

**The Guidance Center
Doctoral Internship
Training Manual**

Revised August 2022

Table of Contents

<u>Section</u>	<u>Page</u>
Introduction	3
Conditions of Placement	4
Fringe Benefits	5
Mission and Vision	6
History	7
Training Philosophy	8
Aims of the Internship	9
Competencies of the Internship	10
Clinical Responsibilities and Training Experiences	17
On-Call	22
Supervision	23
Concurrent Self-Study Assessment	25
Due Process and Grievances	26
Scheduling	29
Administrative Tasks	31
Appendix A	40
Appendix B	41
Appendix C	42
Appendix D.....	48
Appendix E.....	50
Appendix F.....	51
Appendix G.....	52
Appendix H	61
Appendix I	65
Appendix J	67
Appendix K	74
Appendix L	83
Appendix M	85
Appendix N	86
Appendix O.....	87
Appendix P	88
Appendix Q.....	89
Appendix R	91
Appendix S.....	92
Acknowledgement Form	102

Introduction

The Internship Training Manual outlines the training program requirements and expectations of interns. Interns are considered employees of The Guidance Center. All expectations for interns regarding program and agency requirements, expectations, performance, continuation, and termination are detailed within the Training Manual. At the start of internship each intern will be provided a written copy of the Training Manual and electronic access to the Human Resources Policy Manual. Both manuals will be reviewed with interns on the first day of internship. Any additional questions are encouraged and can be directed to the Training Director.

Interns are expected to complete 2000 hours of supervised training experience during a 12-month training year. Graduate schools may require differing numbers of supervised training experiences, and it is the responsibility of each intern to ensure they are aware of any differences. Any required additions to the training provided at The Guidance Center will need to be addressed with the Training Director. Furthermore, interns are required to complete all components of the training program outlined in the manual. This remains the case when an intern's graduate school requires less hours and/or training experiences than those provided through The Guidance Center, and/or an intern completes requirements of their graduate school prior to the completion date of the internship. The workload for each intern is designed to be completed in approximately 40 hours per week, on average. However, additional hours may be required if an intern is unable to complete the necessary requirements within this time. Questions regarding hours, payroll, and benefits can be directed to the Human Resources Director.

Interns are respected for the variety of education and clinical skills received through their training programs and are expected to abide by the highest ethical standards. It is also expected that interns are seeking to expand and enhance their professional skills and prepare for entry into the profession of psychology. Successful completion of the Doctoral Internship at The Guidance Center should equip interns to transition into the role of Early Career Psychologist.

Conditions of Placement

To be eligible for an internship placement at The Guidance Center applicants must meet all criteria outlined in APPIC, in addition to the conditions of placement stated below. Please see Appendices for additional information.

Degree

Each intern is required to have a Master's degree conferred no later than the APPIC ranking deadline.

Licensing (See Appendix A)

Each intern is required to obtain, and maintain, a professional clinical license in the state of Kansas through the Behavioral Sciences Regulatory Board. Licensure must remain active for the duration of the internship training year.

Background Checks (See Appendix B)

Background checks are conducted on all interns upon their first day of internship. Each intern is required to pass all necessary background checks.

Alcohol and Drug-Free Workplace (See Appendix C)

It is policy of The Guidance Center to create and maintain an alcohol and drug-free workplace. Drug screens are conducted on all interns upon their first day of internship. Each intern is required to pass all necessary drug screens.

Fringe Benefits

As an employee of The Guidance Center, interns are eligible for the following benefits:

- Paid Time Off (see Scheduling section)
- Paid holidays (see Appendix Q)
- Dental insurance
- Eye insurance
- Health insurance
- Life insurance
- Compensation for extra voluntary on-call

Mission and Vision

Our Mission

The Guidance Center promotes healthy communities by providing integrated behavioral health care services and partnering in the delivery of general healthcare to those we serve.

Our Vision

We envision a healthy community of people who can access and benefit from state of the art, integrated healthcare which results in an enhanced quality of life for all.

History

The Guidance Center is the result of over 65 years of effort in Atchison, Leavenworth and Jefferson counties. The 43 clients served during the first three years of existence compares to the approximately 5,600 clients served annually by Center staff. Among community mental health centers, The Guidance Center is one of the oldest in the state of Kansas. Originating in Atchison in 1937 as the Child Guidance Clinic, the center at that time held "clinic" one day a month during the school year for Atchison children who were referred by teachers or family members with problems such as behavioral issues, difficult interpersonal relationships, or truancy. At that time, funding came from the Red Cross chapter in Atchison, with a location provided in Central Grade School, and donation of clerical time and a welfare worker by the local welfare office. The county medical society contributed free examinations. Parochial schools also lent support. At that time, The Guidance Center was the only community mental health center in the State of Kansas supported entirely by community funds.

A mental health association was established in Leavenworth in 1958. In response to nationwide changes in mental health care, The Guidance Center joined forces with Leavenworth County and became a two-county center in 1964. A community mental health center was created, providing outpatient therapy and psychiatry services to individuals from Atchison and Leavenworth Counties regardless of the ability to pay. Funding was provided by mil levies in Leavenworth and Atchison Counties. Ten years later, a third clinic was opened in Jefferson County in the city of Oskaloosa. In the 1990's, new approaches to the mental health care for adults and children with more serious mental illness contributed to the need to open a fourth facility. The Community Support Services facility, also located in the city of Leavenworth, was the home of more intensive services designed to meet the specialized need of these individuals.

In 1991, the Kansas Legislature enacted several laws that changed the way local community mental health centers operated. At that time, community mental health centers were legally designated to manage public community mental health care in Kansas. By 1998, 600 Kansas state hospital beds were closed, leaving The Guidance Center with the responsibility for providing programs and services for Atchison, Jefferson, and Leavenworth County residents who might otherwise have been confined to those institutions. As a result, children with severe emotional disturbances were able to live in their own community, and adults with serious mental illness were able to remain in contact with their established community supports.

Today, The Guidance Center has locations in the cities of Atchison, Leavenworth, and Oskaloosa. In May 2004, the separate Leavenworth facilities joined together, following a strongly supported capital campaign. The Guidance Center is supported from patient fees, county mil levies, State aid, grants and contract, and other income sources. The Guidance Center is licensed as a community health center by the State of Kansas and the substance abuse program is also certified by the State of Kansas. The Board of Directors, made up of twelve community volunteers, oversees the administration of the center.

Training Philosophy

The internship program offered by The Guidance Center is an APA-accredited internship which trains interns in a practitioner-scholar model. This model focuses on training psychology students primarily interested in clinical development, (“learning by doing”) driven by evidence-based practices. The overall aim of the internship program is to incorporate and apply scientific knowledge obtained from a doctoral-level education and empirically based literature, with intensive clinical experiences. The Guidance Center is a community mental health center that provides services to, on average, 5,600 community members a year. Therefore, throughout the year, the intern will have multiple opportunities to apply scholarly evidence towards experiential clinical activities. Additionally, interns will be supervised and mentored with a developmental approach in order to assist in the emergence of a mature professional identity. The internship program strives to facilitate growth by supplying a plethora of diverse experiences and exposure in a community mental health center environment, thus offering a generalist training.

The primary focus of the internship program is clinical training. Through the process of the training year, an intern will have an opportunity to develop into an entry-level psychologist capable of providing care to a full workload of clients. However, the educational and professional development core components trump service production. Interns will be exposed to a broad range of diverse populations, settings, and modalities in order to increase competence working independently in the future. The beginning of the year will focus on the immediate training needs and will identify the training path requested by each intern. Through a developmental approach, interns will be allowed to gain more autonomy towards training opportunities as the training year continues. Through experiential activities and professional interactions, diversity is intertwined into the training year. Supervision and seminars will focus early and ongoing throughout the year on the self as an instrument, and gaining the necessary knowledge, skills, and awareness to increase cultural competence. Supervision incorporates not only mentor-level feedback and guidance, but also reciprocal peer discussion during group supervision and team training meetings.

Finally, an entry-level psychologist should have a well-developed professional identity that incorporates the ability to think and act ethically, advocate for the profession, provide effective services, and confidently interact with multidisciplinary professionals. This internship is designed to amalgamate the assortment of experiential activities and supervision into one cohesive professional identity at the conclusion.

Aims of the Internship

In keeping with the general mission and philosophy of the training program, the internship is designed to assist interns in developing scientific and practice skills appropriate to those of a generalist working with children, adults, families, and couples at the competency of an entry-level psychologist. The community mental health center setting allows exposure to a plethora of experiences and modalities. More specifically, the internship has three overarching aims that guide the training provided:

1. To train generalist practitioners in the profession of psychology.

To achieve this aim, interns are trained to provide direct service in a variety of clinical domains including individual and group therapy, assessment/evaluation, and crisis intervention.

2. To train psychologists to broaden the scope of their services beyond those provided to clients.

To achieve this aim, interns are trained to provide supervision, outreach, psychoeducation, and consultation.

3. To train psychologists to develop, and to be guided by, their professional identity.

To achieve this goal ethics and professionalism are topics that are introduced during orientation and discussed in many venues throughout the year. Also, staff serve as models and mentors to interns.

Competencies of the Internship

Competency (A): Research

Interns will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level.

Competencies Expected:

1. Interns will demonstrate value and application of scientific methods related professional practice.
2. Interns will articulate issues derived from the literature in supervision and case conferences.
3. Interns will effectively present research-based information regarding treatment and/or completed doctoral projects during local, regional, or national presentations.
4. Interns will create treatment plans that incorporate current evidence-based interventions.
5. Interns will formulate appropriate questions regarding case conceptualizations.
6. Interns will demonstrate ability to effectively consume and critique literature and identify robust data.
7. Interns will demonstrate ability to identify evidence-based research and research methodology.
8. Interns will demonstrate understanding and utilization of outcome-based data to improve therapeutic alliance and outcomes.

Competency (B): Ethical and legal standards

Interns will demonstrate knowledge, awareness, and application of APA ethical and legal standards/guidelines.

Competencies Expected:

1. Interns will demonstrate knowledge of the ethical, legal, and professional standards and guidelines.
2. Interns will demonstrate ability to follow agency (e.g., Internship Manual, Policy Manual) policies.
3. Interns will demonstrate knowledge and application of ethical decision-making.

4. Interns will demonstrate knowledge of own moral principles and ethical values in discussion with The Guidance Center professionals.
5. Interns will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues.
6. Interns will maintain appropriate and timely clinical and professional documentation.
7. Interns will maintain appropriate boundaries with clients, trainees, and professional and administrative staff.
8. Interns will manage their caseloads effectively.

Competency (C): Individual and cultural diversity

Interns will acquire the requisite competencies in cultural and individual diversity for entry-level practice as professional psychologists.

Competencies Expected:

1. Interns will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth.
2. Interns will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender).
3. Interns will demonstrate knowledge of others as cultural beings (e.g., multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender, sexual orientation, social class, religion, language, country of origin, ability status).
4. Interns will demonstrate knowledge of the role of culture in interactions of self and others.
5. Interns will apply knowledge, sensitivity, and understanding of individual and cultural diversity issues to work effectively with diverse others.
6. Interns will demonstrate awareness of the social, political, economic, and/or cultural factors that impact development and functioning.
7. Interns will use awareness to effectively intervene with clients in promoting action on factors impacting development and functioning.
8. Interns will demonstrate awareness of the difference between individual, institutional, and system-level barriers to change.

9. Interns will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s).

Competency (D): Professional values, attitudes, and behaviors

Interns will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior in order to enter the practice of professional psychology.

Competencies Expected:

1. Interns will demonstrate honesty, personal responsibility, and adherence to professional values.
2. Interns will conduct selves in a professional manner across settings and situations.
3. Interns will accept responsibility for own actions.
4. Interns will demonstrate concern for the welfare of others.
5. Interns will display a consolidation of professional identity as a psychologist.
6. Interns will demonstrate timeliness to meetings, sessions, supervision, seminars, and other professional activities.
7. Interns will demonstrate reflectivity during, and after, professional activities.
8. Interns will develop and articulate self-awareness in attitudes, values, and beliefs.
9. Interns will demonstrate accurate self-assessment of competence.
10. Interns will demonstrate ability to recognize limits of knowledge and skills.
11. Interns will demonstrate consistent practice of self-care.

Competency (E): Communication and interpersonal skills

Interns will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective services, further the science, and to collaborate and/or teach.

Competencies Expected:

1. Interns will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.

2. Interns will show the ability to produce and comprehend oral, nonverbal, and written professional communications.
3. Interns will demonstrate entry-level psychologist group counseling skills.
4. Interns will develop an effective working relationship with co-facilitators and other providers during the provision of services.
5. Interns will learn the skills necessary to effectively offer treatment while working within a family system or with couples.
6. Interns will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions.
7. Interns will demonstrate the ability to accept feedback and direction from peers and supervisors.
8. Interns will demonstrate the ability to effectively and professionally offer feedback to clients, colleagues, and professionals from other disciplines in the community

Competency (F): Assessment

Interns will develop requisite skills in psychological evaluation and assessment.

Competencies Expected:

1. Interns will demonstrate skill in accurately selecting, administering, scoring, and interpreting self-report and personality assessment instruments based on empirical literature.
2. Interns will seek consultation regarding selecting, scoring, interpreting, and report writing.
3. Interns will demonstrate knowledge of the empirical basis of assessment measures.
4. Interns will demonstrate ability to utilize assessment data to inform their treatment goals and interventions.
5. Interns will demonstrate consideration of cultural factors in selection and interpretation of assessment materials.
6. Interns will demonstrate skill in integrating the clinical intake, behavioral observations, and assessment data into a comprehensive report.
7. Interns will demonstrate skill in writing psychological reports and communicating findings in written and oral form to client(s).
8. Interns will demonstrate differential diagnostic skills and knowledge of the DSM-5.

Competency (G): Intervention

Interns will acquire requisite clinical skills and competencies for entry-level practice as professional psychologists.

Competencies Expected:

1. Interns will demonstrate clinical intervention and relationship skills.
2. Interns will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making.
3. Interns will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity.
4. Interns will demonstrate ability to critically review and integrate scholarly literature into their clinical work.
5. Interns will formulate and conceptualize cases based on theoretical orientation.
6. Interns will demonstrate ability to formulate appropriate treatment goals in collaboration with the client and modify these goals when needed.
7. Interns will demonstrate ability to apply useful and effective evidence-based interventions.
8. Interns will demonstrate sensitivity and skills in working with diverse clients and modify interventions when needed.
9. Interns will demonstrate ability to provide necessary treatment services towards clients with significant mental health problems and/or dual diagnosis.
10. Interns will demonstrate ability to offer services based on developmental needs.
11. Interns will evaluate progress of their provision of therapy and use this information to improve their own effectiveness.
12. Interns will learn skills necessary to effectively offer treatment while working within a family system.
13. Interns will demonstrate intermediate group counseling skills.
14. Interns will demonstrate knowledge of group theory and practice.

15. Interns will demonstrate ability to apply and critically review evidence-based group interventions.
16. Interns will facilitate group termination skills.
17. Interns will develop effective working relationship with co-facilitators.
18. Interns will demonstrate sensitivity, flexibility, and skills in working with a diverse group of clients.
19. Interns will gather and document relevant data during telephone or in-person sessions.
20. Interns will demonstrate ability to conduct a thorough and effective risk assessment.
21. Interns will demonstrate sensitivity and skill in working with diverse clients.
22. Interns will make ethical and informed decisions regarding case disposition.
23. Interns will use appropriate and effective interventions during crisis situations.
24. Interns will seek supervision/consultation appropriately.
25. Interns will work cooperatively with multidisciplinary teams to address the needs of clients during crisis interventions.

Competency (H): Supervision

Interns will develop beginning skills in the provision of supervision.

Competencies Expected:

1. Interns will demonstrate knowledge of expectations and roles in supervision.
2. Interns will demonstrate ability to apply supervision models/theories in conceptualizing supervisee needs.
3. Interns will be able to quickly and concisely present and discuss complex cases.
4. Interns will utilize and critically assess scholarly literature in supervisory practices.
5. Interns will develop a supervision contract with supervisee(s).
6. Interns will demonstrate ability to develop an effective and professional supervisory relationship with supervisee(s).

7. Interns will identify and monitor progress toward goals and tasks of supervision in collaboration with supervisee(s).
8. Interns will consider stage of development of supervisee(s) when using interventions and modify when needed.
9. Interns will provide specific, concrete, and actionable feedback to supervisee(s) in a timely manner.
10. Interns will demonstrate sensitivity to, and skills in, addressing diversity issues in the supervisory relationship.
11. Interns will provide helpful feedback to peers in group supervision.
12. Interns will understand the difference in relationships and expectations with regard to supervision and consultation.
13. Interns will demonstrate awareness of, and adherence to, ethical guidelines in providing consultation and supervision.

