## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>About Judge Baker Children’s Center</td>
<td>4</td>
</tr>
<tr>
<td>Aim and Goals of the Internship Program</td>
<td>4</td>
</tr>
<tr>
<td>Program Philosophy</td>
<td>5</td>
</tr>
<tr>
<td>Training Overview and Clinical Placements</td>
<td>6</td>
</tr>
<tr>
<td>Camp Baker</td>
<td>7</td>
</tr>
<tr>
<td>The Manville School</td>
<td>8</td>
</tr>
<tr>
<td>The Center for Effective Child Therapy (CECT)</td>
<td>9</td>
</tr>
<tr>
<td>Intern Orientation</td>
<td>10</td>
</tr>
<tr>
<td>Intern Schedules</td>
<td>10</td>
</tr>
<tr>
<td>Supervision Requirements</td>
<td>11</td>
</tr>
<tr>
<td>Didactic Training</td>
<td>12</td>
</tr>
<tr>
<td>Accreditation and Licensure criteria</td>
<td>13</td>
</tr>
<tr>
<td>Program Competencies</td>
<td>14</td>
</tr>
<tr>
<td>Foundational Profession-Wide Competencies</td>
<td>14</td>
</tr>
<tr>
<td>Functional Profession-Wide Competencies</td>
<td>17</td>
</tr>
<tr>
<td>Intern Selection and Academic Preparation Requirements Policy</td>
<td>20</td>
</tr>
<tr>
<td>Application Process</td>
<td>20</td>
</tr>
<tr>
<td>Application Screening and Interview Processes</td>
<td>20</td>
</tr>
<tr>
<td>Participation in the APPIC Match</td>
<td>21</td>
</tr>
<tr>
<td>Intern Stipend, Benefits, and Resources Policy</td>
<td>21</td>
</tr>
<tr>
<td>Stipend and Employment Status</td>
<td>21</td>
</tr>
<tr>
<td>Benefits</td>
<td>22</td>
</tr>
<tr>
<td>Holidays and Vacation Leave</td>
<td>22</td>
</tr>
<tr>
<td>Prior Approval</td>
<td>23</td>
</tr>
<tr>
<td>Prohibited Days</td>
<td>23</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>23</td>
</tr>
<tr>
<td>Family or Medical Leave</td>
<td>23</td>
</tr>
<tr>
<td>Intern Evaluation, Retention, and Termination Policy</td>
<td>24</td>
</tr>
<tr>
<td>Evaluation of Interns</td>
<td>24</td>
</tr>
<tr>
<td>Expected Minimum Levels of Achievement</td>
<td>25</td>
</tr>
<tr>
<td>Retention of Internship Documentation</td>
<td>25</td>
</tr>
<tr>
<td>Criteria for Successful Completion</td>
<td>26</td>
</tr>
<tr>
<td>Timeline for Evaluation of Interns</td>
<td>26</td>
</tr>
<tr>
<td>Intern Evaluation of Program</td>
<td>27</td>
</tr>
<tr>
<td>Graduate Program Communication Policy</td>
<td>27</td>
</tr>
<tr>
<td>Due Process, Probation, and Grievance</td>
<td>29</td>
</tr>
<tr>
<td>Due Process Policy</td>
<td>29</td>
</tr>
<tr>
<td>Probation &amp; Termination Policy</td>
<td>30</td>
</tr>
<tr>
<td>Grievance Policy</td>
<td>32</td>
</tr>
<tr>
<td>Diversity, Non-Discrimination, and Harassment Policy</td>
<td>34</td>
</tr>
<tr>
<td>General Policies and Procedures</td>
<td>37</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>37</td>
</tr>
<tr>
<td>Client, Coworker, and Public Relations</td>
<td>38</td>
</tr>
<tr>
<td>Conflict of Interest/Code of Ethics</td>
<td>42</td>
</tr>
<tr>
<td>Operating Policies</td>
<td>42</td>
</tr>
<tr>
<td>Use of JBCC Vehicles</td>
<td>44</td>
</tr>
<tr>
<td>Safety Reporting Policies</td>
<td>48</td>
</tr>
<tr>
<td>Child Abuse and Neglect</td>
<td>50</td>
</tr>
<tr>
<td>Abuse of Mentally Disabled Persons and Examples</td>
<td>50</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Elder Abuse and Neglect and Examples</td>
<td>51</td>
</tr>
<tr>
<td>Electronic Information Policies</td>
<td>53</td>
</tr>
<tr>
<td>Safety on Internship</td>
<td>55</td>
</tr>
<tr>
<td>Appendices</td>
<td>62</td>
</tr>
<tr>
<td>Program Faculty</td>
<td>62</td>
</tr>
<tr>
<td>Supervision Log</td>
<td>65</td>
</tr>
<tr>
<td>Suicide Risk Assessment Guide</td>
<td>66</td>
</tr>
<tr>
<td>Didactic Calendar</td>
<td>67</td>
</tr>
<tr>
<td>Supervisor Evaluation Form</td>
<td>95</td>
</tr>
<tr>
<td>Director of Training Evaluation Form</td>
<td>105</td>
</tr>
<tr>
<td>Doctoral Internship Supervisor Evaluation</td>
<td>122</td>
</tr>
</tbody>
</table>
Introduction

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

About Judge Baker Children’s Center

Judge Baker Children’s Center improves the quality of children’s mental health care by translating research into programs and services that change lives. For over 100 years, Judge Baker has been instrumental in creating a continuum of care that supports children’s healthy development at the policy, systems, and practice levels. Our research, direct programs and services, training, and advocacy make Judge Baker a preeminent voice and active resource on issues of children’s mental health. At Judge Baker, the practices created and tested today will become the best practices of tomorrow. Our programs help children and families chart their own best course for developmental, emotional, and intellectual well-being in community-based settings.

Judge Baker Children’s Center is an IRS certified 501c-3 non-profit with an independent Board of Trustees. Judge Baker has been an important partner in the implementation and delivery of evidence-based practices (EBPs) for children and families from a variety of racial and cultural backgrounds, including direct service programs and implementation initiatives in schools, community mental health centers, and for families involved in the child welfare system.

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

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

Aim and Goals of the Internship Program

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

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

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

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

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

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

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

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

Evidenced-Based Teaching Approaches
• Learning is planned, sequenced, and graded in complexity over the course of the year.
• Learning is competency-based with explicit articulation of the competencies to be developed and demonstration that those competencies are achieved during the training year.
• An apprenticeship model is used in which interns observe faculty psychologists modeling the competencies and faculty members observe interns developing the competencies.
• The internship experience is learner-driven with psychology interns playing an active role in identifying, through self-assessment, their strengths, learning needs, and progress in mastering the competencies.
• In keeping with adult learning principles, learning is problem-oriented, focused on the challenges experienced by the interns in the course of their internship responsibilities.
• Learning is directly linked, to the extent possible, to site-based experiential learning opportunities.

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

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

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

Progress Monitoring and Continuous Quality Improvement
• Comprehensive and periodic self-evaluation promotes constant improvements in the quality of the internship program and the interns’ experience.

Training Overview and Clinical Placements

Accreditation Information
The internship program focuses on training professional psychologists in clinical child and school specializations. The program is full-time (40 hours per week) for 12 months (2,000 hours). We offer no part-time positions. The intern year begins annually on July 1st. At this point in time, it is important to note that while the internship is a member of APPIC, this internship is not APA accredited. Applicants for the 2020-2021 academic year should understand that the program does not have APA accreditation. However, the
The curriculum is designed to conform to the Massachusetts Board of Registration of Psychologists requirements for internship experience.

**APA Accreditation Information:**
Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

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

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**Training Placements**
All interns participate in three placements during the training year. The Manville School and the Center for Effective Child Therapy (CECT) are major placements lasting 10 months and draw on the large population of the greater Boston metropolitan area with approximately 8 million residents. Camp Baker is a minor placement and lasts 7 weeks in the summer and draws clients from across the United States and internationally. Interns arrive for internship on July 1st and immediately begin their minor placement at Camp Baker for all 5 days per week. Following the conclusion of Camp Baker, interns begin their major rotations at Manville for 3 days a week and CECT for 2 days per week until the conclusion of the internship on June 30th.

**Camp Baker**
Camp Baker at Judge Baker Children's Center is a 7-week day program that provides services to children ages 6-12 with Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), learning problems, and related mood, emotional, and behavior problems. Camp Baker is based off of the Summer Treatment Program (STP), which was named a Model Program in Child and Family Mental Health by the American Psychological Association and the Substance Abuse and Mental Health Services Administration (SAMHSA), and a program of the year by Children and Adults with ADHD (CHADD), the national parent advocacy group for children with ADHD. The STP has also been listed in SAMSHA’s National Registry of Evidence-based Programs and Practices (NREPP). STP at Camp Baker provides treatment tailored to children’s individual behavioral, social emotional, and learning difficulties. Camp Baker helps children make new friends, improve sports and art skills, and develop relationships with staff members. Camp Baker is a highly structured and supportive program that leads to behavioral gains and improved social skills, and helps prevent against summer erosion of school year functioning.

In summer 2019, 52 children ages 6-12 years old with ADHD diagnoses participated in the treatment program. In addition to a diagnosis of ADHD, 69% of the children in the program had co-morbid diagnoses. Specifically, 15% of the children had a co-occurring diagnoses of ODD, 38% were diagnosed with some type of anxiety disorder (e.g., generalized anxiety, specific phobia, social phobia, obsessive-compulsive disorder), and 21% of the children were diagnosed with an autism spectrum disorder and/or a learning disability. Of the children who participated, 88% were male and 12% were female. In terms of racial/ethnic characteristics, 63% of the children in the program were White, non-Hispanic, 19% were Hispanic/Latino, 8% were multiracial, 6% were African American/Black, and 4% were Asian. In terms of socioeconomic status, 68% of the children lived in households where the annual income was >$150,000, 20% had annual household incomes between $50,000-$150,000, and 12% lived in households where the annual income was below $50,000. Among the participating children and families, 27% received full or partial funding, either from Judge Baker Children’s Center or from outside agencies such as the Department of Mental Health.
Prior to the start of camp, doctoral interns participate in a week-long didactic training where they are exposed to the STP program manual, learn the behavior modification principles of the program, and are oriented to the treatment approach and intervention components. Following the week of staff training, doctoral interns are responsible for implementing the treatment program using behavior modification principles across all recreational program activities. Interns gain experience implementing token reinforcement and response cost systems, as well as training children and caregivers in social skills, problem solving, and behavior management. Interns also gain experience implementing time out procedures and using daily report cards.

In addition to being responsible for implementing the behavioral intervention, doctoral interns supervise up to eight undergraduate and graduate students in psychology who are assigned to their group. This supervision includes oversight of the treatment intervention, reviewing daily recording and tracking forms for accuracy, observing undergraduate counselors during daily activities to ensure that the treatment components are being delivered with fidelity, and offering informal supervision and support. Doctoral interns receive two hours of individual supervision and one hour of small group (two interns and one supervisor) supervision with a licensed clinical psychologist during Camp Baker.

The Manville School
Manville is a therapeutic day school for approximately 110-120 students in grades K-10 who experience emotional, neurological and/or learning difficulties that have impacted their ability to succeed in previous school settings. Manville offers a comprehensive array of clinical services and supports based on best practices that promote healthy development and educational success, including psychoeducational and diagnostic assessments; individual, family, and group therapy; parent coaching and support groups; case management; and speech and language and occupational therapies. The environment is designed to build skills, expand potential, and overcome the difficulties and failures of previous school placements. The student body at Manville includes a broad array of students from various backgrounds. 82% of students identify as male, 16% identify as female, and 2% identify as non-binary gender. White, non-Hispanic students make up 60% of the enrollment, 10% are African American/Black, 4% are Asian, 1% are Native Hawaiian/Pacific Islander, 6% are Latino/Hispanic, 11% are multiracial non-Hispanic, and 12% are multiracial Hispanic. There are a number of various religious backgrounds represented. Some students are in foster care at some point during the school year, and some students are adopted. A number of students are questioning their gender identity or are gender non-conforming. The staff at Manville strives to create and promote a safe and inclusive environment for all. Students come from 52 different cities or towns in the greater Boston area, and 27% of students qualify for the free or reduced cost lunch program.

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

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

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

The Center for Effective Child Therapy (CECT)
CECT at Judge Baker provides mental health assessments and focused short-term treatments for approximately 200 children and their families annually. CECT promotes the best possible mental health of children by using scientifically proven treatments in the assessment and treatment of children and families of diverse communities. CECT also trains mental health professionals in our treatment models to increase the quality of care throughout our communities. We expand public awareness and inform public policy through the use of research, data, and advocacy with local child and adolescent organizations.

Clients from a variety of backgrounds and with a number of different emotional and behavioral challenges seek services at CECT. Clients are 49.9% female and range from 2.5 to 19 years old. They are 77% White, 10% Black, 9% Multiracial, and 4% Asian. The majority of clients travel 5 miles or less to attend services, but up to 10% of clients travel more than 25 miles to Judge Baker for their services. Approximately 50% of clients have an anxiety disorder, 45% have a disruptive behavior disorder, 25% have a depressive disorder, 20% have an attentional disorder, and 15% have a traumatic stress disorder. A number of other problem areas are represented in the CECT population, and 65% of clients have at least two diagnoses. Forty-two percent of CECT clients receive special education services through their local school district and twelve percent have had a prior psychiatric hospitalization.

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

Interns begin the year receiving comprehensive training in semi-structured diagnostic interviewing as well as modular treatments of youth mental health problems using established evidence-based practices. Interns participate in a structured assessment training process that includes observation of experienced practitioners, co-leading, and finally conducting assessments independently. All interns gain experience creating psychodiagnostic reports and integrating quantitative and qualitative data to create treatment recommendations and plans. Interns also gain experience with approximately 6 psychotherapy clients at any given time, and can expect to gain experience with approximately 12 to 18 unique clients throughout the year.
**Intern Orientation**

At the beginning of the training year, interns receive an orientation to the training site and structure of the training experience. Next, they begin their formal training in the first direct service program, the Camp Baker program. They receive instruction in the daily activities and behavioral strategies they will utilize throughout the program. They then serve as lead counselors in the Camp Baker program for the remainder of the summer. At the end of August, interns attend a week of orientation sessions at the Manville School to prepare for the upcoming school year. They receive information regarding the daily school schedule, activities, and resources available. Interns are trained in conflict resolution and physical safety and management skills, CPR and first aid, and how to respond to emergency situations. In the following four weeks of school, interns are presented with details regarding policies, procedures, clinical goals and orientations, and vital operating procedures via individual and group supervision meetings. During that same month-long orientation process, interns receive orientation to their work in the Center for Effective Child Therapy. They are presented with policies and procedures, receive instruction on scheduling and meeting clients, tracking contact hours, billing for services, and documenting clinical services. Interns also receive extensive didactic instruction in child-focused evidence-based assessment and treatment practices.

**Intern Schedules**

Since the combined school/outpatient track requires delivering services in three environments, it is important that interns are aware of the unique scheduling requirements of the site. During the 7 weeks of Camp Baker, interns are expected to be attending to Camp Baker activities full time from 8:00 AM through 4:00 PM. Once the school year begins in September, interns are expected to be attending to school activities on Mondays, Wednesdays, and Fridays from 8:15 AM through 4:15 PM (with, on average, one Wednesday per month extending to 5:00 PM). Interns are expected to be attending to outpatient activities on Tuesdays and Thursdays from 10:00/11:00 AM through 6:00/7:00 PM depending on the need to schedule clients. This schedule is to account for the fact that students at the Manville School are present in the mornings and early afternoons while clients at the outpatient center typically receive services after school hours. Overall, interns can expect to spend approximately 11-12 hours per week providing direct face-to-face assessment and psychotherapy services and approximately 2-3 hours engaged in face-to-face milieu therapy services, resulting in total face-to-face hours of approximately 13-15 hours.

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**Summer Program (100% FTE for seven weeks)**

| Didactic training in Summer Treatment Program for Camp Baker (40 hours/first week only) | Lead group-based behavioral summer program (30 hours/week) |
| Individual supervision (2 hours/week) | Group Supervision (1 hour/week) |
| Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6 hours/week) | Supervision with the Director of Training (1 hour/week) |

**Outpatient (40% FTE)**

| Conduct structured clinical diagnostic interview (1.5 hours/week) | Conduct individual psychotherapy (4 students/week – 4 hours) |
| Conduct individual psychotherapy (6 clients/week – 6 hours) | Conduct Case management (4 students/week – 6 hours) |
| Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 5 hours/week) | Participate in milieu therapy (2.5 hours/week) |
| Attend individual supervision (1 hour/week) | Complete administrative work and documentation (e.g., notes, reports, treatment plans, summaries; 6.75 hours/week) |
| Attend assessment seminar (1 hour/week) | Attend individual supervision (1 hour/week) |

**School (60% FTE)**

| Supervision with the Director of Training (1 hour per week) | Attend intern training seminars (1 hour/week) |
| Multidisciplinary Group Supervision (1 hour per week) | Attend diagnostic seminar (1 hour/week) |
| Attend psychoeducational testing seminar (.25 hour/week) | Attend EBP seminar (1 hour/week) |
Supervision Requirements

Supervision within the internship is defined in the following ways:

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

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

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

During the course of the year, interns are assigned 2-3 supervisors for their work across all programs and receive a minimum of 4 hours per week of individual supervision from doctoral level licensed psychologists (200 hours for the year). Each supervision session will be documented by the supervisor in the Supervision Log and submitted to the Director of Training after each supervision session. Supervision logs serve as an informal evaluation of the intern’s week to week attainment of profession-wide competencies. In addition, group supervision is provided in conjunction with seminars in order to discuss cases in the context of the seminar topics. Supervision is provided by the Manville School Clinical Director or staff psychologists in the Manville School clinical department for school cases. Supervision is provided by the Director of Clinical Services or CECT staff psychologists for outpatient cases. Supervision for Camp Baker interns is provided by the Associate Director of Camp Baker. These supervisors, when on vacation or other leave, must designate a covering supervisor who will be available to the intern. Routine supervision sessions will not occur when either the supervisor or intern are on vacation or other leave. Supervision sessions cancelled during weeks in which the supervisor and intern are working must be rescheduled. All intern clinical activities must be conducted when their supervisor or an appropriately credentialed substitute supervisor is on site.

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

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

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

**Didactic Training**

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

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<td>Intern Seminar</td>
<td>Diagnostic Seminar</td>
<td>Testing Seminar</td>
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**Evidence-Based Practice Seminar**

During this learning activity, interns join all clinical trainees at Judge Baker for didactic presentations on relevant evidence-based programs and practices that can be utilized in the clinical, school, or summer programs. During the course of the year, each intern will present a current case, conceptualized using a framework grounded in one or more evidence-based programs. The focus of this structured learning activity is on enhancing the interns’ capacity to apply evidence-based principles across all functional competency areas. Didactic topics may also be requested based on intern need, and prior topics have included: Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Organizational Skills Training.

**Intern Seminar**

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

**Diagnostic Seminar**

During this learning activity, interns join other trainees at the Manville School for didactic presentations as well as live clinical interviews (observed through a one-way mirror) focused on the psychodiagnostic evaluation of youth in special education settings. Issues pertinent to the mental health assessment of individuals with special education needs, and their unique diagnostic profiles, are discussed. The focus of this structured learning activity is on enhancing the interns’ competency in the areas of assessment, consultation, and providing feedback to students and families. Interns will have the opportunity to present cases in Diagnostic Seminar and receive group supervision. It is led by the Manville School’s Clinical Director.
Assessment Seminar
During this weekly learning activity, interns join the entire faculty of the Center for Effective Child Therapy to deliver case presentations on the diagnostic assessments of outpatient clients. Interns present their own cases approximately twice a month, and participate in diagnostic discussions on the cases of other faculty members and trainees. The focus of this structured learning activity is enhancing trainee competency in the area of evaluation and assessment. Since the format of this seminar is entirely case presentation based, there is no curriculum document provided. The Assessment Seminar is led by the Director of the Center for Effective Child Therapy.

