment connected with the Center through a network and the Center may access and examine such information at any time for any reason in its sole discretion, in accordance with state and federal law.

- We periodically make "backups" of information stored on the Center's computer equipment or on computers connected by a network with the Center's equipment.

- The Center cannot and does not ensure the privacy, confidentiality or security of any personal information stored on its computers (including those connected to a network) or on any other computer equipment connected through a network with our equipment.

- Files stored on a Center computer or network may from time to time be erased (become genuinely unrecoverable) as a result of system maintenance or system failure or for some other reason.

Proprietary Business Information

Proprietary business information means confidential and proprietary information related to BCCF's business services, client lists, vendor agreements, contracts, non-public financial performance information and other information that derives economic value by being protected from public consumption or competitors. Proprietary business information may only be used on BCCF Systems. Proprietary business information may not be downloaded, saved, or sent to a personal laptop, personal storage device, or personal email account under any circumstances without advance written approval from a member of management. Proprietary business information does not restrict intern rights to discuss their wages, hours or other terms of employment.

Prohibited Uses of Our Systems

Interns may not use BCCF Systems in a manner that is unlawful, that is wasteful of BCCF resources, or that unreasonably compromises intern productivity or the overall integrity or stability of BCCF's systems. These tools are provided to assist interns with the execution of their duties and should not be abused. Examples of prohibited uses include, among other things, sexually explicit messages, images, cartoons, or jokes; propositions or love letters; ethnic or racial slurs; or any other message or image that may violate BCCF policies. In addition, interns may not use our BCCF Systems:

- To download, save, send or access any discriminatory, obscene, or malicious or knowingly false material;
- To download, save, send or access any music, audio or video file unless business related;
- To download anything from the internet (including shareware or free software) without the advance written permission of the Systems supervisor;
- To download, save, send or access any site or content that BCCF might deem "adult entertainment";
- To attempt or to gain unauthorized or unlawful access to computers, equipment, networks, or Systems of BCCF or any other person or entity;
- In connection with any infringement of intellectual property rights, including but not limited to patents, copyrights and trademarks;
- In connection with the violation or attempted violation of any law;
- To transmit proprietary business information or client material such as pricing information or trade secrets, except as authorized previously or in the normal course of business; and
- BCCF's address shall not be used for the receipt of personal mail.

Electronic Forgery: An intern may not misrepresent, disguise, or conceal their identity or another's identity in any way while using Electronic Communications; make changes to Electronic Communications without clearly indicating such changes; or use another person's account, mailbox, password, etc. without prior written approval of the account owner and without identifying the actual author.

Intellectual Property Rights

Interns must always respect intellectual property rights such as patents, copyrights and trademarks.

System Integrity, Security, and Encryption

All Systems passwords and encryption keys must be available and known to BCCF. You may not install password or encryption programs without the written permission of your Supervisor. Interns may not use the passwords and encryption keys belonging to others.

Applicable Laws

Numerous state and federal laws apply to Electronic Communications. BCCF complies with applicable laws. Interns also must comply with applicable laws and should recognize that they could be personally liable and/or subject to fine and/or imprisonment for violation of such laws.

Security of Electronic Devices

Interns may be provided by BCCF with a laptop computer, iPad, iPhone, smart phone, tablet or similar device is responsible for the physical security of that device. All devices acquired for or on behalf of BCCF are company property. The device must be locked up and stored in a secure location when it is not in the immediate possession of the authorized user. In addition, the user must return the device immediately upon request of BCCF. You must notify your Supervisor immediately if the device is lost, stolen, misplaced, or damaged. All work created or performed on the device is company property. The device is subject to inspection by BCCF at any time without further advance notice. The device must be used in a manner that complies with all company policies, including the Acceptable Use of Electronic Communications, Equal Employment Opportunity, No Harassment, Confidentiality of Client Matters, Care of Client Records, and Protecting BCCF Information policies.

Consequences of Policy Violations

Violations of this Policy may result in disciplinary action according to the due process policy as well as possible civil liabilities or criminal prosecution. Where appropriate, BCCF may advise legal officials or appropriate third parties of policy violations and cooperate with official investigations. We will not, of course, retaliate against anyone not a perpetrator who reports possible policy violations or assists with investigations.

Safety on Internship

Safety can only be achieved through teamwork at BCCF. Each intern, supervisor and manager must practice safety awareness by thinking defensively, anticipating unsafe situations and reporting unsafe conditions immediately.

Please observe the following precautions:

1. Notify your Supervisor, Facilities Manager, and/or Human Resources of any emergency situation. If you are injured or become sick at work, no matter how slightly, you must inform your Supervisor, Facilities Manager, and/or Human Resources immediately.
2. The use of alcoholic beverages or illegal substances during working hours will not be tolerated. The possession of alcoholic beverages or illegal substances on BCCF's property is forbidden.
3. Use, adjust and repair machines and equipment only if you are trained and qualified to do so.

4. Know the proper lifting procedures. Get help when lifting or pushing heavy objects.
5. Understand your job fully and follow instructions. If you are not sure of the safe procedure to utilize, don't guess; just ask your Supervisor or Human Resources.
6. Know the locations, contents and use of first aid and fire-fighting equipment.
7. Wear personal protective equipment in accordance with the job you are performing.

A violation of a safety precaution is in itself an unsafe act. A violation may lead to disciplinary action, up to and including discharge according to the Due Process Policy.

Workplace Violence

Violence or threats of violence by an intern or anyone else against an intern, employee, supervisor, or member of management will not be tolerated. The purpose of this policy is to minimize the potential risk of personal injuries to interns at work and to reduce the possibility of damage to BCCF property in the event someone, for whatever reason, may be unhappy with a BCCF decision or action by an intern or member of management.

If you receive or overhear any threatening communications from an intern or third party, report it to your Supervisor at once. Do not engage in either physical or verbal confrontation with a potentially violent individual. If you encounter an individual who is threatening immediate harm to an intern, employee, or visitor to our premises, contact an emergency agency (such as 911) immediately.

All reports of work-related threats will be kept confidential to the extent possible, investigated and documented. Interns are expected to report and participate in an investigation of any suspected or actual cases of workplace violence and, unless they are the perpetrator, will not be subjected to disciplinary consequences for such reports or cooperation.

Workplace Searches

To protect the property and to ensure the safety of all interns, clients and BCCF, BCCF reserves the right to conduct personal searches consistent with law, and to inspect any packages, parcels, purses, handbags, briefcases, lunch boxes or any other possessions or articles carried to and from BCCF's property. In addition, BCCF reserves the right to search any intern's office, desk, files, locker, equipment or any other area or article on our premises. In this regard, it should be noted that all offices, desks, files, lockers, equipment, etc. are the property of BCCF, and are issued for the use of interns only during their employment. Inspection may be conducted at any time at the discretion of BCCF.

Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. Interns working on or entering or leaving the premises who refuse to cooperate in an inspection, as well as interns who after the inspection are believed to be in possession of stolen property or illegal substances, will be subject to disciplinary action, up to and including discharge, if upon investigation they are found to be in violation of BCCF's security procedures or any other BCCF rule or regulation.

External Background Check Policy

The Baker Center for Children and Families believes that training qualified individuals contributes to our overall success. Background checks serve as an important part of the selection process. This type of information is collected as a means of promoting a safe work environment for current and future clients and interns. At The Baker Center for Children and Families reference checks may be conducted for all training applicants who are being considered for internship.

The Center will run Massachusetts Criminal Offender Record Information (CORI) and a National Criminal File checks on all applicants who are being considered for internship. In this regard, the following practices and procedures will generally be followed:

- CORI checks will only be conducted as authorized by Department of Criminal Justice Information Services (DCJIS). The National Criminal File checks will be conducted by an outside vendor. All applicants will be notified that a CORI and National Criminal File checks will be conducted. If requested, the applicant will be provided with a copy of our External Background Check policy.

- All personnel authorized to review CORI and the National Criminal File checks in the decision-making process should be thoroughly familiar with the educational materials made available by the Massachusetts Criminal Histories Systems Board.

- Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CORI and the National Criminal File checks will be made consistent with this policy and any applicable law or regulations.

- If criminal record information is received from DCJIS or an outside vendor, the personnel authorized to review it will compare that information with the information on the CORI request form and/or National Criminal File request form and any other identifying information provided by the applicant, to ensure the record relates to the applicant.

- If the Center is inclined to make an adverse decision based on the results of the CORI or National Criminal File checks, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the organization's External Background policy, advised of the part(s) of the record that make the individual unsuitable for the position and given an opportunity to dispute the accuracy and relevance of the record.

- Applicants challenging the accuracy of the CORI record shall be provided a copy of DCJIS's Information Concerning the Process in Correcting a Criminal Record upon written request. If the CORI record provided does not exactly match the identification information provided by the applicant, BCCF will make a determination based on a comparison of the CORI record and documents provided by the applicant. BCCF may contact DCJIS and request a detailed search consistent with DCJIS policy.

- If BCCF reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in this policy, then the determination of suitability for the position will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:

  Relevance of the crime to the position sought;
  The nature of the work to be performed;
  Time since the offense;
  Age of the candidate at the time of the offense;
  Seriousness and specific circumstances of the offense;
  The number of offenses;
  Whether the applicant has pending charges;
  Any relevant evidence of rehabilitation or lack thereof;
  Any other relevant information, including information submitted by the candidate or requested by the hiring authority.

- BCCF will notify the applicant of the decision and the basis of the decision in a timely manner.

BCCF will ensure that all background checks are held in compliance with all federal and state statutes, such as the Fair Credit Reporting Act (FRCA). We can make inquiries regarding criminal records during the pre-internship stage, however, as part of Title VII of the Civil Rights Act of 1964, this information cannot be used as a basis for denying training, unless it is determined to be due to job-related issues or business necessity.

BCCF can collect credit information on applicants consistent with the provisions of the FCRA. The FRCA requires organizations to obtain a candidate's written authorization before obtaining a credit report.

The Director of Human Resources will review all CORI information and share it with the Director of Training and a decision whether or not to select, or continue to train, an intern, as the case may be, will be made on a case-by-case basis. The President/CEO (or designee) will resolve differences in opinions between the HR Director and the Director of Training.

For the continued safety of our interns, employees, and clients anyone whose CORI check reveals any of the following offenses may be utilized by The Baker Center for Children and Families but only after the report is reviewed and approved for exception by the President/CEO.

Crimes involving violence of any kind
Crimes involving the use of a weapon
Crimes involving a child or a minor
Crimes involving distribution of illegal substances

Fingerprinting

In September 2013, the Statewide Applicant Fingerprint Identification System (SAFIS) was signed into law as Chapter 77 of the Acts of 2013 "An Act Relative to Background Checks." It requires a fingerprint-based state and national criminal record check for all interns who may have direct and unmonitored access to children. There are independent vendors located throughout the Commonwealth where individuals may submit their fingerprints. These locations are not your local police stations. To find a location near you and to schedule a time to submit your fingerprints, please visit the MorphoTrust USA IdentoGogo™ online registration website at http://www.identogo.com/FP/Massachusetts.aspx or call the MorphoTrust USA Massachusetts Customer Service Center at (866) 349-8130. BCCF will provide individuals subject to this policy with the 8-digit DESE organizational code issued to BCCF, which will be used as the "Provider ID" required during the registration process. After undergoing fingerprinting, individuals must provide BCCF with the receipt provided by MorphoTrust. The fee charged for running the national fingerprint checks is $55 for school employees licensed under Massachusetts law (licensed educators and specialists) and $35 for all others (i.e., school secretaries, cafeteria workers, janitors, bus drivers, etc.). The fee is paid by the individual intern. New interns to whom this policy applies need to comply with this policy and the school will make a suitability determination based upon the results.

The results of fingerprint-based background checks could lead to an applicant not being selected for internship or to the termination of a current intern according to the Due Process Policy. Before taking an adverse action based on fingerprint-based check results, BCCF will: comply with applicable federal and state laws and regulations; notify the individual who may be subject to the adverse action; provide the individual with a copy of the fingerprint-based check results; identify the information in the individual's fingerprint-based check results that is the basis for the potential adverse action; provide the individual with the opportunity to dispute the accuracy of the information contained in the fingerprint-based check results; and provide the individual with a copy of Massachusetts and FBI information regarding the process for correcting the fingerprint-based check information.