**Competency (I): Consultation and interprofessional/interdisciplinary skills
Intern will develop skills necessary to competently engage in consultation and interprofessional/interdisciplinary interactions.**

Competencies Expected:

1. Interns will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.
2. Interns will demonstrate awareness of the multiple professional roles and worldviews in providing client care.
3. Interns will respectfully participate in multidisciplinary meetings.
4. Interns will demonstrate ability to negotiate differences and handle conflict effectively.
5. Interns will demonstrate ability to provide effective feedback to others.
6. Interns will communicate clearly using verbal, nonverbal, and written skills in a professional context.
7. Interns will demonstrate flexibility and ability to work as part of a multidisciplinary team.
8. Interns will actively participate in seminars and meetings.

Clinical Responsibilities and Training Experiences

Interns gain clinical training through a variety of experiences. Each experience is linked to a Training Competency (see Competencies of the Internship section) and includes individual therapy, group therapy, rotations, supervision of a Master's level practicum student, psychological evaluations, didactic trainings, and professional development. Each intern will collaborate with the Training Director and their supervisors to develop a Training Plan, which outlines an action plan for accomplishing Training Competencies, as well as the unique areas of professional development outlined by the intern (see Appendix D). Each of these experiences is outlined below. Additional unique opportunities may arise throughout the course of the training year, and may take temporary precedence over other obligations, as determined by the Training Director.

A. Outpatient Clinician

(Corresponds with competencies A, B, C, D, E, F, G, & I)

Each intern is expected to serve as an outpatient clinician. This is the intern's primary role and involves providing individual, family, and couples therapy to children, adolescents, and adults. At the onset of internship, interns will be licensed through the Kansas Behavioral Sciences Regulatory Board and approved for Medicaid and Blue Cross and Blue Shield insurance panels. Additionally, interns will also see self-pay clients on a sliding scale fee. Interns will inherit a caseload of clients from the previous cohort of interns. As the training year progresses interns will acquire new clients and expand their caseloads. Interns will have up to 15-18 open outpatient hours per week to accommodate a reasonable caseload—with no direct hour requirement. The number of sessions scheduled may vary by week, depending on clinical responsibilities and training needs. Furthermore, interns are required to attend the bi-weekly Clinic Team Meeting on Tuesdays from 1:00 pm to 2:00 pm, unless otherwise instructed by the Training Director. Clinic Team Meeting provides an opportunity for providers of a client's treatment team to collaborate, and includes outpatient clinicians, as well as managers and/or supervisors from the Early Childhood, Youth, and Emergency Services Programs.

B. Group Therapy

(Corresponds with competencies B, C, D, E, G, & H)

Throughout the course of the training year each intern will facilitate one therapy group for clients with severe and persistent mental illness (SPMI). This group (Men's Group or Women's Group) is approximately one hour long, one day a week, and is part of the Adult Psychosocial Program (APP). The primary purpose of the group is to serve as a psychoeducation and process group to discuss mental health and wellness as it relates to men or women. Interns may gain additional experiences facilitating or co-facilitating group therapy through rotations (described below).

C. Rotations

Interns will complete four rotations across the year. During completion of each rotation interns will be provided a rotational supervisor to discuss clinical and ethical concerns, as well as professional development, related to the rotation experience. The amount of time in a rotation will vary based on rotation, and includes direct service, attendance at team meetings, and supervision.

1. Emergency Services

(Corresponds with competencies B, C, D, E, G, & I)

The Guidance Center's Emergency Services are provided 24-hours per day, seven days per week by clinical staff for daytime and after-hours crisis intervention.

Emergency Services providers are available for consultation, problem solving, and, when needed, face to face intervention. During business hours, the Crisis Clinic provides face-to-face contact with a mental health provider. The clinic staff offer support, assist with problem solving, conduct risk assessments, and link clients to resource referrals. If acute psychiatric hospitalization is required, clinicians often serve as a liaison to assist in hospital admission. If hospitalization is not necessary, an alternative community services plan will be developed with the individual and/or family for appropriate follow-up care. Additionally, Emergency Services providers run the Center's Access Clinic (9:00 am to 2:00 pm Monday through Thursday), where individuals can come for same day Initial Clinical Assessments/Intakes. During this initial assessment, clients meet with a clinical staff member who will assess treatment needs, identify appropriate referrals, and assist in scheduling follow-up appointments.

Due to the fluctuating nature and unpredictability of Emergency Services, this rotation runs concurrently with the SPMI rotation (see section C.2). As such, the day dedicated to this rotation must align with an APP day. This rotation is approximately twelve months long, and occurs for the duration of the training year. Interns will spend **four hours per week** total between both the Emergency Services rotation and the SPMI rotation. All hours occur during business hours (please see On-Call section for more information regarding after-hours requirement). During this rotation, interns are expected to assist with both Crisis Clinic and Access Clinic, as well as complete any other duties or responsibilities assigned by the rotational supervisor. It is the responsibility of the intern to ensure that their rotational supervisor and Emergency Services clinicians are aware of the times and day dedicated to the rotation. During off-peak times, interns are expected to complete the responsibilities of the SPMI rotation, outlined below.

2. SPMI

(Corresponds with competencies B, C, D, E, G, & I)

The Guidance Center offers Community Support Services (CSS) to adults ages 18 and older who have experienced significant mental health problems, are at high risk for psychiatric hospitalization or out-of-home placement, and are considered SPMI, as defined by the State of Kansas. These individuals typically require more intensive mental health support services to maintain employment and/or residency in a community, thus reducing the need for psychiatric hospitalization. Services are focused on supporting community living, enhancing interpersonal effectiveness skills, and employment. CSS can include case management, supported employment, and APP. APP is offered Monday, Wednesday, and Friday at the Leavenworth office, and includes van transportation across all three counties at no cost to clients. APP focuses on promoting and strengthening the daily living skills of each participant in all life areas, including managing symptoms, strengthening self-esteem, acquiring new outlets for socialization, expanding community involvement, improving personal relationships, and gaining new social skills.

As described above, due to the fluctuating nature and unpredictability of Emergency Services, this rotation runs concurrently with the Emergency Services rotation. The day dedicated to this rotation must align with an APP day (Friday's will be unavailable due to other training obligations). Interns are expected to assist with APP during off-peak times in Emergency Services, as well as complete any other duties or responsibilities assigned by the rotational supervisor. Furthermore, interns will need to coordinate to ensure completion of rotation hours are on differing days of the week. This rotation is approximately twelve months long, and occurs for the duration of the training year. Interns will spend four hours per week total between both the Emergency Services rotation and the SPMI rotation. The specific hours in each rotation will likely vary each week based on the needs in Emergency Services. Each intern will need to make arrangements with the rotational supervisor and Emergency Services staff regarding accessibility during rotational hours.

3. Early Childhood

(Corresponds with competencies B, C, D, E, G, & I)

The Early Childhood Program at The Guidance Center focuses on children ages three through seven who are experiencing behavioral struggles and/or severe emotional disturbance (SED) that interferes with their relationships within family, social and/or educational settings. A primary goal of the program is to have each child assessed and then referred for appropriate services. One early intervention program available to youth in the Leavenworth and Atchison communities is Serving Tykes At Risk (S.T.A.R.). The S.T.A.R. program is a treatment preschool licensed by the State of Kansas. It is intended for children ages three through five who have not yet entered Kindergarten. The goal of S.T.A.R. is to provide behavioral and trauma-focused interventions in order to bolster social and coping skills and improve the child's overall functioning. This type of intervention is not normally available through traditional preschools or childcare programs. Evidence-based curriculum and activities focus on social and coping skills, peer relations, problem-solving skills, emotion regulation, and listening and attending skills. The S.T.A.R. program runs 9:00 am to 12:00 pm Monday through Thursday (times may vary during Summer Psychosocial Programming).

The Early Childhood rotation is approximately six months long and occurs August - December OR February - July. The Psychological Assessment rotation (see C.4 below) will be completed for the remaining six months. Interns will need to coordinate to ensure opposite scheduling blocks in this rotation. Interns will dedicate approximately four hours a week in this rotation, which includes the opportunity to participate in the S.T.A.R. Program one morning per week, as well as attendance at weekly Early Childhood Group Supervision (Thursdays 2:00 pm to 3:00 pm), and complete any other duties or responsibilities as assigned by the rotational supervisor.

4. Psychological Assessment

(Corresponds with competencies D, E, & F)

The Guidance Center provides a variety of psychological evaluations. Cases can include evaluations such as: intellectual disabilities, diagnostic clarity and treatment recommendations, Competency to Stand Trial Screens, pre-surgical, and fitness for the police academy. Each assessment battery is individualized to

the referral question and clinical situation involved.

This rotation is approximately six months long and occurs August - December OR January - July. The Early Childhood rotation (see C.3 above) will be completed for the remaining six months. Approximately four hours per week will be completed during this rotation, which, in addition to completing evaluations, as previously described, will require interns to oversee the assessment inventory. More specifically, an accurate inventory will need to be maintained, which includes monitoring that each instrument is up to date and ensuring outdated instruments are discarded properly. Further, this rotation affords interns the opportunity to research, and assist in developing, standard testing batteries for the agency, as well as any other opportunities assigned from the Training Director.

D. Didactic Trainings

(Corresponds with competencies A, B, C, D, E, G, & H)

The Guidance Center provides didactic trainings for interns on a monthly basis. While The Guidance Center staff and individuals from the community are welcome, topics and trainings are selected and prepared for the internship program. Didactics are held on the second Friday of each month, unless otherwise announced. See Appendix E for a schedule of training topics.

E. Provision of Supervision

(Corresponds with competencies B, C, D, E, H, & I)

Across the training year each intern will gain experience in the provision of clinical supervision of a Master's or Doctoral-level practicum student. Practicum students can come from a variety of graduate schools, both locally and nationally, in counseling or clinical psychology. Generally, practicum begins in August and extends to May. Practicum students will maintain a caseload of approximately 10 individual therapy clients; clients are primarily adults and are uninsured.

Interns will provide one-hour individual face-to-face supervision for their supervisee on a weekly basis. During this time interns are responsible for attending to ethical and clinical concerns, risk management, and the development and enhancement of their supervisee's case conceptualization and intervention skills. Supervision will also include review of audio and video recordings of their supervisee and may also include live supervision. Provision of supervision will look differently for interns, according to their unique supervisory model. Interns will then meet one hour weekly for group supervision of supervision. (see Supervision section for more details).

F. Professional Development

(Corresponds with all competencies)

Throughout the internship, interns are expected to abide by the highest ethical standards, expand and enhance their clinical/counseling skills, and prepare for entry into the profession of psychology. Each intern is encouraged to expand his or her professional range during the training year, including refining mastery of learned skills and thoughtful exploration of less familiar areas of professional functioning. As described above, interns will be provided ample opportunity to expand their clinical and/or counseling skills. Additionally, interns will encounter an array of opportunities to enhance and expand their work ethic and skills as a general professional. It is expected that interns will seek out, and take advantage of, opportunities for growth. Components

necessary for a successful transition from professional-in-training to professional are outlined, but not limited to, the factors below.

1. Working within systems

(Corresponds with competencies B, C, D, E, G, & I)

Interns will be afforded opportunities to enhance their knowledge of overarching systems fundamental to working as a psychologist. Specifically, through the course of the internship at The Guidance Center, interns will gain knowledge and skills to function within a community mental health center system. Additionally, interns will gain awareness of the essential role of community organizational systems for both mental health professionals and clients, including: foster care, courts and judiciary matters, law enforcement, and schools. Furthermore, interns will learn the intricacies of working within family systems.

2. Collaboration

(Corresponds with competencies B, C, D, E, G, & I)

Throughout the training year interns will have several avenues to hone their abilities to successfully collaborate with others. As a clinician at The Guidance Center, interns serve as one member of a treatment team. As such, interns will enhance their ability to collaborate, share ideas, and receive feedback from members of a treatment team. Furthermore, interns will also learn to strengthen skills and ability to respectfully work together with non-clinical staff.

3. Commitment

(Corresponds with competencies B, C, D, E, G, & I)

Interns will have a variety of avenues to develop their ability to successfully follow-through with commitments. Interns will be expected to demonstrate punctuality, dedication, and discipline in regards to the training program, clinical responsibilities, completion of necessary documentation, meetings and appointments, and daily attendance. Additionally, interns will learn how to appropriately respond in situations in which they are unable to fulfill their commitments.

On-Call

(Corresponds with competencies B, C, D, E, F, G, & I)

The Guidance Center offers after-hours Emergency Services, which are available for Leavenworth, Atchison, and Jefferson counties anytime the Center is not open (evenings, weekends, holidays). Calls are typically routed through an after-hours answering service, which triages calls, and notifies the on-call clinician when necessary. The assigned weekday clinician covers 5:00 pm to 8:00 am Monday through Thursday. The assigned weekend clinician covers 5:00 pm on Friday through 8:00 am on Monday.

Interns are generally assigned weekend coverage, and typically cover three weekends in each six-month block. Additionally, each intern is required to cover one holiday over the training year. One intern will be assigned to Thanksgiving Day and the other intern will be assigned to Christmas day. It is important to note that on-call rotations are subject to change.

Full-time clinicians are permitted to exchange on-call coverage with another clinician, or request for another clinician to cover their shift. Interns may request to exchange shifts with another intern or full-time clinician; however each intern must complete the designated quantity of shifts assigned. Therefore, an intern is not permitted to request coverage of an on-call shift without exchange. All requests for changes must be approved by the Training Director, and then submitted to the Emergency Services Administrator for final approval.

Supervision

(Corresponds with all competencies)

Supervision is provided in a variety of formats, including: individual, group, supervision of supervision, and live supervision. Furthermore, audio and video recording equipment are available. The frequency and duration of audio/video recordings as a means of supervision are individualized to the training needs of each intern and determined by each intern's supervisor.

Individual Supervision

Each intern will receive a primary and secondary clinical supervisor and will spend a total of two hours per week in individual supervision (one hour with each supervisor). Interns will divide their outpatient and group therapy caseloads between these two supervisors. Typically, caseloads are divided by adults and children/families. Interns will need to coordinate with each supervisor regarding scheduling. A Supervision Log is utilized to track progress, accomplishments, areas of growth, and required action steps (see Appendix F). Interns will receive specific feedback during weekly supervision. Additionally, they will receive, at minimum, monthly feedback regarding progress toward internship aims and competencies. Furthermore, each intern will be formally evaluated biannually (see Appendix G). Interns are encouraged to share their experiences of supervision during scheduled supervision and will also have the opportunity to formally evaluate their supervision experience biannually (see Appendix H).

Group Supervision

Group supervision occurs every Friday morning from 9:30 am to 11:00 am, with the exception of every second Friday of the month when didactic trainings are offered. Group supervision is provided by the Training Director and Post-doctoral fellows (unless otherwise noted) and includes interns and practicum students. Group supervision provides an opportunity to discuss clinical cases, ethical concerns, and provide and receive peer feedback.

Assessment Supervision

Group supervision of assessments occurs on a bi-weekly basis Tuesdays from 11:00 am to 12:00 pm. During this time psychologists, interns, and any interested practicum students meet to staff clinical and ethical considerations related to ongoing and upcoming testing cases. Additionally, this time is dedicated to training of assessments and revisions of testing batteries, as needed.

Supervision of Supervision

Interns will receive one hour per week of group supervision of supervision, which occurs every Friday from 1:00pm to 2:00 pm, with the exception of Fridays when didactic trainings are offered; supervision is scheduled on Thursdays from 11:00 am to 12:00pm during didactic days. During this time interns will develop and enhance their identified model of providing supervision, as well as address questions and concerns related to the provision of supervision. Additionally, supervision of supervision provides a space to discuss clinical and ethical concerns regarding the supervisee's caseload. Interns will be evaluated by their supervisee at least once during the training year (see Appendix H).

Live Supervision

The Guidance Center is equipped with a Live Supervision Suite, which includes two rooms, each divided with a two-way mirror. The two-way mirror allows for direct observation of live therapy sessions. Interns have the possibility of viewing live sessions conducted by their peers and supervisors. Furthermore, each intern is equipped with cameras to provide live feeds of therapy to their supervisor and/or to record sessions for later review. It is a program requirement that each intern engages in live supervision throughout the course of the training year. The frequency and duration of live supervision are individualized to the training needs of each intern and determined by each intern's supervisor. In addition to receiving live supervision, interns will also gain training and experience providing live supervision.

Concurrent Self-Study Assessment

Interns are thoroughly intertwined in the program's ongoing self-study process. At the start of the training year, interns will complete an individualized Training Plan (see Appendix D) with his/her supervisor. This form allows each intern the opportunity to identify and discuss training goals, the selection of rotations, as well as specific areas of focus for each designated rotation.

Interns will complete the Program Evaluation Form (see Appendix I) at the mid-point and endpoint of the training year. At the mid-point, the evaluation is used to determine if the training program is meeting the training needs of the intern and identify possible modifications to be addressed immediately. At the end of the training year, the evaluation is used to determine how well the training program met the needs of the intern and to identify any future modifications for the next internship cohort.