Psychoeducational Testing Seminar
In this monthly structured learning activity, interns join other psychology trainees at the Manville School for didactic presentations and case presentations focused on psychoeducational testing and complex cognitive/learning profiles. Topics covered include planning and conducting school-based psychological testing; test selection, administration, and interpretation; integration of data and report writing; communication of results to diverse audiences; domains assessed and related measures (e.g., cognitive/intellectual, achievement, language and socio-pragmatics, visual-motor, construction, and spatial, attention and executive functioning, memory, behavioral and social-emotional functioning, adaptive functioning, personal adjustment and personality); specific learning profiles and intervention recommendations (e.g., ASD, ADHD, LDs); professional ethics in assessment and decision-making; and cultural competency/ diversity. It is led by the Manville School’s Director of Assessment.

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

Accreditation and Licensure Criteria
Please note that while this internship is a member of APPIC, it is not APA accredited. Interns for the 2020-2021 academic year should understand that the program does not have APA accreditation.

APA Accreditation Information:
Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

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

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

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

Program Competencies

Foundational Profession-Wide Competencies

(i) Research
A. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
1. Discusses scientific and scholarly developments in supervision;
2. Disseminates scientific and scholarly developments in case presentations;
3. Evaluate research and professional literature in relation to client needs;
4. Seeks out evidence-based literature relevant to areas of practice from supervisors and peers;
5. Formulates questions that can be addressed by the literature, research, and program evaluation.
B. Integrates scientific literature into service delivery activities.
1. Accesses, summarizes, and evaluates the literature related to professional activities and client needs;
2. Discusses the relevant literature in case conferences, lectures, and/or professional presentations;
3. Applies the scientific literature to professional work (e.g., clinical, consultation, research, program evaluation, quality assurance).

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

(iii) Individual and cultural diversity
A. Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
   1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability);
   2. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals and groups;
   3. Explores and monitors how he/she is influenced by individual and cultural characteristics and experiences;
   4. Recognizes stereotypes as applied to self and others.
B. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
   1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of clients’ linguistic and cultural characteristics;
   2. Considers individual and cultural characteristics in developing treatment plans and selecting, modifying, implementing, and monitoring interventions;
   3. Applies knowledge of individual and cultural diversity in prevention, consultation, evaluation, and research activities;
   4. Connects clients to culturally responsive services and resources;
   5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination.
C. Is able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
   1. Recognizes and respects differences between self and others;
   2. Communicates in client’s preferred language or uses interpreter services as needed;
   3. Explores with clients their individual and cultural characteristics and the meaning of these characteristics to them;
   4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships;
   5. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their career;
   6. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
D. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
1. Recognizes the limitations in his/her abilities to work with individuals from diverse backgrounds;
2. Reviews relevant literature and practice guidelines on providing services to diverse populations;
3. Seeks supervision to enhance his/her abilities to work with individuals from diverse backgrounds;
4. Pursues continuing education and multicultural experiences to enhance his/her abilities to work with individuals from diverse backgrounds.

(iv) Professional values, attitudes, and behaviors

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

B. Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
   1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback);
   2. Recognizes the limits of personal knowledge and skills;
   3. Recognizes changes in the field that require the development of new or enhanced competencies.

C. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
   1. Recognizes professional challenges and uses feedback and supervision to improve professional performance;
   2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance.

D. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
   1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements);
   2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner);
   3. Remains available and accessible as his/her role requires;
   4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values.

(v) Communications and interpersonal skills

A. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
   1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families;
   2. Develops productive working relationships with peers, supervisors, other professionals, and community members;
3. Interacts in a manner that is honest, straightforward, and flexible;
4. Expresses genuine interest in others, providing them support and encouragement;
5. Displays compassion and empathy toward others, including those dissimilar from oneself.

B. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
   1. Listens attentively to others;
   2. Demonstrates a command of language, both written and verbal;
   3. Adapts communications to the person and situation;
   4. Uses professional terms and concepts appropriately and clearly;
   5. Produces written work that is organized, clear, and sufficiently comprehensive.

C. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
   1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships);
   2. Acknowledges and tolerates others’ feelings and attitudes, including those expressed toward him/her;
   3. Allows and facilitates clients’ exploration of emotionally laden issues;
   4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress;
   5. Recognizes and uses problem solving strategies to address interpersonal conflicts;
   6. Offers and accepts feedback constructively.

Functional Profession-Wide Competencies

(vi) Assessment
A. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
   1. Has understanding of the major DSM-5 diagnoses used in children and adolescents;
   2. Able to apply diagnoses appropriately following diagnostic evaluation;
   3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM-5 diagnosis;
   4. Uses empirically supported measures to assign DSM-5 diagnoses.
B. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
   1. Obtains family, social, societal, and cultural information from assessments;
   2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports.
C. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
   1. Able to identify both functional and dysfunctional behavior and gather background information;
   2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior.
D. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
   1. Screens and clarifies referrals to determine appropriate assessment methods;
   2. Selects appropriate tools and tests for the presenting problem using empirical literature;
   3. Administers tools and tests accurately and efficiently;
   4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences.
E. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
   1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature);
   2. Formulates case conceptualizations and recommendations;
   3. Uses diagnostic classification systems to conduct differential diagnosis;
   4. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations.

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

(vii) Intervention
A. Establishes and maintains effective relationships with the recipients of psychological services.
   1. Creates a secure, trusting environment for clients and families;

B. Develops evidence-based intervention plans specific to the service delivery goals.
   1. Collaborates with clients and families to identify goals and plans;
   2. Links case conceptualizations and treatment plans to assessments;
   3. Utilizes at least one theoretical orientation and theory of change;

C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
   1. Uses evidence-base and theory to inform activities;
   2. Integrates evidence-based practices into treatment plans;
   3. Utilizes treatment manuals in practice when appropriate;
   4. Adapts evidence-based practices in practice activities to account for individual and cultural diversity of clients.

D. Demonstrates the ability to apply the relevant research literature to clinical decision-making.
   1. Uses evidence-base and theory to inform activities;
   2. Integrates evidence-based practices into treatment plans;
   3. Utilizes treatment manuals in practice when appropriate;
   4. Adapts evidence based practices in practice activities to account for individual and cultural diversity of clients.

E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
   1. Demonstrates knowledge of instances where evidence-base for an approach is lacking and identifies alternative treatment approaches;
   2. Uses data to evaluate and modify evidence-based approaches.

F. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
   1. Assesses client progress using standardized measures;
   2. Manages, analyzes, and interprets quantitative and qualitative progress monitoring data;
   3. Uses progress data to adjust clinical practice;
   4. Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools.
(viii) Supervision

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

1. Leads peer supervision/consultation groups;
2. Structures the groups using an explicit method to guide discussions by peers of their work;
3. Maintains a constructive and supportive environment within the groups;
4. Gives constructive and supportive feedback to peers;
5. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee;
6. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address peer supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications);
7. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the peer relationship;
8. Requests and uses feedback from supervisees to improve the quality of supervision.

B. Seeks and uses supervision effectively to improve performance.

1. Establishes strong working relationships with supervisors of diverse practice orientations;
2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions;
3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar clients or services, ethical and legal issues, strong personal reactions to clients);
4. Uses multiple methods to provide supervisors with timely, accurate information about his/her work and is open to being observed;
5. Accepts feedback without being overly defensive;
6. Acknowledges challenges and areas for professional growth;
7. Follows supervisors’ direction;
8. Adjusts professional behavior based on feedback.

(ix) Consultation and interprofessional/interdisciplinary skills

A. Demonstrates knowledge and respect for the roles and perspectives of other professions.

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

B. Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

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

Intern Selection and Academic Preparation
Requirements Policy

Application Process

Judge Baker Children’s Center currently offers 2 full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI;
2. A cover letter (as part of AAPI);
3. A current Curriculum Vitae (as part of AAPI);
4. Three Standard Reference Forms (SRFs), two of which must be from persons who have directly supervised your clinical work (as part of AAPI). Please submit no more than three SRFs;
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered. Applications not received by the deadline or that remain incomplete at the deadline will not be considered.

Application Screening and Interview Processes

Members of the training faculty will review all applications completed by the deadline and will base its selection process on the entire application package noted above:

1. A minimum of 400 intervention hours;
2. A minimum of 200 assessment hours;
3. Comprehensive or qualifying exam passed;
4. Dissertation proposal defended;
5. Prior practicum experience in intervention and assessment with children or adolescents;
6. Prior practicum experience in outpatient or school-based service delivery with children or adolescents;
7. Current enrollment and good standing in an APA- or CPA-accredited doctoral program.

All applications will be reviewed by the Training Committee using a standard Application Review Form and evaluated for the degree to which the applicant’s overall interests, aptitudes, clinical, and academic qualifications match the program’s aims. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process. Applicants are notified whether they have received an interview by email on or before December 9. Interviews are scheduled on a first come, first served basis in December and early January and occurs in-person with the entire Training Committee. During their interview, each applicant attends a program information session, and meets with all Training Committee members during the interview day (each interview includes one applicant and one or more faculty members). Each
faculty member from the different rotations uses interview questions specific to the rotation and rates the degree to which the intern’s overall interests, aptitudes, clinical, and academic qualifications match the program’s aims. Members of the Training Committee may ask additional interview questions of applicants as appropriate. Interviewers specifically inquire into the applicant’s coursework and clinical experiences related to the aims, competencies, and activities encompassed by the internship program. Applicants are expected to describe how they have handled past challenging clinical and ethical situations, summarize their knowledge and awareness of current trends in research literature, and describe their professional goals in the field of psychology.

**Participation in the APPIC Match**

The Training Committee holds a meeting within two weeks of the final interviews being completed to determine applicant rankings. Both the full AAPI application package and information from the applicant interview are utilized to determine applicant rankings. As a member of APPIC, Judge Baker Children’s Center participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. Judge Baker Children’s Center abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Questions regarding any part of the selection process or academic preparation requirements may be directed to the Director of Training.

All interns who match to Judge Baker Children’s Center must provide proof of citizenship or legal residency and must successfully pass:

1. A fingerprint-based background check;
2. A Massachusetts Criminal Offender Record Information (CORI) Inquiry;
3. A National Background Investigation Inquiry before beginning employment.

The history of a felony or misdemeanor may result in a fail in this review process and prevent the intern from working at Judge Baker Children’s Center. Interns also must either receive an annual influenza vaccination at Judge Baker Children’s Center or provide documentation of an influenza vaccination prior to December 1. Individuals who decline to receive the vaccination must provide a document stating such and must wear a surgical mask at all times while on Judge Baker Children’s Center property between December 1 and March 31.

**Intern Stipend, Benefits, and Resources Policy**

**Stipend and Employment Status**

During their training, interns receive a stipend to cover expenses incurred during the training year. The current stipend is $24,500 annually for full time interns. There are no part-time internship placements available. The intern stipend is divided equally across 26 stipend periods throughout the year ($942.30 biweekly). It is important to note that interns are considered visiting trainees from their graduate programs during their entire internship. Thus, interns are not employees of Judge Baker Children’s Center.
Benefits
Interns receive 12 paid holidays and 10 paid vacation days annually. Interns choosing to utilize public transportation during their internship year receive a discounted public transportation pass. Interns are also appointed as Clinical Fellows in Psychology at Harvard Medical School, providing access to the full array of HMS educational benefits, including full library access as well as online classes on a variety of topics. Interns are required to have health insurance coverage. Interns may choose to participate in the Judge Baker health insurance plan. A 75% subsidy is provided by Judge Baker for this coverage, and a 25% intern contribution is required for participation. Coverage for family members, legally married partners, and domestic partners is available. It is important to understand that the value of the subsidy, which is substantial, is also considered taxable income by the federal and state government. Dental coverage is optional for interns and the cost is fully paid by interns. Therefore, this benefit does not contribute to reported taxable income.

The value of the intern stipend and the health care subsidy will be reported to interns as Miscellaneous Income using a federal 1099-MISC form. The 1099-MISC form will be mailed to interns at the beginning of February following any year in which they worked with Judge Baker. It will not be available online. If the intern does not receive it, they should contact the Finance Department. Judge Baker Children’s Center does not withhold taxes from doctoral interns. Interns who believe that they will owe taxes have the option of making Estimated Tax Payments on a quarterly basis during the course of the year. If interns do not make estimated payments, they may be assessed a penalty by the IRS. IRS Form 1040ES is designed to assist the taxpayer in estimating and making those payments. While stipends are taxable they are not classified by the IRS as wages and thus are not subject to FICA taxes (Social Security and Medicare). The tax liability of an intern is determined by a number of factors including income from other sources and spouse income, if any. Interns should consult a tax professional for additional information and assistance in estimating and paying taxes.

Leave and Sick Time

Holidays and Vacation Leave
Interns receive 12 holidays annually as well as 10 scheduled vacation days. Interns do not follow the school vacation schedule. In other words, during the five days of February vacation week, an intern would be expected to report to CECT on Tuesday and Thursday, and would need to use 3 vacation days if he/she chose to take Monday, Wednesday, and Friday off from Manville. Interns must obtain written permission in the form of an email from their supervisor for planned time off. Interns should notify their supervisor via email as soon as possible in the event that a sick day must be used. The following holidays are observed.

New Year’s Day
Martin Luther King, Jr. Day
Presidents Day
Patriots’ Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

**Vacation Leave is NOT permitted during the first 90 days of internship.**
Prior Approval
Leave should be requested well in advance, with a minimum of 30 days prior to the requested leave. The Director of Training has final authority to approve or deny requested leaves. Interns can facilitate the review of the leave request by discussing it in advance with their supervisor. Supervisors will make every effort to approve reasonable requests for leave.

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

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

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

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

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

Resources
Interns have access to a number of resources to facilitate their professional and personal development throughout the training year. All interns are stationed in individual private offices. Each office has a desk, laptop computer and appropriate business software, private office phone with voicemail, business cards, ID cards, and basic office supplies. Additionally, networked printers are available throughout the building. A
vast array of educational and psychological tests, measures and resources as well as books, treatment manuals, and other clinically related resources are available on site. Furthermore, all interns receive appointments as Clinical Fellows at Harvard Medical School, which provides access to substantial electronic and print resources beyond those on site at Judge Baker. Specialized materials that may be needed for specific clinical or professional reasons may be purchased using internship funding with Training Committee approval. Each intern additionally has access to administrative and IT support, as well as client scheduling support.

## Intern Evaluation, Retention, and Termination Policy

### Evaluation of Interns

Interns are educated about policy regarding their evaluation during an initial group orientation to the internship program by the Director of Training. All interns receive informal feedback regarding their competence and areas in need of improvement during their weekly supervision meetings. All interns meet individually with at least three supervisors per week, one of whom is the Director of Training. Supervisors meet as a group once a month to discuss intern progress. During these meetings, notes are taken by the Director of Training to be kept in a temporary personnel file kept on each intern. The Director of Training shares the feedback from these meetings with interns during their regular weekly supervision and notes about these meetings are also be entered into the temporary personnel file.

### Evaluation Scale and Frequency

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

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

### Submission of Evaluations to the Director of Training

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

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

In the event that an Intern is not achieving the expected MLA at any point, rotation supervisors first provide formal notice to the intern consistent with the Due Process Policy. The supervisor and the intern then create a plan to support the intern’s development of that element or competency. This could include additional exposure to clinical casework and extra supervision around technique, modeling or role playing skills with faculty or staff, directed readings, or other activities designed to enhance skill development of the intern. In the event that an intern does not sufficiently make progress towards meeting the expected MLA with an informal supervisory plan, a written corrective action plan is initiated.

Written Corrective Action Plan
If, at any time after attempting an informal supervisory plan, a supervisor evaluates an intern as not making adequate progress towards the MLA, the supervisor provides notice to the intern and Director of Training as outlined in the Due Process Policy. The supervisor, Director of Training, and intern develop a written corrective action plan to address the identified concern. These plans are reviewed and approved by the Director of Training. The plans are designed to ensure: (a) intern and faculty awareness of the importance of raising the level of competence by year’s end, and (b) a clear and focused plan to achieve that level of competence.

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

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

Retention of Internship Documentation
Documentation of intern training experiences, intern evaluations, and any intern written corrective action plans as well as the intern’s AAPI and supervisor logs are retained indefinitely via secure electronic storage both on site at Judge Baker Children’s Center and additionally off-site via secure backup software. The intern’s doctoral program is provided with copies of intern evaluations and corrective action plans, and any other necessary communications as per the Graduate Program Communication Policy.
Criteria for Successful Completion

For each intern in the program, the year-end evaluation of the Director of Training must demonstrate an intermediate level of proficiency (4) across all competency categories for the intern to successfully complete the internship. Successful completion also requires that all other internship expectations are met, including completion of a minimum of 2000 hours, a final chart review which entails review of the charts of all the clients seen during the internship year to insure that all diagnostic, testing, transfer, and discharge forms are complete and that all progress notes are present and properly signed.

Interns Not Meeting Competency Expectations

For interns who do not meet all criteria for internship completion listed above, the Director of Training, in consultation with the intern, can present to the Training Committee no later than June 10th a corrective action plan focused on professional training and activities that will occur after the June 30th internship end date. By June 20th the Training Committee, at its discretion, can: (a) accept the plan and require its adequate completion before the intern is designated as having successfully completed the internship; (b) accept the plan and designate the intern as having successfully completed the internship, concluding that the competency deficit is sufficiently narrow and that an adequate post-internship plan is in place to supervise and promote skill development of the intern; or (c) conclude that the intern has permanently failed to complete the internship.

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

Timeline for Evaluation of Interns

<table>
<thead>
<tr>
<th>All Evaluation Periods</th>
<th>Eval 1</th>
<th>Eval 2</th>
<th>Eval 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul - Oct</td>
<td>Nov - Feb</td>
<td>Mar - Jun</td>
</tr>
<tr>
<td>Training Coordinator releases instructions and Supervisor Evaluation Form to interns and their Supervisors.</td>
<td>Sept 21</td>
<td>Jan 21</td>
<td>May 1</td>
</tr>
<tr>
<td>Each Supervisor electronically completes the form, discusses it with the intern, and emails it to the intern. The intern adds optional comments, signs, and emails the form to the Director of Training with a copy to the Supervisor.</td>
<td>Oct 14</td>
<td>Feb 14</td>
<td>May 21</td>
</tr>
<tr>
<td>Director of Training completes and electronically signs a Director of Training Evaluation Form, integrating feedback from all Supervisors, discusses the completed form with the intern, and emails it to the intern. The intern adds optional comments, signs electronically, and emails the form to the Training Coordinator with a copy to the Director of Training.</td>
<td>Nov 1</td>
<td>Mar 1</td>
<td>Jun 7</td>
</tr>
<tr>
<td>Training Coordinator forwards Director of Training’s evaluation to intern’s graduate program, copying the intern.</td>
<td>Nov 15</td>
<td>Mar 15</td>
<td>June 15</td>
</tr>
<tr>
<td><strong>Additional Steps - Final Evaluation Period</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Coordinator releases instructions and template for the Year End Summary of Experience.</td>
<td></td>
<td></td>
<td>May 1</td>
</tr>
<tr>
<td>Intern completes draft of the Year End Summary of Experience and emails this to the Director of Training.</td>
<td></td>
<td></td>
<td>May 15</td>
</tr>
</tbody>
</table>
Director of Training edits the draft, reviews changes with the intern, and forwards a fully signed final copy to Training Coordinator with a copy to the intern.

Training Coordinator forwards Year End Summary of Experience (and Director of Training’s June Evaluation) to intern’s graduate program, copying the intern.

Jun 7

Jun 30

Intern Evaluation of Program

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

Graduate Program Communication Policy

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

Request for Information Post-Match

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

Internship Evaluations Provided to Graduate Program

Copies of each intern’s competency evaluation completed by the Director of Training in October, February, and June are sent to the Director of Clinical Training in the student’s graduate program. The standard Year End Evaluation letter accompanies the June evaluation. These documents are sent to graduate programs by the Program Assistant.