Security Procedures

BCCF is committed to the safety of our interns, employees, and the children and families we serve. In an effort to create a safe and welcoming environment the following procedures have been developed. It is important that everyone on staff be mindful of their surroundings and share in the responsibility of creating a safe and welcoming work environment.

- The BCCF main entrance is locked at all times.
- All BCCF interns must have a BCCF ID and must wear it at all times.
- Your BCCF ID card will let you into the building. Please do not ring the doorbell for the receptionist to let you in unless you have lost, misplaced, or forgotten your ID card.
- If you have misplaced your ID card, please notify Facilities **immediately**. Your card will be disabled for the time being for safety purposes and will be enabled again if you have found it. However, if it is lost, we can provide you with a new ID card.
- Visitors of an intern **must** sign IN and OUT at the reception desk. The receptionist will call the BCCF intern to verify the visitor. The intern must meet their visitor and escort them into and out of the facility. During the workday, the receptionist will greet visitors, notify the intern, and keep a logbook.
- All visitors will be issued a visitor tag and be asked to wear it.
- Visitors who refuse to sign in or comply with this policy will not be allowed to stay in the building. They will be asked to leave until they are willing to abide by our policies.
- All interns **must** let the reception desk know if they are expecting visitors and the time they will be arriving. Please provide the receptionist with the names of the individual(s) you are expecting so that their name(s) will appear on the visitors' list.
- All interns and visitors must enter through the main entrance doors. The emergency exits are alarmed and are only to be used in the event of an emergency.
- Do not hold open or unlock external doors for unknown persons.
- If you see someone you do not recognize who is not wearing a visitor tag, approach them (only if you are comfortable doing so) and ask to assist them. If you are uncomfortable approaching them or if you perceive a threat, you must contact the Facilities staff at extension 4107 so they can address the situation.
- All deliveries during business hours are to be made at the delivery entrance of the loading dock in the back of the building.
- Please report all thefts to the Facilities Manager/Facilities staff as soon as possible.

Please make sure you close and lock your door whenever you are not in your office. In addition, lock up all BCCF property and personal items. BCCF is not responsible for the loss of personal items.

Good Housekeeping

Good work habits and a neat place to work are essential for job safety and efficiency. You are expected to keep your place of work organized and materials in good order at all times. Report anything that needs repair or replacement to your Supervisor.

No Smoking in the Workplace

Please be advised that BCCF premises are no smoking facilities. There are children on BCCF property. Smoking outside of BCCF premises should never occur in front of them. This policy applies to all interns, students, clients, consultants, contractors, volunteers, and visitors. This includes both inside the BCCF building and on the surrounding property.

No Weapons in the Workplace

Possession, use or sale of weapons, firearms or explosives on BCCF premises, while operating BCCF machinery, equipment or vehicles for work-related purposes or while engaged in BCCF business off premises

is forbidden except where expressly authorized by BCCF and permitted by state and local laws. This policy applies to all interns, including but not limited to those who have a valid permit to carry a firearm. If you are aware of violations or possible violations of this policy, you are required immediately to report such violations or the possibilities of such violations to your Supervisor.

In An Emergency

Your Supervisor and the facilities department should be notified immediately when an emergency occurs. Emergencies include all accidents, medical situations, bomb threats and other threats of violence, and the smell of smoke. In the absence of your Supervisor and Human Resources, contact the nearest BCCF official. Should an emergency result in the need to communicate information to interns outside of business hours, your Supervisor will contact you. Therefore, it is important that interns keep their personal emergency contact information up to date. Notify your Supervisor when this information changes. When events warrant an evacuation of BCCF premises, you should follow the instructions of your Supervisor or any other member of management. You should leave the premises in a quick and orderly manner. You should assemble at the pre-determined location as communicated to you by your Supervisor to await further instructions or information. Please refer to the Emergency Response Plan Manual found on the public drive.

Substance Abuse

BCCF has vital interests in ensuring a safe, healthy and efficient working environment for our interns, their co-workers and the clients we serve. The unlawful or improper presence or use of controlled substances or alcohol in the workplace presents a danger to everyone.

Interns are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, sale or possession of illegal or unauthorized substances and alcohol in the workplace including: on BCCF paid time, on BCCF premises, in BCCF vehicles, or while engaged in BCCF activities. This policy does not include the authorized use of alcohol at BCCF-sponsored functions or activities.

Your training with BCCF is conditioned upon your full compliance with the foregoing substance abuse policy. Any violation of this policy may result in disciplinary action, up to and including termination according to the Due Process Policy. Any intern who violates this policy may be permitted in lieu of discharge, at BCCF's sole discretion and as a condition of continued training, to participate in and successfully complete an appropriate treatment, counseling or rehabilitation program as recommended by a substance abuse professional and in accordance with applicable federal, state, and local laws.

BCCF maintains a policy of non-discrimination and reasonable accommodation with respect to recovering addicts and alcoholics, and those having a medical history reflecting treatment for substance abuse conditions. We encourage interns to seek assistance before their substance or alcohol use renders them unable to perform their essential job functions or jeopardizes the health and safety of themselves or others. BCCF will attempt to assist its interns through referrals to rehabilitation, appropriate leaves of absence and other measures consistent with BCCF's policies and applicable federal, state or local laws.

BCCF further reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to, the inspection of BCCF issued lockers, desks or other suspected areas of concealment, as well as an intern's personal property when BCCF has reasonable suspicion to believe that the intern has violated this policy.

Although the state has legalized marijuana for medicinal purposes, BCCF is not required to allow the medicinal use of marijuana in the workplace. Use is strictly prohibited on BCCF premises and may result in discipline, up to and including immediate discharge.

Appendices

Program Faculty

Caroline A. Fernandes, Ph.D. is a professional psychologist who utilizes an ecological lens to better serve youth and families across diagnostic categories and severity. Throughout her professional and doctoral training, Dr. Fernandes sought out diverse clinical settings and populations in hopes of becoming both a versatile and trilingual (fluency in English, Portuguese, & Spanish) culturally competent practitioner. .Dr. Fernandes completed her pre-doctoral internship at the Village for Families and Children, Inc in Hartford, CT, a community mental health setting for children, adolescents, and families. In this capacity, she worked closely with a multidisciplinary team of therapists, social workers, nurses, as well as psychiatrists to diagnose and treat Latinx youth with mood disorders, traumatic stress, and emerging psychopathology. Following her predoctoral internship, Dr. Fernandes completed her postdoctoral training at the Doctor Solomon Carter Fuller Mental Health Center (DSCFMHC) and Tufts Medical Center where she conducted intake assessments, psychodiagnostic and neuropsychological assessments in English, Spanish, and Portuguese, applied empirically based interventions to patients with significant mental illness in a forensic inpatient setting, and taught weekly seminars to doctoral level psychology trainees.

Dr. Fernandes joined the clinical team at the Manville School, Baker Center for Children and Families in 2018. In this capacity, she provides clinical care and psychological testing to children and adolescents with complex psychiatric presentations. She provides supervision to doctoral level practicum students across disciplines, including clinical, counseling and school psychology. She leads culturally sensitive care didactics where trainees are given the opportunity to reflect and expand their clinical skills while working with diverse populations. In the fall of 2022, Dr. Fernandes was selected as the Diversity, Equity, and Inclusion (DEI) Educator, where she provides consultation, education, and professional development on DEI related matters to support diverse students and staff.

Daniel Cheron, Ph.D., ABPP is the Vice President of Clinical Programs, Implementation, and Training. He serves as the internship's Director of Training and Chief Psychologist. He is a licensed psychologist and is Board Certified in Clinical Child and Adolescent Psychology. He graduated from Boston College with a B.A. in Psychology. Dr. Cheron received his Ph.D. in Clinical Psychology from Boston University, where he worked extensively researching and treating anxious children and adolescents at the Center for Anxiety and Related Disorders (CARD). He completed his pre-doctoral internship at the May Institute in their community-based Behavioral Health Services Division. Dr. Cheron came to The Baker Center in September 2010 to complete his postdoctoral fellowship with John Weisz, Ph.D., ABPP, where he worked on multiple grant-funded projects investigating the effectiveness of evidence-based treatments for youth with anxiety, depression, disruptive behavior, and traumatic stress in community mental health clinics across New England. He now continues his work at The Baker Center as Vice President of Programs, Implementation, and Training. Dr. Cheron currently oversees multiple state and federal grants and contracts focused on the training and implementation of evidence based practices in community mental health settings across the country. Dr. Cheron supervises trainees in evidence-based practice for children and adolescents 2-19 experiencing anxiety, depression, traumatic stress, or conduct problems. He also has significant experience designing and implementing electronic monitoring and feedback systems

to enhance the quality of clinical training. He is a MATCH-ADTC Master Trainer and has trained hundreds of clinicians in the model, providing ongoing consultation to enhance clinical skills development and build a sustainable infrastructure of evidence based practice for students and trainees.

Jeevitha Kempegowda, Psy.D. is a Staff Psychologist at Manville School, The Baker Center for Children and Families. Dr. Kempegowda completed her MSc. in psychology from Bangalore University, and a clinical psychology graduate fellowship (MPhil.) from the National Institute of Mental Health and Neurosciences (NIMHANS) Bangalore, which is one of the premier mental health hospitals in India that provides both inpatient and outpatient psychiatric and neurological services for children and adult population. While pursuing her doctoral program at Wright State University (WSU) School of Professional Psychology, she served on numerous projects, including mental health education and awareness in the college student population. Dr. Kempegowda was the founding member of Active Minds, Inc. chapter and also served on the Advisory committee for Multicultural Affairs and Community Engagement at WSU. She also received specialized training in Leadership Education in Neurodevelopmental and Related Disabilities (LEND) at Cincinnati Children's Hospital, and completed an APA- accredited Postdoctoral Residency at the Institute of Living/ Hartford Hospital. Dr. Kempegowda has significant experience working with diverse children, adolescents, and adult population both in India and the US. She has obtained training and practices utilizing a number of evidence-based approaches including Trauma Focused- Cognitive Behavior Therapy (TF-CBT) and MATCH-ADTC. Dr. Kempegowda has a special interest in Play Therapy and her doctoral dissertation focused on designing a manual in sand tray play therapy for children in India. She is currently working on her registration as a Play Therapist. In her current role at Manville School, Dr. Kempegowda provides direct services for children and adolescent with a diverse presentation, including emotional and behavioral disorders, autism spectrum disorders, and developmental delays. She also provides supervision and conducts didactic trainings for doctoral level practicum students and interns.

Kristina Shapiro, Ph.D., NCSP is the Clinical Director at the Manville School where she is responsible for the overall effectiveness of clinical programming, and for the hiring, training, and supervision of all clinical staff. She also provides case management, psychological assessment, and individual and group therapy for students with diverse social, emotional, and behavioral challenges. Prior to her work at Manville, Dr. Shapiro was the Director of Training for McLean-Franciscan's Community Based Acute Treatment (CBAT) and Child & Adolescent Inpatient practicum student training programs. She also worked as a staff psychologist for the Inpatient program, where she offered staff training, managed the group therapy program, and provided individual therapy, parent coaching, brief psychological assessment, and team consultation. Dr. Shapiro has experience working with a range of acute psychiatric presentations, including mood and anxiety disorders, psychosis, personality disorders, and trauma. She has expertise in crisis management with a specific interest in suicidality and how to work with individuals in psychiatric distress. Additionally, Dr. Shapiro has experience with a number of evidence-based treatments, including Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). She is currently working towards her certification in the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC). Dr. Shapiro earned her Master of Arts and Doctorate of Philosophy in School Psychology at the University of North Carolina at Chapel Hill. She completed her APA doctoral internship at Andrus Children's Center and postdoctoral fellowship at Salem Hospital/Mass General Brigham.