Progress toward competencies is completed biannually by both the Training Director and the interns. The Training Director will complete the Biannual Evaluation Form (see Appendix G), which is designed to assess progress toward overall competency benchmarks needed to complete the internship successfully. Each intern is required to be functioning at a developmentally appropriate level. A "3" rating is considered adequate and not requiring a formal remediation. At the end of the training year, a "4" rating (or higher) on all competency items is expected for successful completion. Interns will complete the Self-Evaluation Form (see Appendix J) to determine how well the intern believes they are doing and help them identify areas of strengths and growth. Progress toward competencies is also assessed by rotational supervisors at the end of each (see Appendix K).

Each intern will be given an opportunity to assess their supervisor at the mid-point and endpoint of the training year (see Appendix H). This data is important to determine the competency of the supervisor and the strength of the supervision relationship. Due to the power differential of the relationship between the interns and the internship program staff, open discussions are facilitated during supervision about the importance of providing accurate and honest feedback and learning how to advocate for his/her educational and professional needs. Additionally, each intern is evaluated by their practicum supervisee to assess supervision provided before the end of the practicum term (see Appendix H).

At the end of the training year, each intern will complete an Exit Interview Form to explore the intern's experience of The Guidance Center and assist in improving the quality of training (see Appendix L).

Due Process and Grievances

Evaluation Process

At minimum, interns receive monthly feedback on progress toward profession-wide competencies and program-specific competencies. An on-line “scoreboard” system is utilized to provide overall feedback. Additionally, specific feedback is provided during weekly supervision with each supervisor. Interns also receive a formal written evaluation of performance midway through the year and during the last month of the internship year.

Definition of Problematic Performance and/or Conduct

At any time and at any place an intern is performing his/her job and/or representing The Guidance Center, the intern is expected to act in a manner which best represents the interest of TGC. The following guidelines, though not all-inclusive, describe the behavior that is necessary and expected to effectively conduct Center business:

- Perform the duties assigned and to work productively at all times at a high level of quality, accuracy, effectiveness and integrity;
- Report to work on time. This means consistently being at the assigned work station and ready to begin work at the scheduled start time;
- Notify the supervisor in advance when absent or unable to report for work on time;
- Demonstrate a considerate, harmonious, and constructive behavior toward Center employees and guests. Treat all clients, providers, employees, visitors, co-workers, etc., in a sincere, tactful and courteous manner;
- Perform assigned tasks efficiently and conscientiously toward achieving the objectives of TGC in compliance with its philosophy, policies, procedures, and strategic plan;
- Follow TGC’s policies, practices, and procedures;
- Observe the lunch and work breaks as scheduled by the supervisor;
- Smoke only at the times and places designated by TGC;
- Refuse personal gifts and/or gratuities from persons doing business with TGC that are in excess of \$15.00 in value. This includes: gifts, entertainment, merchandise, payments, loans and services;
- Refuse allowing persons doing business with TGC to purchase lunches and/or dinners that could be viewed as extravagant (*benchmarks: lunches in excess of \$25 each and dinners in excess of \$50 each unless prior approval is given by the Executive Director*);
- Distinguish clearly, in public, between statements and actions as an individual and those made as a representative of TGC;
- Assure that dress, grooming, and personal appearance are appropriate to the work situation;
- Be responsive to the guidance, directions, and instructions of immediate supervisor;
- Be supportive and loyal to TGC in all outside contacts using the Intern Grievance Procedures to resolve complaints within TGC;
- Maintain records and data, on a current basis, as required by local, state, and federal laws/regulations and Center policy, sound practice and position description;
- Report to management unethical and/or illegal conduct by fellow employees, clients, or other conducting business with TGC;
- Adhere to TGC’s Corporate Compliance Plan;
- Refrain from political activity, including directly or indirectly soliciting or receiving subscriptions or contributions for any political purpose, on Center time or while officially engaged in employee duties;
- Support the team atmosphere and efforts;
- Continually place the customer, whether internal or external, as the “Number One” concern; and to be constantly aware of and function on the basis of the obligation TGC has for the welfare and well-being of the consumers and groups served.
- Refrain from behavior or conduct deemed offensive or undesirable, or which is subject to disciplinary action.

In addition to the above expectations, the following violations of Center policy, though not all-inclusive, are considered to be *gross misconduct*, will not be tolerated and may result in immediate termination:

- Breach of client and/or Center confidentiality
- Falsifying or inappropriately altering any Center record or report. This includes but is not limited to: employment applications (including resumes), medical certificates, production records, time records, expense reports, etc.;
- Theft, destruction, malicious defacement, or flagrant misuse of Center property or that of another employee;
- Fighting or assaulting another employee, intern, client, provider, or visitor;
- Possessing firearms or any other weapons on Center property or while on Center business;
- Illegally manufacturing, possessing, using, selling, distributing, or transporting drugs, alcohol and/or narcotics on Center property or while on Center business;
- Bringing or using alcoholic beverages on Center property or consuming alcoholic beverages while on Center business without the approval of the Executive Director;
- Flagrantly disregarding safety or security regulations;
- Direct insubordination of a supervisor;
- Disaffection by an employee in the form of excessive negative criticism of TGC or its employees or its services, whether this occurs on or off Center property;
- Behavior which leads to the revocation of professional licensure, registration, and or certifications;
- Documented, unsatisfactory job performance.

In the event that a serious performance problem is identified, the intern is notified of the problematic behavior. The Training Committee meets to investigate the problem, and then designs a plan for remediation of the problem behavior. The intern has the opportunity to respond to the identified problematic behaviors during the Committee meeting and before any deliberation or plan development occurs. The results of the investigation and the remediation plan are presented to the intern in writing and in person by the Training Director. A copy of these documents is forwarded to the Director of Clinical Training from the intern's graduate program.

The intern has the right to appeal the findings and plan elements to the Training Committee. The intern also has the right to continue the appeal, if desired, to the Training Director. A final appeal includes the Training Director and the Director of Clinical Training from the intern's graduate program. The outcome of this last appeal is considered final.

Grievances

To foster effective working relations, it is important that work place conflicts and misunderstandings be resolved at the earliest opportunity before they become more serious. Many problems are solved during the normal course of business. However, if a situation persists that an intern believes is detrimental to him/herself or to The Guidance Center, the intern is encouraged to use the following optional procedure to bring the complaint to management's attention without fear of recrimination.

An intern may express a verbal grievance to his or her immediate supervisor. If the concern is not resolved to the interns' satisfaction within one work week, the intern may put in writing the details for his or her grievance and submit the grievance to the Executive Director. The grievance letter should state the specific concerns, the people involved, and the desired outcome. The written statement will be reviewed by the Executive Director. The Executive Director will then appoint a member of the Executive Leadership Team who is not a party to the grievance to decide the matter. The intern will request a hearing with the appointed person for resolution of the problem. The problem will be discussed in the presence of the intern and supervisor. The appointed person will determine the time, place, persons present, and other aspects of the conduct of this meeting. Resolution of the grievance will be made by the appointed person and discussed with the intern and supervisor. The decision will be reduced to writing, a copy given to the intern and supervisor, with the original kept by the Executive Director. A copy will be filed in the intern's personnel file when appropriate. If the resolution proposed by the appointed person is not acceptable to any party, that party can appeal to the Executive Director for final resolution of the matter.

Grievances concerning alleged illegalities and/or the conduct of the Executive Director are to be submitted in writing to the President of the Board of Directors. The grievance letter should state the specific concerns, the people involved, and the desired outcome. The Board of Directors may take action or choose to take no action as it sees fit. A copy of the letter will be placed in the intern's personnel file when appropriate.

The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance. The grievance is then investigated by the appropriate individuals. Once a conclusion is reached, a plan for remediation is developed and implemented with appropriate parties.

Scheduling

Each intern will collaborate with the Training Director to develop a training schedule based on clinical expectations, meetings, supervision, and other responsibilities outlined throughout the manual. Schedules must include 42.5 hours (with daily 30-minute lunch breaks), and are submitted in three-month blocks. Additionally, interns are required to schedule at least four hours per week after 5:00 p.m. The Training Director must approve all schedules and schedule changes. Upon approval, interns will submit their schedule to the Patient Operations Coordinator, who will enter schedules into the Avatar system. See Appendix R for 2017-2018 Orientation schedule.

Schedule Viewing

In Avatar → Search Forms → Scheduling Calendar

Daily Event Records (DER)

DERs provide clinicians with a list of events for the day; this will include all scheduled appointments, meetings, and administrative time. A DER will be placed in the intern's mailbox each day.

- Interns are responsible for noting any appointment changes on the DER sheet. Changes might include added or cancelled appointments, changes in appointment time or duration, or unplanned additions to the schedule.
- Upon completion of any associated documentation, each DER is signed by the intern and placed in the designated Administrative Assistant's mailbox.

Scheduling Appointments

Client appointments are scheduled and cancelled through administrative staff at the front desk. Appointments can be scheduled in-person or over the phone (913-682-5118). Interns will determine appointment frequency and will assist clients in scheduling follow-up appointments as needed. There are several scheduling exceptions, which should be addressed by the intern with their supervisor, and might include:

- **Scheduling in advance:** Clients can schedule up to two appointments at a time, unless otherwise indicated by the clinician. If it is determined that additional appointments can be scheduled in advance, the intern must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.
- **Same-day appointments:** Poor and inconsistent appointment attendance might render a client on same-day appointments only. Same-day appointment status means that a client will continue to be seen for services, however they are unable to schedule appointments in advance. Rather, clients must call each day to check available appointments for that day. After scheduling and attending three same-day appointments, clients may return to scheduling in advance. This decision should be discussed and approved with the intern's supervisor, and the client must be properly notified via letter and/or phone. The intern must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.
- **Financials:** Occasionally, administrative staff might determine a client has accrued a back-balance due to unpaid services, and prohibit the client from scheduling until

the balance is settled. If a client presents with elevated risk factors, it is important that this be reviewed between the intern and the supervisor, so an appropriate plan is developed.

Paid Time Off (PTO) and Schedule Changes

Interns are allowed 19 days (152.10 hours) of PTO to use during the training year. These hours are available for use throughout the internship year, with supervisor approval. However, PTO cannot be used within the first two weeks or last two weeks of the internship year. Absences due to illness within that time frame will require a doctor's note. Any PTO hours not used as of the last day of the internship year are forfeited, and will not be paid under any circumstances. The Training Director must approve all anticipated time off, unless otherwise noted. If time off is approved, interns must complete the following:

- Submit Paid Time Off (PTO) requests through ADP. Questions regarding this process can be directed to the Human Resources Director.
- Once time off is approved in ADP, interns will need to send an email to the Patient Operations Coordinator to make any schedule adjustments. It is the responsibility of the intern to ensure all scheduling adjustments are complete prior to time off, and that appropriate individuals are notified of any changes.

Unanticipated Time Off

When an unforeseen circumstance occurs that requires unanticipated time off, interns are required to notify the Training Director as soon as possible. If the Training Director is unavailable, all requests will go through the Associate Training Director. Additionally, it is important that administrative staff and all necessary individuals are notified of the intern's absence. Please see the following Appendices for extenuating circumstances: Maternity Medical Leave (see Appendix N), New Parent Leave (see Appendix O), and Nursing Mothers (see Appendix P).

Time Off Over the Allotted Hours

Each year requires that an intern be present for at least 2000 hours. If the intern uses more than the allotted PTO time due to unforeseen circumstances, an exception can be made to extend their training year as needed to fulfill the hour requirement.

Administrative Tasks

There are a number of administrative tasks that must be completed daily. Each of these tasks is described below. NO DOCUMENTATION, written or electronic is to be released without prior consent from a supervisor and must go through medical records.

Avatar

The Guidance Center uses Avatar for electronic medical records. For additional information regarding Avatar visit TGC Central or contact technical support (see below).

Technical Support

See Training Director

Caseload

Clinical caseloads are accessible via Avatar:

In Avatar → Select Forms → "Individual Staff Caseload Report" → Select your name.

Progress Notes

Progress notes are the manner in which all interactions with, or about, clients are documented. All progress notes must be co-signed by a supervisor and are submitted electronically via Avatar within 48 hours.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note → M.H. Leavenworth

Therapy Appointments (see Appendix S for documentation walk-thrus)

For an individual or family therapy appointment, complete the following options in Avatar:

"Ambulatory Progress Note" Tab:

- *Progress Note For:* Existing Appointment
- *Note Type:* Student/New Staff (Co-Signature Required)
- *Note Address Which Existing Service:* Click on the correct appointment date/time
- *Notes Field:* Enter billing code (ex. 1100) or reason for note (ex. Outreach)
- *User to Send Co-Sign To Do Item To:* Select supervisor's name
- *Treatment Plan-Main:* Select
- *T.P. Item Note Address:* Select corresponding objective

"Clinical Data" tab:

- *Type of Note:* Therapy
- *Description of Consumer Presentation:* Select and complete appropriate boxes
- *Current Diagnosis Correct:* Yes or No

- *Medical Necessity*: Select appropriate
- *Intervention*: Select appropriate
- *Brief Description of Intervention Provided*: Include approximately one paragraph with sufficient information to document evidence-based clinical interventions provided and how these link to symptoms and diagnosis.
- *Risk Assessment*: Please see supervisor regarding selections. Assessment should be thoroughly documented including risk and protective factors, as well as justification for actions taken or not taken. If an individual has moderate to severe risk a supervisor and/or emergency services should be involved. Always provide crisis clinic and after hours information.
- *Consumer Response/Progress/Outcome*: Select and complete appropriate box
- *Plan*: Select and complete appropriate boxes
- *Schedule Follow Up Appointment*: Yes or No

Once all appropriate sections within the note are completed, return to the “Ambulatory Progress Note” tab, place the note to "Final", and "Submit." Any required changes or edits will place a note back to draft, and will appear in “My To Do List”. After edits are completed resubmit the note following the instructions above.

Psychological Testing Appointments

Prior to scheduling or administration of psychological testing it is imperative that the intern ensure all potential prior authorizations and billing requirements are satisfied. Additionally, it is the responsibility of the intern to ensure all billing codes are accurately reflected for services rendered. Listed below are general guidelines regarding testing services. Any questions and exceptions should be directed to the Training Director.

- Clinical interviews are not considered psychological testing, but rather are billed as Initial Clinical Assessments/Intakes.
- One hour of scoring/report writing is allowed for every one hour of administration of psychological testing. However, this does not include assessments that are billed as a one-time standard rate (e.g., fitness for the police academy). Additionally, the billable hours allowed by the insurance provider must be considered.

Cancelled Appointments

There are several common instances when appointments might be cancelled. If an appointment is cancelled, a progress note documenting the cancellation is required. When completing the progress note, select “Informational” rather than “Therapy,” and provide a brief description of the reason for the cancellation. In some instances, it might also be appropriate to send an outreach letter (see Outreach Letters section below). Additionally, edits to the DER should be made to correspond with any changes in appointments. Below is a list of common reasons for cancelled appointments.

- Appointment cancelled by client with more than 24 hours notice

- Appointment cancelled by client with less than 24 hours notice
- Appointment not cancelled by the client
- Appointment cancelled by therapist

Outreach Letters

Avatar provides a template for several common outreach letters. All outreach attempts should also include a progress note documenting the outreach. Cancellation letters are printed and signed by the intern, and placed in their supervisor's box to be signed and mailed. Below is a list of common reasons for sending an outreach letter. When signing documentation, please sign *above* your printed name.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note w/Cancellation Letter → M.H. Leavenworth

- No show
- Not seen since
- Not seen after being referred
- No appointments scheduled
- Two no shows
- Close in 2 weeks
- Discharge
- Custom (please see supervisor prior to custom letters)
- Same day call

Contact with Collaterals

As stated above, all outreach attempts should be documented using a progress note; this includes contact with collaterals (e.g., family member, foster care, court). It is the intern's responsibility to ensure that a signed Authorization for Release of Confidential Information (ROI) form is on file prior to releasing any information about a client (see below). ROIs should be verified prior to every contact.

Authorization for Release of Confidential Information (ROI)

A ROI MUST be completed prior to the release of any client-related information. It is imperative to check the status of a release prior to releasing information, to verify what information may be disclosed and to ensure that a ROI has not been revoked. Active ROIs may be viewed in the client's electronic medical record. Any questions regarding ROIs can be directed to Medical Records.

Additionally, at times, administrative staff will request a clinician to witness a release. To complete a ROI, meet with the individual (regardless of whether they are your client) and review the form with them, including the purpose or need for the disclosure, the information to be disclosed, limitations, and the client's ability to revoke the release.

Treatments Plans (See Appendix S)

An active and up-to-date treatment plan must be maintained for all clients. An Initial Treatment Plan is completed with each client during the Intake process, and is valid for 30 days. All subsequent treatment plans are valid for 90 days. It is the responsibility of the assigned clinician to ensure that all treatment plans are valid and maintained.