Communication Regarding Corrective Action Plans

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

Interns’ Rights to Information

All interns are informed of the practice of communication between internship and doctoral program faculty. Each intern has the right to know about communications that occur between the internship and their graduate program and is given copies of information that is exchanged.
Due Process, Probation, and Grievance

Due Process Policy

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

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

Notice

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

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

3) If the intern does not meet the expectations and goals enumerated in the corrective action plan by the time specified, a written letter to the intern (third notice) will be drafted by the Director of Training within 5 working days of the time specified in the corrective action plan. This letter will reiterate the goals established in the plan and enumerate those areas in which the intern fell short of expectations. A copy of this letter will be entered into the intern’s personnel file. The intern’s graduate school Director of Clinical Training will be sent a copy of this written notice.
Hearing
4) The Director of Training will convene a meeting of the Training Committee within 15 days of the end of the corrective action plan timeline to determine the future course of action regarding this intern. Possible outcomes of this meeting might include: a) placing the intern on probation with a new plan for remediation which includes modified goals and a specified time period for reaching the goals, b) informing the intern that although the internship will be completed, performance concerns will be reflected in letters of reference and forms for licensure, c) temporary suspension of clinical duties, or, d) informing the intern that they will be terminated from the internship. All communications regarding actions to be taken will be documented in a formal letter given to the intern within 5 working days following the convening of the meeting. The formal letter will also be sent to their graduate school director of clinical training at the same time, and entered into their personnel file.

Probation & Termination Policy
The Training Committee reserves the right to require at any time the withdrawal from the program of any intern when in the opinion of the Training Committee and as documented through evidence available for review, the intern is unfit to continue in the program for lack of competence, potential harm, or lack of professionalism. Judge Baker Children’s Center and its programs have an obligation to protect clients, other students, and employees, as well as an obligation to protect its educational, clinical, and research missions from harm caused by actions or conditions of an intern. As an intermediate step, interns may be placed on probation, with a corrective action plan that may limit their professional activities and specifies the actions necessary to end probationary status. Interns may be placed on probation or terminated for lack of competence, potential harm, or lack of professionalism.

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

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

Lack of Professionalism: The program takes seriously any unprofessional conduct of its interns. Professionalism includes, but is not limited to: honesty; adherence to the APA Ethical Principles of Psychologists and Code of Conduct (http://www.apa.org/ethics/code/index.aspx); adherence to applicable rules, policies, and requirements of the program, training facilities; and appropriate respect for colleagues, faculty, staff and peers.
Procedures for Probation and Termination
Serious concerns or allegations about lack of competence, professionalism, or actual or potential harm are reported to the Director of Training. The Director of Training will investigate the concern and meet with the intern within 10 working days of being made aware of the concern. The Director of Training will then present a Probationary Report of Findings and Recommendations for review and decision by the Training Committee within 5 working days of being made aware of the concern. Interns can be placed on administrative leave during the course of the investigation provided that the reasonable efforts are made by the Director of Training and the Training Committee to conclude their review in a timely manner. Interns placed on probation will be given a written notice of probationary status that explains the terms of probation and a corrective action plan that outlines the demands being made of the intern and the process and timeline by which the intern’s progress in meeting those demands will be assessed. The intern’s graduate school Director of Clinical Training will be sent a copy of this written notice. Probationary status will be reviewed monthly at the Training Committee meeting, and results of this meeting will be documented in the intern’s personnel file. Interns are removed from probationary status by successfully fulfilling the terms of the corrective action plan within the timeline allotted.

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

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

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

Appeal
If the intern does not agree with any of the decisions taken as a part of this due process procedure they can file an appeal within 10 days working of the action by sending a formal written appeal via interoffice mail or email to the Vice President of Policy and Practice. Such an appeal can be filed if an intern believes that their due process rights were violated or in the event of a denial of the opportunity to fairly present data to refute conclusions drawn. A written appeal must contain the following information:
a) Date of submission;
b) Clear statement that the communication is an appeal of the due process procedures;
c) Clear statement of the complaint;
d) Clear statement of the redress or remedy requested;
e) Previous actions taken to address the complaint;
f) Handwritten or electronic signature of the intern.

The responsibilities of the Vice President of Policy and Practice are to: (1) acknowledge to the intern receipt of the appeal within 2 working days; (2) take immediate action if there are allegations of abuse, harassment or other urgent issues; (3) meet with the intern within 5 working days to gather additional information about the dissatisfactions; and (4) provide to the intern a written response to the appeal within 15 working days of its receipt, with copies to the Director of Training.

The decision of the Vice President of Policy and Practice will be the final decision rendered by Judge Baker Children’s Center with the exception of an appeal involving the intern’s termination from the internship program.

**Appeal Involving Termination from the Internship**
If the intern is dissatisfied with the response provided by the Vice President of Policy and Practice only in cases involving termination of the intern from the internship, the intern may submit in writing a request to the Director of Training for appeal to the Agency Executive Committee, consisting of the Agency President, Director of Human Resources, and Vice President of Administration. In response to such a request the following will occur: (1) acknowledgement to the intern of the request within two working days; (2) convening of the committee within 15 working days of receipt of the request for appeal and arranging for the intern to meet with the committee; and (3) issuance by the committee of its report and decision within 30 working days of receipt of the request for appeal, with copies to the intern, Director of Training, and Vice President of Policy and Practice. Decisions made by supervisors regarding professional assessments and judgments, such as performance evaluations, are not subject to review under this procedure by the Agency Executive Committee unless it is alleged that the professional assessment or judgment resulted from unlawful discrimination. In reviewing a complaint of discrimination, the Agency Executive Committee may have to inquire into the process by which professional judgments were made, but the Agency Executive Committee may not substitute its judgment for that of the supervisor.

If Judge Baker Children’s Center is closed during an appeal process, or in instances where additional time may be required because of the complexity of the appeal or unavailability of the parties or witnesses, any of the time periods specified herein may be extended by mutual consent of the parties involved with written notice documenting the extension.

**Grievance Policy**

The Doctoral Psychology Internship Program at Judge Baker Children’s Center is committed to the highest quality training and supervision. It is expected that supervisors and teachers will, at all times, behave in the most professional manner. This includes adhering to the highest professional and ethical standards of the field of psychology and treating interns with respect. Staff responsibilities to interns include adhering to a regular supervision schedule, timely return of paperwork, availability as necessary for additional supervision, and frequent, clear, and constructive feedback on intern performance. Interns will complete formal evaluations of supervisors at regular six month intervals. These evaluations will be shared with supervisors verbally and a written evaluation form submitted to the Director of Training.
Interns can, during the course of the internship, become dissatisfied with some aspect of their experience. The interns are entitled to clear and easily accessible mechanisms to address these issues and will be educated about these mechanisms during the orientation of new interns at the beginning of the training year. Interns may use the procedures outlined in this policy without fear of reprisal or prejudice. If an intern feels that he/she has been retaliated against as a result of raising a concern or pursuing a grievance, a separate claim of retaliation may be pursued through this process.

**Expressing a Concern**

Interns may express a “concern” about any aspect the internship experience. A concern shall be considered an informal expression of dissatisfaction communicated verbally or by email. Consistent with APA ethics code, the internship program encourages, but does not require interns to informally address concerns directly with the individual(s) involved soon after the dissatisfaction arises so that the individual(s) can work proactively with the intern to review and, if indicated, address the issue. Informal expression of dissatisfaction may include the following actions:

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

**Levels of Redress**

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

a) Direct Supervisor;
b) Alternate Supervisor;
c) Director of Training;
d) Vice President of Policy and Practice;
e) Agency Executive Committee.

**Filing a Grievance**

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

a) Date of submission;
b) Clear statement that the communication is a grievance;
c) Clear statement of the complaint;
d) Clear statement of the redress or remedy requested;
e) Previous actions taken to address the complaint;
f) Handwritten or electronic signature of the intern.

**Initial Processing of a Grievance**

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

**Appeal of a Grievance**

If the intern is dissatisfied with a response provided by the Director of Training, he or she may file a written appeal with the Vice President of Policy and Practice, stating clearly the reason for the appeal and the requested redress. The responsibilities of the Vice President of Policy and Practice in this situation are to: (1) acknowledge to the intern receipt of the grievance within two working days; (2) meet with the intern within five working days to gather additional information about the appeal; and (3) provide the intern with a written response to the grievance within fifteen working days of its receipt, with copies to the President and Director of Training. The decision of the Vice President of Policy and Practice will be the final decision rendered by Judge Baker Children’s Center.

If Judge Baker Children’s Center is in recess during a grievance process, or in instances where additional time may be required because of the complexity of the grievance or unavailability of the parties or witnesses, any of the time periods specified herein may be extended by Judge Baker Children’s Center with written notice to the intern.

**Diversity, Non-Discrimination, and Harassment Policy**

The Doctoral Psychology Internship in Health Service Psychology and Judge Baker Children’s Center is a professional community that values and promotes four specific constructs related to cultural and individual differences and diversity; 1) cultural humility, 2) diversity, 3) equity, and 4) inclusion; collectively known in our program as CHDEI. The unique life histories, diversity of professional and personal interests, and expertise among the faculty, interns, and clients create a community of individuals who learn from each other. Put simply, our internship program is better when we are different! All faculty and interns participating in the internship program have a moral and professional obligation to approach their work with humility, a genuine respect for diversity, and a perspective of equity and inclusion for all. Briefly, the Doctoral Psychology Internship engages in a number of activities to convey these values; we provide both formal and informal professional training in CHDEI to faculty and staff, we facilitate opportunities for ongoing discussion around CHDEI issues, we focus on integration of CHDEI considerations into clinical practice, we strive for the specific recruitment of faculty and staff that represent and promote CHDEI, we collaborate with our broader agency and professional affiliations to continually enhance our CHDEI, and we offer specific mentorship around issues related to CHDEI. Ultimately, we seek to create program and department culture and climate of CHDEI that helps recruit and retain faculty and interns of diverse backgrounds.

The internship program requires all interns to fully invest in their professional education to navigate cultural and individual differences in all capacities. Interns’ world views, beliefs or religious values interact with and may even impede the provision of competent professional services to members of the public. The internship program believes it is essential that potential conflicts be acknowledged and addressed by interns during training so that interns are prepared to beneficially and non-injuriously interact with all clients. As noted above, the internship program is a professional community that values and promotes cultural humility, diversity, equity, and inclusion (CHDEI), and interns are required to address all of these components in the course of their training so that interns receive both support and training in this area.
Judge Baker Children’s Center encourages individuals from all backgrounds to join our professional community. We provide an equal opportunity to all individuals and do not tolerate the discrimination or harassment of applicants, employees, trainees, clients, or vendors. Interns are selected only based on factors relevant to their potential success as psychologists. Any form of discrimination or harassment in the selection or training of an intern related to an individual’s race; color; religion; genetic information; national origin; sex (including harassment by a member of the same sex); pregnancy, childbirth, or related medical conditions; age; disability; or any other category protected by federal, state, or local law (“protected class”) is a violation of this policy and will be treated as a disciplinary matter. In Massachusetts, the following also are a protected class: religious creed; sexual orientation; gender identity; ancestry; veteran status; genetic information; handicap; admission to a mental facility; status as a registered qualifying medical marijuana patient or registered primary caregiver; and military membership. Discrimination is defined as any distinction, exclusion, restriction or preference based on any status or perceived status noted above, which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms.

Any employee, trainee, or vendors found in violation of this policy will be subject to disciplinary action, according to the due process policies outlined in the internship handbook. If you have any questions about what constitutes discriminatory or harassing behavior or what conduct is prohibited by this policy, please discuss the questions with a member of the training faculty or one of the contacts listed in this policy. At a minimum, the term “harassment” as used in this policy includes:

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

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

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

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

We also absolutely prohibit retaliation, which includes: threatening an individual or taking any adverse action against an individual for (1) reporting a possible violation of this policy, or (2) participating in an investigation conducted under this policy. In Massachusetts, "sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

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

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

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised benefits such as favorable reviews, stipend increases, job offers, or increased benefits constitutes sexual harassment. The legal definition of sexual harassment is broad and in addition to the above examples, other sexually-oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating or humiliating to male or female workers may also constitute sexual harassment. This may include the dissemination of sexually explicit voicemail, e-mail, graphics, downloaded material or websites in the workplace. The conduct prohibited by this policy includes conduct in any form including but not limited to e-mail, voicemail, chat rooms, Internet use or history, text messages, pictures, images, writings, words or gestures.
While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

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

All members of the training faculty are covered by this policy and are prohibited from engaging in any form of harassing, discriminatory, or retaliatory conduct. No member of management has the authority to suggest to any applicant or trainee that their training or evaluation will be affected by the individual entering into (or refusing to enter into) a personal relationship with any member of management, or for tolerating (or refusing to tolerate) conduct or communication that might violate this policy. Such conduct is a direct violation of this policy. This policy also prohibits discrimination, harassment, or retaliation by non-employees, including vendors, clients, and employees of contractors or subcontractors. Immediately report any harassing or discriminating behavior by non-employees. Any intern who experiences or observes discrimination, harassment, or retaliation should report it using the steps listed below.

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

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

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

- Massachusetts Commission Against Discrimination Boston Office: One Ashburton Place, Room 601, Boston, MA 02108-1518, (617) 994 6000 (voice), (617) 994 6196 (TTY). Springfield Office: 436 Dwight Street, Room 220, Springfield, MA 01103, (413) 739 2145.
• Worcester Office: Worcester City Hall, 455 Main Street, Room 101, Worcester, MA 01608. (508) 799-8010.
• New Bedford Office: 800 Purchase St., Rm 501, New Bedford, MA 02740. (508) 990-2390.
• Equal Employment Opportunity Commission, John F. Kennedy Federal Building, Government Center, 4th Floor, Room 475, Boston, MA 02203, (617) 565 3200 (voice), (617) 565 3204 (TTY). Complaints must be filed within 300 days of the adverse action.

General Policies and Procedures

Confidentiality

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

Care of Client Records

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

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

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

Social Security Number Privacy and Protection of Personal Information

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

Intern SSNs and personal information may be collected in the ordinary course of business for the purpose of identity verification or to administer benefits and in accordance with state and federal laws. Records that include Social Security numbers and personal information will be maintained in accordance with federal and state laws.
Any documents that include intern SSNs or personal information which are to be discarded must be destroyed by shredding paper documents and running a data scrubbing program before disposing of electronic storage media. Any violation of this policy will result in disciplinary action up to and including discharge. Where JBCC policy and operating procedures may conflict with federal or state law, the federal or state law shall supersede this policy.

**Client, Coworker, and Public Relations**

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

**Media Policy**

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

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

- **JBCC Crisis Team Leader:** Bob Franks – 617-631-2980
- **VP of Finance:** Sergio Perez – 978-835-2179
- **Manville School Director:** Jim Prince – 617-799-6902
- **JBCC Crisis Team Liaison:** Christina O’Keefe – 617-895-8754
- **JBCC Facilities Manager:** Nina Rodriguez – 617-799-4941

Or crisis@jbcc.harvard.edu.

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

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

**Media Do’s:**

- Do notify the Crisis Communication Team immediately;
- Do tell reporters you are reaching someone who can talk with them and have someone stay to monitor their activities if contacted by the press or the press has arrived;
- Do make a list of reporters’ names and phone numbers, what outlets they are from, and the questions they are asking;
- Do be courteous. Tell reporters that someone will be available to speak with them shortly.
Media Don’ts:
• Do not discuss the situation with reporters, formally or informally;
• Do not speculate about the situation or give names of any injured parties;
• Do not attempt to prohibit media from videotaping or taking photographs if they are on public property;
• Do not allow reporters onto the Judge Baker property or into the facilities, or provide them with any documents.

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

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

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

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

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

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

1. While it is everyone’s personal decision whether or not to use social media networks and tools, staff should take great care to respect the privacy and confidentiality of our clients and students and JBCC in general. Social networking systems are not secure and have potential risk for breach of confidentiality for students and staff. JBCC does not allow the discussion, via online networking sites, of topics that would include identification or identifying information about staff or the clients/students served.
   a. Interns should not discuss any work-related topics that include identifying information about staff members, work functions, or day-to-day operations using online networking sites;
   b. Interns should not discuss any client/student related topics, identifying information, behaviors, or family members of any client/student using online networking sites;
   c. Interns should not communicate via online social networking sites with present and past client/students and family members;
   d. Interns should always be professional referring to any JBCC matter. Interns should be careful to protect the dignity of clients/students by refraining from discussions that reflect negatively on them, even if they are not named;
   e. Interns should not post any work samples of clients/students’ work.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Operating Policies**

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

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

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

**Parking**
There is limited parking availability at the Judge Baker Children’s Center parking lot. It is highly unlikely that an intern will be able to park during the training year. Interns will have to put their name on a waiting list for parking and there is no guarantee of parking at any time of the training year. An intern who is selected to receive parking at JBCC will have the cost of parking deducted from their bi-weekly stipend; interns who choose to take public transportation can purchase a discounted T-pass. The parking cost is $73.00 / month. You cannot purchase both a T-pass and pay for parking. Street parking is available in the neighborhood surrounding Judge Baker, but can be difficult to find.

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

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

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

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

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

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

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

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

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

Dress Policy
Interns are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times. Our clients' satisfaction represents the most important and challenging aspect of our business. You represent JBCC with your appearance as well as your actions. The properly-attired individual helps to create a favorable image for JBCC, to the public and fellow interns. While JBCC maintains a business casual environment, all interns should use discretion in wearing attire that is appropriate for their job. Interns should consult the site-specific dress policies in this handbook and/or discuss the appropriate dress with their supervisor.
**Personal Hygiene**
Maintaining a professional, business-like appearance is very important to the success of JBCC. Part of the impression you make on others depends on your choice of dress, personal hygiene and courteous behavior. A daily regimen of good grooming and hygiene is expected of everyone. Please ensure that you maintain good personal hygiene habits. While at work, you are required to be clean, dressed appropriately and well groomed.

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

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

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

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

Appropriate car seats must be used when transporting children. Car seats must be installed and fastened according to manufacturer’s instructions. Children eleven years old or younger must not be transported in the front seat because of potential injuries from air bags in the event of an accident. All passengers must wear seat belts or be transported in properly fastened car seats. Drivers are responsible for any fines for children under sixteen not wearing seat belts or appropriately strapped into car seats. The JBCC Maintenance Staff are responsible for routine maintenance of the vehicles to ensure safety, securing annual car safety inspections and ensuring that MA vehicle registration is current. Please report any van maintenance issues to the executive assistant who will convey the message to the Facilities Director. You must sign out a van ahead of time if planning an outing. This is done through the executive assistant at Manville School. If the van or vans are already reserved you will need to make other travel arrangements. Remember at no time are clients/students allowed to be transported in staff owned vehicles. It is best to plan ahead and reserve the vans to ensure that you will have access when you need it.
JBCC policy about an alcohol and drug-free workplace extends to all JBCC vehicles. Smoking is also prohibited in all JBCC vehicles. Interns are prohibited from utilizing a cell phone or other mobile device while operating any vehicle owned or leased by JBCC or while using their own personal vehicles to conduct business on behalf of JBCC. This applies to both JBCC-issued and personal cell phones and mobile devices. Interns are responsible for reporting any JBCC vehicle problems or unsafe conditions to their supervisor, who will then notify Facilities Staff.

**Use of Personal Vehicles for JBCC Business**

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

**Protecting JBCC Information**

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

**Client Document Retention**

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

**Professional Boundaries with Clients/Students**

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

<table>
<thead>
<tr>
<th>Boundary</th>
<th>Examples of Violation</th>
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<tbody>
<tr>
<td>Communication</td>
<td>• Inappropriate comments about appearance, including excessive flattering comments about physical development in a suggestive manner</td>
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<tr>
<td></td>
<td>• Inappropriate conversation or inquiries of a sexual nature, except when appropriate in a psychotherapy or research setting</td>
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<td>• Use of pet names</td>
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<td>• Jokes, stories, or innuendo of a sexual nature</td>
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<td></td>
<td>• Obscene gestures and language</td>
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<td></td>
<td>• Facilitating access to pornographic or sexual material</td>
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<tr>
<td></td>
<td>• Personal correspondence (letters, email, phone, texting) outside of approved professional parameters</td>
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</tbody>
</table>
| Personal Disclosure | • Discussing personal details of lifestyle of self or others. It may be appropriate and necessary at times, however, to draw on relevant personal life experiences when teaching or conducting clinical work, but this should be done for professional, not personal reasons  
• Sharing of personal information about other staff or students/clients |
| Physical Contact | • Unwarranted, unwanted and/or inappropriate touching of a student/client  
• Initiating or permitting inappropriate physical contact (defined more specifically below) |
| Place | • Inviting/allowing/encouraging student/client to one’s home  
• Attending/entering students’/clients homes or social gatherings for personal reasons (and without prior supervisory approval)  
• Being alone with a student/client other than within a staff member’s job responsibilities  
• Watching students in a changing room when not in a supervisory role  
• Driving a student/client unaccompanied and without prior approval |
| Targeting Individual Students | • Personal gifts and special favors  
• Adopting a caregiving role that is the responsibility of another staff member (e.g., teacher, clinician, etc.), or doing so without the knowledge of supervisory staff |

Professional boundary violations by an intern represent a breach of trust and/or a failure to meet a duty of care owed to students. When interns violate boundaries, they risk:
• harmful consequences for the client or student;  
• seriously undermining the learning process;  
• seriously undermining the professional reputation of the staff member;  
• disciplinary action for the intern.