Rachel Kim, Ph.D. is the Director of Implementation and Associate Director of Training. Dr. Kim graduated magna cum laude from Tufts University with her B.A. in Clinical Psychology and Spanish. She received her Ph.D. in Psychology with a clinical concentration from the University of California, Los Angeles. Dr. Kim completed her clinical internship at Pacific Clinics, a community mental health agency in the greater Los Angeles area. Dr. Kim has experience working with a range of mental health challenges for children, adolescents, and adults, in a variety of settings, such as community-based mental health agencies, hospital-affiliated outpatient specialty clinics, and schools. She has training in evidence-based models such as Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Aggression Replacement Therapy (ART). She is a certified therapist in Parent-Child Interaction Therapy (PCIT) and Managing and Adapting Practices (MAP). She is also an associate trainer for the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC). As part of The Baker Center's Quality Care Initiative, Dr. Kim provides training, consultation, and implementation support to community mental health agencies. Dr. Kim's program of research has focused on the dissemination and implementation of evidence-based practice (EBPs) for underserved youth in community settings. In her dissertation, Dr. Kim examined the role of treatment engagement in the context of systems implementing EBPs. She co-developed a pilot initial engagement training protocol for school nurses to utilize with adolescents presenting with mental health concerns in a large, urban school district. Dr. Kim has presented her work at national conferences and is a member of the Association for Behavioral and Cognitive Therapies.

Sarah Tannenbaum, Psy.D., ABPP is the Senior Director of Outpatient Clinical Services. She has strategic and operational oversight of The Baker Center's outpatient programs, including the Center for Effective Therapy, a clinic providing mental health assessments and focused short-term treatments for children and their families; Camp Baker, a Summer Treatment Program for children with ADHD; and the Next Step: College Success and Independent Living Program, a college preparatory program for transitional aged youth with social communication deficits. Dr. Tannenbaum is a board certified and licensed child and adolescent clinical psychologist and Instructor in Psychology at Harvard Medical School. Dr. Tannenbaum has extensive experience working with children and families ages 2-18. Her work has focused on early childhood interventions, the treatment of traumatized populations, and the diagnosis and treatment of autism spectrum disorders. In addition, Dr. Tannenbaum is trained in a number of evidenced-based treatment approaches, including Cognitive Behavior Therapy (CBT), Trauma-Focused CBT (TF-CBT), Dialectical Behavior Therapy (DBT), Child-Parent Psychotherapy (CPP), Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Parent-Child Interaction Therapy (PCIT) and the Summer Treatment Program (STP). She is a supervisor and trainer in MATCH-ADTC, providing statewide trainings in best practices for childhood disorders while supervising postdoctoral fellows, pre-doctoral interns, and practicum students towards certification in the treatment approach. Additionally, Dr. Tannenbaum is a certified therapist and Within Agency Trainer in PCIT. She is also a supervisor and trainer in the STP. Dr. Tannenbaum has practiced in a wide array of clinical settings, such as residential treatment centers, partial hospital programs, and community mental health centers where she has done both in-home and school-based treatment as well as school consultations and trainings. In 2021, Dr. Tannenbaum was awarded the Young Mentor Award by Harvard Medical School.

Stephani Synn, Psy.D. is the Associate Director of Camp Baker and Assistant Director of the Center for Effective Therapy (CET) Boston. Dr. Synn oversees the operations of Camp Baker, including enrolling campers and hiring and supervising staff, as well as facilitating, planning, and

implementing the Camp Baker program. Dr. Synn helps oversee and support administrative and clinical outpatient services at CET Boston, while also providing supervision to trainees, postdoctoral fellows, administrative staff, and clinicians and providing direct clinical outpatient services. Dr. Synn has extensive clinical experience treating a variety of mental health challenges in a range of clinical settings and is trained in several evidence-based models, such as cognitive behavioral therapy (CBT); STP; trauma-focused cognitive behavioral therapy (TF-CBT); Multifamily group treatment (MFGT); Motivational Interviewing (MI); and acceptance and commitment therapy (ACT). Dr. Synn is a supervisor, internal trainer, and certified clinician in the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), an evidence-based treatment for children ages 6-15 with emotional and/or behavioral challenges. Additionally, she is certified in Parent-Child Interaction Therapy (PCIT), an evidence-based treatment for children 2-7 years-old with disruptive behavior disorders and is working toward her within agency trainer certification. Dr. Synn has experience providing neuropsychological assessments and integrated reports to adults, children, and adolescents in private practice and developmental behavioral pediatric settings.

Supervision Log

Name of Supervisor: _____

Name of Supervisee: _____ Date: _____ Length: _____

Agenda:

Techniques	Activities	
☐ Self-report	☐ Therapy Interventions	☐ Administrative Tasks
☐ Direct Observation	☐ Case Conceptualization	☐ Crisis Intervention
☐ Video Review	☐ Client Relationship	☐ Professional Roles
☐ Audio Review	☐ Case Management	☐ Supervisory Relationship

Check below if the competency area is addressed

Foundational Competencies:

- ☐ Research (e.g., reviewed an EBP, assessed outcomes)
- ☐ Ethical and Legal Standards (e.g., discussed ethical dilemma, referenced ethical code/law)
- ☐ Individual and Cultural Diversity (e.g., ICD self-reflection, client ICD discussion)
- ☐ Professional Values (e.g., self-reflect on practice, seeks feedback)
- ☐ Communication and Interpersonal Skills (e.g., reviewed reports, discussed client/professional relationship)

Functional Competencies:

- ☐ Assessment (e.g., review assessment techniques, discuss assessment results, examine reports)
- ☐ Intervention (e.g., formulate treatment plan, evaluate treatment progress, discuss treatment challenges)
- ☐ Supervision (e.g., discuss supervisory models, evaluate supervision of supervision)
- ☐ Consultation (e.g., discuss internal or external consultation relationships)

Check below if the supervisee engages in the competency area at or above the level expected for their developmental level (2 = October, 3 = February, 4 = June)

Foundational Competencies:

- ☐ Research (e.g., reviewed an EBP, assessed outcomes)
- ☐ Ethical and Legal Standards (e.g., discussed ethical dilemma, referenced ethical code/law)
- ☐ Individual and Cultural Diversity (e.g., ICD self-reflection, client ICD discussion)
- ☐ Professional Values (e.g., self-reflect on practice, seeks feedback)
- ☐ Communication and Interpersonal Skills (e.g., reviewed reports, discussed client/professional relationship)

Functional Competencies:

- ☐ Assessment (e.g., review assessment techniques, discuss assessment results, examine reports)
- ☐ Intervention (e.g., formulate treatment plan, evaluate treatment progress, discuss treatment challenges)
- ☐ Supervision (e.g., discuss supervisory models, evaluate supervision of supervision)
- ☐ Consultation (e.g., discuss internal or external consultation relationships)

Areas to work on:

Didactic Calendar

Evidence Based Practice Seminar – Weekly on Thursdays from 11:00 – 12:00

Date	Topic
21-Sep	**Introduction to EBP Seminar Series** *Presenter: Stephani Synn, Psy.D.* Interns will gain an introduction to the EBP seminar series and discuss the main evaluation criteria used to determine the status of the evidence base for different treatment areas. Learning Objectives: • Interns will be able to name the different levels of empirical support according to the evidence-based practice update series. • Interns will be able to evaluate the rigor of the peer review process for journal articles. • Interns will be able to discuss important concepts in the evaluation of evidence based psychosocial treatment for youth. Readings: Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of consulting and clinical psychology*, *66*(1), 7. Southam-Gerow, M. A., & Prinstein, M. J. (2014). Evidence base updates: The evolution of the evaluation of psychological treatments for children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *43*(1), 1-6.
28-Sep	**Therapeutic Relationships: The Original EBP** *Presenter: Stephani Synn, Psy.D.* During this session, interns will reflect on the common elements in all psychotherapy practice and the research supporting those elements. Learning Objectives: • Interns will be able to describe different common elements to psychotherapy. • Interns will be able to reference the research support for these common elements. • Interns will be able to integrate these common elements in their service delivery planning. Readings: Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, *48*(1), 98. Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, research, practice, training*, *38*(4), 357.
5-Oct	**Individual and Cultural Diversity in Evidence-Based Practice** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be encouraged to reflect on their knowledge of individual and cultural diversity, how that diversity impacts their clinical work, and will discuss the current literature available for adapting evidence-based practices to those with individual and cultural differences while maintaining treatment integrity. Learning Objectives: • Interns will be able to reflect on their own diversity and the impact it has on their service delivery.

	• Interns will be able to reference the literature supporting the importance of adapting to individual and cultural differences. • Interns will be able to describe the recommended methods to take when adapting evidence based practices to meet individual needs. Readings: Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, *40*(4), 361.
12-Oct	**Engaging Clients in Psychotherapy (REACH)** *Presenter: Stephani Synn, Psy.D.* During this session, interns will evaluate the current engagement of their clients and discuss factors that increase and decrease their engagement. Then, the session will focus on introducing a model of clinical engagement and skills to facilitate those engagement concepts. Learning Objectives: • Interns will be able to recognize factors that influence their own clients' engagement. • Interns will be able to reference empirical literature supporting the impact of engagement on treatment outcomes. • Interns will be able to name techniques used to increase client engagement. Readings: Becker, K. D., Boustani, M., Gellatly, R., & Chorpita, B. F. (2018). Forty years of engagement research in children's mental health services: Multidimensional measurement and practice elements. Journal of Clinical Child & Adolescent Psychology, 47(1), 1-23.
19-Oct	**Creating Evidence-Based Treatment Plans** *Presenter: Stephani Synn, Psy.D.* During this session, interns will receive instruction on creating treatment plans that utilize evidence-based practices. Discussions will also focus on adapting treatment plans to accommodate EBPs and adapting EBPs to create customized treatment plans. Learning Objectives: • Interns will be able to describe the steps for creating an evidence-based treatment plan. • Interns will be able to reference literature supporting the adaption treatment plans to the individual context. • Interns will be able to utilize treatment plans to support the integrity of an EBP. Readings: Gutierrez, D., Fox, J., Jones, K., & Fallon, E. (2018). The treatment planning of experienced counselors: A qualitative examination. *Journal of Counseling & Development*, *96*(1), 86-96.
26-Oct	**EBP Resources and Registries** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be introduced to the current and past EBP registries available. A live review of registries will be provided, and the strengths and weaknesses of various registries will be discussed. Learning Objectives: • Interns will be able to name several EBP registries.

	• Interns will be able to describe the strengths and weaknesses to using EBP registries. • Interns will be able to evaluate the practices they currently use on the various registries. Readings: Burkhardt, J. T., Schröter, D. C., Magura, S., Means, S. N., & Coryn, C. L. (2015). An overview of evidence-based program registers (EBPRs) for behavioral health. *Evaluation and program planning*, *48*, 92-99.
2-Nov	**Using Progress Monitoring and Feedback in EBPs** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the state of the literature on progress monitoring and feedback. Various progress monitoring systems will be presented and discussed, as well and the benefits and challenges of MFS. Learning Objectives: • Interns will be able to describe the features of at least one MFS. • Interns will be able to discuss strengths and challenges of using a MFS in treatment. • Interns will be able to reference the literature supporting the use of a MFS. Readings: Borntrager, C., & Lyon, A. R. (2015). Client progress monitoring and feedback in school-based mental health. *Cognitive and Behavioral Practice*, *22*(1), 74-86.
9-Nov	**Psychosocial Treatments for Anxiety Disorders in Children** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for anxiety disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for anxiety will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of anxiety. • Interns will be able to summarize the techniques involved in the treatment of anxiety. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2016). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child & Adolescent Psychology*, *45*(2), 91-113.
16-Nov	**BREAK for ABCT Conference**
23-Nov	**HOLIDAY**
30-Nov	**Review of New Research at ABCT** *Presenter: Training Faculty* During this session, interns will be presented with various newly updated information from the Association for Behavioral and Cognitive Therapies annual convention. Training faculty as well as other staff who attended the conference will provide a synopsis of various lectures and poster presentations that have relevance to intern service delivery.