If a child client is involved with Community Based Services (CBS), a formal treatment plan meeting is held with the clinician and other providers from the client's treatment team. In these instances, the Targeted Case Manager (TCM) will coordinate with the treatment team to schedule, and assist with, the meeting. If an adult client is involved with Community Support Services (CSS), a formal treatment plan meeting is NOT held. Rather, the clinician proceeds with the treatment plan as detailed below. Interns should consult with their supervisor regarding specific expectations and requirements for treatment plans.

In Avatar → Select Client → Search Forms → Treatment Plan – Main

- *Presenting Problem:* This section should include an overview of the client's concerns, symptoms, and functional impairment.
- *Problem:* This section should briefly state the primary concern(s) and focus of treatment.
- *Goals:* This section will include how the Problem is being addressed within the treatment period (90 days). Most treatment plans include one goal.
- *Objectives:* This section describes which services will be provided, and how the client will work toward accomplishing the goal(s). Objectives must be realistic for the 90 day treatment period, and measurable.

All treatment plans must be reviewed with the client in session (preferred) or over the phone. After the plan is reviewed, and the client is in agreement, the intern and client must both sign the treatment plan. The plan should be submitted electronically and routed to the Training Director and Medical Director. Client's can be given a copy of their treatment plan if requested. To print the treatment plan:

In Avatar → Open Client Chart → My Forms – Clinician → Treatment Plan – Main → Report → Print

Daily Living Activities - 20 (DLA-20)

The DLA-20 is an outcome measurement tool designed to identify the functional impairment related to an individual's mental illness. The DLA-20 should be completed for each adult client during each treatment plan update, and following any significant changes in a client's life.

In Avatar → Select Client → Adult DLA 20 → Select active "M.H. Leavenworth" episode

Diagnoses

It is important for each client to have an updated diagnosis or diagnoses. Avatar requires that a diagnosis be completed under each treatment service, also known as

episode (e.g., mental health, medication management, case management). Please collaborate with other treatment providers and supervisors.

In Avatar → Select Client → Avatar CWS → Assessments → Diagnosis → M.H. Leavenworth

- *Type of Diagnosis*: Select appropriate
- *Date/Time*: Enter appropriate
- *Select "New Row"*
- *Diagnosis Search*: Enter DSM-V Diagnosis
- *Status*: Select appropriate
- *Ranking*: Select appropriate
- *Diagnosing Practitioner*: Your name
- *Justification for Diagnosis*: Describe exactly which DSM-V diagnostic criteria the individual meets

To default information from previous entries select "Episode to Default Diagnosis Information From" and Select "Diagnosis Entry to Default Information From."

Intakes

The Intake process requires completion of both electronic and paper forms. Prior to conducting the intake, an orange folder for the intake will be provided by the front desk. This folder contains basic information about the client, as well as all the forms and releases that need to be filled out during the intake. See below for outline of the intake process.

In Avatar → Select Intake Diagnostic Evaluation New (See Appendix S)

To Be Completed With the Client Present:

- *Informed Consent for Treatment Form*
 - Review your name, title and license
 - Provide a copy of your business card
 - Review your supervisor's name, title, and license
 - Review confidentiality and limits
 - **Client must sign form**
 - Witness form
 - Provide client with yellow copy
- *Authorization for Release of Confidential Information*
 - Review purpose of authorization and complete as necessary

- **Client must sign form**
- Witness form
- *Medical Provider Care Coordination Notice and Authorization to Release Information*
 - Review purpose of authorization and complete as necessary
 - **Client must sign form**
 - Witness form
- *Initial Clinical Assessment (In Avatar)*
 - Gather information related to presenting concerns and reason for seeking services.
 - Ensure Risk Assessment is completed and documented.
- *Initial Treatment Plan (In Avatar)*
 - Review available services and any appropriate referral information
 - **Client must sign form**
 - Submit appropriate referrals via Episode Change(s)
- *Schedule Appropriate Follow- Up Appointments*
 - Walk with client to front desk and assist in scheduling any necessary follow-up appointments.

To Be Completed After the session:

- *Diagnosis Form (In Avatar)*
- *SED or SPMI Determination Form (In Avatar)*
- *AIMS Form*

Submit all electronic documents to your supervisor for approval.

Discharging vs. Closing Episodes

It is the responsibility of the intern to maintain an accurate caseload, which includes ensuring that all inactive cases are properly closed or discharged. Prior to closing or discharging a client, please discuss with a supervisor, and ensure that all proper outreach attempts have been made (see "Outreach Letters" above).

Episode change:

If the client is open to multiple services and you are only closing therapy. No diagnosis update necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Episode Change

- *Episode Change Type: Close*

- *Episode Change Date*: Enter date
- *Primary Clinician Changing Episode*: Enter your name
- Program Transferred From/Closed = Individual therapy
- *Episode Change/Clinical Justification*: Include rationale for closing therapy
- *Notify All Applicable Clinical and Admin Staff of Episode Change*: Select Leavenworth Close/Discharge, Supervisor
- *Episode Change Status*: Final

Discharge:

If the client is only open to therapy OR choosing to close all services (e.g., moving).
Diagnosis update IS necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Discharge Summary

- *Discharge Date*: Enter date
- *Discharge Clinician*: Enter your name
- *Living Situation*: Select appropriate
- *Other Treatment*: Select appropriate
- *Occupation*: Select appropriate
- *Discharge Reason*: Select appropriate
- *Pres Prob, Course of TX/DSCH, Prog Toward IPP, DSCH Plan*: Include rationale for discharging from services.
- *Referred To*: Select appropriate
- *Notify Other Clinician of Discharge if Necessary*: Select Supervisor
- *Summary of Progress on Treatment Goals*: Describe progress
- *Notify Administrative Staff of Discharge*: Leavenworth Close/Discharge

Appendices

Appendix A: Licensing

The Guidance Center requires each intern governed by state licensing regulations to be licensed within his/her profession.

1. The cost of obtaining the initial license is the responsibility of the intern since that license is a requirement for the position the intern wishes to hold.
2. The cost for renewal of licensure is also the responsibility of the intern since the license is a requirement for continued employment.
3. Any intern who fails to pass required examinations or whose license or credentialing is suspended, revoked, or not renewed may be terminated at the discretion of the Training Director and Executive Director. Any license difficulties will be immediately brought to the attention of the Training Director and Executive Director by the intern.
4. Any intern who receives notice that he/she is under investigation by the Behavioral Sciences Regulatory Board will provide a photocopy of such notice to the Training Director, Executive Director, and Medical Director of the Center within one working day of its receipt. Copies of all subsequent relevant correspondence will also be furnished to the Training Director and Executive Director, or designee, in the same timely fashion. Any and all materials requested by the Training Director and Executive Director are to be supplied without delay.
5. Clinical or administrative responsibilities of an intern may be altered, suspended, or revoked upon receipt of evidence of a problem or potential problem with credentialing, or licensure.
6. Temporary delays in the enforcement of the policy may be granted by the Executive Director on an individual basis if, in his/her judgment, quality of care is not jeopardized. Example: Administrative delay in the mailing of a license.
7. Interns will provide a copy of their current license or certificate for inclusion in their personnel file. Updated licenses/certificates must be submitted by the intern for inclusion in the personnel file upon their renewal date.

Appendix B: Background Checks

In the interest of protection for The Guidance Center's business operations and consumers served by the Center, background checks are conducted on all interns upon their first working day. Safety sensitive positions may require updated background checks to be completed on an annual basis. These include criminal, child and adult abuse, social security, and driving record searches. Additionally, National Practitioner Data Bank searches are conducted for all licensed clinical and medical staff.

Any offer of internship placement is considered to be conditional pending successful outcomes of these searches. Interns who have begun work while searches are being processed may not be eligible for continued internship placement, or may require job modification, should the background check produce a finding of record. Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an intern from continued employment. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the applicant when the illegal activity occurred), the intern may still be eligible for internship. However, if the intern attempts to withhold information or falsify information pertaining to previous convictions, the intern will be disqualified from further internship or employment consideration in any position with the company due to falsification of an application.

The Human Resources Director and Training Director will be informed of background check outcomes. Findings of record will be reviewed with the Training Director and Executive Director for determination of Center response.

Pursuant to the federal Fair Credit Reporting Act, the Center will provide an intern with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding the intern's eligibility for internship. The report will be made available to the intern prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

This policy must be clearly stated in the interview process and at the offering of an internship placement.

Appendix C: Alcohol and Drug-Free Workplace

It is policy of The Guidance Center to create and maintain an alcohol and drug-free workplace. The use of alcohol and/or controlled substances in the workplace is inconsistent with the Center's mission to provide the highest quality of services, compromises the Center's ethical responsibility, undermines The Guidance Center's ability to operate effectively and efficiently, and subjects all employees, clients and visitors to unacceptable safety risks.

Disciplinary action, up to and including termination of internship, and/or referral to the Center's Employee Assistance Program (EAP) for assessment and/or treatment may occur if any of the following conditions apply to an intern, while on duty either at a Center location or offsite:

- Intern who possesses, uses, distributes, purchases, sells illegal drugs
- Intern who tests positive for alcohol or illegal drug use
- Intern whose test shows presence of prescription drugs which appears to be inconsistent with prescribed use
- Intern whose behavior and job performance clearly indicate impairment.

The Guidance Center recognizes alcohol and drug abuse or dependency as an illness for which there is effective treatment and rehabilitation. It is an illness that can have devastating effects on an intern's work and family life when left untreated.

The concern of this policy is limited to those instances of alcohol or drug abuse or dependency which affect job performance or which involve the Center's facilities and operations. This policy is designed to achieve restoration of health and full recovery to maximum job performance for interns affected by alcohol or other drug abuse.

As a condition of internship placement, interns are required to abide by the terms of this policy. This substance abuse policy primarily governs actions in the areas of alcohol and drugs. Other Center policies may apply in these areas to the extent that they do not conflict with this policy.

Definitions

Illegal Drugs

"Illegal drugs" are drugs or controlled substances that are (1) not legally obtainable or (2) legally obtainable but not obtained or used in a lawful or prescribed manner. Examples include, but are not limited to, cocaine, marijuana, opiates, amphetamines, and phencyclidine (PCP) as well as prescription drugs that are not lawfully obtained and/or not properly utilized. The "term" illegal drugs" also includes mind-altering and/or addictive substances that are not sold as drugs or medicines but are used for the mind- or behavior-altering effect (e.g. glue, peyote).

Legal Drugs

"Legal drugs" are those prescribed or over-the-counter drugs that are legally obtained by the intern and used for the purpose for which they were prescribed and sold.

Center Property

The term "Center Property" includes work sites; parking lots; vehicles; office owned,

rented, or utilized by the Center or by any client or customer of the Center; intern-owned or intern-rented vehicles on the property of the center or utilized by the intern during the course of performing work for the Center; and locations where the intern represents the Center in any capacity.

On Duty

The term “On Duty” includes all working hours as well as meal periods and break periods, regardless of whether on premises, or elsewhere in the community, and all hours when the intern represents the Center in any capacity.

Drug use Prohibitions

The use, sale, purchase, possession, manufacture, distribution or dispensing of illegal drugs on Center property or while on duty is against Center policy and is cause for immediate termination of internship placement. It is also against Center policy for any intern to report for internship with the presence of illegal drugs in the intern’s body. Interns who violate this policy are subject to disciplinary action, up to and including termination of internship placement.

The use of legal drugs can also affect the safety of the intern, fellow employees or members of the public. Therefore, any intern who is taking any legal drug that might impair safety, performance or any motor function must advise the Training Director before reporting for internship under such medication. A failure to do so may result in disciplinary action. Improper use of “legal drugs” is prohibited and may result in disciplinary action up to and including termination of internship placement.

Refusal to submit to, efforts to tamper with, or failure to pass a drug test will result in disciplinary action, up to and including termination of internship placement, and/or referral to the Center’s EAP.

Alcohol use Prohibitions

The consumption, possession, or being under the influence of alcohol on Center property or while on duty is prohibited and will result in disciplinary action, up to and including termination of internship placement.

Interns asked to submit to an alcohol test with resulting test result at .04 or higher will be considered positive.

Refusal to submit to, efforts to tamper with or failure to pass an alcohol test will result in a disciplinary action, up to and including termination of internship placement.

Testing Events

Testing of Interns

Interns will be advised of the Center’s pre-employment testing requirements in writing following an offer for internship, and prior to referral for a physical and/or drug and/or alcohol testing.

Post-Accident Testing

Interns who are involved in an accident during the performance of Center duties will be

tested for the presence of drugs and/or alcohol following an accident or other occurrence that involves one or more of the following covered events: a fatality, an injury to an employee or other individual, or damage to vehicles and/or other property.

Reasonable Suspicion Testing

Interns will be required to submit to drug and/or alcohol testing if reasonable suspicion exists that an intern is violating, or has violated this policy. Any supervisor or employee who believes an intern or another employee is violating this policy should report his or her belief to his/her supervisor and to Human Resources.

Reasonable suspicion may arise from, among other factors, the following:

1. Direct observation of an individual engaged in alcohol or drug-related activity
2. A pattern of abnormal conduct
3. Unexplained, increased or excessive absenteeism or tardiness
4. Sudden changes in work performance
5. Repeated failure to follow instructions or operational procedures
6. Unexplained or excessive negligence or carelessness
7. Discovery or presence of illegal or non-prescribed drugs in an intern's possession or near an intern's workspace
8. Odor or residual odor peculiar to some drugs
9. Arrest or conviction for a drug-related crime
10. Information provided either by reliable and credible sources, or independently corroborated
11. Evidence that an intern has tampered with a prior alcohol or drug test

Follow-up Testing

Any covered interns who have participated in a substance abuse counseling or rehabilitation program and all supervisors referrals due to work performance problems will be subject to unannounced follow-up testing as determined by the Substance Abuse Professional who provided treatment or at the discretion of the Center for a twelve-month period following completion of the program.

Additional Testing

Additional testing may also be conducted as required by applicable state or federal laws, rules or regulations, or as deemed necessary by the Center.

Testing Procedures

1. The Center will determine for which drugs and/or alcohol testing will be performed.

2. Specimen samples will be analyzed by an appropriately licensed or certified laboratory.
3. Interns will be informed of the results by Human Resources.
4. The testing laboratory will report the finding of a confirmed positive test result to a designated Medical Review Officer (MRO).
5. An intern may request and receive from the Center a copy of the test result report.
6. If an intern challenges the validity or accuracy of the verified positive result, he/she may appeal, in writing, to the MRO, within three (3) working days of the intern having been notified of the positive result.
7. The intern will be responsible for all costs associated with conducting any requested retest.
8. Results of an applicant's or intern's test for the use of illegal drugs or alcohol shall be remitted to the Human Resources Director. In order to effectively address the situation of an intern with drug or alcohol problems, it will be necessary for the Center to consult with other persons in the process. However, such results may be disseminated only on a need-to-know basis.

Disciplinary Action

Any violation of the Center's substance abuse policy, including a verified positive drug or confirmed alcohol test, will result in discipline up to and including termination of internship placement. "Discipline up to termination" refers to referral to intern's EAP program, to a treatment program, and/or Corrective Counseling.

Any intern who does not pass a drug test or who refuses a drug test authorized by the Center may not return to work until the intern has passed a "return-to-duty" drug test and has signed a Return to Work Agreement which meets the Center's obligation to protect client and public safety as well as that of the intern. Additionally, the Center's commitment to upholding its ethical principles will guide the formulation of the Return to Work Agreement.

It will be the responsibility of all managers to assure that:

1. No intern with an alcohol or drug abuse or dependency problem will have his/her job security or promotional opportunities jeopardized if that intern requests diagnosis and/or treatment for that illness.
2. Any deterioration in job performance or unusual behavior that might suggest alcohol or other substance abuse problems will be documented and brought to the attention of Human Resources, the Training Director, and the Executive Director.
3. Upon substantive documentation of the above, the Training Director, the Executive Director, and Human Resources will request that the intern undergo an assessment to determine whether or not a diagnosis for alcohol or substance abuse is appropriate.

4. An individual's refusal to accept referral for assessment and diagnosis will then be handled in accordance with The Guidance Center's Corrective Counseling and Performance Improvement policy as it relates to unsatisfactory job performance.
5. If an intern is diagnosed as having alcohol or drug abuse or dependency, she/he will be expected to follow the prescribed treatment. An intern's refusal and/or failure to do so will result in disciplinary action, including termination of internship placement.
6. The confidential nature of the medical records of interns with alcohol or drug abuse or dependency will be preserved.
7. Persons participating in a treatment program will be expected to meet existing job performance standards and established work rules.