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

All physical contact with client/students must be professional and appropriate. At times, interns will be required to give practical assistance to a client/student who is hurt, needs assistance or encouragement, or who is experiencing a behavioral crisis. The following examples of physical contact that are acceptable are:
• administration of first aid;  
• helping a child who has fallen;  
• coaching during physical education;  
• using approved physical management procedures during a behavioral crisis.

At times, interns will encourage and acknowledge clients’/students’ efforts and accomplishments with appropriate physical contact. This sort of physical contact should be limited to a:
• pat on the upper back or shoulder;  
• handshake;  
• high-five.
Hugging is to be avoided, and should not be initiated by interns. If a client/student requests a hug from an intern, the intern should decline if he or she has any concerns about appropriateness, and if not, should limit the hug to a brief, “side-hug”. Interns should maintain appropriate personal space with students/clients (i.e., twelve inches) whenever possible, and should provide feedback to students/clients who, for whatever reason, have difficulty maintaining their personal space with interns, employees, or other students.

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

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

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

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

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

Reporting Improprieties

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

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

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

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

The following should be considered:

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

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

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

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

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

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

A threat is defined as follows:

- An explicit statement indicating the intent of the client to kill or inflict serious bodily injury upon a reasonably identified person.
- A clear and present danger to an identified victim may be said to exist under the following circumstances:
  - An explicit threat to a reasonably identified victim and the client has the apparent ability to carry out the threat. This may mean access to a weapon, knowledge of the whereabouts of the intended victim, and access to transportation;
An explicit threat to a reasonably identified victim and the client has a past history of violent or assaultive behavior.

- The supervisor is responsible for determining whether the information shared meets the criteria for invoking Duty to Warn. If the intern who heard the threat is not a licensed mental health professional, then the licensed mental health professional with whom the intern consults is responsible for initiating a clinical response.

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

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

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

**Abuse/Neglect**

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

- Abuse is defined as "the non-accidental commission of any act by a caretaker upon a person under age 18 which causes, disabled person, or elderly person that creates a substantial risk of, physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual."

- Neglect is defined as: "failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child, disabled person, or elderly person with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition."

- Physical injury is defined as: "Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child’s, disabled persons, or elderly person’s age or ability, the circumstances under which the injury occurred, and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive."

- Emotional injury is defined as: "an impairment to or disorder of the intellectual or psychological capacity of a child, disabled person, or elderly person as evidenced by observable and substantial reduction in the person’s ability to function within a normal range of performance and behavior."
Child Abuse and Neglect

- The Child Abuse Statute, Massachusetts General Laws, Chapter 119, Section 51A, pertains to children under 18 years of age and defines reportable condition as follows any therapist in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child’s health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth…” Examples include:
  i. Abuse as defined as the non-accidental commission of any act by caretaker which causes or creates a substantial risk of harm or threat of harm to a child’s well-being.
  ii. Neglect is defined as the failure of a caretaker either deliberately or through negligence to take actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, or supervision.

- A caretaker is a caregiver, guardian, household member, or other person entrusted with the child’s health or welfare in the home, school, day care, or babysitting, foster home, or other residential setting.

- Interns must report any suspicion of abuse or neglect of a child immediately to the appropriate area office of the Department of Children and Families. After 5:00 pm and on weekends, suspected abuse or neglect of a child is reported to the Department of Children and Families “Child at Risk” Hotline: 617-232-4882.

- Interns are encouraged to seek consultation from their clinical supervisor when in doubt about filing.

- Interns must inform their supervisor before they file a 51A, unless it is an emergency. When possible, interns should inform caregivers of filing.

- Within 48 hours of verbally reporting the suspected abuse/neglect, the intern must complete the Abuse/Neglect Report. The original is sent to the appropriate Department of Children and Families office and a copy of the report is forwarded to the supervisor for filing and data collection. In addition a copy of the report is placed in Section #2 of the client’s record.

- Failure by the intern to fulfill these mandated reporting requirements may result in a $1,000.00 fine by the Commonwealth of Massachusetts and are grounds for dismissal by JBCC.

Abuse of Mentally Disabled Persons and Examples

Massachusetts General Law Chapter 19C defines a disabled person as someone “between the ages of eighteen to fifty-nine, inclusive, with an intellectual disability as defined by section 1 of chapter 123B or who is otherwise mentally or physically disabled and as a result of such mental or physical disability is wholly or partially dependent on others to meet his daily living needs…” Abuse is defined as “act or omission which results in serious physical or emotional injury to a disabled person; provided, however, that no person shall be considered to be abused for the sole reason that such person is being furnished or relies upon treatment in accordance with the tenets and teachings of a church or religious denomination by a duly accredited practitioner thereof.”

- Interns must report any suspicion of abuse or neglect by a caretaker of a mentally disabled adult immediately to the Disabled Person Protection Commission at 1-800-426-9009. The number is operational 24 hours per day, seven days a week.

- Interns are encouraged to seek consultation from their supervisor when in doubt about filing.

- Interns must inform their supervisor when they report an offense against a disabled person.

- Within 48 hours after verbally reporting the suspected abuse, interns must complete and M.G.L. chapter 19C Reporting Form and forward the form to the Intake Unit, Disabled Persons Protection Commission, 99 Bedford Street, Boston, Massachusetts 02111. In addition, a copy of the report is forwarded to the intern’s supervisor for filing and data collection. In addition, a copy of the report is placed in the reports section of the client’s record.

- Failure by interns to comply with these mandated reporting requirements may be punishable by a $1,000.00 fine and are grounds for dismissal action by JBCC.
Elder Abuse and Neglect and Examples

- Massachusetts General Law 19A Sections 14-27, Chapter 604 of the Acts of 1982 pertains to persons 60 years of age and older and defines a reportable condition as “…an act or omission which results in serious physical or emotional injury to an elderly person or financial exploitation of an elderly person.
  - Examples include:
    i. Non-accidental infliction of serious physical or emotional injury;
    ii. Use of confinement, physical force or restraint causing serious physical or emotional injury;
    iii. Acts to influence or control by threatening physical or mental harm, which causes serious physical or emotional injury;
    iv. Failure or refusal by caregiver to provide treatment or services necessary to maintain physical or mental health, resulting in serious physical or emotional injury;
    v. Serious abuse including murder, assault, rape, kidnapping, extortion, poison, etc.;
    vi. Serious emotional injury is an extreme emotional condition such as severe anxiety, fear, depression, withdrawal, Post-traumatic Stress Disorder;
    vii. Serious physical injury including death, fractures of bones, burn extensive skin bruising, non-trivial bleeding, unreasonable decubiti (bedsores), malnutrition and dehydration.

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

Mandated Reporting

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

- **Listen to the person.** An intern’s role is to listen, gather basic details, and make sure the person is currently safe. It is NOT to conduct an investigation or to determine whether suspected abuse actually occurred. Obtain information that the person is willing to give, but do not push for information. Ask open-ended questions and try to avoid asking leading questions. Helpful information to gather includes:
  o Nature of abuse (physical, sexual, or emotional);
  o Suspected perpetrator and their current location;
  o When the suspected abuse occurred;
  o Whether other children are in the family;
  o Current safety of the child: Ask the child, “do you feel safe at home?”
Gathering only basic information (as opposed to a more detailed report) is both clinically and legally indicated. It serves to: 1) maintain appropriate boundaries with a person who may not be ready to discuss trauma, and 2) if needed, allow an investigator to gather details in a forensically sensitive way.

- **Validate the person.** Acknowledge that it is a difficult thing to talk about. Remain calm and be reassuring to the person. Emphasize that what has happened is not their fault. Consider normalizing statements, e.g., “Sometimes when people tell me this kind of thing has happened to them, it can make them feel like it is their fault. It’s important for you to know that it is not your fault at all.”
- **Where the person asks that this be kept confidential, an intern must make it very clear that this is a promise that cannot be made.** Explain that interns are mandatory reporters and potentially the Department of Children and Families will need to be notified, however, the report always remains anonymous.
- **Contact your supervisor:** The supervisor will help an intern decide the best course of action to take.

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

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

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

### Useful Phone Numbers
**Boston Police:** 911
**Boston Police Headquarters:** 617-343-4633
**Boston Emergency Services Team (BEST):** 1-800-981-HELP
**Ambulances:**
- American Medical Response: 617-522-3060
- Fallon (To request an ambulance): 888-FALLONS
**Hospitals:**
- **Beth Israel Lahey Health:** 617-667-7000
  - Beth Israel Deaconess Emergency: 617-754-2450
- **Boston Medical Center:** 617-638-8000
  - Boston Medical Center Pediatric ER: 617-414-4991
- **Brigham and Women’s:** 617-732-5500
  - Brigham and Women’s ER: 617-732-5636
- **Cambridge Hospital:** 617-665-1000
- **Boston Children’s Hospital:** 617-355-6000
  - Boston Children’s Emergency: 617-355-6624
- **Massachusetts General Hospital:** 617-726-2000
Electronic Information Policies

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

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

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

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

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

Personal Use of Our Systems: Personal communications utilizing our Systems are treated the same as all other Electronic Communications and may be used, accessed, recorded, monitored, and disclosed by JBCC at any time without further notice. Since all Electronic Communications and Systems can be accessed without advance notice, interns should not use our Systems for communication of information that interns would not want revealed to third parties. Personal use of our System should be limited to non-working hours. Personal use of our Systems must be conducted in such a manner that it does not affect smooth System operation or use a disproportional amount of the System’s functional capacity.
Prohibition of Storage of Personal Information.
Interns may not keep non-work related personal files stored on the local disk drives (hard drives) of the Center's computer equipment or in the network supporting the Center's computer equipment. All personal documents should instead be stored on removable media such as USB drives or diskettes. There are several reasons for this policy:

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

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

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

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

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

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

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

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

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

System Integrity, Security, and Encryption
All Systems passwords and encryption keys must be available and known to JBCC. You may not install password or encryption programs without the written permission of your supervisor. Interns may not use the passwords and encryption keys belonging to others.

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

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

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

Safety on Internship
Safety can only be achieved through teamwork at JBCC. Each intern, supervisor and manager must practice safety awareness by thinking defensively, anticipating unsafe situations and reporting unsafe conditions immediately.
Please observe the following precautions:

1. Notify a supervisor, Facilities Manager, and/or Human Resources of any emergency situation. If an intern is injured or becomes sick at work, no matter how slightly, they must inform a supervisor, Facilities Manager, and/or Human Resources immediately;
2. The use of alcoholic beverages or illegal substances during working hours will not be tolerated. The possession of alcoholic beverages or illegal substances on JBCC's property is forbidden;
3. Use, adjust, and repair machines and equipment only if you are trained and qualified to do so;
4. Know the proper lifting procedures. Get help when lifting or pushing heavy objects;
5. Understand your job fully and follow instructions. If you are not sure of the safe procedure to utilize, don’t guess; just ask your supervisor or Human Resources;
6. Know the locations, contents and use of first aid and fire-fighting equipment;
7. Wear personal protective equipment in accordance with the job you are performing.

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

Workplace Violence

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

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

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

Workplace Searches

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

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

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

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

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

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

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

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

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

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

- If JBCC reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in this policy, then the determination of suitability for the position will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:
  - Relevance of the crime to the position sought;
  - The nature of the work to be performed;
  - Time since the offense;
  - Age of the candidate at the time of the offense;
• Seriousness and specific circumstances of the offense;
• The number of offenses;
• Whether the applicant has pending charges;
• Any relevant evidence of rehabilitation or lack thereof;
• Any other relevant information, including information submitted by the candidate or requested by the hiring authority.

• JBCC will notify the applicant of the decision and the basis of the decision in a timely manner.

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

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

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

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

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

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

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

**Security Procedures**

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

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

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

**Good Housekeeping**

Good work habits and a neat place to work are essential for job safety and efficiency. You are expected to keep your place of work organized and materials in good order at all times. Report anything that needs repair or replacement to your supervisor.
No Smoking in the Workplace
Please be advised that JBCC premises are no smoking facilities. There are children on JBCC property. Smoking outside of JBCC premises should never occur in front of them. This policy applies to all interns, students, clients, consultants, contractors, volunteers, and visitors. This includes both inside the JBCC building and on the surrounding property.

No Weapons in the Workplace
Possession, use or sale of weapons, firearms or explosives on JBCC premises, while operating JBCC machinery, equipment or vehicles for work-related purposes or while engaged in JBCC business off premises is forbidden except where expressly authorized by JBCC and permitted by state and local laws. This policy applies to all interns, including but not limited to those who have a valid permit to carry a firearm. If you are aware of violations or possible violations of this policy, you are required immediately to report such violations or the possibilities of such violations to your supervisor.

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

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

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

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

JBCC maintains a policy of non-discrimination and reasonable accommodation with respect to recovering addicts and alcoholics, and those having a medical history reflecting treatment for substance abuse conditions. We encourage interns to seek assistance before their substance or alcohol use renders them unable to perform their essential job functions or jeopardizes the health and safety of themselves or others. JBCC will attempt to assist its interns through referrals to rehabilitation, appropriate leaves of absence and other measures consistent with JBCC’s policies and applicable federal, state or local laws.
JBCC further reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to, the inspection of JBCC issued lockers, desks or other suspected areas of concealment, as well as an intern's personal property when JBCC has reasonable suspicion to believe that the intern has violated this policy.

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

Program Faculty

**Daniel Cheron, Ph.D., ABPP** is the Director of Training at Judge Baker Children’s Center. His work focuses broadly on the training, supervision, and implementation of evidence-based programs for students and community providers; outcomes evaluation; and implementation research. He has significant expertise in providing direct clinical service to children and their parents. Dr. Cheron has served on numerous projects to develop and test interventions for children and adolescents with anxiety, co-morbid traumatic stress and substance abuse, and other challenges. Dr. Cheron directs several student trainees in evidence-based practice for children and adolescents ages 2-19 experiencing anxiety, depression, traumatic stress, or conduct problems. He is a MATCH-ADTC Master Trainer and has trained hundreds of clinicians in the model, providing ongoing consultation to enhance clinical skills development and build a sustainable infrastructure of evidence-based practice for students and trainees. Dr. Cheron provides these training and consultation services for students, interns, fellows, and community providers in both rural and urban settings to a racially and ethnically diverse group of clinicians and families. He also has significant experience using electronic monitoring and feedback systems to enhance the quality of clinical training. Dr. Cheron is a certified Parent-Child Interaction Therapy therapist, and also has formal training in Trauma-Focused Cognitive Behavioral Therapy, Trauma Systems Therapy, and Comprehensive Behavioral Intervention for Tics, which are all evidence-based practices.

**Anne Cangello, Psy.D.** is the Clinical Director at the Manville School. Prior to coming to Manville, while employed at SUNY Upstate Medical University in Syracuse, NY, Dr. Cangello developed expertise in direct clinical care with children and families; clinical supervision and training; and program development. Also during her time in Syracuse, Dr. Cangello conducted numerous trainings for a wide variety of audiences across the region. Topics on which she has presented include working with high-risk teens and effective communication between schools and parents. Dr. Cangello also provided in-house consultation within the Upstate University Hospital system in order to help nursing staff better understand and care for psychiatrically impaired youth admitted to medical units. Dr. Cangello completed her doctorate in clinical psychology at University of Hartford, and her pre-doctoral internship at Hutchings Psychiatric Center in Syracuse. Her doctoral dissertation project was the development of a training manual for direct care staff working with youth in milieu settings (such as the one at Manville). She has worked in hospital, residential, and outpatient settings with youth and families, focusing on the assessment and treatment of significant mental health problems. Dr. Cangello’s background in milieu care, trauma and foster care work, assessment, and consultation are the pillars that support the growth and development of the clinical department at Manville.

**Rhea Chase, Ph.D.** is the Director of Early Childhood Programs. She specializes in psychotherapy and training in Parent Child Interaction Therapy (PCIT). She is a Master Trainer endorsed by PCIT International and is highly active in the PCIT community, acting as Secretary on the PCIT Board of Directors and as a member of the PCIT International training task force. She works to develop and implement effective prevention and treatment programs for families with young children with behavioral health concerns, including both internalizing and externalizing disorders. In addition to her training role, Dr. Chase focuses on the dissemination of evidence-based treatments to
traditionally underserved populations and the translation and sustainability of evidence-based treatments in community settings. Dr. Chase previously served as a lead clinical faculty for statewide implementation of PCIT to community agencies throughout North and South Carolina.

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

**Veronique Parent, Psy.D., BCBA-D** is the Director of Assessment at the Manville School. Dr. Parent specializes in the assessment and treatment of children and adolescents with complex learning and behavioral/emotional challenges, including autism spectrum disorders. She is responsible for the coordination and supervision of the psychological assessments conducted at the Manville School, as well as for program development and educational efforts in this area. In addition, she supervises and provides comprehensive therapeutic and consultation services to children, adolescents and their families, such as individual and group therapy, parent skills training, and consultations. Dr. Parent’s professional interests encompass psycho-educational assessments (including neuropsychological tests), cognitive behavioral therapies and their adaptation to special populations, professional ethics, crisis intervention, and skill generalization. Dr. Parent is a bilingual (French/English) Licensed Clinical Psychologist and Doctoral-Level Behavior Analyst, with academic and professional credentials from CPA- and APA-accredited programs in Canada and the United States. Her expertise is reflected in professional, teaching, and scientific contributions (e.g., journal papers, clinical workshops, program development) in the fields of clinical psychology and special education.

**Chelsey Robinson, LICSW** is a staff social worker at the Center for Effective Child Therapy at Judge Baker Children’s Center, where she provides direct services to children and adolescents experiencing anxiety, depression, trauma, and conduct programs using the MATCH model. She has significant experience with a number of other evidence-based treatments, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Child-Adult Relationship Enhancement (CARE), and Child-Parent Psychotherapy (CPP). She was a therapist on the School Outcomes of Integrative Mental Health Services program supported by the Institute for Education Sciences. Ms. Robinson also trains early education providers in the Brookline Early
Education program as well as through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

**Sarah Tannenbaum, Psy.D.** is the Associate Director of Camp Baker and a staff psychologist at the Center for Effective Child Therapy at Judge Baker Children’s Center. Dr. Tannenbaum has extensive experience working with children and families ages 2-19. Her work has focused on early childhood interventions, the treatment of traumatized populations, and the diagnosis and treatment of autism spectrum disorders. In addition, Dr. Tannenbaum is trained in a number of evidenced-based treatment approaches, including cognitive behavioral therapy (CBT), Dialectical Behavior Therapy (DBT), Child-Parent Psychotherapy (CPP), MATCH-ADTC, and the Summer Treatment Program (STP). She is a certified therapist in Parent-Child Interaction Therapy (PCIT). Dr. Tannenbaum has practiced in a wide array of clinical settings, such as residential treatment centers, partial hospital programs, and community mental health centers, where she has done both in-home and school-based treatment as well as school consultations and trainings. In her role at Camp Baker, Dr. Tannenbaum provides clinical supervision to the undergraduate and graduate staff members, oversees program development, manages program operations, and conducts didactic trainings for parents and staff members.