7-Dec	**Psychosocial Treatment for Child and Adolescent Depression** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for depression in children. Established treatments will be reviewed and specific skills related to the use of EBPs for depression will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of depression. • Interns will be able to summarize the techniques involved in the treatment of depression. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Weersing, V. R., Jeffreys, M., Do, M. C. T., Schwartz, K. T., & Bolano, C. (2017). Evidence base update of psychosocial treatments for child and adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, *46*(1), 11-43.
14-Dec	**Psychosocial Treatments for Trauma (TF-CBT)** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for trauma in children. Established treatments will be reviewed and specific skills related to the use of EBPs for trauma will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of trauma. • Interns will be able to summarize the techniques involved in the treatment of trauma. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Dorsey, S., McLaughlin, K. A., Kerns, S. E., Harrison, J. P., Lambert, H. K., Briggs, E. C., ... & Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, *46*(3), 303-330.
21-Dec	**HOLIDAY**
28-Dec	**HOLIDAY**
4-Jan	**BREAK FOR INTERNSHIP INTERVIEWS**
11-Jan	**Dissertation Presentations (Trainee 1)**
18-Jan	**Dissertation Presentations (Trainee 2)**
25-Jan	**Psychosocial Treatments for Disruptive Behaviors in Children** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for disruptive behavior disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for disruptive behavior will be discussed. Learning Objectives:

	• Interns will be able to describe the currently supported EBPs for psychosocial treatment of disruptive behavior. • Interns will be able to summarize the techniques involved in the treatment of disruptive behavior. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child & Adolescent Psychology*, *46*(4), 477-499.
1-Feb	**Camp Baker** *Presenter: Sarah Tannenbaum, Psy.D., and Stephani Synn, Psy.D.* During this session, interns will learn about the Camp Baker Program including the research data to support the evidence base behind the intervention, the theoretical underpinnings of the treatment approach, and the daily activities in which the intervention is implemented. Learning Objectives: • Interns will be able to provide a basic understanding of the Summer Treatment Program. • Interns will be able to describe the behavior modification approach to treatment. • Interns will be able to summarize which children might benefit from this intervention. Readings: Pelham, W. E., Gnagy, E. M., Greiner, A. R., Waschbusch, D. A., Fabiano, G. A., & Burrows-Maclean, L. (2010). Summer treatment programs for attention-deficit/hyperactivity disorder. *Evidence-based psychotherapies for children and adolescents*, *2*, 277-292.
8-Feb	**Motivational Interviewing** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the use of motivational interviewing techniques. Established techniques will be reviewed and specific skills related to the use of MI will be discussed. Learning Objectives: • Interns will be able to describe the currently supported use of MI. • Interns will be able to summarize the techniques involved in MI. • Interns will be able to discuss how MI skills could be implemented with current clients. Readings*:* Lundahl, B., & Burke, B. L. (2009). The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of clinical psychology*, *65*(11), 1232-1245.
15-Feb	**Parent-Child Interaction Therapy** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the PCIT treatment program and adaptations to the program. Advanced topics related to conceptualizing difficult cases will be covered. Learning Objectives:

	• Interns will be able to describe the current empirical support for PCIT and adaptations. • Interns will be able to summarize the clients who might be appropriate for PCIT, and ways it may be adapted. • Interns will be able to discuss how PCIT skills could be implemented with current clients. Readings*:* Eyberg, S. M., Boggs, S. R., & Algina, J. (1995). Parent-child interaction therapy: a psychosocial model for the treatment of young children with conduct problem behavior and their families. *Psychopharmacology bulletin*.
22-Feb	**Models of Clinical Supervision** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be introduced to the various models of clinical supervision. Interns will discuss successes and challenges in their own supervisory experiences as well as strategies for enhancing supervision. Learning Objectives: • Interns will be able to describe the common models for clinical supervision. • Interns will be able to reflect on their own supervisory experiences and bring those experiences to bear on the clinical models discussed. • Interns will be able to summarize how utilizing clinical supervision models in clinical work benefits training. Readings: Accurso, E. C., Taylor, R. M., & Garland, A. F. (2011). Evidence-based practices addressed in community-based children's mental health clinical supervision. *Training and Education in Professional Psychology*, *5*(2), 88. Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V. (2008). How does clinical supervision work? Using a "best evidence synthesis" approach to construct a basic model of supervision. *The clinical supervisor*, *27*(2), 170-190.
29-Feb	**Child-Parent Psychotherapy** *Presenter: Stephani Synn, Psy.D.* During this session, interns will gain basic exposure to Child Parent Psychotherapy, learning about how the approach was established, the evidence-base to support it, and a basic overview of the course of treatment and theoretical principles. Learning Objectives: • Interns will be able to describe CPP using basic terminology. • Interns will be able to identify clinical presentations are best served by CPP compared to TF-CBT and PCIT. • Interns will be able to discuss the concepts and treatment components of CPP. Readings: Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, *44*(12), 1241-1248.
7-Mar	**Treatment of Elimination Disorders** *Presenter: Stephani Synn, Psy.D.*

	During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for elimination disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for elimination disorders will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of elimination disorders. • Interns will be able to summarize the techniques involved in the treatment of elimination disorders. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Shepard, J. A., Poler Jr, J. E., & Grabman, J. H. (2017). Evidence-based psychosocial treatments for pediatric elimination disorders. *Journal of Clinical Child & Adolescent Psychology*, *46*(6), 767-797.
14-Mar	**Psychosocial Treatments for Pediatric Body-Focused Repetitive Behaviors (BFRPs)** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for BFRPs in children. Established treatments will be reviewed and specific skills related to the use of EBPs for BFRPs will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of BFRPs. • Interns will be able to summarize the techniques involved in the treatment of BFRPs. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Woods, D. W., Piacentini, J., & Walkup, J. (2015). Comprehensive behavioral intervention for tics. *Journal of Psychosomatic Research*, *65*, 487-496.
21-Mar	**Managing and Adapting Practice (MAP)** *Presenter: Kelsie Okamura, Ph.D.* During this session, interns will be presented with the current state of the literature supporting the MAP treatment program. The MAP treatment will be reviewed and specific MAP techniques and skills will be discussed. Learning Objectives: • Interns will be able to describe the current empirical support for MAP. • Interns will be able to summarize the clients who might be appropriate for MAP. • Interns will be able to discuss how MAP skills could be implemented with current clients. Readings: Chorpita, B. F., Daleiden, E. L., & Collins, K. S. (2014). Managing and adapting practice: A system for applying evidence in clinical care with youth and families. *Clinical Social Work Journal*, *42*(2), 134-142.
28-Mar	**Maintaining Integrity in the MATCH Model**

	Presenter: Rachel Kim, Ph.D. During this session, interns will be presented with current recommendations for maintaining integrity in the MATCH model. Clinical case discussion will be used to facilitate an understanding of integrity and the unique demands of a modular treatment. Learning Objectives: • Interns will be able to recount the components to MTCH integrity. • Interns will be able to describe ways to measure and assess MATCH integrity. • Interns will be able to describe their current integrity with active clients. Readings: Park, A. L., Chorpita, B. F., Regan, J., Weisz, J. R., & Research Network on Youth Mental Health. (2015). Integrity of evidence-based practice: Are providers modifying practice content or practice sequencing?. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(2), 186-196.
4-Apr	**Treatment of Overweight and Obesity in Children** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for obesity in children. Established treatments will be reviewed and specific skills related to the use of EBPs for obesity will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of obesity. • Interns will be able to summarize the techniques involved in the treatment of obesity. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Altman, M., & Wilfley, D. E. (2015). Evidence update on the treatment of overweight and obesity in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *44*(4), 521-537.
11-Apr	**Autism Spectrum Disorders** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for autism and autism spectrum disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for autism will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of autism. • Interns will be able to summarize the techniques involved in the treatment of autism. • Interns will be able to discuss how these skills could be implemented with current clients. Readings*:* Smith, T., & Iadarola, S. (2015). Evidence base update for autism spectrum disorder. *Journal of Clinical Child & Adolescent Psychology*, *44*(6), 897-922.
18-Apr	**Unified Theory of Adolescent Anxiety and Depression**

	Presenter: Stephani Synn, Psy.D. During this session, interns will be presented with the current state of the literature supporting the Unified Theory of Adolescent Anxiety and Depression treatment program. The Unified Protocol treatment will be reviewed and specific UP skills will be discussed. Learning Objectives: • Interns will be able to describe the current empirical support for the UP. • Interns will be able to summarize the clients who might be appropriate for the UP. • Interns will be able to discuss how PCIT skills could be implemented with current clients. Readings*:* Ehrenreich, J. T., Goldstein, C. R., Wright, L. R., & Barlow, D. H. (2009). Development of a unified protocol for the treatment of emotional disorders in youth. *Child & family behavior therapy*, *31*(1), 20-37.
25-Apr	**Psychosocial Treatments for Self-Injurious Behaviors** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for self-injurious behavior in children. Established treatments will be reviewed and specific skills related to the use of EBPs for self-injurious behavior will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of self-injurious behavior. • Interns will be able to summarize the techniques involved in the treatment of self-injurious behavior. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Glenn, C. R., Franklin, J. C., & Nock, M. K. (2015). Evidence-based psychosocial treatments for self-injurious thoughts and behaviors in youth. *Journal of Clinical Child & Adolescent Psychology*, *44*(1), 1-29.
2-May	**Psychosocial Treatments for ADHD (OST)** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for ADHD in children. Established treatments will be reviewed and specific skills related to the use of EBPs for ADHD will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of ADHD. • Interns will be able to summarize the techniques involved in the treatment of ADHD. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Evans, S. W., Owens, J. S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology*, *43*(4), 527-551.

9-May	**Psychosocial Treatments for Eating Disorders** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for eating disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for eating disorders will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of eating disorders. • Interns will be able to summarize the techniques involved in the treatment of eating disorders. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *44*(5), 707-721.
16-May	**Outpatient Behavioral Treatments for Substance Use** *Presenter: Stephani Synn, Psy.D.* During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for substance use in children. Established treatments will be reviewed and specific skills related to the use of EBPs for substance use will be discussed. Learning Objectives: • Interns will be able to describe the currently supported EBPs for psychosocial treatment of substance use. • Interns will be able to summarize the techniques involved in the treatment of substance use. • Interns will be able to discuss how these skills could be implemented with current clients. Readings: Hogue, A., Henderson, C. E., Ozechowski, T. J., & Robbins, M. S. (2014). Evidence base on outpatient behavioral treatments for adolescent substance use: Updates and recommendations 2007–2013. *Journal of Clinical Child & Adolescent Psychology*, *43*(5), 695-720.
23-May	**Case Presentations (Trainee 1)** During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: • Interns will demonstrate increased skill in the application of an evidence-based practice(s).

	• Interns will gain experience using data to inform clinical practice. • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.
30-May	**Case Presentations (Trainee 2)** During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: • Interns will demonstrate increased skill in the application of an evidence-based practice(s). • Interns will gain experience using data to inform clinical practice. • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.
6-Jun	**Case Presentations (Trainee 3)** During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: • Interns will demonstrate increased skill in the application of an evidence-based practice(s). • Interns will gain experience using data to inform clinical practice. • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.
13-Jun	**Case Presentations (Trainee 4)** During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: • Interns will demonstrate increased skill in the application of an evidence-based practice(s). • Interns will gain experience using data to inform clinical practice. • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.
20-Jun	**Wrap Up and Evaluation** *Presenter: Stephani Synn, Psy.D*

Intern Seminar – Weekly on Fridays from 9:00am to 10:00am

Date	Topic
9/8	**Beginning Clinical Work at Manville** *Presenter: Kristy Shapiro, PhD, NCSP* During this introduction, interns will have the opportunity to introduce themselves and share their background and clinical interests. Interns will also learn about the clinician role and clinical services provided at Manville. Interns will be directed to review the Manville School's Clinician Handbook, which will be referenced and utilized throughout the training year. We will review best practices for building rapport and engaging students and families in therapy and discuss potential barriers/challenges. Expectations and group norms will be discussed. Learning Objectives: • Interns will be able to describe the clinical services and needs of Manville students • Interns will evidence a clinical understanding of rapport building and engagement in therapy • Interns will have an understanding of expectations, norms, and how to utilize the clinician handbook
9/15	**Case Management** *Presenter: Kristy Shapiro, PhD, NCSP* Participants will learn about the various components of case management at Manville, including documentation requirements, classroom/team consultation, working with collaterals, treatment planning, scheduling, and setting boundaries. Learning Objectives: • Interns will be able to summarize required documentation • Interns will have an understanding of how to utilize assessment and consultation to inform conceptualization and treatment goals • Interns will be able to identify the scope of their work as case managers at Manville
9/22	**Social Emotional Learning/Clinical Groups** *Presenter: Kristy Shapiro, PhD, NCSP* Interns will be provided with an overview of the social-emotional learning curriculum at Manville, including weekly themes and the delivery of clinical groups that focus on identity and diversity. Basic principles and structure of group therapy programming will also be discussed, with particular attention to cohesion and managing challenging behaviors. Learning Objectives: • Interns will have an understanding of content that comprises social-emotional learning curriculums • Interns will be able to identify strategies to support challenging behaviors when working in classrooms and/or providing group therapy
9/29	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic

	• Interns will increase their understanding of clinical and professional issues
10/6	**Interpersonal Theory of Suicide/Risk Assessment** *Presenter: Kristy Shapiro, PhD, NCSP* During this session, interns will learn about risk factors for suicide, with particular attention to sense of belonging, perceived burdensomeness, and capability as described by the Interpersonal Theory of Suicide. Crisis management as it pertains to Manville will also be discussed, including protocols for risk assessment and safety planning. Learning Objectives: • Interns will be able to identify warning signs and risk factors for psychiatric distress and suicide • Interns will have an understanding of how habituation contributes to increased capability for suicide • Interns will be able to describe the ways in which thwarted belongingness and perceived burdensomeness increase risk for suicide Readings: Van Orden et al. (2010). The Interpersonal Theory of Suicide. *Psychol Rev.* 117(2), 575-600.
10/13	**Working with and Engaging Families** *Presenters: Ellen Sandoval, LICSW and Kim Smith* During this seminar presenters will cover the perspective of a parent of a Manville student. Topics that parents frequently bring up in Parent Group will be discussed, along with clinician's general experiences in working with families at Manville. Articles and resources that highlight different aspects of the parent perspective will be shared. Building rapport through resistance and managing conflict and/or disagreement will also be addressed. Learning Objectives: • Interns will demonstrate an understanding of what topics/issues parents of students at Manville are interested in • Interns will learn about resources that can be helpful for parents at Manville • Interns will have a deeper clinical understanding of what parents of students at Manville might be experiencing
10/20	**BCBA's and Milieu Management at Manville** *Presenter: BCBA Provider(s)* During this session, interns receive an overview of behavioral services within a therapeutic school setting. Discussion will focus on the intersection of behavioral services with both clinical and academic services, and the ways in which all three contribute to the development of a child. Particular attention is paid to the fundamental elements of behaviorism, the development and implementation of comprehensive behavior plans, and the application of behavioral interventions within a therapeutic milieu. Learning Objectives: • Interns will be able to describe the fundamental elements of behaviorism • Interns will be able to describe the intersection of behavioral, clinical, and academic interventions • Interns will be able to identify the practices and systems of an interdisciplinary approach at the Manville School
10/27	**Facilitated Peer Supervision (Led by APA Interns)**

	During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues
11/3	**SLP and OT Services at Manville** *Presenter(s): SLP and OT Staff* During this session, interns will receive a general overview of Speech-Language Pathology and Occupational Therapy services, with specific attention to the role of SLP's and OT's within a school setting. Assessment tools and examples of interventions with the students at Manville will be discussed. This presentation will also highlight the overlap between SLP/OT services and the clinical work at Manville. Learning Objectives: • Interns will develop a better understanding of the role of SLP's and OT's in a school setting • Interns will learn about assessment tools that support eligibility determination • Interns will be able to identify areas in which the work of SLP's and OT's intersects with the work done by clinical providers, fostering opportunities for collaboration.
11/10	**HOLIDAY**
11/17	**Individualized Education Programs (IEP)** *Presenter(s): David Zimmer & Ashley Abbott* Interns will learn about IEPs and the role of the clinician in annual review and re-evaluation meetings. Topics covered include discussion of disability statements within the IEP, how to address IEP-related questions from parents and outside providers, and how to handle requests for evaluation and referrals to related services. Legal perspectives and considerations will also be discussed. Guidelines and resources will be provided. Learning Objectives: • Interns will be able to describe what it means for Manville to be DESE-approved and the importance of that designation • Interns will be able to summarize the different elements of the Type of Disability statement, and the role it has in the creation of an IEP • Interns will be able to describe what to do, and who to speak with, when parents inquire about adding a related service, request testing, raise the topic of transition, etc.
11/24	**HOLIDAY**
12/1	**Trauma Informed Care** *Presenter(s): Kristy Shapiro, PhD, NCSP & Ellen Sears, LICSW* Interns will receive an overview of trauma-informed care, including discussion of the ARC framework and intervention approaches such as Trauma-Focused CBT. Interns will learn what it means to be a "trauma sensitive school," and the ways in which clinicians can support staff in viewing and understanding students through a trauma lens.

	Learning Objectives: • Interns will be able to describe elements of the ARC model and how they apply to the work with students at Manville • Interns will demonstrate a general understanding of TF-CBT and its application at Manville • Interns will be able to provide examples of the ways in which clinicians can support staff in understanding students through a trauma lens
12/8	**Hospitalization and Levels of Care** *Presenter(s): Kristy Shapiro, PhD & Kara McTague, LICSW* During this session, interns will learn about what to expect when a student is referred for a safety evaluation through the emergency room or a crisis mobile team. Topics discussed will include presentations that warrant evaluation, hospitalization/inpatient services, and levels of care. Learning Objectives: • Interns will be able to identify examples of presentations that warrant safety evaluation and a potential higher level of care • Interns will demonstrate understanding of different levels of care and be able to provide examples of services within these levels of care
12/15	**Cognitive Behavioral Therapy for Anxiety in Schools** *Presenter: Daniel Cheron, Ph.D* During this session, interns will be presented with a theoretical model for treating anxiety in children and adolescents in the school setting. Cognitive and behavioral intervention strategies will be discussed opportunities for clinical application will be explored with the interns current caseloads Learning Objectives: • Interns will be able to describe the current cognitive-behavioral model of treating anxiety • Interns will be able to describe the benefits and challenges to using exposure therapy to treat anxiety • Interns will be able to construct a fear hierarchy for a sample client • Interns will be able to describe methods for adapting cognitive-behavioral treatment approaches for anxiety to youth with individual and cultural differences Readings: Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: a randomized clinical trial evaluating child and family modalities. Journal of consulting and clinical psychology, 76(2), 282.
12/22	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues

1/5	**Cognitive Behavioral Therapy for Depression in Schools** *Presenter: Daniel Cheron, Ph.D* During this session, interns will be presented with a theoretical model for treating depression in children and adolescents in the school setting. Cognitive and behavioral intervention strategies will be discussed opportunities for clinical application will be explored with the interns current caseloads Learning Objectives: • Interns will be able to describe the current cognitive-behavioral model of treating depression • Interns will be able to describe the difference between primary and secondary control strategies • Interns will be able to summarize 4 specific skills to teach to youth experiencing depression • Interns will be able to describe methods for adapting cognitive-behavioral treatment approaches for depression to youth with individual and cultural differences Readings: Weisz, J. R., Thurber, C. A., Sweeney, L., Proffitt, V. D., & LeGagnoux, G. L. (1997). Brief treatment of mild-to-moderate child depression using primary and secondary control enhancement training. Journal of consulting and clinical psychology, 65(4), 703.
1/12	**Play Therapy (Part 1)** *Presenter: Jia Kempegowda, PsyD* This presentation highlights the differences between Play Therapy versus regular play, through its definition, history, and highlighting contributions of both historical as well as contemporary figures who have made major contributions to the field. This two-part presentation will also discuss the therapeutic powers of play, cultural adaptations of toys and materials used, and specific play therapy modalities such as Sandtray Therapy and Theraplay, through case examples and role-play. Learning Objectives: • Interns will be able to reflect on the basic principles of play therapy and identify at least three rationales • Interns will be able to identify and select toys and materials used in play therapy and its cultural adaptations • Interns will be able to recognize at least two modalities of play therapy and identify ways in which they can incorporate components of it in their clinical work
1/19	**Play Therapy (Part 2)** *Presenter: Jia Kempegowda, PsyD* This session will be a continuation of the topics and learning objectives outlined in the session Play Therapy (Part 1)
1/26	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives:

	• Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues
2/2	**Psychopharmacology (Part 1)** *Presenter: Michelle Malnati, PMHCNS* During this session, interns will be introduced to the psychiatric services provided to select students at the Manville School. The role of the psychiatric prescriber is detailed including components of the psychiatric evaluation, role of school psychologist/clinician and collaboration. Psychiatric medications are reviewed including type of medication, indication for medication and common and serious side effects. Learning Objectives: • Interns will be able to describe the role of the psychiatric prescriber at Manville • Learn the components of the psychiatric evaluation • Overview of psychiatric medications including type, indication and potential side effects.
2/9	**Psychopharmacology (Part 2)** *Presenter: Michelle Malnati, PMHCNS* During the second portion of this lecture, a brief review of psychiatric services at the Manville School will be provided. Interns will discuss how psychotropic medication does not have the same effect in all children with the same disorder, and that frequent detailed monitoring of the prescribed medication is needed and should be encouraged. Discussion of case examples regarding medications will be reviewed. In addition, a review of tools to help facilitate medication decision making including rating scales, family history and pharmacogenetics will be discussed including utility and limits of their use. Lastly, we will also discuss providing psychoeducation for various audiences including providers, parents, and students. Learning Objectives: • Interns will be able to summarize psychiatric services at Manville • Interns will be able to describe case examples of medication and their use in the school population Interns will be able to describe psychoeducation strategies for psychopharmacology that are tailored to providers, parents and students.
2/16	**BPD and DBT Interventions** *Presenter(s): Kristy Shapiro, PhD, NCSP & Sarah Cucchiara, LICSW* Interns will receive an overview of personality disorders, with particular attention to Borderline Personality Disorder and the interplay between biological vulnerability and chronic invalidation. Discussion will also include a review of common DBT intervention strategies to support treatment of BPD. Learning Objectives • Interns will be able to identify symptoms of BPD and demonstrate an understanding of these symptoms through a biopsychosocial framework • Interns will be able to describe the states of attachment as they relate to BPD • Interns will have knowledge of common DBT intervention strategies for BPD
2/23	**SCHOOL VACATION**

3/1	**Gender Identity/Working with LGBTQ+ Populations** *Presenter: Laura Welp, LICSW* During this session, interns will receive a brief overview on LGBTQ+ identity, terminology, and allyship. Topics covered will also include trauma and identity as it relates to core beliefs, dissociation, and dysphoria, and a discussion of treatment and how therapists can honor identity for patients and their families. Learning Objectives: • Interns will be able to identify common terminology as it relates to gender and sexuality • Interns will demonstrate an understanding of how core beliefs develop from collective trauma • Interns will have knowledge of strategies to address core beliefs with corrective emotional experience
3/8	**Transitional Age Youth** *Presenter: Noelle Vega, PsyD* During this session, interns will learn about the developmental period from late adolescence to early adulthood. Topics reviewed include critical development for transitional age youth as it relates to changes socially, environmentally; changes in social roles and function, family and peer supports, exposure to substance use; and educational and vocational programs. Interventions, support and services will also be discussed. Learning Objectives: • Interns will demonstrate understanding of the changes in human development as they relate to transitional age youth • Interns will be able to identify key services and interventions to support their work with transitional age youth
3/15	**Autism: A Strength-Based Approach** *Presenter: Bretton Mulder, PsyD* During this session, interns will review the diagnostic criteria for ASD viewed through two different frameworks (challenges maximized vs. strengths maximized). Interns will also review intervention strategies (best practices) in the areas of social competency, stress management, and self-awareness. Learning Objectives: • Interns will demonstrate familiarity with the diagnostic criteria for ASD • Interns will be able to identify ASD symptoms through a strength-based approach • Interns will have knowledge of intervention strategies to support ASD
3/22	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues
3/29	**Transition Planning/Transfer Summaries**