Interns have the responsibility to:

1. Personally commit to and support the Alcohol and Drug-Free Workplace initiative.
2. Know the potential side effects of any prescription drugs that may be taking, inform their manager of their use of prescription drugs which might potentially impair their job performance and use prescription drugs in an appropriate manner.
3. Report any violation of these guidelines, including violations by other employees, to the Training Director, Human Resources, or Executive Director.
4. Inform The Guidance Center, within five (5) working days, if convicted of any substance-related or alcohol-related violation either in the workplace or off the job. Interns must, on a timely basis, inform The Guidance Center of the conviction, nature of the conviction, and ultimate disposition of the conviction. If any intern is arrested or convicted of a drug-related crime, the Center may investigate the circumstances and Center officials may require a drug test. As a condition of internship placement, an intern shall notify the Center's Human Resources Director of any criminal drug statute conviction or for any plea of guilty, nolo contendere or suspended imposition of sentence that has been entered on a criminal drug statute charge. The intern must give notice in writing to the Center within five (5) days of such conviction, plea or imposition.
5. At The Guidance Center's request, submit to an assessment for alcohol or controlled substance use, if she/he is involved in an on-the-job accident or the intern's observed behavior raises a reasonable suspicion (defined below) of drug or alcohol use.
6. Follow prescribed treatment for the alcohol or drug abuse or dependency.

It is important for all interns to understand that:

1. Reporting to work and/or working under the influence, and illegal possession, sale or consumption on company property of alcohol or any non-prescribed or illegal drug, is strictly prohibited.
2. The manufacture, distribution, dispensation, possession, sale or use of a controlled substance or drug paraphernalia in the workplace, or while engaged in The Guidance

Center business off premises, is strictly prohibited.

3. The manufacture, distribution, dispensation, possession and sale of alcohol in the workplace, or the inappropriate use of alcohol while engaged in The Guidance Center business, are strictly prohibited.

4. An intern who suspects that she/he has an alcoholism or drug dependency problem is encouraged to seek diagnosis and to follow through with the treatment that may be prescribed by qualified professionals. The Guidance Center's health insurance plan may offer access to such services.

5. Any intern suspected of violating this policy may be required to submit to an assessment for alcohol or drug abuse or dependency and to enter a treatment program if recommended by a qualified professional.

6. Failure to comply with the above will subject the intern to disciplinary action, including termination of internship placement.

The Guidance Center reserves the right to perform searches of interns' workspace while on company premises and/or company owned leased property; when/where reasonable suspicion exists. An intern who objects to or attempts to prevent such a search will be subject to disciplinary action, including termination of internship placement. Any suspected illegal substances may be confiscated and the appropriate law enforcement agency may be notified.

Appendix D: Training Plan

Name: _____

Date: _____

Career Goals: Please provide at least a few sentences describing your short and long-term career goals. We want to assure that your internship year experiences correspond with these goals.

Training Goals: Please provide a few sentences related to your internship training goals.

Experiences: Please list specific experiences or exposures you would like to be provided during your internship year. This will help identify rotations, populations, and other activities that fulfill these requests.

Strengths: Please list training strengths or experience.

Training Needs: Please list specific training needs.

Barriers: Please list perceived barriers to completing your identified goals.

Signature

Date

Training Director Signature

Date

Appendix E: Didactic Schedule

Internship Month	Topic	Time
August	Ethics	9:00am – 12:00pm
September	Risk Assessment	9:00am – 12:00pm
	Reporting Abuse/Neglect	1:00pm – 4:00pm
October	Foster Care	9:00am – 4:00pm
November	Psychopharmacology Part I	9:00am – 12:00pm
December	Giving/Receiving Live Supervision	9:00am – 12:00pm
January	Intern A Presentation TBD	9:00am – 12:00pm
	Intern B Presentation TBD	1:00pm – 4:00pm
February	Rural Mental Health	9:00am – 12:00pm
	Child Development	1:00pm – 4:00pm
March	Group Therapy	9:00am – 12:00pm
	Family Therapy	1:00pm – 4:00pm
April	Transgender Mental Health	9:00am – 12:00pm
May	Trauma-Informed Care	9:00am – 4:00pm
June	Post-doc Presentation TBD	9:00am – 4:00pm
July	Post-doc Presentation TBD	9:00am – 4:00pm

Appendix F: Supervision Log

The Guidance Center Supervision Log

Employee:	Start/Stop Times:	Date:	Supervisor
Topics Discussed: (Check all that apply)			
<input type="checkbox"/> Case Supervision	<input type="checkbox"/> Caseload Utilization Management	<input type="checkbox"/> Accuracy of Work	<input type="checkbox"/> Documentation Timeliness
<input checked="" type="checkbox"/> Enforce Hr. Standards	<input type="checkbox"/> Training Needs	<input type="checkbox"/> UR Outcomes	<input type="checkbox"/> No Show Rate
<input type="checkbox"/> Teamwork	<input type="checkbox"/> Cooperation/Participation	<input type="checkbox"/> Job Satisfaction	<input type="checkbox"/> Attitude
<input type="checkbox"/> PTO	<input type="checkbox"/> Education Resources	<input type="checkbox"/> Holidays	<input type="checkbox"/> Other: e.g. FMLA, LWOP
Case Supervision Comments/Cases Discussed: 			
Topic Summary (brief summary of issues/needs discussed as noted above): 			
Accomplishments/Strengths/Progress Since Last Supervision Session: 			
Action Plan (If employee action is required beyond this supervision session):			
Specific Change Needed:	Change Indicator:	Target Date:	Progress:
Employee Comments: 			
Employee Signature		Date	Supervisor Signature Date

T:/FORMS/SUPERVISION LOG

Command Print 913,727,3230/4-US/1M

Appendix G: Biannual Evaluation Form
The Guidance Center Psychology Internship Evaluation Form

Doctoral Intern: _____

Supervisor: _____

Date and evaluation period: _____

Period being rated: ☐ First 6 months ☐ Entire year*

Competency (a): Research—Intern will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level.

Competencies Expected:

1. Intern will demonstrate value and application of scientific methods related to professional practice _____
2. Interns will articulate issues derived from the literature in supervision and case conference _____
3. Intern will effectively present research-based information regarding treatment and/or completed doctoral projects during local, regional, or national presentations _____
4. Intern will create treatment plans that incorporate current evidence-based interventions _____
5. Intern will formulate appropriate questions regarding case conceptualization _____
6. Intern will demonstrate ability to effectively consume and critique literature and identify robust data _____
7. Intern will demonstrate the ability to identify research and research methodology _____
8. Intern will demonstrate understanding and utilization of outcome based data to improve therapeutic alliance and outcomes _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (b): Ethical and legal standards--Intern will demonstrate knowledge, awareness, and application of APA ethical and legal standards/guidelines.

Competencies Expected:

1. Intern will demonstrate knowledge of the ethical, legal and professional standards and guidelines _____
2. Intern will demonstrate ability to follow agency (e.g., Intern Manual, TGC Manual) policies _____
3. Intern will demonstrate knowledge and application of ethical decision making _____
4. Intern will demonstrate knowledge of own moral principles and ethical values in discussion with TGC professionals _____
5. Intern will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues _____
6. Intern will maintain appropriate and timely clinical and professional documentation _____
7. Intern will maintain appropriate boundaries with clients, trainees, and professional and administrative staff _____
8. Intern will manage their caseloads effectively _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (c): Individual and cultural diversity--Intern will acquire the requisite competencies in cultural and individual diversity for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth _____
2. Intern will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender, etc.) _____
3. Intern will demonstrate knowledge of others as cultural beings (e.g, multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender,

sexual orientation, social class, religion, language, country of origin, and ability status) _____

4. Intern will demonstrate knowledge of the role of culture in interactions of self and others _____
5. Intern will apply knowledge, sensitivity and understanding of individual and cultural diversity issues to work effectively with diverse others _____
6. Intern will demonstrate awareness of the social, political, economic, or cultural factors that impact development and functioning _____
7. Intern will use awareness to effectively intervene with client in promoting action on factors impacting development and functioning _____
8. Intern will demonstrate awareness of the difference between individual and institutional and system level barriers to change _____
9. Intern will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s) _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (d): Professional values, attitudes, and behaviors--Intern will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior in order to enter the practice of professional psychology.

Competencies Expected:

1. Intern will demonstrate honesty, personal responsibility and adherence to professional values _____
2. Intern will conduct self in a professional manner across settings and situations
3. Intern will accept responsibility for own actions _____
4. Intern will demonstrate concern for the welfare of others _____
5. Intern will display a consolidation of professional identity as a psychologist _____
6. Intern will demonstrate timeliness to meetings, sessions, supervision, seminars, and other professional activities _____
7. Intern will demonstrate reflectivity during and after professional activities _____

8. Intern will develop and articulate self-awareness in attitudes, values and beliefs towards others _____
9. Intern will demonstrate accurate self-assessment of competence _____
10. Intern will demonstrate ability to recognize limits of knowledge and skills _____
11. Intern will demonstrate consistent practice of self-care _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (e): Communication and interpersonal skills—Intern will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective services, further the science, and to collaborate and/or teach.

1. Intern will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community _____
2. Intern will show the ability to produce and comprehend oral, nonverbal, and written professional communications _____
3. Intern will demonstrate entry level psychologist group counseling skills _____
4. Intern will develop an effective working relationship with co-facilitator and other providers during the provision of services _____
5. Intern will learn the skills necessary to effectively offer treatment while working within a family system or with couples _____
6. Intern will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions _____
7. Intern will demonstrate the ability to accept feedback and direction from peers and supervisors _____
8. Intern will demonstrate the ability to effectively and professionally offer feedback to clients, colleagues, and professionals from other disciplines in the community _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (f): Assessment--Intern will develop requisite skills in psychological evaluation and assessment.

Competencies Expected:

- 1. Intern will demonstrate skill in accurately selecting, administering, scoring, and interpreting self-report and personality assessment instruments based on empirical literature _____
- 2. Intern will seek consultation regarding selecting, scoring, interpreting, and report writing _____
- 3. Intern will demonstrate knowledge of the empirical basis of assessment measures _____
- 4. Intern will demonstrate ability to utilize assessment data to inform their treatment goals and interventions _____
- 5. Intern will demonstrate consideration of cultural factors in selection and interpretation of assessment materials _____
- 6. Intern will demonstrate skill in integrating the clinical intake, behavioral observations, and assessment data into a comprehensive report _____
- 7. Intern will demonstrate skill in writing psychological reports and communicating findings in written and oral form to client _____
- 8. Intern will demonstrate differential diagnostic skills and knowledge of DSM-5 _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

*Please indicate number of assessments completed and tests used:

Competency (g): Intervention--Intern will acquire requisite clinical skills and competencies for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will demonstrate clinical intervention and relationship skills _____
2. Intern will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making _____
3. Intern will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity _____
4. Intern will demonstrate the ability to critically review and integrate scholarly literature into their clinical work _____
5. Intern will formulate and conceptualize cases based on theoretical orientation _____
6. Intern will demonstrate ability to formulate appropriate treatment goals in collaboration with the client and modify these goals when needed _____
7. Intern will demonstrate the ability to apply useful and effective evidence-based interventions _____
8. Intern will demonstrate sensitivity and skills in working with diverse clients and modify interventions when needed _____
9. Intern will demonstrate the ability to provide necessary treatment services towards clients with significant mental health problems and/or dual diagnosis _____
10. Intern will demonstrate the ability to offer services based on developmental needs _____
11. Intern will evaluate the progress of their provision of therapy and use this information to improve their own effectiveness _____
12. Intern will learn the skills necessary to effectively offer treatment while working within a family system _____
13. Intern will demonstrate intermediate group counseling skills _____
14. Intern will demonstrate knowledge of group theory and practice _____
15. Intern will demonstrate the ability to apply and critically review evidence-based group interventions _____
16. Intern will facilitate group termination skills _____
17. Intern will develop an effective working relationship with co-facilitator _____
18. Intern will demonstrate sensitivity, flexibility, and skills in working with a diverse group of clients _____
19. Intern will gather and document relevant data during telephone or in-person sessions _____
20. Intern will demonstrate ability to conduct a thorough and effective risk assessment _____
21. Intern will demonstrate sensitivity and skill in working with diverse clients _____
22. Intern will make ethical and informed decisions regarding case disposition _____
23. Intern will use appropriate and effective interventions during crisis situations _____

24. Intern will seek supervision/consultation appropriately _____
25. Intern will work cooperatively with multidisciplinary teams to address the needs of clients during crisis interventions _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (h): Supervision--Intern will develop beginning skills in the provision of supervision.

Competencies Expected:

1. Intern will demonstrate knowledge of expectations and roles in supervision _____
2. Intern will demonstrate ability to apply supervision models/theories in conceptualizing supervisee needs _____
3. Intern will be able to quickly and concisely present and discuss complex cases _____
4. Intern will utilize and critically assess scholarly literature in supervisory practices _____
5. Intern will develop a supervision contract with supervisee _____
6. Intern will demonstrate ability to develop an effective and professional supervisory relationship with supervisee _____
7. Intern will identify and monitor progress toward goals and tasks of supervision in collaboration with supervisee _____
8. Intern will consider supervisee's stage of development when using interventions and modify when needed _____
9. Intern will provide specific, concrete, and actionable feedback to supervisee in a timely manner _____
10. Intern will demonstrate sensitivity to and skills in addressing diversity issues in the supervisory relationship _____
11. Intern will provide helpful feedback to peers in group supervision _____
12. Intern will understand the difference in relationships and expectations with regard to supervision and consultation _____
13. Intern will demonstrate awareness of, and adherence to ethical guidelines in providing consultation and supervision _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

***please attach Supervisor Evaluation form**

Competency (i): Consultation and interprofessional/interdisciplinary skills--Intern will develop skills necessary to competently engage in consultation and interprofessional/interdisciplinary interactions.

Competencies Expected:

1. Intern will form and maintain effective relationships with clients, colleagues, professionals from other disciplines in the community _____
2. Intern will demonstrate awareness of the multiple professional roles and worldviews in providing client care _____
3. Intern will respectfully participate in multidisciplinary meetings _____
4. Intern will demonstrate ability to negotiate differences and handle conflict effectively _____
5. Intern will demonstrate ability to provide effective feedback to others _____
6. Intern will communicate clearly using verbal, nonverbal and written skills in a professional context _____
7. Intern will demonstrate flexibility and ability to work as part of a multidisciplinary team _____
8. Intern will actively participate in seminars and meetings _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Overall evaluation:

Doctoral Intern Signature

Date

Training Director Signature

Date

Associate Training Director Signature

Date

1: Poor (Never Displayed; Remediation necessary)

2: Fair (Rarely Displayed; Close supervision needed—mid-practicum level; Remediation necessary)

3: Good (Frequently Displayed; Some supervision needed—intern entry level)

4: Very Good (Typically Displayed; Little supervision needed—intern exit/postdoc entry level)

5: Excellent (Almost Always Displayed; No supervision needed—postdoc exit level)

6: Advanced Practice (Full performance Level)

NA: Not applicable

***at 12 months all competency items will be rated at a 4 or higher**

Appendix H: Evaluation of Supervisor

Supervisor: _____ Date Reviewed: _____

Supervisee: _____ Term Reviewed: _____

Domain A: SUPERVISOR COMPETENCE

	Provides competent supervision of services to ensure welfare of patients (OVERALL GOAL).
	Ensures that patients receive competent services and protects others from harm.
	Possesses and demonstrates up-to-date knowledge and skill about the areas being supervised.
	Takes reasonable steps to ensure competence when less familiar with the areas being supervised.
	Sets appropriate boundaries and seeks consultation when supervisory issues are outside domain of supervisory competence.
	Refers trainee to other resources (e.g., consultation, research, etc.) when appropriate
	Demonstrates knowledge about the context of supervision (e.g., expectations of the system within the trainee works, departmental/institutional policies, etc.)
	Demonstrates knowledge about relevant events that may impact patient care (e.g., billing and administrative procedures, etc.) in the organizational context.
	Consistently enforces appropriate standards for billing procedures, documentation, and administrative protocols, and encourages trainee to become fluent in this domain.
	Demonstrates flexibility in teaching modalities, case conceptualization, and treatment plan suggestions
	Demonstrates scientific thinking and appropriate translation of scientific findings to practice.
	Collaborates with all faculty/staff involved in the training process at the site.
	Communicates with trainee's graduate program as necessary, especially when performance problems need to be addressed.
	Demonstrates knowledge about diversity issues that are specifically relevant to the setting and environment within which the trainee works.
	Possesses relevant knowledge, skills, and values/attitudes to provide culturally sensitive care and supervision.
	Provides evaluative feedback routinely to enhance development of trainee competence.
	Demonstrates and models transparency in the process of communication and encourages similar behavior in supervisee.
	Strives to be competent in the use of technology in clinical care (including distance supervision).
	Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication.
	Possesses relevant knowledge about legal issues specific to technology, supervision, and practice.
	Models ethical practice, decision-making, and professionalism by facilitating thoughtful discussion regarding relevant issues (e.g., social networking).
	Seeks to attain and maintain competence in the practice of supervision through consultation, education, and training.
	Demonstrates requisite knowledge of models, theories, modalities, and research on clinical supervision and relevant skills.
	Manages supervisory relationship appropriately while enhancing trainee's skills.
	Demonstrates familiarity with and uses a developmental approach to supervision.
	Formally and/or informally assess the learning needs and developmental level of the supervisee on an ongoing basis.
	Continually adjusts teaching model to skill level in accordance with the developmental model of supervision.
	Provides input consistent with developmental needs of supervisee (e.g., less specific feedback over time, increased encouragement of higher-level case conceptualization, promotion of autonomous thinking appropriate to level of training, etc.)