**Nancy Gajee, Ph.D.** is the Director of Outpatient Clinical Services. She focuses on providing evidence-based mental health treatments to children, adolescents, and parents, and on training and supervising graduate students and postdoctoral fellows in learning to provide the same. Dr. Gajee specializes in treating children, adolescents and young adults with co-occurring psychiatric, developmental, and behavioral challenges, with a focus on trauma-informed cognitive behavioral therapy and other evidence-based practices. She has several years’ experience training bachelor’s-, master’s- and doctoral-level clinicians and direct care workers. She has conducted continuing education trainings for the Department of Developmental Services, and presented research on mental illness and evidence-based treatments at national and international conferences.
Supervision Log

Name of Supervisor: ____________________________

Name of Supervisee: ____________________________ Date: ______ Length: ______

Agenda:

<table>
<thead>
<tr>
<th>Techniques</th>
<th>Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self-report</td>
<td>☐ Therapy Interventions</td>
<td>☐ Administrative Tasks</td>
</tr>
<tr>
<td>☐ Direct observation</td>
<td>☐ Case conceptualization</td>
<td>☐ Crisis Intervention</td>
</tr>
<tr>
<td>☐ Video Review</td>
<td>☐ Client Relationship</td>
<td>☐ Professional Roles</td>
</tr>
<tr>
<td>☐ Audio Review</td>
<td>☐ Case Management</td>
<td>☐ Supervisory Relationship</td>
</tr>
</tbody>
</table>

Items to continue

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

Foundational Competencies:

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

Functional Competencies

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

Areas to work on:
## Suicide Risk Assessment Guide

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>High risk</th>
<th>Medium risk</th>
<th>Low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘At risk’ mental state</td>
<td>E.g., Severe depression; Command hallucinations or delusions about dying; Preoccupied with hopelessness, despair, feelings of worthlessness; Severe anger, hostility.</td>
<td>E.g., Moderate depression; Some sadness; Some symptoms of psychosis; Some feelings of hopelessness; Moderate anger, hostility.</td>
<td>E.g., Nil or mild depression, sadness; No psychotic symptoms; Feels hopeful about the future; None/mild anger, hostility.</td>
</tr>
<tr>
<td>Suicide attempt or suicidal thoughts</td>
<td>E.g., Continual / specific thoughts; Evidence of clear intention; An attempt with high lethality (ever).</td>
<td>E.g., Frequent thoughts; Multiple attempts of low lethality; Repeated threats.</td>
<td>E.g., Nil or vague thoughts; No recent attempt or 1 recent attempt of low lethality and low intentionality.</td>
</tr>
<tr>
<td>Substance disorder</td>
<td>I.e., Current substance intoxication, abuse or dependence.</td>
<td>I.e., Risk of substance intoxication, abuse or dependence.</td>
<td>I.e., Nil or infrequent use of substances</td>
</tr>
<tr>
<td>Corroborative history</td>
<td>E.g. Unable to access information, unable to verify information, or there is a conflicting account of events to that of those of the person at risk.</td>
<td>E.g. Access to some information; Some doubts to plausibility of person’s account of events.</td>
<td>E.g. Able to access information / verify information and account of events of person at risk (logic, plausibility).</td>
</tr>
<tr>
<td>Strengths and supports (coping &amp; connectedness)</td>
<td>E.g. Client is refusing help; Lack of supportive relationships / hostile relationships; Not available or unwilling / unable to help.</td>
<td>E.g. Client is ambivalent; Moderate connectedness; few relationships; Available but unwilling / unable to help consistently.</td>
<td>E.g. Client is accepting help; Therapeutic alliance forming; Highly connected / good relationships and supports; Willing and able to help consistently.</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>E.g. Low assessment confidence or high changeability or no rapport, poor engagement.</td>
<td></td>
<td>E.g. High assessment confidence / low changeability; Good rapport, engagement.</td>
</tr>
</tbody>
</table>
## Didactic Calendar

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
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<tbody>
<tr>
<td>22-Aug</td>
<td><strong>Introduction to EBP Seminar Series</strong></td>
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<tr>
<td></td>
<td>Interns will gain an introduction to the EBP seminar series and discuss the main evaluation criteria used to determine the status of the evidence base for different treatment areas. <strong>Learning Objectives:</strong></td>
<td></td>
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<td>• Interns will be able to name the different levels of empirical support according to the evidence-based practice update series</td>
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<td>• Interns will be able to evaluate the rigor of the peer review process for journal articles</td>
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<td></td>
<td>• Interns will be able to discuss important concepts in the evaluation of evidence based psychosocial treatment for youth. <strong>Readings:</strong></td>
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| 29-Aug  | BREAK for Manville Training                                           |                                 |
| 5-Sept  | BREAK for MATCH Training                                              |                                 |
| 12-Sept | BREAK for SIRC Conference                                             |                                 |
| 19-Sep  | **Therapeutic Relationships: The Original EBP**                       |                                 |
|         | During this session, interns will reflect on the common elements in all psychotherapy practice and the research supporting those elements. **Learning Objectives:** |                                 |
|         | • Interns will be able to describe different common elements to psychotherapy. |                                 |
|         | • Interns will be able to reference the research support for these common elements |                                 |
|         | • Interns will be able to integrate these common elements in their service delivery planning. **Readings:** |                                 |

<p>| 26-Sep  | <strong>Individual and Cultural Diversity in Evidence-Based Practice</strong>      |                                 |
|         | During this session, interns will be encouraged to reflect on their knowledge of individual and cultural diversity, how that diversity impacts their clinical work, and will discuss the current literature available for adapting evidence-based practices to those with individual and cultural differences while maintaining treatment integrity. <strong>Learning Objectives:</strong> |                                 |
|         | • Interns will be able to reflect on their own diversity and the impact it has on their service delivery |                                 |
|         | • Interns will be able to reference the literature supporting the importance of adapting to individual and cultural differences, |                                 |
|         | • Interns will be able to describe the recommended methods to take when adapting evidence based practices to meet individual needs. <strong>Readings:</strong> |                                 |</p>
<table>
<thead>
<tr>
<th>3-Oct</th>
<th>Engaging Clients in Psychotherapy (REACH)</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During this session, interns will evaluate the current engagement of their clients and discuss factors that increase and decrease their engagement. Then, the session will focus on introducing a model of clinical engagement and skills to facilitate those engagement concepts</td>
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<td></td>
<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will be able to recognize factors that influence their own clients’ engagement.</td>
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<td>• Interns will be able to reference empirical literature supporting the impact of engagement on treatment outcomes</td>
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<td></td>
<td>• Interns will be able to name techniques used to increase client engagement.</td>
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<td><strong>Readings:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>10-Oct</th>
<th>EBP Resources and Registries</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During this session, interns will be introduced to the current and past EBP registries available. A live review of registries will be provided, and the strengths and weaknesses of various registries will be discussed.</td>
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<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will be able to name several EBP registries</td>
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<tr>
<td></td>
<td>• Interns will be able to describe the strengths and weaknesses to using EBP registries</td>
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<tr>
<td></td>
<td>• Interns will be able to evaluate the practices they currently use on the various registries.</td>
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<td><strong>Readings:</strong></td>
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<table>
<thead>
<tr>
<th>17-Oct</th>
<th>Creating Evidence-Based Treatment Plans</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During this session, interns will receive instruction on creating treatment plans that utilize evidence-based practices. Discussions will also focus on adapting treatment plans to accommodate EBPs and adapting EBPs to create customized treatment plans</td>
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<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will be able to describe the steps for creating an evidence-based treatment plan</td>
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<td>• Interns will be able to reference literature supporting the adaption treatment plans to the individual context</td>
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<td>• Interns will be able to utilize treatment plans to support the integrity of an EBP.</td>
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<thead>
<tr>
<th>24-Oct</th>
<th>Using Progress Monitoring and Feedback in EBPs</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
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<tbody>
<tr>
<td></td>
<td>During this session, interns will be presented with the state of the literature on progress monitoring and feedback. Various progress monitoring systems will be presented and discussed, as well and the benefits and challenges of MFS.</td>
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<td><strong>Learning Objectives:</strong></td>
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<td></td>
<td>• Interns will be able to describe the features of at least one MFS</td>
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<td></td>
<td>• Interns will be able to discuss strengths and challenges of using a MFS in treatment</td>
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<td></td>
<td>• Interns will be able to reference the literature supporting the use of a MFS.</td>
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<td><strong>Readings:</strong></td>
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<tr>
<th>31-Oct</th>
<th>Psychosocial Treatments for Anxiety Disorders in Children</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
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</thead>
<tbody>
<tr>
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<td>During this session, interns will evaluate the current engagement of their clients and discuss factors that increase and decrease their engagement. Then, the session will focus on introducing a model of clinical engagement and skills to facilitate those engagement concepts</td>
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<tr>
<td>Date</td>
<td>Session Title</td>
<td>Presenter</td>
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<tr>
<td></td>
<td>Psychosocial Treatment for Child and Adolescent Depression</td>
<td>Daniel Cheron, Ph.D</td>
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</tbody>
</table>
| 7-Nov | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for depression in children. Established treatments will be reviewed and specific skills related to the use of EBPs for depression will be discussed. Learning Objectives:  
- Interns will be able to describe the currently supported EBPs for psychosocial treatment of depression  
- Interns will be able to summarize the techniques involved in the treatment of depression  
- Interns will be able to discuss how these skills could be implemented with current clients.  
Readings:  
|       | Psychosocial Treatments for Trauma (TF-CBT)       | Daniel Cheron, Ph.D         |
| 14-Nov| During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for trauma in children. Established treatments will be reviewed and specific skills related to the use of EBPs for trauma will be discussed. Learning Objectives:  
- Interns will be able to describe the currently supported EBPs for psychosocial treatment of trauma  
- Interns will be able to summarize the techniques involved in the treatment of trauma  
- Interns will be able to discuss how these skills could be implemented with current clients.  
Readings:  
| 21-Nov| BREAK for ABCT Conference                        |                            |
| 28-Nov| HOLIDAY                                           |                            |
| 5-Dec | Review of New Research at ABCT                    | Training Faculty           |
|       | During this session, interns will be presented with various newly updated information from the Association for Behavioral and Cognitive Therapies annual convention. Training faculty as well as other staff who attended the conference will provide a synopsis of various lectures and poster presentations that have relevance to intern service delivery. |
| 12-Dec| Psychosocial Treatments for Disruptive Behaviors in Children | Daniel Cheron, Ph.D         |
|       | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for disruptive behavior disorders in children. |
Established treatments will be reviewed and specific skills related to the use of EBPs for disruptive behavior will be discussed.

**Learning Objectives:**
- Interns will be able to describe the currently supported EBPs for psychosocial treatment of disruptive behavior
- Interns will be able to summarize the techniques involved in the treatment of disruptive behavior
- Interns will be able to discuss how these skills could be implemented with current clients.

**Readings:**

| 19-Dec | **Pediatric Sleep Disorders**  
Presenter: Daniel Cheron, Ph.D |
---|---|
During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for sleep disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for sleep disorders will be discussed.

**Learning Objectives:**
- Interns will be able to describe the currently supported EBPs for psychosocial treatment of sleep disorders
- Interns will be able to summarize the techniques involved in the treatment of sleep disorders
- Interns will be able to discuss how these skills could be implemented with current clients.

**Readings:**

| 28-Dec | **Motivational Interviewing**  
Presenter: Daniel Cheron, Ph.D |
---|---|
During this session, interns will be presented with the current state of the literature supporting the use of motivational interviewing techniques. Established techniques will be reviewed and specific skills related to the use of MI will be discussed.

**Learning Objectives:**
- Interns will be able to describe the currently supported use of MI
- Interns will be able to summarize the techniques involved in MI
- Interns will be able to discuss how MI skills could be implemented with current clients.

**Readings:**

| 9-Jan | **Models of Clinical Supervision**  
Presenter: Daniel Cheron, Ph.D |
---|---|
During this session, interns will be introduced to the various models of clinical supervision. Interns will discuss successes and challenges in their own supervisory experiences as well as strategies for enhancing supervision.

**Learning Objectives:**
- Interns will be able to describe the common models for clinical supervision
- Interns will be able to reflect on their own supervisory experiences and bring those experiences to bear on the clinical models discussed
- Interns will be able to summarize how utilizing clinical supervision models in clinical work benefits training.

**Readings:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>16-Jan</td>
<td><strong>Psychosocial Treatments for Pediatric OCD</strong></td>
<td><strong>Daniel Cheron, Ph.D</strong></td>
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<tr>
<td></td>
<td>During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for OCD in children. Established treatments will be reviewed and specific skills related to the use of EBPs for OCD will be discussed.</td>
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<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will be able to describe the currently supported EBPs for psychosocial treatment of OCD</td>
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<td></td>
<td>• Interns will be able to summarize the techniques involved in the treatment of OCD</td>
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<td>• Interns will be able to discuss how these skills could be implemented with current clients.</td>
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<td><strong>Readings:</strong></td>
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<tr>
<td>23-Jan</td>
<td><strong>Treatment of Elimination Disorders</strong></td>
<td><strong>Daniel Cheron, Ph.D</strong></td>
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<td></td>
<td>During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for elimination disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for elimination disorders will be discussed.</td>
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<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will be able to describe the currently supported EBPs for psychosocial treatment of elimination disorders</td>
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<td></td>
<td>• Interns will be able to summarize the techniques involved in the treatment of elimination disorders</td>
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<td>• Interns will be able to discuss how these skills could be implemented with current clients.</td>
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<td><strong>Readings:</strong></td>
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<tr>
<td>30-Jan</td>
<td><strong>Camp Baker</strong></td>
<td><strong>Sarah Tannenbaum, Psy.D</strong></td>
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<td>During this session, interns will learn about the Camp Baker Program including the research data to support the evidence base behind the intervention, the theoretical underpinnings of the treatment approach, and the daily activities in which the intervention is implemented.</td>
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<td><strong>Learning Objectives:</strong></td>
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<td></td>
<td>• Interns will be able to provide a basic understanding of the Summer Treatment Program</td>
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<td>• Interns will be able to describe the behavior modification approach to treatment</td>
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<td>• Interns will be able to summarize which children might benefit from this intervention.</td>
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<td><strong>Readings:</strong></td>
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<tr>
<td>6-Feb</td>
<td><strong>Psychosocial Treatments for Pediatric Body-Focused Repetitive Behaviors (BFRPs)</strong></td>
<td><strong>Daniel Cheron, Ph.D</strong></td>
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<tr>
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<td>During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for BFRPs in children. Established treatments will be reviewed and specific skills related to the use of EBPs for BFRPs will be discussed.</td>
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<td>Date</td>
<td>Event Title</td>
<td>Presenter:</td>
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<td>13-Feb</td>
<td>Maintaining Integrity in the MATCH Model</td>
<td>Daniel Cheron, Ph.D</td>
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<td>Learning Objectives:</td>
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<td>• Interns will be able to recount the components to MTCH integrity</td>
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<td>• Interns will be able to describe ways to measure and assess MATCH integrity</td>
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<td>• Interns will be able to describe their current integrity with active clients.</td>
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<td>Readings:</td>
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<tr>
<td>20-Feb</td>
<td>Managing and Adapting Practice (MAP)</td>
<td>Rachel Kim, Ph.D</td>
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<td>Learning Objectives:</td>
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<td></td>
<td>• Interns will be able to describe the current empirical support for MAP</td>
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<td>• Interns will be able to summarize the clients who might be appropriate for MAP</td>
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<td>• Interns will be able to discuss how MAP skills could be implemented with current clients.</td>
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<td>27-Feb</td>
<td>Parent-Child Interaction Therapy</td>
<td>Rhea Chase, Ph.D</td>
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<td>Learning Objectives:</td>
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<td>• Interns will be able to describe the current empirical support for PCIT</td>
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<td>• Interns will be able to summarize the clients who might be appropriate for PCIT</td>
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<td>• Interns will be able to discuss how PCIT skills could be implemented with current clients.</td>
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<td>Readings:</td>
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<tr>
<td>5-Mar</td>
<td>Treatment of Overweight and Obesity in Children</td>
<td>Daniel Cheron, Ph.D</td>
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<td>Learning Objectives:</td>
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<td></td>
<td>• Interns will be able to describe the currently supported EBPs for psychosocial treatment of BFRPs</td>
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<td>• Interns will be able to summarize the techniques involved in the treatment of BFRPs</td>
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<td>• Interns will be able to discuss how these skills could be implemented with current clients.</td>
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<td>Readings:</td>
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</table>
- Interns will be able to describe the currently supported EBPs for psychosocial treatment of obesity
- Interns will be able to summarize the techniques involved in the treatment of obesity
- Interns will be able to discuss how these skills could be implemented with current clients.

Readings:

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Details</th>
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</table>
| 12-Mar | Dialectical Behavioral Therapy I | Anne Cangello, Psy.D.          | During this session, interns will receive instruction and guidance on the comprehensive, fully adherent model of DBT, given that many clinicians and graduate students have had exposure to DBT skills training, and do not realize that this is only one of four modes of service delivery within the DBT framework. An overview of the evidence base and modes of service delivery is provided. The individual therapy mode of service delivery is isolated and described in detail, including the therapeutic stance, key strategies for commitment and change, and the structure of the session. Learning Objectives:  
  - Interns will be able to identify what it means to “be a DBT therapist,” and will be able to identify when a client has been exposed to part but not all that DBT entails  
  - Interns will be able to identify the phases of treatment within the DBT framework  
  - Interns will be able to understand validation and two other key intervention strategies for client engagement and for promoting therapeutic change.  
Readings:  
| 19-Mar | Dialectical Behavioral Therapy II | Anne Cangello, Psy.D.          | During this session, interns will receive continue instruction on the DBT model |
| 26-Mar | Autism Spectrum Disorders       | Daniel Cheron, Ph.D.           | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for autism and autism spectrum disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for autism will be discussed. Learning Objectives:  
  - Interns will be able to describe the currently supported EBPs for psychosocial treatment of autism  
  - Interns will be able to summarize the techniques involved in the treatment of autism  
  - Interns will be able to discuss how these skills could be implemented with current clients.  
Readings:  
| 2-Apr  | Child-Parent Psychotherapy      | Chelsey Robinson, LICSW        | During this session, interns will gain basic exposure to Child Parent Psychotherapy, learning about how the approach was established, the evidence-base to support it, and a basic overview of the course of treatment and theoretical principles. Learning Objectives:  
  - Interns will be able to describe CPP using basic terminology  
  - Interns will be able to identify clinical presentations are best served by CPP compared to TF-CBT and PCIT  
  - Interns will be able to discuss the concepts and treatment components of CPP.  
Readings: |
<table>
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<th>Date</th>
<th>Topic</th>
<th>Presenter: Daniel Cheron, Ph.D</th>
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</table>
| 9-Apr | **Psychosocial Treatments for Self-Injurious Behaviors**   | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for self-injurious behavior in children. Established treatments will be reviewed and specific skills related to the use of EBPs for self-injurious behavior will be discussed. Learning Objectives:  
  - Interns will be able to describe the currently supported EBPs for psychosocial treatment of self-injurious behavior  
  - Interns will be able to summarize the techniques involved in the treatment of self-injurious behavior  
  - Interns will be able to discuss how these skills could be implemented with current clients. |
| 16-Apr| **Psychosocial Treatments for ADHD (OST)**                 | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for ADHD in children. Established treatments will be reviewed and specific skills related to the use of EBPs for ADHD will be discussed. Learning Objectives:  
  - Interns will be able to describe the currently supported EBPs for psychosocial treatment of ADHD  
  - Interns will be able to summarize the techniques involved in the treatment of ADHD  
  - Interns will be able to discuss how these skills could be implemented with current clients. |
| 23-Apr| **Outpatient Behavioral Treatments for Substance Use**     | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for substance use in children. Established treatments will be reviewed and specific skills related to the use of EBPs for substance use will be discussed. Learning Objectives:  
  - Interns will be able to describe the currently supported EBPs for psychosocial treatment of substance use  
  - Interns will be able to summarize the techniques involved in the treatment of substance use  
  - Interns will be able to discuss how these skills could be implemented with current clients. |
| 30-Apr| **Psychosocial Treatments for Eating Disorders**           | During this session, interns will be presented with the current state of the literature supporting the psychosocial treatments for eating disorders in children. Established treatments will be reviewed and specific skills related to the use of EBPs for eating disorders |
Learning Objectives:

- Interns will be able to describe the currently supported EBPs for psychosocial treatment of eating disorders.
- Interns will be able to summarize the techniques involved in the treatment of eating disorders.
- Interns will be able to discuss how these skills could be implemented with current clients.