	Presenter: Kristy Shapiro, PhD, NCSP This session will review important considerations as it relates to transition planning at the end of the academic year. Interns will receive information about required documentation (transfer summaries) and expectations for completion. • Interns will be able to locate sample transfer summaries and demonstrate understanding of key components • Interns will be able to identify important considerations regarding an individual student's transition plan
4/5	**Navigating Termination** *Presenter: Kristy Shapiro, PhD, NCSP* During this seminar interns will begin the discussion of best practices for terminating the therapeutic relationship with a student and their family. Interns will learn what this looks like at Manville and how clinical services will transition to another clinician. Space will be provided for processing the termination work, and the challenges and successes they have experienced with termination. Learning Objectives: • Interns will demonstrate clinical understanding of termination with a student • Interns will be able to describe termination practices that can be implemented in therapy sessions • Interns will reflect on their own feelings of termination
4/12	**Behavior Management/Parent Training** *Presenter(s): APA Interns* APA doctoral interns will provide an overview of parent management training, including a brief review of the modules utilized in MATCH-ADTC and PCIT. Discussion will focus on application of these intervention tools at Manville and within the school setting. • Interns will be able to identify the key components of parent management training • Interns will demonstrate understanding of behavior management principles and how they apply to interventions utilized at Manville and with Manville families
4/19	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues
4/26	**SCHOOL VACATION**
5/3	**Clinical Nutrition for Mental Health** *Presenter: Svetlana Leeds, PsyD* During this session, interns will learn about the importance of nutrition as it relates to mental health. Topics covered include impairments of inadequate nutrition, normal vs. disordered eating, eating disorders and mental health comorbidities, and a review of emerging research in nutrition psychiatry. Learning Objectives:

	• Interns will be able to identify the physiological, cognitive, and emotional impact of inadequate nutrition • Interns will have knowledge of common functions of eat disorders and be able to identify populations of concern and key warning signs • Interns will demonstrate understanding of emerging research and how it might apply to their work at Manville
5/10	**Professional Development/Self-Care** *Presenter: Kristy Shapiro, PhD, NCSP* This session will focus on the importance of self-care within the clinical profession. Topics covered will include professional development and career paths as they relate to values, how to set boundaries, and strategies to support work-life balance. Learning Objectives: • Interns will be able to identify self-care strategies for their own "tool kit" • Interns will demonstrate understanding of burnout and the impact of clinical work on well-being over time • Interns will gain exposure to various career paths and reflect on their role within the clinical profession based on values
5/17	**Seminar Feedback** *Presenter: Kristy Shapiro, PhD, NCSP* Interns will be provided with the opportunity to reflect on their internship training year and provide feedback utilizing a "stop, start, continue" framework.
5/24	**Facilitated Peer Supervision (Led by APA Interns)** During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. Learning Objectives: • Interns will provide and receive feedback to and from peers • Interns will gain exposure to a range of perspectives on a given clinical topic • Interns will increase their understanding of clinical and professional issues
5/31	**Wrap-Up** *Presenter: Kristy Shapiro, PhD, NCSP* This session will be utilized to answer questions about wrapping up at Manville and will provide additional time and space to complete required documentation.

Culturally Sensitive Care Seminar: Biweekly on Fridays from 11:00am to 12:00pm

Date	Topic
9/8	**Introduction & Orientation** *Presenter: Caroline A. Fernandes, PhD* The aim of this session will be to orient students to the seminar's learning goals and activities. Students will be given the opportunity to familiarize themselves with the leader and other trainees. Learning objectives: • Review and discuss seminars goals and proposed learning activities for the training year with students. • Utilize ice breaker activities to create familiarity among group members.
9/22	**Multicultural Guidelines: An Ecological Approach to Context Identity, and Intersectionality (2017)** *Presenter: Caroline A. Fernandes, PhD* Students will be given the opportunity to learn and review the current multicultural guidelines for practitioners, researchers, scholars, etc. in psychology. Learning objectives: • Gain more familiarity with multicultural guidelines as it pertains to the area of psychology. • Develop a greater understanding about intersectionality and utilize this knowledge to best serve groups across identity membership. • Become familiar with the cultural formulation interview.
10/06	**History of Multicultural Psychology** *Presenter: Caroline A. Fernandes, PhD* This session aims to provide trainees with an understanding of the history and evolution of multicultural psychology. Historical implications of bias and discrimination in the field will be discussed. Learning objectives: • Learn about the early, monocultural perception of mental health and cognitive functioning. • Gain more familiarity with the historical implications of bias and discrimination among marginalized communities.
10/20	**Latinx Psychology I: Historical Underpinnings of Racism/Colorism** *Presenter: Caroline A. Fernandes, PhD* Trainees will learn about the history of racism as well as colorism in Latin America. Moreover, students will learn about the generational impact of racial and ethnic stratification for Latinx populations. • Become familiar with the three historical eras and its relation to racism and colorism. • Learn more about color-blind racial attitudes of *mestizaje* and its implications for Latinx populations.
Nov	**HEART Framework and Sanctuary Spaces** *Presenter: Caroline A. Fernandes, PhD* The purpose of the session is to review frameworks that can be utilized to treat ethno-racial trauma. Additionally, trainees will learn about the concept of sanctuary spaces and how to implement them cross culturally in their clinical practice. Learning objectives:

	• Learn about the HEART framework and its use among Latinx immigrants. • Learn how to create sanctuary spaces by integrating aspects of liberation psychology and trauma informed care.
Dec	**Checking-in and Cultural Sharing** *Presenter: Caroline A. Fernandes, PhD* Trainees will be given the opportunity to check-in and explore aspect of their identity. Multicultural tools and guidelines will be used to facilitate this activity. Learning objectives: • Learn to facilitate identity exploration activities effectively and safely.
01/12	**Criminalization of Black Youth** *Presenter: Caroline A. Fernandes, PhD* Students will learn about the relationship between school disciplinary practices and the overrepresentation of Black youth in the juvenile justice system. Learning objectives: • Utilize findings to better understand and advocate for youth of color experiencing inequities in schools.
01/26	**Understanding Whiteness** *Presenter: To Be Determined* The construct of Whiteness and its impact on clinical intervention will be discussed. Learning objectives: • Gain more familiarity with impact of whiteness on multicultural competencies.
02/09	**Checking in and Cultural Sharing II** *Presenter: Caroline A. Fernandes, PhD* Trainees will be given the opportunity to check-in and explore aspect of their identity. Multicultural tools and guidelines will be used to facilitate this activity. Learning objectives: • Learn to facilitate identity exploration activities effectively and safely.
March	**Cross Cultural Supervision** *Presenter: Caroline A. Fernandes, PhD* Students will learn how to provide cross cultural supervision to diverse trainees and colleagues. Co-creating a space that is inclusive of students' identities and learning goals will be discussed. Learning objectives: • Provide culturally sensitive supervision to diverse trainees and colleagues. • Learn how to effectively address power differentials in the supervisory relationship to ensure inclusivity. **Socioeconomic Status Competence** *Presenter: Caroline A. Fernandes, PhD* A cultural understanding of barriers and biases related to socioeconomic status will be provided. Trainees will learn about overt and covert forms of classism. • Learn how to examine their own biases related to socioeconomic status. • Learn how to tailor treatments and sessions to best support individuals. **MENA Americans** *Presenter: Caroline A. Fernandes, PhD*

	Students will learn about the historical experiences of MENA Americans and its implications on stigma and mental health outcomes. A model of cumulative of racial-ethnic trauma will be utilized as a framework. • Learn about the historical experiences of bias for MENA Americans. • Learn about the discriminatory practices on a societal, institutional, and interpersonal level.
04/26	**Guest Speaker** *Presenter: To be Determined*
May	**Working with LGBTQIA+ Populations** *Presenter: To be Determined* Students will learn affirmative principles and practices to address stigma and counteract biased attitudes towards sexual minority persons. • Learn about historical oppression of the LGBTQIA+ community. • Utilize professional practice guidelines to minimize bias when treating sexual minority persons. **Asian American Pacific Islander Mental Health** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims to review APA recommendation and guidelines for treatment of Asian American Pacific Islanders. Topics covered include implications of culturally competent care; myths and misinformation such as "Model Minority"; stereotypes and bias, and culture-specific views of mental health and healing within the AAPI community. Learning Objectives: • Interns will be able to broaden their cultural awareness, knowledge, and skills when engaging with the AAPI community. • Interns will be able to identify and understand the myths and misinformation associated with the AAPI community. • Interns will be able to identify and utilize different mental health resources for the AAPI community. **Wrapping Up and End of the Year Feedback**

Psychoeducational Testing Seminar: Biweekly on Fridays 11:00am to 12:00pm

Date	Topic
09/15	**Introduction & Orientation** *Presenters: Jeevitha Kempegowda, Psy.D. & Caroline Fernandes, Ph.D.* This introductory session aims at orienting upcoming predoctoral psychological interns to both Testing and CSC seminar training goals and learning activities. Learning objectives: • Interns will be able to identify goals and proposed learning activities for both Testing as well as Culturally Sensitive Care seminar for the internship year. • Interns will be able to reflect on supervision's parameters and expectations as it relates to psychological assessment activities as well providing culturally responsive care. • Interns will be able to reflect on trainees' expectations and navigating challenges as pertaining to seminars and balancing varied clinical responsibilities in the Manville School.
09/29	**Test Binder/ Q-Global** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims at discussing the psychoeducational test battery utilized in Manville School, and also reviewing the Q-Global website for online scoring and interpretation for the varied cognitive/intellectual, clinical and personality inventories. Topics covered include review of psychological batteries available and discussion of their psychometric strengths/weaknesses, prevention of frequent administration, scoring, and interpretation mistakes, referral questions, common learning profiles, and diagnostic differentia, and suggested/ recommended batteries for specific referral questions (based on available literature). Learning objectives: • Interns will be able to identify different tests used across varied domains such as cognitive/intellectual, executive functioning and socioemotional functioning, including their psychometric properties (e.g., available indices and their use), standard and supplementary tests (with clinical uses), test selection for diverse referral questions. • Interns will be able to navigate the web-based scoring platforms (e.g., Q Global), including professional and ethical questions (e.g., privacy). • Interns will be able to reflect on questions relating to results interpretation, including report writing, diagnostic differential, and treatment recommendations (based on results) Mandatory readings: Test Binder (provided by the presenter) which includes a list of tests utilized in the Manville School (test administration, scoring, interpretation, and psychometrics sections)
10/06	**Multicultural Assessments** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims to increase familiarity with professional standards for assessing culturally diverse children. Explore cultural self-knowledge and cultural competence and inclusion of key elements in a culturally competent assessment. In addition, the session aims to discuss different strengths and limitations of assessment instruments, scales, and

	inventories and expand knowledge of alternate assessment strategies, and finally, understanding of continuing evolution of assessments. Learning Objectives: • Interns will be able to describe at least three important critical points for utilizing culturally sensitive assessment measures. • Interns will be able to reflect on ways in which we can minimize bias when utilizing assessments. • Interns will be able to describe different components of culturally sensitive assessment, for example: testing of limits, alternate assessments, etc. Mandatory Readings: Suzuki, L. A., & Ponterotto, J. G. (2008). Handbook of multicultural assessment : clinical, psychological, and educational applications (3rd ed. / Lisa A. Suzuki and Joseph G. Ponterotto, editors.). Jossey-Bass. Additional Readings: Achenbach, T. M., Becker, A., Döpfner, M., Heiervang, E., Roessner, V., Steinhausen, H.-C., & Rothenberger, A. (2008). Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: research findings, applications, and future directions. Journal of Child Psychology and Psychiatry, 49(3), 251–275. Dana, R. H. (2005). Multicultural assessment : principles, applications, and examples. L. Erlbaum Associates.
10/20	**Clinical Interview** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims at discussing general considerations and checklist for conducting a clinical interview and case history. The presentation will include discussing the varied interview tactics- preparation for the interview, directive versus non-directive interview, comprehensiveness, observation of non-verbal behaviors. This presentation will include a video review of the clinical interview process, followed by case discussion and reflections. Learning objectives: • Interns will be able to identify the different aspects of a comprehensive interview process. • Interns will be able to reflect and describe the multicultural facets of the clinical interview. • Interns will be to identify and address the unique challenges that they may encounter within the setting for the clinical interview with both parent and children. Mandatory reading: Growth- Marnat, G., & Wright, A.J. (2016). Handbook of psychological assessment (6th ed.). John Wiley & Sons. Additional Readings: Smith, S. R., & Handler, L. (2007). The clinical assessment of children and adolescents : a practitioner's handbook. Lawrence Erlbaum Associates. Miller, D.C. (2013). Essentials of School Neuropsychological Assessment. Hoboken, NJ: John Wiley & Sons. McConaughy, S. H. (2005). Direct Observational Assessment During Test Sessions and Child Clinical Interviews. School Psychology Review, 34(4), 490–506.
11/03	**MSE and Assessment Context**