Domain B: DIVERSITY/CULTURAL COMPETENCE

	Strives for cultural competence across populations and settings (OVERALL GOAL).
	Demonstrates awareness and knowledge of diversity in all of its forms
	Develops and maintains self-awareness regarding his/her diversity competence, which includes attitudes, knowledge, and skills.
	Demonstrates efforts to be introspective, revise and update knowledge, and advance diversity skills.
	Models openness to self-exploration, understanding one's own biases, and willingness to pursue education or consultation as necessary.
	Recognizes the value of and pursues ongoing training in diversity competence as part of professional development and life-long learning.
	Attempts to be knowledgeable about the effects of bias and prejudice, and as necessary, models advocacy behaviors to promote change.
	Serves as a role model regarding diversity knowledge, skills, and attitudes.
	Strives to be familiar with the literature concerning diversity competence in supervision.
	Encourages sensitivity to diversity in all its forms.
	Establishes a respectful supervisory relationship to facilitate cultural competence.
	Creates a safe environment within which to address diversity issues in clinical care, supervision, and organizational context.
	Manages individual difference variables that may impact the supervisory relationship.
	Assists with and encourages the development of a cogent case formulation that includes individual difference variables.
	Assists trainee in navigating tension between personal and professional values in providing competent patient care.

Domain C: SUPERVISORY RELATIONSHIP

	Creates a supervisory relationship that facilitates effective clinical supervision (OVERALL GOAL).
	Values, creates, and maintains a collaborative relationship that promotes the supervisee's competence.
	Specifies responsibilities and expectations of both parties in the supervisory relationship.
	Identifies expected program competencies and performance standards.
	Collaboratively develops individualized goals for supervision in the form of a clearly specified supervisory contract
	Collaboratively assesses progress towards goals on an ongoing basis
	Regularly reviews progress of trainee and the effectiveness of the supervisory relationship and addresses relevant issues as necessary.
	Demonstrates sensitivity to multiple potential roles with supervisee and exhibits ability to perform and balance multiple roles
	Promotes growth and self-assessment in the trainee
	Encourages and uses evaluative feedback from the trainee on an ongoing basis
	Demonstrates respect for trainees, patients and colleagues
	Promotes autonomy appropriate to supervisee's level of training

Domain D: PROFESSIONALISM

	Prioritizes needs and welfare of patients and trainees, and exhibits integrity, professional behavior, accountability, and concern for the welfare of others (OVERALL GOAL).
	Models professionalism through his/her own behavior and interactions with others.
	Teaches knowledge, skills, and attitudes associated with professionalism.
	Provides ongoing feedback and evaluation of trainee progress towards meeting professional expectations appropriate for level of education and training.
	Is available as needed for consultation.
	Sets and keeps regularly scheduled meeting times.
	Provides for a covering supervisor during absences.

Domain E: ASSESSMENT, EVALUATION, AND FEEDBACK

	Provides appropriate and timely assessment, evaluation, and feedback (OVERALL GOAL).
	Promotes openness and transparency in assessment and feedback by relating this information to competency development.
	Describes how supervision is to be conducted and follows model described.
	Utilizes multiple methods of evaluation (e.g., live observation, chart review, tapes) to monitor performance.
	Provides direct, clear, timely, and behaviorally anchored feedback.
	Is mindful of the impact of feedback on the supervisory relationship.
	Incorporates trainee self-assessment into the evaluation process.
	Highlights trainee strengths and impact on performance.
	Seeks feedback from trainee about supervision and incorporates this information appropriately.
	Provides effective formative and summative feedback.
	Demonstrates knowledge of evaluation, process, and outcomes.
	Observes both positive and negative trainee behaviors.
	Balances between being supportive and challenging.
	Written material (e.g., notes, reports) is reviewed and returned with appropriate feedback in a timely manner.
	Supervisor submits all materials in accordance with departmental deadlines and policies.

Domain F: TRAINEE REMEDIATION AND MANAGING PROFESSIONAL COMPETENCE PROBLEMS

	Addresses problems with competence and provides remediation as necessary (OVERALL GOAL).
	Understands and adheres to the supervisory contract and procedures related to performance evaluations.
	Identifies current or potential performance problems promptly and directly communicates them to the supervisee.
	Addresses problems in a timely manner to allow opportunities for change.
	Communicates with supervisee's graduate program as necessary.
	Takes ethically appropriate action in response to supervisee's performance problems.

Domain G: ETHICS, LEGAL, AND REGULATORY CONSIDERATIONS

	Values and models ethical behavior and adheres to relevant legal and regulatory parameters (OVERALL GOAL).
	Demonstrates knowledge of ethics and legal issues specific to supervision.
	Demonstrates knowledge of and upholds professional ethical standards, and encourages this practice among supervisees.
	Models ethical practice and decision-making and conducts self in accord with APA and other guidelines and laws/regulations.
	Upholds primary ethical and legal obligation to protect the welfare of the patient.
	Provides information about expectations for and parameters of supervision in a clearly specified contractual agreement.
	Maintains accurate and timely documentation of trainee performance related to expectations for competency and professional development.
	Manages responsibility as “gatekeeper” to the profession by assessing suitability to enter and remain in the field.

Summary of Supervisor Strengths:

Use this rating scale:

1: Poor (Never Displayed)

2: Fair (Rarely Displayed)

3: Good (Frequently Displayed)

4: Very Good (Typically Displayed)

5: Excellent (Almost Always Displayed)

NA: Not applicable

Summary of Supervisor Needs for Improvement with Recommendations:

Supervisee Signature

Date

Supervisor Signature

Date

Appendix I: Program Evaluation

Doctoral Intern: _____

Supervisor: _____

Date and Evaluation Period: _____

Period Being Rated: ☐ First 6 Months ☐ Full Year (*tense changed for full year eval)

1. Overall training program and structure of experiences _____
2. Workload is challenging but manageable _____
3. My professional training goals are being met _____
4. My professional expectations are clear _____
5. This program has been offering adequate opportunities to increase my clinical skills _____
6. My overall training includes cultural competencies _____
7. My overall training includes an increase in ethical decision-making and understanding _____
8. The work environment is conducive to my training _____
9. I am afforded the necessary tools and resources to meet my training needs _____
10. I am treated in a professional matter _____

1: Training needs not met
2: Training needs somewhat met
3: Training needs adequately met
4: Training needs exceeded
N/A: Not applicable

Please provide any additional information about the overall program structure:

Doctoral Intern Signature

Date

Training Director Signature

Date

Appendix J: Self Evaluation Form

The Guidance Center Psychology Internship Self-Evaluation Form

Doctoral Intern: _____

Supervisor: _____

Date and evaluation period: _____

Period being rated: ☐ First 6 months ☐ Entire year*

Competency (a): Research—Intern will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level.

Competencies Expected:

1. Intern will demonstrate value and application of scientific methods related to professional practice _____
2. Interns will articulate issues derived from the literature in supervision and case conference _____
3. Intern will effectively present research-based information regarding treatment and/or completed doctoral projects during local, regional, or national presentations _____
4. Intern will create treatment plans that incorporate current evidence based interventions _____
5. Intern will formulate appropriate questions regarding case conceptualization _____
6. Intern will demonstrate ability to effectively consume and critique literature and identify robust data _____
7. Intern will demonstrate the ability to identify evidence based research and research methodology _____
8. Intern will demonstrate understanding and utilization of outcome based data to improve therapeutic alliance and outcomes _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (b): Ethical and legal standards--Intern will demonstrate knowledge, awareness, and application of APA ethical and legal standards/guidelines.

Competencies Expected:

1. Intern will demonstrate knowledge of the ethical, legal and professional standards and guidelines _____

2. Intern will demonstrate ability to follow agency (e.g., Intern Manual, TGC Manual) policies _____
3. Intern will demonstrate knowledge and application of ethical decision making _____
4. Intern will demonstrate knowledge of own moral principles and ethical values in discussion with TGC professionals _____
5. Intern will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues _____
6. Intern will maintain appropriate and timely clinical and professional documentation _____
7. Intern will maintain appropriate boundaries with clients, trainees, and professional and administrative staff _____
8. Intern will manage their caseloads effectively _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (c): Individual and cultural diversity--Intern will acquire the requisite competencies in cultural and individual diversity for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth _____
2. Intern will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender, etc.) _____
3. Intern will demonstrate knowledge of others as cultural beings (e.g, multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender, sexual orientation, social class, religion, language, country of origin, and ability status) _____
4. Intern will demonstrate knowledge of the role of culture in interactions of self and others _____
5. Intern will apply knowledge, sensitivity and understanding of individual and cultural diversity issues to work effectively with diverse others _____
6. Intern will demonstrate awareness of the social, political, economic, or cultural factors that impact development and functioning _____
7. Intern will use awareness to effectively intervene with client in promoting action on factors impacting development and functioning _____
8. Intern will demonstrate awareness of the difference between individual and institutional and system level barriers to change _____
9. Intern will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s) _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (d): Professional values, attitudes, and behaviors--Intern will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior in order to enter the practice of professional psychology.

Competencies Expected:

1. Intern will demonstrate honesty, personal responsibility and adherence to professional values _____
2. Intern will conduct self in a professional manner across settings and situations
3. Intern will accept responsibility for own actions _____
4. Intern will demonstrate concern for the welfare of others _____
5. Intern will display a consolidation of professional identity as a psychologist _____
6. Intern will demonstrate timeliness to meetings, sessions, supervision, seminars, and other professional activities _____
7. Intern will demonstrate reflectivity during and after professional activities _____
8. Intern will develop and articulate self-awareness in attitudes, values and beliefs towards others _____
9. Intern will demonstrate accurate self-assessment of competence _____
10. Intern will demonstrate ability to recognize limits of knowledge and skills _____
11. Intern will demonstrate consistent practice of self-care _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (e): Communication and interpersonal skills—Intern will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective services, further the science, and to collaborate and/or teach.

1. Intern will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community _____

2. Intern will show the ability to produce and comprehend oral, nonverbal, and written professional communications _____
3. Intern will demonstrate entry level psychologist group counseling skills _____
4. Intern will develop an effective working relationship with co-facilitator and other providers during the provision of services _____
5. Intern will learn the skills necessary to effectively offer treatment while working within a family system or with couples _____
6. Intern will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions _____
7. Intern will demonstrate the ability to accept feedback and direction from peers and supervisors _____
8. Intern will demonstrate the ability to effectively and professionally offer feedback to clients, colleagues, and professionals from other disciplines in the community _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (f): Assessment--Intern will develop requisite skills in psychological evaluation and assessment.

Competencies Expected:

1. Intern will demonstrate skill in accurately selecting, administering, scoring, and interpreting self-report and personality assessment instruments based on empirical literature _____
2. Intern will seek consultation regarding selecting, scoring, interpreting, and report writing _____
3. Intern will demonstrate knowledge of the empirical basis of assessment measures _____
4. Intern will demonstrate ability to utilize assessment data to inform their treatment goals and interventions _____
5. Intern will demonstrate consideration of cultural factors in selection and interpretation of assessment materials _____
6. Intern will demonstrate skill in integrating the clinical intake, behavioral observations, and assessment data into a comprehensive report _____
7. Intern will demonstrate skill in writing psychological reports and communicating findings in written and oral form to client _____
8. Intern will demonstrate differential diagnostic skills and knowledge of DSM-5 _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

*Please indicate number of assessments completed and tests used:

Competency (g): Intervention--Intern will acquire requisite clinical skills and competencies for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will demonstrate clinical intervention and relationship skills _____
2. Intern will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making _____
3. Intern will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity _____
4. Intern will demonstrate the ability to critically review and integrate scholarly literature into their clinical work _____
5. Intern will formulate and conceptualize cases based on theoretical orientation _____
6. Intern will demonstrate ability to formulate appropriate treatment goals in collaboration with the client and modify these goals when needed _____
7. Intern will demonstrate the ability to apply useful and effective evidence-based interventions _____
8. Intern will demonstrate sensitivity and skills in working with diverse clients and modify interventions when needed _____
9. Intern will demonstrate the ability to provide necessary treatment services towards clients with significant mental health problems and/or dual diagnosis _____
10. Intern will demonstrate the ability to offer services based on developmental needs _____
11. Intern will evaluate the progress of their provision of therapy and use this information to improve their own effectiveness _____
12. Intern will learn the skills necessary to effectively offer treatment while working within a family system _____
13. Intern will demonstrate intermediate group counseling skills _____
14. Intern will demonstrate knowledge of group theory and practice _____
15. Intern will demonstrate the ability to apply and critically review evidence-based group interventions _____
16. Intern will facilitate group termination skills _____
17. Intern will develop an effective working relationship with co-facilitator _____
18. Intern will demonstrate sensitivity, flexibility, and skills in working with a diverse group of clients _____
19. Intern will gather and document relevant data during telephone or in-person sessions _____

20. Intern will demonstrate ability to conduct a thorough and effective risk assessment _____
21. Intern will demonstrate sensitivity and skill in working with diverse clients _____
22. Intern will make ethical and informed decisions regarding case disposition _____
23. Intern will use appropriate and effective interventions during crisis situations
24. Intern will seek supervision/consultation appropriately _____
25. Intern will work cooperatively with multidisciplinary teams to address the needs of clients during crisis interventions _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (h): Supervision--Intern will develop beginning skills in the provision of supervision.

Competencies Expected:

1. Intern will demonstrate knowledge of expectations and roles in supervision _____
2. Intern will demonstrate ability to apply supervision models/theories in conceptualizing supervisee needs _____
3. Intern will be able to quickly and concisely present and discuss complex cases _____
4. Intern will utilize and critically assess scholarly literature in supervisory practices _____
5. Intern will develop a supervision contract with supervisee _____
6. Intern will demonstrate ability to develop an effective and professional supervisory relationship with supervisee _____
7. Intern will identify and monitor progress toward goals and tasks of supervision in collaboration with supervisee _____
8. Intern will consider supervisee's stage of development when using interventions and modify when needed _____
9. Intern will provide specific, concrete, and actionable feedback to supervisee in a timely manner _____
10. Intern will demonstrate sensitivity to and skills in addressing diversity issues in the supervisory relationship _____
11. Intern will provide helpful feedback to peers in group supervision _____
12. Intern will understand the difference in relationships and expectations with regard to supervision and consultation _____
13. Intern will demonstrate awareness of, and adherence to ethical guidelines in providing consultation and supervision _____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

***please attach Supervisor Evaluation form**

Competency (i): Consultation and interprofessional/interdisciplinary skills--Intern will develop skills necessary to competently engage in consultation and interprofessional/interdisciplinary interactions.

Competencies Expected:

1. Intern will form and maintain effective relationships with clients, colleagues, professionals from other disciplines in the community ____
2. Intern will demonstrate awareness of the multiple professional roles and worldviews in providing client care ____
3. Intern will respectfully participate in multidisciplinary meetings ____
4. Intern will demonstrate ability to negotiate differences and handle conflict effectively ____
5. Intern will demonstrate ability to provide effective feedback to others ____
6. Intern will communicate clearly using verbal, nonverbal and written skills in a professional context ____
7. Intern will demonstrate flexibility and ability to work as part of a multidisciplinary team ____
8. Intern will actively participate in seminars and meetings ____

Intern Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Overall evaluation:

Doctoral Intern

Date

Training Director

Date

1: Poor (Never Displayed; Remediation necessary)

2: Fair (Rarely Displayed; Close supervision needed—mid-practicum level; Remediation necessary)

3: Good (Frequently Displayed; Some supervision needed—intern entry level)

4: Very Good (Typically Displayed; Little supervision needed—intern exit/postdoc entry level)

5: Excellent (Almost Always Displayed; No supervision needed—postdoc exit level)

6: Advanced Practice (Full performance Level)

NA: Not applicable *at 12 months at least 80% of competency items will be rated at a 4 or higher and no items will be rated as a

Appendix K: Rotation Evaluation Form

Doctoral Intern: _____

Supervisor: _____

Date and evaluation period: _____

Rotation being reviewed: _____

Competency (a): Research—Intern will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level.

Competencies Expected:

1. Intern will demonstrate value and application of scientific methods related to professional practice _____
2. Interns will articulate issues derived from the literature in supervision and case conference _____
3. Intern will effectively present research-based information regarding treatment and/or completed doctoral projects during local, regional, or national presentations _____
4. Intern will create treatment plans that incorporate current evidence based interventions _____
5. Intern will formulate appropriate questions regarding case conceptualization _____
6. Intern will demonstrate ability to effectively consume and critique literature and identify robust data _____
7. Intern will demonstrate the ability to identify evidence based research and research methodology _____
8. Intern will demonstrate understanding and utilization of outcome based data to improve therapeutic alliance and outcomes _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (b): Ethical and legal standards--Intern will demonstrate knowledge, awareness, and application of APA ethical and legal standards/guidelines.