Readings:


<table>
<thead>
<tr>
<th>Date</th>
<th>Case Presentations (Trainee)</th>
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<tbody>
<tr>
<td>7-May</td>
<td>Case Presentations (Trainee 1)</td>
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<td>During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives:</td>
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<tr>
<td></td>
<td>• Interns will demonstrate increased skill in the application of an evidence-based practice(s)</td>
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<td>• Interns will gain experience using data to inform clinical practice</td>
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<td>• Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.</td>
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| 14-May | Case Presentations (Trainee 2) |
|        | During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: |
|        | • Interns will demonstrate increased skill in the application of an evidence-based practice(s) |
|        | • Interns will gain experience using data to inform clinical practice |
|        | • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families. |

| 21-May | Case Presentations (Trainee 3) |
|        | During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. Learning Objectives: |
|        | • Interns will demonstrate increased skill in the application of an evidence-based practice(s) |
|        | • Interns will gain experience using data to inform clinical practice |
|        | • Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families. |

| 28-May | Case Presentations (Trainee 4) |
|        | During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation. |
**Learning Objectives:**
- Interns will demonstrate increased skill in the application of an evidence-based practice(s)
- Interns will gain experience using data to inform clinical practice
- Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.

### 4-Jun Case Presentations (Trainee 5)

During this session, interns present a clinical case to their peers and receive consultation. Presentations are grounded in a specific evidence-based practice or practices. Interns provide a comprehensive overview of the case, data related to case progress, and present a problem or decision point to discuss with the group. Presentations are approximately 40 min long with 20 min for questions and conversation.

**Learning Objectives:**
- Interns will demonstrate increased skill in the application of an evidence-based practice(s)
- Interns will gain experience using data to inform clinical practice
- Interns will increase their understanding of how evidence-based practices can be adapted to the individual and cultural diversity of clients and families.

### 11-Jun Unified Theory of Adolescent Anxiety and Depression  
*Presenter: Daniel Cheron, Ph.D*

During this session, interns will be presented with the current state of the literature supporting the Unified Theory of Adolescent Anxiety and Depression treatment program. The Unified Protocol treatment will be reviewed and specific UP skills will be discussed.

**Learning Objectives:**
- Interns will be able to describe the current empirical support for the UP
- Interns will be able to summarize the clients who might be appropriate for the UP
- Interns will be able to discuss how PCIT skills could be implemented with current clients.

**Readings:**

### 18-Jun Intensive Treatment of Anxiety Disorders  
*Presenter: Daniel Cheron, Ph.D*

During this session, interns will be presented with the current state of the literature supporting the Intensive Treatment of Anxiety Disorders treatment program. The Intensive Program treatment will be reviewed and specific skills will be discussed.

**Learning Objectives:**
- Interns will be able to describe the current empirical support for the Intensive Program
- Interns will be able to summarize the clients who might be appropriate for the Intensive Program
- Interns will be able to discuss how PCIT skills could be implemented with current clients.

**Readings:**

### 25-Jun Wrap Up and Evaluation  
*Presenter: Daniel Cheron, Ph.D*
Intern Seminar – Weekly on Fridays from 10:00 – 11:00

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter: David Zimmer, Admissions Dir.</th>
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<tbody>
<tr>
<td>6-Sep</td>
<td>BREAK for MATCH Training</td>
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<tr>
<td>13-Sep</td>
<td>Individualized Education Programs (IEP)</td>
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<td>Participants will learn about the role Manville clinicians play in the development and implementation of Individualized Education Programs (IEPs) for their assigned students. Topics covered include the Type of Disability statement, the Parent Concerns and Vision statements, and how to address IEP-related questions from parents and outside providers, especially how to handle requests for evaluation and referrals to related services. Participants will review guidelines and resources for completing their components of the IEP.</td>
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<td>Learning Objectives:</td>
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<td></td>
<td>• Interns will be able to describe what it means for Manville to be DESE-approved and the importance of that designation</td>
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<td>• Interns will be able to summarize the different elements of the Type of Disability statement, and the role it has in the creation of an IEP</td>
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<td>• Interns will be able to summarize the different elements of the Vision statement, and the role it has in the creation of an IEP</td>
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<td>• Interns will be able to describe what to do, and who to speak with, when parents inquire about adding a related service, request testing, raise the topic of transition, etc.</td>
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<tr>
<td>20-Sep</td>
<td>Introduction to Clinical Work at Manville</td>
<td>Presenter: Anne Cangello, Psy.D</td>
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<td>During this introduction, interns will cover the clinical services Manville trainees provide students and their families. We will review best practices for building rapport and engaging students and families in therapy. Typical challenges and barriers in treatment will be reviewed, along with a discussion on how to address these challenges. Paperwork expectations (notes, case profile, etc.) will be discussed and examples of paperwork samples will be reviewed. The conversation will be opened up for any questions and consultation.</td>
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<td>Learning Objectives:</td>
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<td>• Interns will be able to describe the clinical services and needs of Manville students</td>
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<td>• Interns will evidence a clinical understanding of rapport building, engagement in therapy, and assessment</td>
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<td>• Interns will be able to summarize required clinical paperwork to be completed.</td>
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<tr>
<td>27-Sep</td>
<td>Behavior Management Strategies in the Classroom</td>
<td>Presenter: Paul Carney</td>
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<td>During this session, interns receive a substantive overview of behavioral services within a therapeutic school setting. Overall discussion topics focus on the intersection of behavioral services with both clinical and academic strands and the ways in which all three contribute to the development of a child. Particular attention is paid to the fundamental elements of behaviorism, the development and implementation of comprehensive behavior plans, and the application of behavioral interventions within a therapeutic milieu.</td>
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<td>Learning Objectives:</td>
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<tr>
<td></td>
<td>• Interns will be able to describe the fundamental elements of behaviorism</td>
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<td>• Interns will be able to describe the intersection of behavioral, clinical, and academic interventions</td>
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<td>• Interns will be able to identify the practices and systems of an interdisciplinary approach at Manville School.</td>
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<tr>
<td>4-Oct</td>
<td>Facilitated Peer Supervision</td>
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<td>During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.</td>
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</table>
### Learning Objectives:
- Interns will provide and receive feedback to and from peers
- Interns will gain exposure to a range of perspectives on a given clinical topic
- Interns will increase their understanding of clinical and professional issues.

### 11-Oct
**Psychopharmacology I**  
*Presenter: Michelle Malnati, PMHCNS*
During this session, interns will be introduced to the psychiatric services provided to select students at the Manville School. The role of the psychiatric prescriber is detailed including components of the psychiatric evaluation, role of school psychologist/clinician and collaboration. Psychiatric medications are reviewed including type of medication, indication for medication and common and serious side effects.

### Learning Objectives:
- Interns will be able to describe the role of the psychiatric prescriber at Manville
- Learn the components of the psychiatric evaluation
- Overview of psychiatric medications including type, indication and potential side effects.

### 18-Oct
**Speech Therapy Introduction**  
*Presenter: SLP Staff*
During this session, Speech-language Pathologists of the Manville School present to the clinical (Social Work and Psychology) interns, as part of the clinical intern seminar. The presentation includes a general overview of the field of Speech-language Pathology (from early intervention to working with the geriatric population in a hospital setting), description of what the role of the Speech-language Pathologist in a school setting entails, assessment tools used to qualify a student for direct speech and/or language services, and examples of speech and language intervention with the student population. A significant component of the presentation is highlighting the overlap between the work done by SLPs and clinicians, including resources that could be used in common.

### Learning Objectives:
- Interns will develop a better understanding of the role of the Speech-language Pathologist in the context of the Manville School
- Interns will learn how students are determined eligible for speech or language intervention at the Manville School
- Interns will be able to identify areas in which the work of the Speech-language Pathologist intersects with the work done by clinical providers, fostering opportunities for collaboration.

### 25-Oct
**Strategies for Working Effectively with Caregivers**  
*Presenter: Anne Cangello, Psy.D*
During this seminar we will cover the perspective of a parent of a Manville student. We will share the topics that parents frequently bring up in Parent Group, as well as our experiences in working with families here at Manville. We will share articles and resources that highlight different aspects of the parent perspective. We will then open up the conversation to hear about any current questions or issues that clinical trainees are experiencing in their work with parents, and offer consultation around those topics.

### Learning Objectives:
- Understand what topics/issues parents of special needs students are facing on a day to day basis
- Learn about resources that can be helpful for parents
- Deepen clinical understanding of what parents of our students might be experiencing.

### 1-Nov
**Facilitated Peer Supervision**
During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.

### Learning Objectives:
- Interns will provide and receive feedback to and from peers
- Interns will gain exposure to a range of perspectives on a given clinical topic
- Interns will increase their understanding of clinical and professional issues.

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<th>Date</th>
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<th>Presenter</th>
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| 8-Nov      | Cognitive Behavioral Therapy for Depression in Schools                 | Daniel Cheron, Ph.D  | During this session, interns will be presented with a theoretical model for treating depression in children and adolescents in the school setting. Cognitive and behavioral intervention strategies will be discussed opportunities for clinical application will be explored with the interns current caseloads.  
Learning Objectives:  
- Interns will be able to describe the current cognitive-behavioral model of treating depression  
- Interns will be able to describe the difference between primary and secondary control strategies  
- Interns will be able to summarize 4 specific skills to teach to youth experiencing depression  
- Interns will be able to describe methods for adapting cognitive-behavioral treatment approaches for depression to youth with individual and cultural differences.  
Readings:  
| 15-Nov      | HOLIDAY                                                                    |                       |                                                                                                                                               |
| 22-Nov      | Facilitated Peer Supervision                                              |                       | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.  
Learning Objectives:  
- Interns will provide and receive feedback to and from peers  
- Interns will gain exposure to a range of perspectives on a given clinical topic  
- Interns will increase their understanding of clinical and professional issues. |
| 29-Nov      | HOLIDAY                                                                    |                       |                                                                                                                                               |
| 6-Dec       | Cognitive Behavioral Therapy for Anxiety in Schools                      | Daniel Cheron, Ph.D  | During this session, interns will be presented with a theoretical model for treating anxiety in children and adolescents in the school setting. Cognitive and behavioral intervention strategies will be discussed opportunities for clinical application will be explored with the interns current caseloads.  
Learning Objectives:  
- Interns will be able to describe the current cognitive-behavioral model of treating anxiety  
- Interns will be able to describe the benefits and challenges to using exposure therapy to treat anxiety  
- Interns will be able to construct a fear hierarchy for a sample client  
- Interns will be able to describe methods for adapting cognitive-behavioral treatment approaches for anxiety to youth with individual and cultural differences.  
Readings:  
| 13-Dec      | Facilitated Peer Supervision                                              |                       | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. |


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| 20-Dec   | **Case Presentations**                     | During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation. | • Interns will demonstrate more proficient with case conceptualization through presentations  
• Interns will gain experience articulating specific questions and information about a clinical case  
• Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities. |
| 27-Dec   | HOLIDAY                                    |                                                                                                                                                |                                                                                                         |
| 29-Dec   | HOLIDAY                                    |                                                                                                                                                |                                                                                                         |
| 3-Jan    | **Facilitated Peer Supervision**           | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. | • Interns will provide and receive feedback to and from peers  
• Interns will gain exposure to a range of perspectives on a given clinical topic  
• Interns will increase their understanding of clinical and professional issues. |
| 10-Jan   | **Psychopharmacology II**                 | During the second portion of this lecture, a brief review of psychiatric services at the Manville School will be provided. Interns will discuss how psychotropic medication does not have the same effect in all children with the same disorder, and that frequent detailed monitoring of the prescribed medication is needed and should be encouraged. Discussion of case examples regarding medications will be reviewed. In addition, a review of tools to help facilitate medication decision making including rating scales, family history and pharmacogenetics will be discussed including utility and limits of their use. Lastly, we will also discuss providing psychoeducation for various audiences including providers, parents, and students. | • Interns will be able to summarize psychiatric services at Manville  
• Interns will be able to describe case examples of medication and their use in the school population  
• Interns will be able to describe psychoeducation strategies for psychopharmacology that are tailored to providers, parents and students. |
<p>| 17-Jan   | <strong>Case Presentations</strong>                     | During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation. |                                                                                                         |</p>
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| 24-Jan | Facilitated Peer Supervision | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.  
**Learning Objectives:**  
- Interns will provide and receive feedback to and from peers  
- Interns will gain exposure to a range of perspectives on a given clinical topic  
- Interns will increase their understanding of clinical and professional issues. |
| 31-Jan | Working with Kids on the Autism Spectrum (Presenter: Veronique Parent, Psy.D.) | During this session, interns will review relevant state-of-the-art knowledge about autism spectrum disorders (ASD) to inform clinical practice when working with children and adolescents with ASD and their families. Topics covered include general definitions (e.g., prevalence, incidence data), theoretical frameworks (DSM-5, IDEA), diagnostic questions (criteria, process, and frequent differential diagnoses), current empirical models (e.g., executive functioning, theory of mind, weak central coherence) and resulting clinical and academic strengths and weaknesses, adjustment questions (e.g., frequent areas of challenges) and intervention strategies (best practices) as it applies to school settings. Related psychodiagnostic, therapeutic, professional and ethical questions are discussed.  
**Learning Objectives:**  
- Interns will demonstrate familiarity with current state of knowledge about autism spectrum disorders, including general definitions, theoretical frameworks and empirical models  
- Interns will be able to describe the academic and clinical strengths and weaknesses often observed in children and adolescents with ASD in the school setting  
- Interns will be able to cite best assessment and intervention practices when working with this clinical population. |
| 7-Feb | Case Presentations | During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation.  
**Learning Objectives:**  
- Interns will demonstrate more proficient with case conceptualization through presentations  
- Interns will gain experience articulating specific questions and information about a clinical case  
- Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities. |
| 14-Feb | Facilitated Peer Supervision | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.  
**Learning Objectives:**  
- Interns will provide and receive feedback to and from peers |
- Interns will gain exposure to a range of perspectives on a given clinical topic
- Interns will increase their understanding of clinical and professional issues.

**21-Feb**  HOLIDAY

**28-Feb**  **Using Mindfulness in Psychotherapy**  
Presenter: Anne Cangello, Psy.D.
During this session, interns will gain a better understanding of the definitions and utility of mindfulness in psychotherapy, particularly in the school setting. We will review the definitions of mindfulness as cited in Bender et al., (2018). *Prevalence of mindfulness literature and intervention in school psychology journals from 2006 to 2016*, and discuss practical applications with current caseload. We will also engage in experiential practice of mindfulness, in order to help demonstrate its effects.

**Learning Objectives:**
- Interns will be able to provide two definitions of mindfulness
- Interns will understand the difference between mindfulness practice and orientating attention to an experience
- Interns will understand the positive impact of mindfulness on at least three aspects of clients’ functioning.

**6-Mar**  **Case Presentations**
During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation.

**Learning Objectives:**
- Interns will demonstrate more proficient with case conceptualization through presentations
- Interns will gain experience articulating specific questions and information about a clinical case
- Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities.

**3-Mar**  **Case Presentations**
During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation.

**Learning Objectives:**
- Interns will demonstrate more proficient with case conceptualization through presentations
- Interns will gain experience articulating specific questions and information about a clinical case
- Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities.

**20-Mar**  **Facilitated Peer Supervision**
During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.

**Learning Objectives:**
- Interns will provide and receive feedback to and from peers
- Interns will gain exposure to a range of perspectives on a given clinical topic
- Interns will increase their understanding of clinical and professional issues.
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<th>Learning Objectives</th>
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| 6-Apr | Case Presentations                         | During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation. | Interns will demonstrate more proficient with case conceptualization through presentations  
Interns will gain experience articulating specific questions and information about a clinical case  
Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities. |
| 13-Apr| Facilitated Peer Supervision                | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. | Interns will provide and receive feedback to and from peers  
Interns will gain exposure to a range of perspectives on a given clinical topic  
Interns will increase their understanding of clinical and professional issues. |
| 3-Apr | HOLIDAY                                    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                     |
| 10-Apr| Facilitated Peer Supervision                | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. | Interns will provide and receive feedback to and from peers  
Interns will gain exposure to a range of perspectives on a given clinical topic  
Interns will increase their understanding of clinical and professional issues. |
| 17-Apr| Case Presentations                         | During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation. | Interns will demonstrate more proficient with case conceptualization through presentations  
Interns will gain experience articulating specific questions and information about a clinical case  
Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities. |
| 24-Apr| Facilitated Peer Supervision                | During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development. | Interns will provide and receive feedback to and from peers |
- Interns will gain exposure to a range of perspectives on a given clinical topic
- Interns will increase their understanding of clinical and professional issues.

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<tr>
<td>1-May</td>
<td><strong>Case Presentations</strong>&lt;br&gt;During this session, interns present a clinical case to their peers and receive consultation. Presentations are guided by one to three specific questions trainees have about a particular case. Interns provide a comprehensive overview of the case, and should be able to clearly articulate the presenting problem and case conceptualization. Presentations are approximately 40 min long with 20 min for questions and conversation.&lt;br&gt;&lt;br&gt;<strong>Learning Objectives:</strong>&lt;br&gt;- Interns will demonstrate more proficient with case conceptualization through presentations&lt;br&gt;- Interns will gain experience articulating specific questions and information about a clinical case&lt;br&gt;- Interns will increase their understanding of clinical issues and presentation for youth with social/emotional/learning disabilities.</td>
</tr>
<tr>
<td>8-May</td>
<td><strong>Facilitated Peer Supervision</strong>&lt;br&gt;During this session, interns have the opportunity to bring up topics related to their current work with students, families and teams. Clinical interns can also raise issues related to ethics and professional development.&lt;br&gt;&lt;br&gt;<strong>Learning Objectives:</strong>&lt;br&gt;- Interns will provide and receive feedback to and from peers&lt;br&gt;- Interns will gain exposure to a range of perspectives on a given clinical topic&lt;br&gt;- Interns will increase their understanding of clinical and professional issues.</td>
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<tr>
<td>15-May</td>
<td><strong>Navigating Termination I</strong>&lt;br&gt;<strong>Presenter: Anne Cangello, Psy.D.</strong>&lt;br&gt;During this seminar interns will begin the discussion of best practices for terminating the therapeutic relationship with a student and their family. We will also cover what this specifically looks like at Manville and how clinical services will transition to another clinician. The discussion will also be opened up to processing how the clinical trainees are experiencing or processing the termination work, and the challenges and successes they have experienced with termination.&lt;br&gt;&lt;br&gt;<strong>Learning Objectives:</strong>&lt;br&gt;- Interns will demonstrate clinical understanding of termination with a client&lt;br&gt;- Interns will be able to describe termination practices that can be implemented in therapy sessions&lt;br&gt;- Interns will reflect on their own feelings of termination.</td>
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<tr>
<td>22-May</td>
<td><strong>Navigating Termination II</strong>&lt;br&gt;<strong>Presenter: Anne Cangello, Psy.D.</strong>&lt;br&gt;During this seminar, interns will continue discussion on termination with students and families. Clinical trainees will reflect the process of termination with their students. This time will also be used for clinical trainees to provide peer supervision to each other about challenges they are experiencing with termination and to share ideas.&lt;br&gt;&lt;br&gt;<strong>Learning Objectives:</strong>&lt;br&gt;- Interns will demonstrate clinical understanding of termination with a client&lt;br&gt;- Interns will be able to provide and receive feedback to and from peers&lt;br&gt;- Interns will be able to identify termination practices that can be implemented in therapy sessions.</td>
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</table>
| 29-May | **School Year Wrap Up and Didactic Feedback**<br>**Presenter: Anne Cangello, Psy.D.**
Diagnostic Seminar: Weekly on Wednesdays from 11:00 – 12:00

Sessions during Diagnostic Seminar involve use of the Diagnostic and Statistical Manual, 5th Edition (DSM-5) and use of the Minnesota International Neuropsychiatric Interview for Children, version 6.0 (MINI-Kid 6.0) in order to thoroughly examine diagnostic criteria for various disorders. Individual topic sessions are supplemented with additional readings, as indicated below.