	Presenter: Jeevitha Kempegowda, Psy.D. This session aims at discussing mental status examination (MSE) segment of the clinical interview; different types of MSE. Topics covered also include IDEA, Response to Intervention (RTI), and Referral questions. Learning objectives: • Interns will broaden their knowledge and experience in conducting MSE. • Interns will be able to utilize at least one of the standardized MSE measures. • Interns will reflect about the context of the assessment and gain familiarity with concepts such as IDEA, RTI, etc. Mandatory readings: Growth- Marnat, G., & Wright, A.J. (2016). Handbook of psychological assessment (6th ed.). John Wiley & Sons. Additional readings: Fasnacht, J. S., Wueest, A. S., Berres, M., Thomann, A. E., Krumm, S., Gutbrod, K., Steiner, L. A., Goettel, N., & Monsch, A. U. (2023). Conversion between the Montreal Cognitive Assessment and the Mini-Mental Status Examination. Journal of the American Geriatrics Society (JAGS), 71(3), 869–879. Norris, David R., MD, Clark, Molly S., PhD, & Shipley, Sonya, MD. (2016). The Mental Status Examination. American Family Physician, 94(8), 635–641. Parker, C., & Philp, I. (2004). Screening for cognitive impairment among older people in black and minority ethnic groups. Age and Ageing, 33(5), 447–452. Matallana, D., de Santacruz, C., Cano, C., Reyes, P., Samper-Ternent, R., Markides, K. S., Ottenbacher, K. J., & Reyes-Ortiz, C. A. (2011). The Relationship Between Education Level and Mini-Mental State Examination Domains Among Older Mexican Americans. Journal of Geriatric Psychiatry and Neurology, 24(1), 9–18.
11/17	**WISC-V** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims at discussing psychometric and professional questions relating to cognitive/intellectual assessment utilizing WISC-V for children and adolescents in a therapeutic school setting. Topics covered include typical referral questions, review of psychological instrument and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of scoring software (and related professional ethics questions), results' interpretation, common profiles and differential diagnosis, and suggested/ recommended batteries for specific referral questions. Learning objectives: • Interns will be able to describe WISC- V including their available indices and use their standard and supplementary tests, and test selection for diverse referral questions. • Interns will be able to describe the cognitive processes as represented by the WISC-V domain scores. • Interns will be able to reflect on the theoretical link between cognitive processes and specific academic skills. • Interns will be able to utilize web-based scoring platforms (e.g., Q Global) for WISC-V scoring protocol. Mandatory readings:

	WISC-V Test Manuals (test administration, scoring, interpretation, and psychometrics sections) Additional readings: Growth- Marnat, G., & Wright, A.J. (2016). Handbook of psychological assessment (6th ed.). John Wiley & Sons. Flanagan & Alfonso (2017). Essentials of WISC-V Assessment, Hoboken, NJ: John Wiley & Sons. Kaufman, A. S., Raiford, S. E., & Coalson, D. L. (2016). Intelligent testing with the WISC-V. Hoboken, NJ, US: John Wiley & Sons Inc. Mays, K.L., Kamphaus, R.W., & Reynolds, C.R. (2009). Applications of the Kaufman Assessment Battery for Children 2nd Edition in Neuropsychological Assessment. In C.R. Reynolds, E. Fletcher-Janzen (Eds.), Handbook of Clinical Child Neuropsychology. Springer Science & Business Media. Sattler, Dumont, & Coalson (2017). Assessment of children and adolescents: WISC-V and WPPSI-IV. La Mesa, CA: Jerome Sattler Publishers.
12/01	**Millon Scales** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims at discussing psychometric and professional questions relating to cognitive/intellectual assessment utilizing Millon scales (MACI; M-PACI) for children and adolescents in a therapeutic school setting. Topics covered include review of psychological instrument and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of scoring software (and related professional ethics questions), results' interpretation, common profiles and differential diagnosis, and suggested/ recommended batteries for specific referral questions. Learning objectives: • Interns will be able to describe Millon scales (MACI; M-PACI) including their available indices and test selection for diverse referral questions. • Interns will be able to reflect on the strengths and limitations of the use of Millon scales and its utility among diverse groups. • Interns will be able to utilize web-based scoring platforms (e.g., Q Global) for Millon scoring protocol. • Interns will broaden their awareness and knowledge for professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and diagnostic clarification. Mandatory Readings: Millon's Test Manuals (test administration, scoring, interpretation, and psychometrics sections) Recommended Readings: Strack, S. (2008). Essentials of Millon inventories assessment (3rd ed.). John Wiley & Sons. Tringone, R., & Bockian, N. (2015). Millon's Contributions to Preadolescent and Adolescent Personality Assessment: Searching Onward and Upward. Journal of Personality Assessment, 97(6), 563–571
12/15	**Differential Diagnoses: Autism and Comorbid Diagnoses** *Presenter: Jeevitha Kempegowda, Psy.D.*

	The session aims to extend the interns' understanding of how autism affects children in their early years. The topic also explores the impact of comorbid diagnoses with autism. The session also aims to develop skills in identifying barriers to learning for children with autism, as well as, understanding of what "reasonable adjustments" needs to be made in order to support their needs in a therapeutic school. Learning objectives: • Interns will be able to recognize areas of differences for children with autism as delineated in DSM-V • Interns will be able to describe other comorbid diagnoses related to autism. • Interns will be able to reflect on the different perspectives for children with autism and their caregivers. • Interns will be able reflect on their practice and implement reasonable adjustments to support children with autism. Recommended Readings: Trammell, B., Wilczynski, S. M., Dale, B., & Mcintosh, D. E. (2013). Assessment and differential diagnosis of comorbid conditions in adolescents and adults with autism spectrum disorders. *Psychology in the Schools*, *50*(9), 936–946. Kirsch, A. C., Huebner, A. R. S., Mehta, S. Q., Howie, F. R., Weaver, A. L., Myers, S. M., Voigt, R. G., & Katusic, S. K. (2020). Association of Comorbid Mood and Anxiety Disorders With Autism Spectrum Disorder. *Archives of Pediatrics & Adolescent Medicine*, *174*(1), 63–70.
01/05	**Integrated Reports- I** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims at discussing the essentials of report writing. Interns will have the opportunity to explore the different domains of the test report and discuss different aspects of their style of writing. The presentation will also include an in-depth discussion of style, clarity, and structure of reports with extensive examples and guidelines. Learning objectives: • Interns will be able to reflect on their writing style and describe at least two domains that they would like to work on in writing reports. • Interns will be able to broaden their awareness and knowledge of at least three most common writing errors and describe alternatives. • Interns will be able to practice their writing skills with case examples during the session. Mandatory Readings: Lichtenberger, E. O., Mather, N., & Kaufman, N. L. (2004). Essentials of Assessment Report Writing. In Essentials of Assessment Report Writing. John Wiley & Sons, Incorporated.
01/19	**Integrated Reports- II** *Presenter: Jeevitha Kempegowda, Psy.D.* This session is the second part for the integrated report series. This aims to discuss the integration of information from all the domains to arrive at the diagnoses and followed by recommendations. Interns will have the opportunity to explore the different domains of the test report and discuss different aspects of their style of writing, especially for a clinical summary. The presentation will also include an in-depth discussion of style, clarity, and structure of reports with extensive examples and guidelines.

	Learning objectives: • Interns will be able to reflect on their writing style and describe at least two domains that they would like to work on in writing reports. • Interns will be able to broaden their awareness and knowledge of at least three most common writing errors and describe alternatives. • Interns will be able to practice their writing skills with case examples during the session. Mandatory Readings: Lichtenberger, E. O., Mather, N., & Kaufman, N. L. (2004). Essentials of Assessment Report Writing. In *Essentials of Assessment Report Writing*. John Wiley & Sons, Incorporated.
02/02	**Case Discussion** *Presenter: Psych Intern* This session provides an opportunity for interns and trainees to bring their ongoing testing case to the seminar for presentation and discussion around case conceptualization/ clinical impressions, diagnoses, and treatment recommendations.
02/16	**Assessment Feedback** *Presenter: Jeevitha Kempegowda, Psy.D.* This session aims to discuss the task of communicating psychological test results to clients, both parents and children within a therapeutic day school setting. While research has demonstrated the therapeutic value of providing clients with feedback, which includes improved insight and functioning and providing assessment feedback is also mandated by professional standards. However, there is minimal published research examining the actual feedback practices of psychologists, or their perspectives on such practices, especially for children. The session also aims to explore different perspectives and formats one can utilize to provide feedback to both parents and children. Learning objectives: • Interns will be able to describe at least three utilities for child and parent-directed feedback. • Interns will also be able to reflect on the theoretical links to providing assessment feedback. • Interns will be able to reflect on their clinical practice and incorporate different aspects of assessment feedback in their current practice. Mandatory Readings: Growth- Marnat, G., & Wright, A.J. (2016). Handbook of psychological assessment (6th ed.). John Wiley & Sons. Tharinger, D. J., Finn, S. E., Wilkinson, A., DeHay, T., Parton, V. T., Bailey, K. E., & Tran, A. (2008). Providing Psychological Assessment Feedback to Children Through Individualized Fables. *Professional Psychology, Research and Practice*, *39*(6), 610–618. Smith, S. R., Wiggins, C. M., & Gorske, T. T. (2007). A Survey of Psychological Assessment Feedback Practices. *Assessment (Odessa, Fla.)*, *14*(3), 310–319. Additional Readings: Wong, D., Pinto, R., Price, S., Watson, L., & McKay, A. (2023). What does competently delivered neuropsychological assessment feedback look like? Development and validation of a competency evaluation tool. *Clinical Neuropsychologist*, *ahead-of-print*(ahead-of-print), 1–19.

	Boudrias, J.-S., Bernaud, J.-L., & Plunier, P. (2014). Candidates' integration of individual psychological assessment feedback. *Journal of Managerial Psychology*, *29*(3), 341–359
03/01	**Case Discussion** *Presenter: Psych Intern* This session provides an opportunity for interns and trainees to bring their ongoing testing case to the seminar for presentation and discussion around case conceptualization/ clinical impressions, diagnoses, and treatment recommendations.
03/15	**Roberts-2 Introductions and Administration** *Presenter: Jeevitha Kempegowda, Psy.D.* This session is a two-part presentation to discuss Roberts-2 and its psychometric properties, administration instructions, scoring and interpretation. The presentation also aims to discuss writing findings in the integrated reports and treatment recommendations. This session will include a video review of the Roberts- 2 administration process, followed by scoring and interpretations. Learning Objectives: Interns will be able to administer Roberts- 2 Interns will be able to score and interpret Roberts-2 Interns will be able to integrate findings from Roberts-2 into their psycho-educational assessment report. Mandated Readings: Roberts Apperception Test for Children Manual (Roberts-2). (2005). Western Psychological Services. Worchel, F. F. (2013). Roberts Apperception Test for Children. In *Encyclopedia of Special Education*. John Wiley & Sons, Inc. Additional Readings: Bell, N. L., & Nagle, R. J. (1999). Interpretive issues with the Roberts Apperception Test for Children: Limitations of the standardization group. *Psychology in the Schools*, *36*(4), 277–283.
03/29	**Roberts- 2 Scoring and interpretation** *Presenter: Jeevitha Kempegowda, Psy.D.* This session is a two-part presentation to discuss Roberts-2 and its psychometric properties, administration instructions, scoring and interpretation. The presentation also aims to discuss writing findings in the integrated reports and treatment recommendations. This session will include a video review of the Roberts- 2 administration process, followed by scoring and interpretations. Learning Objectives: Interns will be able to administer Roberts- 2 Interns will be able to score and interpret Roberts-2 Interns will be able to integrate findings from Roberts-2 into their psycho-educational assessment report. Mandated Readings: Roberts Apperception Test for Children Manual (Roberts-2). (2005). Western Psychological Services.