Competencies Expected:

1. Intern will demonstrate knowledge of the ethical, legal and professional standards and guidelines _____
2. Intern will demonstrate ability to follow agency (e.g., Intern Manual, TGC Manual) policies _____
3. Intern will demonstrate knowledge and application of ethical decision making _____
4. Intern will demonstrate knowledge of own moral principles and ethical values in discussion with TGC professionals _____
5. Intern will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues _____
6. Intern will maintain appropriate and timely clinical and professional documentation _____
7. Intern will maintain appropriate boundaries with clients, trainees, and professional and administrative staff _____
8. Intern will manage their caseloads effectively _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (c): Individual and cultural diversity--Intern will acquire the requisite competencies in cultural and individual diversity for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth _____
2. Intern will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender, etc.) _____
3. Intern will demonstrate knowledge of others as cultural beings (e.g, multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender,

sexual orientation, social class, religion, language, country of origin, and ability status) _____

4. Intern will demonstrate knowledge of the role of culture in interactions of self and others _____
5. Intern will apply knowledge, sensitivity and understanding of individual and cultural diversity issues to work effectively with diverse others _____
6. Intern will demonstrate awareness of the social, political, economic, or cultural factors that impact development and functioning _____
7. Intern will use awareness to effectively intervene with client in promoting action on factors impacting development and functioning _____
8. Intern will demonstrate awareness of the difference between individual and institutional and system level barriers to change _____
9. Intern will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s) _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (d): Professional values, attitudes, and behaviors--Intern will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior in order to enter the practice of professional psychology.

Competencies Expected:

1. Intern will demonstrate honesty, personal responsibility and adherence to professional values _____
2. Intern will conduct self in a professional manner across settings and situations
3. Intern will accept responsibility for own actions _____
4. Intern will demonstrate concern for the welfare of others _____
5. Intern will display a consolidation of professional identity as a psychologist _____
6. Intern will demonstrate timeliness to meetings, sessions, supervision, seminars, and other professional activities _____
7. Intern will demonstrate reflectivity during and after professional activities _____

8. Intern will develop and articulate self-awareness in attitudes, values and beliefs towards others _____
9. Intern will demonstrate accurate self-assessment of competence _____
10. Intern will demonstrate ability to recognize limits of knowledge and skills _____
11. Intern will demonstrate consistent practice of self-care _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (e): Communication and interpersonal skills—Intern will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective services, further the science, and to collaborate and/or teach.

1. Intern will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community _____
2. Intern will show the ability to produce and comprehend oral, nonverbal, and written professional communications _____
3. Intern will demonstrate entry level psychologist group counseling skills _____
4. Intern will develop an effective working relationship with co-facilitator and other providers during the provision of services _____
5. Intern will learn the skills necessary to effectively offer treatment while working within a family system or with couples _____
6. Intern will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions _____
7. Intern will demonstrate the ability to accept feedback and direction from peers and supervisors _____
8. Intern will demonstrate the ability to effectively and professionally offer feedback to clients, colleagues, and professionals from other disciplines in the community _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (f): Assessment--Intern will develop requisite skills in psychological evaluation and assessment.

Competencies Expected:

1. Intern will demonstrate skill in accurately selecting, administering, scoring, and interpreting self-report and personality assessment instruments based on empirical literature _____
2. Intern will seek consultation regarding selecting, scoring, interpreting, and report writing _____
3. Intern will demonstrate knowledge of the empirical basis of assessment measures _____
4. Intern will demonstrate ability to utilize assessment data to inform their treatment goals and interventions _____
5. Intern will demonstrate consideration of cultural factors in selection and interpretation of assessment materials _____
6. Intern will demonstrate skill in integrating the clinical intake, behavioral observations, and assessment data into a comprehensive report _____
7. Intern will demonstrate skill in writing psychological reports and communicating findings in written and oral form to client _____
8. Intern will demonstrate differential diagnostic skills and knowledge of DSM-5 _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

*Please indicate number of assessments completed and tests used:

Competency (g): Intervention--Intern will acquire requisite clinical skills and competencies for entry level practice as professional psychologists.

Competencies Expected:

1. Intern will demonstrate clinical intervention and relationship skills ____
2. Intern will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making ____
3. Intern will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity ____
4. Intern will demonstrate the ability to critically review and integrate scholarly literature into their clinical work ____
5. Intern will formulate and conceptualize cases based on theoretical orientation ____
6. Intern will demonstrate ability to formulate appropriate treatment goals in collaboration with the client and modify these goals when needed ____
7. Intern will demonstrate the ability to apply useful and effective evidence-based interventions ____
8. Intern will demonstrate sensitivity and skills in working with diverse clients and modify interventions when needed ____
9. Intern will demonstrate the ability to provide necessary treatment services towards clients with significant mental health problems and/or dual diagnosis ____
10. Intern will demonstrate the ability to offer services based on developmental needs ____
11. Intern will evaluate the progress of their provision of therapy and use this information to improve their own effectiveness ____
12. Intern will learn the skills necessary to effectively offer treatment while working within a family system ____
13. Intern will demonstrate intermediate group counseling skills ____
14. Intern will demonstrate knowledge of group theory and practice ____
15. Intern will demonstrate the ability to apply and critically review evidence-based group interventions ____
16. Intern will facilitate group termination skills ____
17. Intern will develop an effective working relationship with co-facilitator ____
18. Intern will demonstrate sensitivity, flexibility, and skills in working with a diverse group of clients ____
19. Intern will gather and document relevant data during telephone or in-person sessions ____
20. Intern will demonstrate ability to conduct a thorough and effective risk assessment ____

21. Intern will demonstrate sensitivity and skill in working with diverse clients _____
22. Intern will make ethical and informed decisions regarding case disposition _____
23. Intern will use appropriate and effective interventions during crisis situations
24. Intern will seek supervision/consultation appropriately _____
25. Intern will work cooperatively with multidisciplinary teams to address the needs of clients during crisis interventions _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Competency (h): Supervision--Intern will develop beginning skills in the provision of supervision.

Competencies Expected:

1. Intern will demonstrate knowledge of expectations and roles in supervision _____
2. Intern will demonstrate ability to apply supervision models/theories in conceptualizing supervisee needs _____
3. Intern will be able to quickly and concisely present and discuss complex cases _____
4. Intern will utilize and critically assess scholarly literature in supervisory practices _____
5. Intern will develop a supervision contract with supervisee _____
6. Intern will demonstrate ability to develop an effective and professional supervisory relationship with supervisee _____
7. Intern will identify and monitor progress toward goals and tasks of supervision in collaboration with supervisee _____
8. Intern will consider supervisee's stage of development when using interventions and modify when needed _____
9. Intern will provide specific, concrete, and actionable feedback to supervisee in a timely manner _____
10. Intern will demonstrate sensitivity to and skills in addressing diversity issues in the supervisory relationship _____

11. Intern will provide helpful feedback to peers in group supervision _____
12. Intern will understand the difference in relationships and expectations with regard to supervision and consultation _____
13. Intern will demonstrate awareness of, and adherence to ethical guidelines in providing consultation and supervision _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

***please attach Supervisor Evaluation form**

Competency (i): Consultation and interprofessional/interdisciplinary skills--Intern will develop skills necessary to competently engage in consultation and interprofessional/interdisciplinary interactions.

Competencies Expected:

1. Intern will form and maintain effective relationships with clients, colleagues, professionals from other disciplines in the community _____
2. Intern will demonstrate awareness of the multiple professional roles and worldviews in providing client care _____
3. Intern will respectfully participate in multidisciplinary meetings _____
4. Intern will demonstrate ability to negotiate differences and handle conflict effectively _____
5. Intern will demonstrate ability to provide effective feedback to others _____
6. Intern will communicate clearly using verbal, nonverbal and written skills in a professional context _____
7. Intern will demonstrate flexibility and ability to work as part of a multidisciplinary team _____
8. Intern will actively participate in seminars and meetings _____

Supervisor Comments and Recommendations (e.g., specific areas of strengths, need for improvements):

Overall evaluation:

Doctoral Intern Signature

Date

Training Director Signature

Date

Rotation Supervisor Signature

Date

1: Poor (Never Displayed; Remediation necessary)

2: Fair (Rarely Displayed; Close supervision needed—mid-practicum level; Remediation necessary)

3: Good (Frequently Displayed; Some supervision needed—intern entry level)

4: Very Good (Typically Displayed; Little supervision needed—intern exit/postdoc entry level)

5: Excellent (Almost Always Displayed; No supervision needed—postdoc exit level)

6: Advanced Practice (Full performance Level)

NA: Not applicable

***at 12 months at least 80% of competency items will be rated at a 4 or higher and no items will be rated as a 2**

Appendix L: Intern Exit Interview Form

Appendix M: Grievance Form

Interns should first meet with his/her supervisor or the individual with whom they have a complaint or grievance and try to resolve the issue informally. If the issue remains unresolved, or if the intern believes it is inappropriate to address the complaint informally, he/she should discuss filing a grievance with the Training Director. If the grievance involves the Training Director, the intern would file the grievance directly with the Human Resources Director. The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance.

Date: _____

Name: _____

Date of incident: _____

Description of incident: _____

Reviewed by: _____

Date received by Training Director: _____

Outcome (to be completed by HR and/or TD): _____

Steps if outcome not resolved: _____

Doctoral Intern Signature

Date

Training Director Signature

Date

Human Resources Director Signature

Date

Appendix N: Maternity Medical Leave Policy

Maternity Medical Leave (Non-FMLA/Employed Less than 12 months)

Certain leave provisions extend to interns for Maternity Medical Leave when the employee does not meet the eligibility requirements for benefits under the Family and Medical Leave Act (FMLA). This leave policy includes the possibility of a return to employment to the same or comparable position.

A female intern will be allowed to take up to six (6) weeks of Maternity medical Leave for the birth of her child. The six (6) weeks only include consecutive time off related to the Maternity Medical Leave. The use of this leave may begin before the birth of the child if the staff member's Physician provides a written order that she is unable to perform the functions listed in her current job description. An intern returning from Maternity Medical Leave will be required to obtain certification from her Physician that she is able to resume work.

An intern's internship completion date will be extended for the equivalent amount of Maternity Medical Leave (non-FMLA) taken.

It should be clearly understood that this policy only extends to Maternity Medical Leave for interns who do not meet the eligibility requirements for benefits under FMLA.

Appendix O: New Parent Leave Policy

New-Parent Leave (Non-FMLA/Employed Less than 12 months)

Certain leave provisions extend to interns whose spouse/partner gives birth, or who adopts a child, and who do not meet the eligibility requirements for benefits under the Family and Medical Leave Act (FMLA). This leave policy includes the possibility of a return to employment to the same or comparable position.

For individuals who do not qualify under the Center's FMLA policy for leave for a child's birth or adoption, up to six (6) weeks of leave for the birth/adoption of the child will be approved. The six (6) weeks must be consecutive time off. The time off must be taken within the first 6 months of the birth/adoption of the child. If the husband and wife are both employees or interns of TGC a combination of up to six (6) weeks of leave for the birth/adoption of the child may be taken if neither spouse qualifies for FMLA.

The intern on New-Parent Leave (non-FMLA) must use all his/her accrued PTO for the New-Parent Leave, except for 24 hours which may be maintained for future use, before using Leave Without Pay (LWOP).

An intern's internship completion date will be extended for the equivalent amount of New-Parent Leave (non-FMLA) taken.

It should be clearly understood that this policy only extends to New-Parent Leave for interns who do not meet the eligibility requirements for benefits under FMLA.

Appendix P: Nursing Mothers Policy

The Patient Protection and Affordable Care Act, requires employers subject to the Fair Labor Standards Act (FLSA) to provide unpaid, reasonable break time for an employee to express breast milk for up to one year after her child's birth.

The Center supports breastfeeding mothers by accommodating the mother who wishes to express breast milk during her workday when separated from her newborn child. For up to one year after the child's birth, any employee who is breastfeeding her child will be provided reasonable break times to express breast milk for her baby. The Center will designate a private room for this purpose when requested by the employee. Breaks of more than 20 minutes will be unpaid, and the employee should indicate this break period accordingly on her time record.

Appendix Q: Holidays

The Guidance Center provides eight (8) eight-hour paid holidays and two (2) four-hour paid holidays each year. The Guidance Center will officially close the entire day on eight (8) of these holidays and part of the day on the two (2) four-hour holidays.

***New Year's Day**

Martin Luther King's Birthday

Memorial Day

***Independence Day**

Labor Day

Thanksgiving Day and the day after Thanksgiving

Christmas Eve (office is open four (4) hours only)

***Christmas Day**

New Year's Eve (office is open four (4) hours only)

* If these holidays fall on Saturday, the preceding Friday will be a holiday. If they fall on Sunday, the following Monday will be a holiday.

* If Christmas and New Year's Day fall on a weekend, the ½ day holiday for Christmas Eve and New Year's Eve will not be observed.

Floating Holiday

The Center will observe one (1) floating holiday for President's Day each year. The Guidance Center will be open for business on this day. Interns may use the floating holiday on President's Day or another day during the year, with supervisor approval. The floating holiday will accrue on President's Day each year and must be used by the end of the calendar year in which it was accrued.

Eligibility for Holiday Pay

In order to be paid for a holiday, an intern must be on Paid Time Off (PTO) or work their regularly scheduled work day before and after the holiday.

In the event that an intern is regularly scheduled to work more than an eight (8) hour day on an observed center holiday, the intern should make arrangements with the Training Director to schedule the hours in excess of eight (8) hours on another day of that week so that a maximum of eight (8) hours of scheduled time off is received for the holiday. PTO in excess of the eight (8) hours may be used instead with the approval of the Training Director.

If an intern is scheduled to be on call for a holiday are reimbursed at the current on call

holiday rate.

If a designated holiday falls within an intern's PTO period, the holiday is not considered a PTO day.

Interns may take religious holidays not designated as a holiday as PTO. Prior approval must be obtained from the Training Director.

Appendix R: 2022-2023 Internship Orientation Schedule

Monday August 1 9:00-5:30

DAY 1 – August 1

- 9:00 am to 10:30 am -- Meet with HR--Kristin Robinson
- 11:00 am to 12:00 pm -- Quality Improvement Training – Laurie Loughry (office 162)
- 12:00 pm to 1:00 pm -- Lunch
- 1:00 pm to 2:00 pm -- Meet with Dr. Colburn-Malousek & Dr. Schmid (conference room)
- 2:15 pm -- Pre-employment drug screen -- Amberwell 380 Limit St.
- 2:30 pm to 5:00 pm -- Set-up/Organize Office, Review Policy Manual, Review Training Manual
 - Office 124
 - Office 128
- Log-in Information:

Password:

- Avatar:

Password: (after entering this you will be prompted to enter a new password)

Day 2 – August 2

- 9:00 am to 11:00 am -- Meet & Greet with doctoral-level practicum students (conference room)
- 11:00 am to 12:00 pm -- TGC Program & Referral Process Overview (Conference Room)
- 12:00 pm to 1:00 pm -- Lunch
- 1:00 pm to 2:00 pm -- Clinic Meeting (Conference Room)
- 2:00 pm to 3:00 pm -- Meeting with APP Rotation Supervisors (Vicky Olson and Dr. Drew Palacio) and Early Childhood Rotation Supervisor (Mallory Holman)
- 3:00 pm to 5:00 pm -- Complete Relias online trainings, Finish reviewing policy and training manuals

Day 3 – August 3

(Dr. Colburn-Malousek is out of the office)

- 9:30 am to 11:30 am -- Intake training with Dr. Brandon Schmid
- 12:00 pm to 1:00 pm -- Lunch
- 1:00 pm to 3:00 pm -- Practice Intakes with fellow intern
- 3:00 pm to 5:00 pm -- Complete any remaining Relias online trainings; Begin Development of Training Plan

Day 4 – August 4

(Dr. Colburn-Malousek is out of the office)

- 8:30 am to 9:30 am -- New Employee Meeting with Keith Rickard – Leavenworth Conference Room
- 10:00 am to 12:00 pm -- Shadow intakes with Crisis/Access team (Ben Duncan, Kris Creten, Katherine St. John) and/or practice with fellow intern
- 12:00 pm to 1:00 pm -- Lunch
- 1:00 pm to 3:00 pm -- Shadow intakes with Crisis/Access team and/or practice with fellow intern
- 3:00 pm to 5:00 pm -- Complete Training Plan, Prep for next week's APP group

Day 5 – August 5

- 9:00 am to 12:00 pm -- Training Team (Avatar Training)
- 12:00 pm to 1:00 pm -- Lunch
- 1:00 pm to 3:00 pm -- Review Training Plans, Create Schedules, Assign Practicum student to each Intern

Appendix S: AVATAR Documentation Guides

Progress Notes

Complete this for any therapy session, cancel, no-show, treatment plan update, or contact/outreach effort

Relevant codes:

- 1100—individual
- 1106—Family therapy w/patient present—must be on treatment plan
- 1730—couple's counseling
 - At the moment, this requires the therapist to do two identical notes for each partner—30 minutes each. We don't do intakes or treatment plans for couple's counseling. We are working on improving this system
- 1935—treatment plan update (usually this is done if you do not know the client, are doing one over the phone, the client is not present, less than 30 minutes, or you cannot bill based on credentialing)
 - If you have questions about when to use this code, please talk with your supervisor
 - On the Clinical Data page you will select Informational and fill in the Brief Description of Intervention Provided During Service section
 - You will have to select New Service at the top of Ambulatory Progress Note page and choose Service Duration (put time in minutes)
 - Note Type (Progress Note Primary—unless you have a supervisor sign your notes) and Notes Field (type in NA)—same as for a therapy service
 - You do not need to select Treatment Plan-Main
- 2010—this can be used for any outreach effort and/or contact with relevant (with a release of course) collaterals. This can also be used when talking with a client over the phone. If possible, please reach out to PCP and other relevant providers as needed. This is something KDADS and MCOs look for

Therapy note

Progress Note For: Select Existing Appointment (if in your AVATAR calendar)—this will complete service charge code and time. Please change session time to correspond with an accurate start and stop time. Please change the charge code as needed.