	Worchel, F. F. (2013). Roberts Apperception Test for Children. In Encyclopedia of Special Education. John Wiley & Sons, Inc. Additional Readings: Bell, N. L., & Nagle, R. J. (1999). Interpretive issues with the Roberts Apperception Test for Children: Limitations of the standardization group. Psychology in the Schools, 36(4), 277–283.
04/05	**Case Discussion** *Presenter: Psych practicum extern* This session provides an opportunity for interns and trainees to bring their ongoing testing case to the seminar for presentation and discussion around case conceptualization/ clinical impressions, diagnoses, and treatment recommendations.
04/19	**Complex Developmental Trauma** *Presenter: Jeevitha Kempegowda, Psy.D.; Michelle Malnati,* PMHCNS, BC PPCNP, BC The session aims to discuss different aspects of Complex Developmental Trauma, PTSD, and other differential diagnoses. This presentation will include case examples, discussion of assessment tools, different treatment modalities and psychopharmacological management. Learning objectives: • Interns will be able to describe two factors that are present in order to consider Complex Developmental Trauma as a condition. • Interns will be able to compare and contrast the diagnostic criteria for PTSD and the clinical symptomology of Complex Developmental Trauma • Interns will be able to apply phenomenology of both disorders to the current student population. • Interns will be able to identify and describe at least two treatment modalities including psychopharmacology and EBPs. Mandatory Readings: Mooren, T., & Stofsel, M. (2015). Diagnosing and treating complex trauma. Routledge. Van der Kolk, B. A., & Courtois, C. A. (2005). Editorial comments: Complex developmental trauma. Journal of Traumatic Stress, 18(5), 385–388. https://www.nctsn.org/ Additional Readings: Simkin, D. R. (2023). Post-Traumatic Stress Disorder/Developmental Trauma Disorder/Complex Post-Traumatic Stress Disorder and Complementary and Integrative Medicine/Functional Medicine. Child and Adolescent Psychiatric Clinics of North America, 32(2), 317–365.
05/03	**Case Discussion** *Presenter: Psych practicum extern* This session provides an opportunity for interns and trainees to bring their ongoing testing case to the seminar for presentation and discussion around case conceptualization/ clinical impressions, diagnoses, and treatment recommendations.
05/17	Childhood Psychosis and Personality Development *Presenter: Jeevitha Kempegowda, Psy.D.*

	The session aims to discuss different aspects of Childhood Psychosis and Personality Development. This presentation will include case examples, discussion assessment tools, different treatment modalities and psychopharmacological management. Learning objectives: • Interns will be able to discuss and reflect on the criteria for diagnosing early childhood psychosis and emerging personality traits or disorders. • Interns will be able to apply phenomenology of both disorders to the current student population. • Interns will be able to identify and describe at least two treatment modalities including psychopharmacology and EBPs. Mandatory Readings: Childhood Psychosis. (2021). In Encyclopedia of Autism Spectrum Disorders. Additional Readings: Biederman, J., Petty, C., Faraone, S. V., & Seidman, L. (2004). Phenomenology of Childhood Psychosis: Findings From a Large Sample of Psychiatrically Referred Youth. The Journal of Nervous and Mental Disease, 192(9), 607–614. Shorter, E., & Wachtel, L. E. (2013). Childhood catatonia, autism and psychosis past and present: is there an 'iron triangle'? Acta Psychiatrica Scandinavica, 128(1), 21–33.
05/31	**Case Discussion** *Presenter: Psych practicum extern* This session provides an opportunity for interns and trainees to bring their ongoing testing case to the seminar for presentation and discussion around case conceptualization/ clinical impressions, diagnoses, and treatment recommendations.
06/14	**Wrap- up and Feedback** *Presenter: Jeevitha Kempegowda, Psy.D.* The session aims to discuss assessment seminar's learning objectives and overall progress and obtain feedback from current interns for next year's training activities.

General References (applicable for all seminars):

AERA, APA, & NCME (2014). *Standards for educational and psychological testing*, Washington, DC: AERA.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders, 5th edition (DSM-5)*. Arlington, VA: APA.

American Psychological Association (APA, 2017). *Ethical principles of psychologists and code of conduct.* Retrieved from the APA website on 1/25/2019: https://www.apa.org/ethics/code/ .

U.S. Department of Education. *IDEA: Individuals with disabilities education act.* Retrieved on 1/25/2019 from: https://sites.ed.gov/idea/statuteregulations/

Lezak, Howieson, Bigler, & Tranel (2012). *Neuropsychological Assessment, 5th Edition.* New York, NY: Oxford University Press.

Lichtenberger, Mather, Kaufman, & Kaufman (2004). *Essentials of Assessment Report Writing.* Hoboken, NJ: John Wiley & Sons.

Child Mental Health Forum: Monthly on Wednesdays from 10:00 to 11:15am

Date	Topic
10/4	[BEST PRACTICES IN SUPPORTING LGBTQ+ YOUTH AND THEIR CAREGIVERS IN THE CHILD WELFARE SYSTEM] Christopher Bellonci, MD Senior Policy Advisor, Baker Center for Children and Families; Assistant Professor, Harvard Medical School
11/1	[TOPIC: SLEEP BEHAVIORS IN CHILDREN; TITLE: TBA] Judith Owens, MD, MPH Director, Center for Pediatric Sleep Disorders Boston Children's Center; Professor of Neurology, Harvard Medical School
12/6	[TOPIC: SEXUAL ORIENTATION AND FLUIDITY, GENDER IDENTITY DEVELOPMENT, AND HEALTH INEQUITIES; TITLE: TBA] Sabra L. Katz-Wise, PhD Associate Professor, Boston Children's Hospital; Associate Professor of Pediatrics, Harvard Medical School; Associate Professor of Social and Behavioral Sciences, Harvard T. H. Chan School of Public Health
1/17	[TOPIC: STRUCTURAL RACISM AND ITS IMPACT ON MENTAL HEALTH DISPARITIES AND INEQUITIES; TITLE: TBA] Ruth Shim, MD, MPH Luke & Grace Kim Professor in Cultural Psychiatry, Professor of Clinical Psychiatry, Department of Psychiatry and Behavioral Sciences, and Associate Dean of Diverse and Inclusive Education, University of California, Davis School of Medicine
2/7	[TOPIC: IMPLEMENTATION SCIENCE AND KNOWLEDGE TRANSLATION IN CHILD & ADOLESCENT MENTAL HEALTH; TITLE: TBA] Melanie Barwick, PhD Senior Scientist, Child Health Evaluative Sciences Program of the Research Institute, The Hospital for Sick Children; Professor, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto
3/6	[TOPIC: PARENT-BASED INTERVENTIONS FOR CHILDREN WITH ANXIETY DISORDERS TITLE: TBA] Lawrence A. Vitulano, PhD, ABPP Professor of Clinical Child Psychology, Yale School of Medicine and Yale Child Study Center
4/3	[TOPIC: FALSE CRIMINAL CONFESSIONS IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS; TITLE: TBA] Hayley Cleary, MPP, PhD Associate Professor of Criminal Justice and Public Policy, Virginia Commonwealth University
5/1	[TOPIC: COMPONENTS OF FEAR MEMORY FORMATION IN CHILDREN AND ADOLESCENTS IN THE DEVELOPMENT OF FEAR-BASED DISORDERS; TITLE: TBA] Kerry Ressler, MD, PhD Chief Scientific Officer, Chief, Division of Depression and Anxiety Disorders, and James and Patricia Poitras Chair in Psychiatry; McLean Hospital; Professor, Harvard Medical School

Suicide Risk Assessment Guide

To be used as a guide only and not to replace clinical decision-making and practice.

Issue	High risk	Medium risk	Low risk
'At risk' Mental State – depressed – psychotic – hopelessness, despair – guilt, shame, anger, agitation – impulsivity	E.g., Severe depression; Command hallucinations or delusions about dying; Preoccupied with hopelessness, despair, feelings of worthlessness; Severe anger, hostility	E.g., Moderate depression; Some sadness; Some symptoms of psychosis; Some feelings of hopelessness; Moderate anger, hostility.	E.g., Nil or mild depression, sadness; No psychotic symptoms; Feels hopeful about the future; None/mild anger, hostility.
Suicide attempt or suicidal thoughts – intentionality – lethality – access to means – previous suicide attempt/s	E.g., Continual / specific thoughts; Evidence of clear intention; An attempt with high lethality (ever).	E.g., Frequent thoughts; Multiple attempts of low lethality; Repeated threats.	E.g., Nil or vague thoughts; No recent attempt or 1 recent attempt of low lethality and low intentionality.
Substance disorder – current misuse of alcohol and other drugs	Current substance intoxication, abuse or dependence.	Risk of substance intoxication, abuse or dependence.	Nil or infrequent use of substances
Corroborative History – family, guardian – medical records – other service providers/sources	E.g., Unable to access information, unable to verify information, or there is a conflicting account of events to that of those of the person at risk.	E.g., Access to some information; Some doubts to plausibility of person's account of events.	E.g., Able to access information / verify information and account of events of person at risk (logic, plausibility).
Strengths and Supports (coping & connectedness) – expressed communication – availability of supports – willingness / capacity of support person/s – safety of person & others	E.g., Patient is refusing help; Lack of supportive relationships / hostile relationships; Not available or unwilling / unable to help.	E.g., Patient is ambivalent; Moderate connectedness; few relationships; Available but unwilling / unable to help consistently.	E.g., Patient is accepting help; Therapeutic alliance forming; Highly connected / good relationships and supports; Willing and able to help consistently.
Reflective practice – level & quality of	Low assessment confidence		– High assessment confidence / low

engagement – changeability of risk level – assessment confidence in risk level.	or high changeability or no rapport, poor engagement.		changeability; – Good rapport, engagement.

Manville Assessment Guide

Assessment at Manville is rooted in the multi-source, multi-method approach. We utilize clinical interview, behavioral data, observational data, norm-referenced test data, and performance-based task data to frame our conceptualization of a student's needs. We tap classroom teams, caregivers, the students themselves, internal and external providers for information.

We do not have a standard test battery, though we are limited in our test supplies, of course. We select tests that will answer questions about the student's learning abilities and overall psychological functioning. We expect students to be open to learning new methods. We expect you to draw from your knowledge base and extrapolate to learn new tools. We believe it is crucial that you self-study any new instrument so that you can bring questions regarding administration and interpretation to supervision. Your supervisor is dedicated to your growth and learning, so each supervisor looks forward to teaching you new tools.

Steps to Assessment:

1. Review the student folder, inclusive of the IEP and evals/summaries in the record.
2. Reach out to classroom teachers for their questions about the child's abilities/psychological functioning.
3. Reach out to family to introduce yourself and to ask them their questions about their child's abilities/psychological functioning. Schedule a clinical interview with them that is pushed out beyond your first supervision with your supervisor!
4. Bring this information to supervision so that you can organize it and develop a battery that answers the referral questions.
5. Schedule testing with the child by emailing the classroom teacher for availability. Always cc: the management trio.
6. In your first session with the child, be sure to orient the child to testing (regardless of age/stage!) and ask the child what their questions are about themselves!
7. Test
8. Score → Supervision
9. Interpret → Supervision
10. Write report in a way that conceptualizes the child's profile in an ecological and culturally responsive manner, and answers the referral questions. There will be copious amounts of feedback on your first draft of a report. This is expected.

Timeline:

- ★ You have 30 school days to complete the test administration, inclusive of observations and interviews. Do NOT delay in getting these scheduled and completing administration.
- ★ Your report must be completely ready by the 45th school day. It *might* need to be ready sooner, depending on the meeting date! Do NOT delay in moving from testing to report writing.
- ★ Your supervisor needs the report 10 school days before the meeting so that you can receive feedback and revisions.
- ★ Your supervisor will ask the TEAM chair for accommodations if the timeline is somehow more advanced than is feasible.

Report Writing

This will be covered more fully in Assessment Seminar, but you should be prepared to write fully integrated reports. This means both the findings and the conclusions are written in an integrated manner.

Many assessors write reports by reporting on findings in a test-by-test or domain by subtest manner. Our method aligns more closely with the latter. You will notice the most difference in the social-emotional (psychological) functioning section. In this section, we report on themes for 5 areas of psychological functioning: how the child thinks, emotions, behavior, self-perception, and interpersonal (social) ability. The themes are drawn from all test and observational data, not reported on test-by-test.

This might be new to you and therefore, it might be challenging. Our philosophy is that this is the time to be challenged!! You are being closely supervised and you are poised for professional growth and development. We will guide you through it and raise the bar gradually. We love to teach!