- Note Type: Progress Note Primary unless you have a supervisor sign your notes (e.g., Student/New Staff)
- Notes Field: NA
- Select TP Version: Click on Treatment Plan-Main
 - Click Select TP Item Note Addresses
 - Choose an Objective relevant to that therapy session. Your Objective should be discussed in the intervention box later. Your objective should also be congruent with your intervention (e.g, individual therapy, family therapy)
 - Highlight and click Return
- Draft/Final
 - Select at the end

Clinical Data page

- Type of Note: select Therapy for any therapy session. Select informational if you are doing a 2010, 1935, or a no-show/cancellation note
 - When you select Therapy, boxes will highlight that need to be completed
- Description of Consumer Presentation
 - Only select one and briefly describe
- Current Diagnosis Correct
 - Self-explanatory
- Medical Necessity
 - Please select an appropriate box
- Intervention
 - Must match the code
- Brief Description of Intervention Provided During Service
 - Please describe your evidence-based intervention and how client responded. Your intervention should match your objective. If it doesn't or you can't find an objective that matches your intervention, update your treatment plan
- Risk Assessment
 - Indicate any level of risk. If you select anything besides None, the Description of Risk and How Addressed will open. In that box you must indicate why you chose a level besides None and your intervention (How Addressed). If they are not going to be hospitalized, explain why (e.g., client went home with parent/reported no intent for suicide/client given crisis and after-hours information if status changes)
- Consumer Response/Progress/Outcome
 - Choose one that is appropriate
 - Each box is self-explanatory
- Plan
 - Choose one that is appropriate
 - Do not choose Provider Task and state "Treatment continues" or something along those lines
- Schedule Follow-Up appointment
 - Choose Yes or No
- Interactive Complexity
 - Only choose this if appropriate and the client has Medicaid. Other insurances do not pay for this and the client will be charged
- Discharge Plan
 - Projected Service End Date: choose the date for the next treatment plan, T+90, or a more appropriate date. This is based on your clinical judgement and what you have discussed with the client in session
 - Recommended Self-help and community support services: please include any outside resources the client is participating in and/or you have referred. For example, if they have a drug and/or alcohol problem, you should be including NA, AA, etc. as part of your sessions.
- Crisis Management Plan
 - Based on the needs and risk of the client, please include relevant information here. For example, "Based on past risk, therapist and client discussed how client will utilize after hours service or walk-in crisis as needed. Client reported that they can also use family or friend support."
- Document Completed Collaboratively with Client
 - It is important that you are doing this with at least 75% of your clients. Please see previous emails about how to discuss this with your client.

How to construct a progress note:

Info update between last session → brief but related to symptoms/functioning/stressors (and any observed issues). Check in for progress → What went well this week and why?

Treatment goal □ how it was addressed in session; how did you connect to resources

Intervention → see intervention sheet on how to describe your intervention. CM prompted/taught/modeled/practiced/identified skill . . .

Response to intervention → how client reacted and if it was a skill, how they demonstrated this skill to you.

Plan for next session.

Try to tie sessions/skills together (“Prompted client to skills learned from previous session to address . . .” or “Discussed with client how they utilized new skills between sessions . . .”).

You don’t need a long narrative. For example—during the session discussed fights with spouse/family/friend—You could write that as, “Client expressed _____ about recent interpersonal conflicts (or familial conflicts) and described these interactions as a current stressor. CM and client discussed learned interpersonal, conflict-resolution, and problem-solving skills to use during times of conflict. CM helped client identify skills to use in between sessions. CM and client problem-solved one situation to practice.

Clear and concise.

Always follow the treatment plan. We are not allowed to introduce an intervention that is not included in the treatment plan.

Depression

Interventions/skills could include:

- Education
- Create a healthy schedule (e.g., exercise, eating, sleep, provider appointments, interpersonal activities, community activities)
- Relaxation techniques
- Mindfulness techniques
- Thought restructuring—look for always, never, and negative statements. Call those statements out and work on restructuring them accurately. See if client can do it on their own
- Behavioral activation—have client identify 2-3 pleasurable activities and schedule at least one for the week. If reluctant, do one with them
- Identify with client activities and thoughts that increase chances of depression relapse (e.g., drinking, negative peers, sleeping too much, eating too much)

Anxiety

Interventions/skills could include:

- Education
- Helping client identify triggers.
- Thought restructuring
- Relaxation

- Mindfulness
- Exposures
- Exercise/healthy schedule
- Problem-solving skills, interpersonal skills

Bipolar

- Education
- Just about the same as depression but need to add a well-structured schedule and use a journal to identify moods and behaviors to increase awareness of mood states

Psychosis

- Education
- Problem-solving, interpersonal skills
- Mindfulness, attentional control (guided imagery), attentional narrowing
- Thought restructuring—"That person is not looking at me, I am not that important" humor
- Reattribution—"Those voices are just my thoughts, they are not my real voice"
- Relaxation techniques on the fly (breathing, sitting)
- Schedule activity/pro social

Intake

You can use client # 16079 to practice

AVATAR document: Intake Diagnostic Evaluation New

Code 1000

DER: pencil in the exact time, code, and client name and number on your DER

- If you have questions about this talk with your supervisor or your front staff

Open and complete these other forms as well:

- Diagnosis
- Initial TX plan (have client sign and they also get a copy)
- SPMI/PRE/SED Assessment (new)
 - Since this is not work-flowed, if they are SPMI or SED, please email or request an episode change to the relevant supervisor
 - In Leavenworth:
 - Early Childhood case management/STAR—Nikki Hitchcock
 - Youth case management/APP—Amy Reardon
 - Adult case management/APP—Laurie Loughry
- Adult DLA 20 (only for adults)

First page (Intake Diagnostic Evaluation New)

- Choose MH Leavenworth episode
- If there are previous intakes listed, choose the most recent. It will fill in boxes so you will need to update with the new information

- Date: Choose “T”
- Type of Evaluation: Intake Diagnostic Evaluation
- Practitioner: Your name (last name, first name)
- Service code: 1000
- Start time: Choose closest 15-minute mark
- Stop time: Choose closest 15-minute mark (make sure your paper DER matches this time)
- Program: MH Leavenworth
- Location: choose your location
- Duration: put in the time (depends on start and stop)
- Language, Marital Status, Employment Status, Occupation, and Education are self-explanatory. Just because a box is not red does not mean you can leave it blank. Answer any box that you can
- Strengths: You should be assessing strengths and barriers to treatment. Examples include: Family support, employed, verbal, amenable to treatment, motivated for treatment, past success in treatment, financial stability, housing stability, optimistic
- Preferences: I normally include the services they are asking for—outpatient therapy, medication, case management, etc. Please also put here insurance information and if you are referring for a particular therapist. You can also choose male or female based on client preference
- Intervention provided/Client Participation: In this box you are to list any intervention you provided. At each intake, you should be using your rapport building skills (e.g., active listening, empathetic listening, nonjudgmental stance, genuine approach) as well as psychoeducation (e.g., explained the basic information about depression/anxiety/psychosis and how treatment works). You should also be providing mini-interventions until his/her next session (e.g., sleep hygiene, relaxation techniques, self-help information, EBP websites). Hopefully throughout the years you have found good material that is evidence based and client friendly. If you haven’t, ask around. The second part asks for client participation—how did the client respond?
- Individuals present: Click on others present if appropriate and list in the Identify Others Present box who was in the room. Discuss how they participated
- Status: Pending approval—choose this after completing the whole document

Symptoms

- Please choose the most relevant and current symptoms. Your diagnosis should come from this information.

History

- Chief Complaint/Presenting Problem: list in the client’s words (use quotes) what brought them into therapy. Please include functional impairment—how is the problem disrupting his/her life?
- I have reviewed the history of present illness in the diagnostic assessment of: Skip

- History of present illness: Describe how long the patient has had this issue and how the signs and symptoms have progressed. Also include any events that have made it worse (e.g., death in the family, traumatic events, other areas of loss)
- Past Psychiatric History: Self-explanatory. Please answer every question and if the explain text box opens, complete. If any risk factors come up (i.e., recent discharge from psych unit; self-harm; suicide; homicide) you MUST indicate some level of risk and perform a risk assessment. Please complete a risk assessment on every intake regardless of stated risk factors.

Past Psych Meds/Current Psych Meds/Current Non-Psych Meds

- Past/Current psychotropic/non-psych medications: Select a box if they have taken psychotropic or non-psych meds in the past or currently. Fill in supplemental areas
- This area can cause a hiccup if you select a box and do not complete the section. If you have issues, let me or your supervisor know. Most clinicians have been able to figure out when they have created a box that needs to be completed when AVATAR gives them a warning box when he/she tries to submit the intake

Substance Use

- Self-explanatory—fill in all relevant areas. Use the self-reports to address any D/A use or abuse that seems to be problematic. Go over local supports and how drugs and alcohol disrupt our functioning and physical/mental health. Don't forget to talk about nicotine. Ask about if they have wanted to quit or want to quit. Be prepared to give them resources or interventions. The state is pushing hard on this are.

Substance Use Details

- Same process of the Past Psych Meds/Current Psych Meds/Current Non-Psych Meds page

Allergies/Family Medical History/Family Medical History/Family Psychiatric History

- Answer all relevant questions

Family Medical History

- Answer all relevant questions
- Always ask to see if they have a GP they see regularly to rule out any medical reasons for psych symptoms

Social History

- Do not forget to ask and complete the Spiritual/Cultural section. Remember culture can be gender, age, sexual orientation, religion, SES, military, ethnicity, etc. If they deny any culture (White and impoverished are considered cultural components), please indicate that. This area will soon be red-boxed, but for now, answer every time.

- Answer any other relevant questions

ROS/Examination

- Only comment on any overt issues. If general appearance is typical, state that grooming and hygiene are appropriate for the situation. Also answer Eye Movements, Atrophy and Abnormal Movements, and Gait.
- Skip Review of Systems

AIMS Status

- Complete every section. For now we also need to complete the paper form and return in the red folder.

Disposition Plan

- Treatment Recommendations: select the appropriate box
- Discuss our crisis services and after-hours number and click the Client informed of daytime/after-hours crisis services box

Mental Status

- Enter your name into Clinician Completing Assessment
- Enter Assessment Date (T = today)
- Complete every section
- Pay special attention to the suicide and homicide intent sections. If they have EVER been suicidal we need to comment on that and document that we asked them if they are suicidal NOW. Risk is only “No Risk” if they have never been suicidal and have a diagnosis that doesn’t carry risk. Bipolar and depression carry suicidal risk even if they haven’t been suicidal in the past. Indicate low risk if that is the case. Make sure to ask them WHY they aren’t suicidal if they deny (e.g., supports, protective factors).

Finish by changing status from “Draft” to “Pending Approval”

Routing

- Review your document—double check times, duration, and other relevant areas for mistakes
- Decide on Accept and Route or Reject
- Accept and Route
 - Type in AVATAR password
 - Add approver—if you are Leavenworth, this is me
 - Type in my name (last name, first name) above the greyed ADD box
 - Make sure I am selected as an approver
 - Submit

Treatments Plans

An active and up-to-date treatment plan must be maintained for all clients. An Initial Treatment Plan is completed with each client during the Intake process, and is valid for 30 days. All subsequent treatment plans are valid for 90 days. It is the responsibility of the assigned clinician to ensure that all treatment plans are valid and maintained.

If a child client is involved with Community Based Services (CBS), a formal treatment plan meeting is held with the clinician and other providers from the client's treatment team. In these instances, the Targeted Case Manager (TCM) will coordinate with the treatment team to schedule, and assist with, the meeting. If an adult client is involved with Community Support Services (CSS), a formal treatment plan meeting is NOT held. Rather, the clinician proceeds with the treatment plan as detailed below. Interns should consult with their supervisor regarding specific expectations and requirements for treatment plans.

In Avatar → Select Client → Search Forms → Treatment Plan – Main

- Treatment Plan Date (today)
- Plan Name—choose a relevant title (e.g., First treatment plan; 90 day update)
- Plan Type—regular
- Plan End Date—T+90
- Next Review Date—T+90
- Special Populations—choose SED for children or SPMI for adults if relevant
- Describe IDDT Stage. . . → leave blank

- *Presenting Problem:* This section should include an overview of the client's concerns, symptoms, and functional impairment.

- *Client Strengths and Preferences* → list strengths related to a better prognosis

- Discharge Plan → Please provide what the client will look like at discharge (e.g., Client will learn new skills to alleviate _____ symptoms in order to function at a previous and adequate level (e.g., working; going to school; improving relationships; sobriety). At updates include any progress towards that criteria or lack thereof.

- *Initial Intake Date:* provide the date of their intake

- Keep in draft until after the plan is completed

- Choose Launch Plan

- Problem Code: Type in the diagnosis and you will be provided with ICD congruent diagnosis to choose
- Add New Goal
 - Broad goal that will be completed to reduce or eliminate the problem (e.g., Client will learn new skills in order to alleviate psychotic symptoms in order to improve overall functioning)
 - Date Started: Choose current date
 - Target Date: Choose T+90

- Status: New for first plan; continued for update
- Client preference: Choose services we are providing to help with this goal
- Goal progress or Lack Thereof: update every 90 days
- Add New Objective
 - Choose a relevant and measureable objective (e.g., client will learn 1-2 new CBT related skills that are known to alleviate depression (e.g., thought restructuring; behavioral activation; healthy scheduling) in the next 90 days
 - Action Steps → leave blank
 - Measurement Strategy → leave blank
 - Progress or Lack thereof → complete at updates
 - Treatment Modality → choose therapy (individual or family)
 - Encounters and How Often → choose how often you are seeing them a month or once a week
 - Person Responsible → Clinician (you) + any other person involved in that service (e.g., family therapy = client + family)

You will know the plan is ready when all red flags have disappeared.

Choose Back to Plan Page

Make sure all Plan Participants are listed including yourself. (Who was there?)

Complete required boxes for Discharge Plan section.

Examples of Self-Help and Community Support Services → AA, NA, NAMI, websites, books, school counselors, gym, etc.

An example for the Crisis Management Plan → “Client will seek out crisis support via the access clinic, after hours number, or ER/911 when suicidal or homicidal.”

Choose pending approval and route to your supervisor—Lindsey Colburn-Malousek

All treatment plans must be reviewed with the client in session (preferred) or over the phone. After the plan is reviewed, and the client is in agreement, the intern and client must both sign the treatment plan. The plan should remain in Draft status, and a copy printed and placed in the mailbox of the intern's supervisor. To print the treatment plan:

In Avatar → Open Client Chart → My Forms – Clinician → Treatment Plan – Main → Report → Print

The supervisor will review and recommend edits. After edits are completed by the intern, and approved by the supervisor, the intern will change the status of the plan from Draft to Final, and submit electronically to their supervisor. A printed copy of the finalized plan must then be placed in the supervisor's box. Supervisors will approve treatment plans electronically, and sign and submit the printed copy to the Medical Director.



EMPLOYEE ACKNOWLEDGEMENT FORM DOCTORAL INTERNSHIP TRAINING MANUAL

The Doctoral Internship Training Manual outlines the training program requirements and expectations of interns, and I understand that I should consult with the Training Director regarding any questions not answered in the manual.

Since the information, policies, and expectations described here are necessarily subject to change, I acknowledge that revisions to the manual may be made by The Guidance Center at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing requirements.

_____ I have received a copy of The Doctoral Internship Training Manual, and I understand that it is my responsibility to read it and familiarize myself with the information contained in this manual and any revisions made to it.

_____ I understand that any violation of these training expectations may result in remediation, as outlined in the manual.

Printed Name of Employee

Date

Signature of Employee

Signature of Training Director

Date