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<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter: Anne Cangello, Psy.D.</th>
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<tbody>
<tr>
<td>6-Sep</td>
<td>BREAK for MATCH Training</td>
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<td></td>
<td><strong>Learning Objectives:</strong></td>
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<td>• Interns will learn various psychological constructs that can be assessed in children</td>
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<td>• Interns will be able to describe normal reactions to abnormal circumstances, versus abnormal behavior</td>
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<td>• Interns will understand frequency, severity, and duration of aberrant behavior as markers for pathology</td>
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<td>• Interns will understand the role of play in assessment.</td>
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<td>20-Sep</td>
<td>Mental Status Examinations</td>
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<td>In this seminar, interns will define and discuss the importance of the mental status exam. We will review the various components of a mental status exam. We will also role play a first interview to help trainees develop skills in observing and identifying with accuracy relevant descriptions of each component of an MSE.</td>
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<td><strong>Learning Objectives:</strong></td>
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<td>• Interns will be able to identify various components of the MSE</td>
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<td>• Interns will develop and refine their clinical vocabulary.</td>
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<td>27-Sep</td>
<td>Approaches to Diagnostic Assessment and DSM-5</td>
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<td>In this seminar, Interns will discuss diagnostic assessment in the context of deviation from the cultural norm. We will review frequency, severity, and duration as benchmarks for deviation. We will also discuss the 5 major domains of psychological functioning that lend themselves to diagnostic formulation: cognitive, behavioral, emotional, self-perception, and interpersonal. Students will be taught to organize information gathered and their own clinical analysis using these domains.</td>
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<td><strong>Learning Objectives:</strong></td>
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<td>• Students will develop the skill to assess culturally normative behavior</td>
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<td></td>
<td>• Students will develop the ability to thoroughly assess the five major domains of psychological functioning.</td>
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<tr>
<td>4-Oct</td>
<td>Eriksonian Assessment Techniques</td>
<td><em>Erikson’s Psychosocial Theory of Personality Development, with attention to social context and application to diverse groups.</em></td>
</tr>
<tr>
<td></td>
<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Interns will learn the Psychosocial Stages of Development through adolescence</td>
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<td></td>
<td>• Interns will consider the influence of multiculturalism or other minority status on the child’s stage of development</td>
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<tr>
<td></td>
<td>• Interns will begin to understand the relationship between externalized behavior and mood disorders, based on the child’s stage of development.</td>
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<tr>
<td>11-Oct</td>
<td>Interviewing Skills</td>
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</table>


During this didactic, we will discuss the synthesis between the art and science of diagnostic interviewing. We will further discuss the difference between structured and semi-structured interviews. Interns will be provided with an intake summary blank in order to review the key components of a diagnostic interview. Some tips and “trademark” questions (e.g., the miracle question and 3 wishes) will be shared. Interns will then have the opportunity to devise creative approaches to asking about psychiatric symptomology in children.

**Learning Objectives:**
- Interns will understand the difference between structured and semi-structured interviews
- Interns will understand the key components of a diagnostic interview
- Interns will develop at least one creative way to ask about psychiatric symptomology in children of different ages.

| 18-Oct | Child/Parent Interview (Faculty Model) | Presenter: Anne Cangello, Psy.D. |
| 25-Oct | Case Presentation and Formulation |
| 1-Nov  | SIGCAPS and DIGFAST |
| 8-Nov  | Child/Parent Interview (Trainee 1) |
| 15-Nov | Case Presentation and Formulation |
| 22-Nov | Complex Developmental Trauma |
| 29-Nov | HOLIDAY |
| 6-Dec  | Child/Parent Interview (Trainee 2) |
| 13-Dec | Case Presentation and Formulation |
| 20-Dec | Asperger’s Syndrome, Autism, & the Autism spectrum |
| 27-Dec | HOLIDAY |
| 3-Jan  | HOLIDAY |
| 10-Jan | Child/Parent Interview (Trainee 3) |
24-Jan  **Conducting Feedback Sessions I**  
*Presenter: Anne Cangello, Psy.D.*  
In this seminar, interns will discuss the importance of providing constructive and compassionate verbal and written diagnostic feedback to clients and their families. We will discuss the pros and cons of providing feedback, the clinician’s reservations, and a structured approach to providing verbal feedback. Part I will be dedicated to discussing verbal feedback. Reading: Holm-Denoma, J.M. et al. (2008). Patients’ affective reactions to receiving diagnostic feedback. Journal of Social and Clinical Psychology, 27, 555-575.  
**Learning Objectives:**  
- Interns will be identify at least one personal reservation about giving diagnostic feedback  
- Interns will understand the value of diagnostic feedback as documented in the reading  
- Interns will understand the importance of providing structured feedback.

31-Jan  **Conducting Feedback Sessions II**  
*Presenter: Anne Cangello, Psy.D.*  
In this seminar, interns will continue their learning from the previous session and will be dedicated to providing written feedback. We will review a standard psychological assessment outline and modify it for a diagnostic evaluation. We will discuss each section and important component parts, as well as how to write thorough recommendations (i.e., what the specific recommendation is; why it is important for the child; and how it will help). We will then review a report written by a licensed provider for this setting.  
**Learning Objectives:**  
- Interns will learn the relevant sections of a diagnostic evaluation  
- Interns will learn how to include relevant information and exclude extraneous information  
- Interns will learn how to write quality, thorough recommendations.
Psychoeducational Testing Seminar: Monthly on Fridays from 11:00 – 12:00

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter: Veronique Parent, Psy.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept</td>
<td>Introduction &amp; Orientation</td>
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<tr>
<td></td>
<td>This introductory session aims at orienting upcoming predoctoral psychological interns to the Testing Seminar’s training goals and learning activities, as well as to psychological assessment services provided at their training site (e.g., referral questions, typical process, resources available).</td>
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<tr>
<td></td>
<td>Learning Objectives:</td>
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<tr>
<td></td>
<td>• Review and discuss Testing Seminar’s goals and proposed learning activities for the internship year with upcoming interns</td>
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<tr>
<td></td>
<td>• Learn more about the role of psychologists as providers of psychological assessment within a therapeutic school and with children with complex learning profiles and behavioral/ emotions needs</td>
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<td></td>
<td>• Orientation to supervision’s parameters and expectations as it relates to psychological assessment activities</td>
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</tr>
<tr>
<td>Oct</td>
<td>Cognitive/ Intellectual Assessment</td>
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<td></td>
<td>This session aims at discussing psychometric and professional questions relating to</td>
<td></td>
</tr>
</tbody>
</table>

Readings:
cognitive/ intellectual testing with children and adolescents. Topics covered include review of psychological batteries available and discussion of their psychometric strengths/weaknesses, prevention of frequent administration, scoring, and interpretation mistakes, referral questions, common learning profiles, and diagnostic differentia, use of online scoring platforms (and related professional and ethical questions), and suggested/recommended batteries for specific referral questions (based on available literature).

**Learning Objectives:**
- Gain more familiarity with the WISC-V & K-ABC-II NU, including their psychometric properties (e.g., available indices and their use), standard and supplementary tests (with clinical uses), test selection for diverse referral questions
- Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors by users of the WISC-V & K-ABC-II NU
- Discuss questions relating to results interpretation, including report writing, diagnostic differential, and treatment recommendations (based on results)
- Gain familiarity with web-based scoring platforms (e.g., Q Global), including professional and ethical questions (e.g., privacy).

**Mandatory Readings:**
WISC-V and K-ABC-NU II’s Test Manuals (test administration, scoring, interpretation, and psychometrics sections)

**Additional Readings:**
La Mesa, CA: Jerome Sattler Publishers.

**Nov Achievement & Ability**

**Presenter: Veronique Parent, Psy.D.**

This session aims at discussing psychometric and professional questions relating to assessment of achievement skills in children and adolescents. Topics covered include review of psychological batteries available at their training site and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of web-based scoring platforms, suggested/recommended testing batteries for specific referral questions, discussion of professional and ethical questions.

**Learning Objectives:**
- Gain more familiarity with the Woodcock Johnson Test of Achievement, 4th edition (WJ-IV-ACH), including its psychometric properties, standard and supplementary tests (with their clinical uses), test selection for diverse referral questions
- Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors by users of the WJ-IV-ACH
- Discuss professional questions relating to results’ interpretation, diagnostic clarification, and test selection (e.g., supplementary neuropsychological tests)
- Gain familiarity with web-based scoring platforms (e.g., Woodcock Johnson), including professional ethics questions (e.g., privacy)
- Review and discuss additional educational instruments (based on participants’ interest and input), such as the GORT, TOWL, TOWRE, & CTOPP.

**Mandatory Readings:**
WJ-IV-ACH Test Manual (test administration, scoring, interpretation, and psychometrics sections)
Dec  **Attention & Executive Functioning**  
**Presenter: Veronique Parent, Psy.D.**
This session aims at discussing psychometric and professional questions relating to the assessment of attention and executive functioning skills and typical referral questions. Topics covered include review of psychological batteries available at this training site and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of scoring software (and related professional ethics questions), differential diagnosis, and suggested/recommended batteries for specific referral questions.

**Learning Objectives:**
- Gain more familiarity with the CPT-3, the NEPSY-II’s Attention and Executive Functioning Battery, and informant-based measures of attention and executive functioning (e.g., BRIEF-2), including their psychometric properties, task selection for diverse referral questions, and results’ interpretation, and report’s recommendations.
- Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors.
- Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and diagnostic clarification.
- Gain familiarity with software-based administration and scoring.
- Review clinical applications for diverse clinical populations (e.g., ADHD, Autism).

**Mandatory Readings:**
CPT-3 and NEPSY-II’s Test Manuals (test administration, scoring, interpretation, and psychometrics sections)

**Additional Readings:**


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Jan  **No Session**

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Feb  **Memory & Learning**  
**Presenter: Veronique Parent, Psy.D.**
This session aims at discussing psychometric and professional questions relating to the assessment of memory and learning in children and adolescents. Topics covered include typical referral questions, review of psychological instruments available at this training site and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of scoring software (and related professional ethics questions), results’ interpretation, common profiles and differential diagnosis, and suggested/recommended batteries for specific referral questions.
**Learning Objectives:**
- Gain more familiarity with neuropsychological tests assessing Memory and Learning in children and adolescents, including the WRAML-2 and the NEPSY-II’s Memory & Learning Battery, including their psychometric properties, tasks selection for referral questions, and results’ interpretation, and report’s recommendations
- Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors and their prevention
- Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and diagnostic clarification.

**Readings:**
WRAML-2 and NEPSY-II’s Test Manuals (test administration, scoring, interpretation, and psychometrics sections)

**Mar**  
**Language & Communication**  
*Presenter: Veronique Parent, Psy.D.*  
This session aims at discussing psychometric and professional questions relating to the assessment of language and communication skills in children and adolescents. Topics covered include typical referral questions, review of psychological instruments available at this training site and discussion of their psychometric strengths/weaknesses, prevention of common administration, scoring and interpretation errors, use of scoring software, results’ interpretation, common results profiles, differential diagnosis, suggested/recommended batteries for specific referral questions, report writing and service recommendations.

**Learning Objectives:**
- Gain more familiarity with neuropsychological tests assessing Language skills in children and adolescents, including the CTOPP, CELF, PPVT and EVT, and the NEPSY-II’s Language Battery, including their psychometric properties, test selection for referral questions, results’ interpretation, and service recommendations
- Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors and their prevention
- Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and psychodiagnostic clarification.

**Readings:**
CTOPP, CELF, PPVT, EVT, and the NEPSY-II Test Manuals (test administration, scoring, interpretation, and psychometrics sections)

**April**  
**Visual-Spatial & Sensorimotor**  
*Presenter: Veronique Parent, Psy.D.*  
This session aims at discussing psychometric and professional questions relating to the assessment of visual-spatial and sensorimotor skills in children and adolescents. Topics covered include typical referral questions, review of psychological instruments available at this training site and discussion of their psychometric strengths/weaknesses. Also discussed topics are prevention of common administration, scoring and interpretation errors, use of scoring software, results’ interpretation, common results profiles, differential diagnosis, suggested/recommended batteries for specific referral questions, report writing and service recommendations.

**Learning Objectives:**
- Gain more familiarity with neuropsychological tests assessing visual-spatial and sensorimotor skills in children and adolescents, including the Beery VMI, the Rey-Osterrieth Complex Figure Test, and the NEPSY-II’s Visual Processing and Sensorimotor batteries, including their psychometric properties, test selection for referral questions, results’ interpretation, and service recommendations
• Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors and their prevention
• Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and psychodiagnostic clarification.

Mandatory readings:
Beery VMI, Rey-Osterrieth Complex Figure Test, and the NEPSY-II Test Manuals (test administration, scoring, interpretation, and psychometrics sections)

May | Psychodiagnostic Instruments

Presenter: Veronique Parent, Psy.D.
This session aims at discussing psychometric and professional questions relating to the assessment of behavioral and emotional functioning, social skills and functioning, self-concept and personality, in children and adolescents. Topics covered include typical referral questions, review of psychological instruments available at this training site and discussion of their psychometric strengths/weaknesses. Also discussed topics are prevention of common administration, scoring and interpretation errors, use of scoring softwares, results’ interpretation, common results profiles, integration of results and differential diagnosis, suggested/recommended batteries for specific referral questions (e.g., through disorder, anxiety disorders), report writing and treatment recommendations.

Learning Objectives:
• Gain more familiarity with psychodiagnostic tests and measures of social perception frequently used in children and adolescents for diverse referral questions, including informant-based rating scales (e.g., MACI, BASC-3), performance-based assessments (e.g., R-PAS, Roberts-2), and social perception (NEPSY-II’s Social Perception battery, SRS-2). Semi-structured interviews have been previously review in this training program’s psychodiagnostic seminar. Discussion of these instruments’ psychometric properties, test selection for varied referral questions, results’ interpretation and integration, and treatment recommendations
• Develop interns’ awareness and knowledge to most common administration, scoring, and interpretation errors and their prevention
• Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and psychodiagnostic clarification.

June | Wrap-up & Feedback

Presenter: Veronique Parent, Psy.D.
This session provides an opportunity to discuss neuropsychological tests and psychodiagnostic instruments which were not covered in this seminar, based on trainee’s feedback and interest (e.g., measures of adaptive behavior). Time will also be allowed for discussions relating to learning objectives and progress as well as feedback from current interns to guide development of next year’s seminar.

Learning Objectives:
• Gain familiarity with additional psychodiagnostic instruments and neuropsychological tests (based on trainees’ feedback and interest), including psychometric properties, test selection for varied referral questions, prevention of common professional errors, results’ interpretation and integration, and treatment recommendations
• Discuss professional and ethical questions relating to the administration, scoring, interpretation of these assessment instruments, as well as clinical questions relating to frequent referral questions, clinical profiles, and psychodiagnostic clarification
• Discuss seminar’s learning objectives and overall progress
• Feedback from current interns for next year’s training activities.
General References (applicable for all seminars):

Child Mental Health Forum: Monthly on Wednesdays from 10:00 to 11:30

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
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</table>
Matthew Nock, PhD  
Edgar Pierce Professor of Psychology,  
Harvard University |
| 6-Nov  | *Educational and Developmental Ecosystems for Children and Youth*  
Jonathan Zaff, PhD  
Research Professor in Applied Human Development  
Director, CERES Institute for Children and Family  
Boston University Wheelock College of Education & Human Development |
| 4-Dec  | *The MOMS Partnership Partnering with communities to use neurobiological and behavioral sciences to address maternal depression*  
Megan Smith, DrPH, MPH  
Associate Professor  
Department of Psychiatry and in the Yale Child Study Center  
Yale School of Medicine |
| 8-Jan  | *Impact of Green Space Exposure on Adolescent Mental Health*  
Laura Kubzansky, PhD  
Lee Kum Kee Professor of Social and Behavioral Sciences  
Harvard T.H. Chan School of Public Health  
Peter James, PhD  
Assistant Professor of Population Medicine  
Harvard T.H. Chan School of Public Health |
| 5-Feb  | *To Be Determined*  
Charles Nelson, PhD  
Professor of Pediatrics, Harvard Medical School Research  
Director, Division of Developmental Medicine, Boston Children’s Hospital  
Richard David Scott Chair in Pediatric Developmental Medicine Research,  
Boston Children’s Hospital |
| 4-Mar  | *Cannabis and Adolescent/Young Adult Mental Health in the Legalization Era*  
Kevin P. Hill, MD, MHS  
Director, Division of Addiction Psychiatry |
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Apr</td>
<td>Development of Psychosis in Adolescence; Title: TBA</td>
<td>Matcheri Keshavan, MD&lt;br&gt;Stanley Cobb Professor of Psychiatry&lt;br&gt;Harvard Medical School</td>
</tr>
<tr>
<td>6-May</td>
<td>Engendering Identity</td>
<td>Peter T. Daniolos, M.D., DFAACAP&lt;br&gt;Director of Training&lt;br&gt;Clinical Professor&lt;br&gt;Child and Adolescent Psychiatry&lt;br&gt;University of Iowa Hospitals &amp; Clinics</td>
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</table>
Supervisor Evaluation Form

Intern ___________________ Supervisor ___________________

Placements ___________________

Instructions:

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

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

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

For Interns: For each evaluation period (October, February, and June):
  a. Review and discuss with the supervisor their completed evaluation.
  b. Add optional comments at the end of the form, sign it electronically by typing your name, add the date, and forward the document electronically to your Director of Training, with an electronic copy to the supervisor.

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


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

<table>
<thead>
<tr>
<th>Oct</th>
<th>Feb</th>
<th>Jun</th>
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<tbody>
<tr>
<td></td>
<td>Direct Observation *</td>
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<td></td>
<td>Videotape *</td>
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<td></td>
<td>Audiotape</td>
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<td></td>
<td>Case presentations</td>
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<td></td>
<td>Discussion of work</td>
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<td></td>
<td>Review of documentation</td>
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<thead>
<tr>
<th>Oct</th>
<th>Feb</th>
<th>Jun</th>
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<tbody>
<tr>
<td></td>
<td>Review of other written work</td>
<td></td>
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<td></td>
<td>QA data or clinical measures</td>
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<td></td>
<td>Feedback from staff &amp; supervisors</td>
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<td></td>
<td>Feedback from peers</td>
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<td></td>
<td>Feedback from clients &amp; families</td>
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<tr>
<td></td>
<td>Other (specify):</td>
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*A direct observation or videotaped evaluation of the intern work is required for each evaluation period and should be incorporated in to the competency evaluations in this evaluation.
Section C: Competency Rating Scale

Expected Competency Level During Internship

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

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

Section D: Competency Ratings

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

FOUNDATIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Research</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Elements</td>
<td>July-Oct</td>
</tr>
</tbody>
</table>

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

B. Integrates scientific literature into service delivery activities.
   a. Accesses, summarizes, and evaluates the literature related to professional activities and client needs
   b. Discusses the relevant literature in case conferences, lectures, and/or professional presentations
   c. Applies the scientific literature to professional work (e.g., clinical, consultation, research,
<table>
<thead>
<tr>
<th>Ethical and Legal Standards</th>
<th>Ratings</th>
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<tbody>
<tr>
<td><strong>Competency Elements</strong></td>
<td>July-Oct</td>
</tr>
<tr>
<td><strong>A)</strong> Is knowledgeable of and acts in accordance with each of the following:</td>
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<tr>
<td>1. The current version of the APA Ethical Principles of Psychologists and Code of Conduct</td>
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<tr>
<td>2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels</td>
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<tr>
<td>3. Relevant professional standards and guidelines</td>
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<tr>
<td><strong>B)</strong> Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.</td>
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</tr>
<tr>
<td>1. Recognizes and helps others recognize ethical and legal issues as they arise</td>
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<tr>
<td>2. Develops and implements plans to address ethical and legal issues</td>
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<tr>
<td>3. Takes action when others behave in an unethical or illegal manner</td>
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<tr>
<td>4. Seeks supervision or consultation on ethical and legal issues</td>
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<tr>
<td>5. Articulates own ethical values and priorities</td>
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<tr>
<td><strong>C)</strong> Conducts self in an ethical manner in all professional activities.</td>
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</tr>
<tr>
<td>1. Strives to benefit others and do no harm</td>
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<tr>
<td>2. Develops relationships of trust with others and accepts responsibility for their behavior</td>
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<tr>
<td>3. Maintains personal integrity</td>
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<tr>
<td>4. Promotes fairness and justice</td>
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<tr>
<td>5. Respects the dignity, worth, and rights of all people</td>
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<table>
<thead>
<tr>
<th>Individual and Cultural Diversity</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Elements</strong></td>
<td>July-Oct</td>
</tr>
<tr>
<td><strong>A)</strong> Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.</td>
<td></td>
</tr>
<tr>
<td>1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability)</td>
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</tr>
<tr>
<td>2. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals and groups</td>
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</tr>
<tr>
<td>3. Explores and monitors how they are influenced by individual and cultural characteristics and experiences</td>
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</tr>
<tr>
<td>4. Recognizes stereotypes as applied to self and others</td>
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<tr>
<td><strong>B)</strong> Demonstrates knowledge of the current theoretical and empirical knowledge base as</td>
<td></td>
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</table>
it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of clients' linguistic and cultural characteristics
2. Considers individual and cultural characteristics in developing treatment plans and selecting, modifying, implementing, and monitoring interventions
3. Applies knowledge of individual and cultural diversity in prevention, consultation, evaluation, and research activities
4. Connects clients to culturally responsive services and resources
5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination

C) Able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

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

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

1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds
2. Reviews relevant literature and practice guidelines on providing services to diverse populations
3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds
4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds

### Overall Rating for this Competency Category

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

B) Engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
   1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback)
   2. Recognizes the limits of personal knowledge and skills
   3. Recognizes changes in the field that require the development of new or enhanced competencies

C) Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
   1. Recognizes professional challenges and uses feedback and supervision to improve professional performance
   2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance

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

Overall Rating for this Competency Category

<table>
<thead>
<tr>
<th>Communication &amp; Interpersonal Skills</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Elements</strong></td>
<td>July-Oct</td>
</tr>
<tr>
<td>A) Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</td>
<td></td>
</tr>
<tr>
<td>1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families</td>
<td></td>
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<tr>
<td>2. Develops productive working relationships with peers, supervisors, other professionals, and community members</td>
<td></td>
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<tr>
<td>3. Interacts in a manner that is honest, straightforward, and flexible</td>
<td></td>
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<tr>
<td>4. Expresses genuine interest in others, providing them support and encouragement</td>
<td></td>
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<tr>
<td>5. Displays compassion and empathy toward others, including those dissimilar from oneself</td>
<td></td>
</tr>
<tr>
<td>B) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</td>
<td></td>
</tr>
<tr>
<td>1. Listens attentively to others</td>
<td></td>
</tr>
</tbody>
</table>
2. Demonstrates a command of language, both written and verbal
3. Adapts communications to the person and situation
4. Uses professional terms and concepts appropriately and clearly
5. Produces written work that is organized, clear, and sufficiently comprehensive

C) Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships)
2. Acknowledges and tolerates others’ feelings and attitudes, including those expressed toward him/her
3. Allows and facilitates clients’ exploration of emotionally laden issues
4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress
5. Recognizes and uses problem solving strategies to address interpersonal conflicts
6. Offers and accepts feedback constructively

Overall Rating for this Competency Category

FUNCTIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Elements</td>
<td>July-Oct</td>
</tr>
<tr>
<td>A) Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</td>
<td></td>
</tr>
<tr>
<td>1. Has understanding of the major DSM5 diagnoses used in children and adolescents</td>
<td></td>
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<tr>
<td>2. Able to apply diagnoses appropriately following diagnostic evaluation</td>
<td></td>
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<tr>
<td>3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM5 diagnosis</td>
<td></td>
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<tr>
<td>4. Uses empirically supported measures to assign DSM5 diagnoses</td>
<td></td>
</tr>
<tr>
<td>B) Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).</td>
<td></td>
</tr>
<tr>
<td>1. Obtains family, social, societal, and cultural information from assessments</td>
<td></td>
</tr>
<tr>
<td>2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports</td>
<td></td>
</tr>
<tr>
<td>C) Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.</td>
<td></td>
</tr>
<tr>
<td>1. Able to identify both functional and dysfunctional behavior and gather background information</td>
<td></td>
</tr>
<tr>
<td>2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior</td>
<td></td>
</tr>
<tr>
<td>D) Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</td>
<td></td>
</tr>
<tr>
<td>1. Screens and clarifies referrals to determine appropriate assessment methods</td>
<td></td>
</tr>
</tbody>
</table>
2. Selects appropriate tools and tests for the presenting problem using empirical literature
3. Administers tools and tests accurately and efficiently
4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences

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

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

Overall Rating for this Competency Category

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

### F) Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
1. Assesses client progress using standardized measures.
2. Manages, analyzes, and interprets quantitative and qualitative progress monitoring data.
3. Uses progress data to adjust clinical practice.
4. Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools.

<table>
<thead>
<tr>
<th>Overall Rating for this Competency Category</th>
</tr>
</thead>
</table>

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### Supervision

<table>
<thead>
<tr>
<th>Supervision</th>
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</thead>
<tbody>
<tr>
<td>Competency Elements</td>
</tr>
</tbody>
</table>

#### A) Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
1. Leads peer supervision/consultation groups.
2. Structures the groups using an explicit method to guide discussions by peers of their work.
3. Maintains a constructive and supportive environment within the groups.
4. Gives constructive and supportive feedback to peers.
5. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee.
6. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address peer supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications).
7. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the peer relationship.
8. Requests and uses feedback from supervisees to improve the quality of supervision.

<table>
<thead>
<tr>
<th>Overall Rating for this Competency Category</th>
</tr>
</thead>
</table>

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

| Overall Rating for this Competency Category |
Consultation and interprofessional/interdisciplinary skills

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

**Overall Rating for this Competency Category**

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

**OCTOBER EVALUATION**

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

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

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

**Psychology Intern’s Comments:** These comments are optional. If you choose not to make comments write “none”.

---
**FEBRUARY EVALUATION**

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

- [ ] Intern has made adequate progress in developing the core competencies that I am assessing.
- [ ] Intern has NOT made adequate progress in developing the core competencies that I am assessing.

(Supervisors who select this answer should follow up with the Director of Training to discuss the concerns.)

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

**Psychology Intern’s Comments:** These comments are optional. If you choose not to make comments write “none.”

**JUNE EVALUATION**

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

- [ ] Intern has made adequate progress in developing the core competencies that I am assessing.
- [ ] Intern has NOT made adequate progress in developing the core competencies that I am assessing.

(Supervisors who select this answer should follow up with the Director of Training to discuss the concerns.)

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

**Psychology Intern’s Comments:** These comments are optional. If you choose not to make comments write “none.”
Director of Training Evaluation Form

Intern __________________________________________ Director of Training __________________________

<table>
<thead>
<tr>
<th>Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each intern, use one evaluation form for the entire year. The Initial Intern Self-Assessment and the Director of Training’s evaluations for each evaluation period (October, February &amp; June) are all added to a single form. Complete the form electronically using this MS Word template.</td>
</tr>
</tbody>
</table>

For Interns:

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

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

For Director of Training:

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

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

- Intern’s Self-Assessment and Goals Discussed with Intern
- July – October Evaluation
- November – February Evaluation
- March – June Evaluation

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

<table>
<thead>
<tr>
<th>Oct</th>
<th>Feb</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

### Section C: Competency Ratings & Narrative Assessments

**RATING SCALE**

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

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*Not Applicable or Not Observed*
*Note: Ratings of NA (not applicable or not observed):*
Director of Training may use NA for rating individual competencies if these are not applicable to the work the supervisor is supervising or if the supervisor has no information on which to rate the competency during that evaluation period. However, by the end of the training year, the Director of Training must provide a rating for all individual elements, since all elements apply to intern competency development.

**COMPETENCY RATINGS**

a. In the column for this evaluation period provide one rating of each **Individual Competency** (the **bolded** items that begin with a **letter**, such as “I.A. Communicates effectively”). Do not rate the elements of each competency (listed as 1, 2, 3, etc.).

b. Provide one rating for the overall competency **Category** (e.g., I. Communication and Interpersonal Skills). The space to insert this rating occurs at the end of the Category. This does not have to be a numerical mean of the ratings for competencies in this category.

c. In the space for this evaluation period provide narrative comments for each competency **Category**. For the first evaluation period comment on **strengths** and **areas for growth**. For the second and third evaluation periods comment on **progress since last evaluation**. Use specific behavioral examples that support your ratings.

**FOUNDATIONAL COMPETENCIES**

<table>
<thead>
<tr>
<th>Research</th>
<th>Ratings</th>
<th>Narrative Comments on Strengths &amp; Areas for Growth (Provide specific behavioral examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Elements</strong></td>
<td><strong>July-Oct</strong></td>
<td><strong>Nov-Feb</strong></td>
</tr>
<tr>
<td><strong>A. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Discusses scientific and scholarly developments in supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Seeks out evidence-based literature relevant to areas of practice from supervisors and peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Formulates questions that can be addressed by the literature, research, and program evaluation</td>
<td></td>
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</tr>
<tr>
<td><strong>B. Integrates scientific literature into service delivery activities.</strong></td>
<td></td>
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</tr>
<tr>
<td>d. Accesses, summarizes, and evaluates the literature related to professional activities and client needs</td>
<td></td>
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</tr>
<tr>
<td>e. Discusses the relevant literature in case conferences, lectures, and/or professional presentations</td>
<td></td>
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</tr>
<tr>
<td>f. Applies the scientific literature to professional work (e.g., clinical, consultation, research, program evaluation,</td>
<td></td>
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</tr>
</tbody>
</table>
### Ethical and Legal Standards

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

**Overall Rating for this Competency Category**

- [ ]
- [ ]
- [ ]
4. Promotes fairness and justice
5. Respects the dignity, worth, and rights of all people

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

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

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

**Overall Rating for this Competency Category**
### Professional values, attitudes, and behaviors

#### A) Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

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

#### B) Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recording, client feedback)
2. Recognizes the limits of personal knowledge and skills
3. Recognizes changes in the field that require the development of new or enhanced competencies

#### C) Actively seeks and demonstrates openness and

<table>
<thead>
<tr>
<th>Professional values, attitudes, and behaviors</th>
<th>Ratings</th>
<th>Narrative Comments on Strengths &amp; Areas for Growth (Provide specific behavioral examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Elements</td>
<td>July-Oct Nov-Feb Mar-June</td>
<td>Intern Initial Self-Assessment (July):</td>
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<td>Strengths:</td>
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<td>Areas for Growth:</td>
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<td></td>
<td>Director of Training Comments (July-Oct):</td>
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<td>Strengths:</td>
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<td></td>
<td></td>
<td>Areas for Growth:</td>
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<td></td>
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<td>Director of Training Comments (Nov-Feb):</td>
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<td></td>
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<td>Progress Since Last Evaluation:</td>
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<td>Director of Training Comments (Mar-June):</td>
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<td>Progress Since Last Evaluation:</td>
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</tbody>
</table>
### Responsiveness to Feedback and Supervision

1. Recognizes professional challenges and uses feedback and supervision to improve professional performance.
2. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance.

### Responds Professionally in Increasingly Complex Situations

1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements).
2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner).
3. Remains available and accessible as their role requires.
4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values.

<table>
<thead>
<tr>
<th>Overall Rating for this Competency Category</th>
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</table>

### Communication & Interpersonal Skills

**Competency Elements**

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<tr>
<th>July-Oct</th>
<th>Nov-Feb</th>
<th>Mar-June</th>
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</thead>
</table>

**Intern Initial Self-Assessment (July):**

*Strengths:*

*Areas for Growth:*

**Director of Training Comments (July-Oct):**

*Strengths:*

*Areas for Growth:*

**Director of Training Comments (Nov-Feb):**

*Progress Since Last Evaluation:*

1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
   1. Develops, maintains, and effectively terminates therapeutic relationships with clients and families.
   2. Develops productive working relationships with peers, supervisors, other professionals, and community members.
3. Interacts in a manner that is honest, straightforward, and flexible
4. Expresses genuine interest in others, providing them support and encouragement
5. Displays compassion and empathy toward others, including those dissimilar from oneself

Director of Training Comments (Mar-June):

Progress Since Last Evaluation:

<table>
<thead>
<tr>
<th>B) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Listens attentively to others</td>
</tr>
<tr>
<td>2. Demonstrates a command of language, both written and verbal</td>
</tr>
<tr>
<td>3. Adapts communications to the person and situation</td>
</tr>
<tr>
<td>4. Uses professional terms and concepts appropriately and clearly</td>
</tr>
<tr>
<td>5. Produces written work that is organized, clear, and sufficiently comprehensive</td>
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</table>

<table>
<thead>
<tr>
<th>C) Demonstrates effective interpersonal skills and the ability to manage difficult communication well.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships)</td>
</tr>
<tr>
<td>2. Acknowledges and tolerates others’ feelings and attitudes, including those expressed toward them</td>
</tr>
<tr>
<td>3. Allows and facilitates clients’ exploration of emotionally laden issues</td>
</tr>
<tr>
<td>4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and client distress</td>
</tr>
<tr>
<td>5. Recognizes and uses problem solving strategies to address interpersonal conflicts</td>
</tr>
<tr>
<td>6. Offers and accepts feedback constructively</td>
</tr>
</tbody>
</table>

Overall Rating for this Competency Category

Assessment | Ratings | Narrative Comments on Strengths & Areas for Growth (Provide specific behavioral examples)
<table>
<thead>
<tr>
<th>Competency Elements</th>
<th>Jul-Oct</th>
<th>Nov-Feb</th>
<th>Mar-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A)</strong> Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</td>
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<tr>
<td>1. Has understanding of the major DSM5 diagnoses used in children and adolescents</td>
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<tr>
<td>2. Able to apply diagnoses appropriately following diagnostic evaluation</td>
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<tr>
<td>3. Able to interpret parent, teacher, and self-report instruments in context of making a DSM5 diagnosis</td>
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<tr>
<td>4. Uses empirically supported measures to assign DSM5 diagnoses</td>
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<tr>
<td><strong>B)</strong> Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Obtains family, social, societal, and cultural information from assessments</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2. Incorporates family, social, societal, and cultural information into case conceptualizations and assessment reports</td>
<td></td>
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</tr>
<tr>
<td><strong>C)</strong> Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Able to identify both functional and dysfunctional behavior and gather background information</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2. Makes observations of social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning to assess functional and dysfunctional behavior</td>
<td></td>
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</tr>
<tr>
<td><strong>D)</strong> Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</td>
<td></td>
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</tbody>
</table>
1. Screens and clarifies referrals to determine appropriate assessment methods
2. Selects appropriate tools and tests for the presenting problem using empirical literature
3. Administers tools and tests accurately and efficiently
4. Scores and interprets results appropriately and with sensitivity to individual and cultural differences

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

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

Overall Rating for this Competency Category

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Ratings</th>
<th>Narrative Comments on Strengths &amp; Areas for Growth (Provide specific behavioral examples)</th>
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</thead>
<tbody>
<tr>
<td>Competency Elements</td>
<td>July-Oct</td>
<td>Nov-Feb</td>
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<td>------------------------------------------------------------------------------------</td>
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<tr>
<td>Intern Initial Self-Assessment (July):</td>
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<tr>
<td>Strengths:</td>
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<td></td>
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<tr>
<td>Areas for Growth:</td>
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<td></td>
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<tr>
<td>Director of Training Comments (July-Oct):</td>
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<tr>
<td>Strengths:</td>
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<tr>
<td>Areas for Growth:</td>
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<tr>
<td>Director of Training Comments (Nov-Feb):</td>
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<tr>
<td>Progress Since Last Evaluation:</td>
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<tr>
<td>Director of Training Comments (Mar-June):</td>
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<tr>
<td>Progress Since Last Evaluation:</td>
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</tr>
<tr>
<td>A) Establishes and maintains effective relationships with the recipients of</td>
<td></td>
<td></td>
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<tr>
<td>psychological services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Creates a secure, trusting environment for clients and families</td>
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</tr>
<tr>
<td>2. Manages therapeutic contract issues appropriately</td>
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<tr>
<td>B) Develops evidence-based intervention plans specific to the service delivery</td>
<td></td>
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</tr>
<tr>
<td>goals.</td>
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<tr>
<td>1. Collaborates with clients and families to identify goals and plans</td>
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<tr>
<td>2. Links case conceptualizations and treatment plans to assessments</td>
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</tr>
<tr>
<td>3. Utilizes at least one theoretical orientation and theory of change</td>
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<tr>
<td>4. Selects appropriate evidence-based interventions and best practices</td>
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<tr>
<td>C) Implements interventions informed by the current scientific literature,</td>
<td></td>
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<tr>
<td>assessment findings, diversity characteristics, and contextual variables.</td>
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<tr>
<td>1. Uses evidence-base and theory to inform activities</td>
<td></td>
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</tr>
<tr>
<td>2. Integrates evidence-based practices into treatment plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Utilizes treatment manuals in practice when appropriate</td>
<td></td>
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</tr>
<tr>
<td>4. Adapts evidence-based practices in practice activities to account for</td>
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<tr>
<td>individual and cultural diversity of clients</td>
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<tr>
<td>D) Demonstrates the ability to apply the relevant research literature to clinical</td>
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<tr>
<td>decision making.</td>
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<tr>
<td>1. Uses evidence-base and theory to inform activities</td>
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<tr>
<td>2. Integrates evidence-based practices into treatment plans</td>
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<td></td>
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<tr>
<td>individual and cultural diversity of clients</td>
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<tr>
<td>E) Modifies and adapts evidence-based approaches effectively when a clear</td>
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<tr>
<td>evidence-base is lacking.</td>
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<td></td>
</tr>
<tr>
<td>1. Demonstrates knowledge of instances where evidence-base for an approach is</td>
<td></td>
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<tr>
<td>lacking and identifies alternative treatment approaches</td>
<td></td>
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</tbody>
</table>
2. Uses data to evaluate and modify evidence-based approaches

F) 
--- Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
--- Assesses client progress using standardized measures
--- Manages, analyzes, and interprets quantitative and qualitative progress monitoring data
--- Uses progress data to adjust clinical practice
--- Provides feedback to youth, caregivers, and other professionals regarding progress monitoring tools

<table>
<thead>
<tr>
<th>Overall Rating for this Competency Category</th>
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### Supervision

<table>
<thead>
<tr>
<th>Competency Elements</th>
<th>Ratings</th>
<th>Intern Initial Self-Assessment (July):</th>
<th>Director of Training Comments (July-Oct):</th>
<th>Director of Training Comments (Nov-Feb):</th>
<th>Director of Training Comments (Mar-June):</th>
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<td></td>
<td>July-Oct</td>
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<tr>
<td>A)</td>
<td>Nov-Feb</td>
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<td></td>
<td>Mar-Jun</td>
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**Narrative Comments on Strengths & Areas for Growth**

*(Provide specific behavioral examples)*

**Strengths:**

**Areas for Growth:**
methods to ensure the quality of care being provided and
to address peer supervisee learning needs (e.g., case
discussion, feedback, instruction, modeling, coaching,
providing publications)

7. Provides feedback that is direct, clear, timely,
behaviorally anchored, and mindful of the impact on the
peer relationship
8. Requests and uses feedback from supervisees to improve
the quality of supervision

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

Consultation and interprofessional/interdisciplinary
skills

<table>
<thead>
<tr>
<th>Competency Elements</th>
<th>July-Oct</th>
<th>Nov - Feb</th>
<th>Mar-June</th>
<th>Narrative Comments on Strengths &amp; Areas for Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Demonstrates knowledge and respect for the roles and</td>
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<td>Intern Initial Self-Assessment (July):</td>
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<td></td>
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<td>Strengths:</td>
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<td>Areas for Growth:</td>
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<tr>
<td>Perspectives of Other Professions</td>
<td>Director of Training Comments (July-Oct):</td>
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<td>1. Demonstrates knowledge and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, clients, family, and community members</td>
<td><strong>Strengths:</strong></td>
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<td>2. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts</td>
<td><strong>Areas for Growth:</strong></td>
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<td>3. Shares and receives information from others in a sensitive manner when authorized by the client and permissible under applicable laws, regulations, policies, and ethical codes</td>
<td>Director of Training Comments (Nov-Feb):</td>
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<td><strong>Director of Training Comments (Mar-June):</strong></td>
<td>Progress Since Last Evaluation:</td>
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<tr>
<th>B) Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.</th>
<th><strong>Director of Training Comments (July-Oct):</strong></th>
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<tbody>
<tr>
<td>1. Communicates psychological information while working flexibly with others to develop and implement a plan of care</td>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td>2. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services)</td>
<td><strong>Areas for Growth:</strong></td>
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<tr>
<td>3. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement</td>
<td>Director of Training Comments (Nov-Feb):</td>
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<tr>
<td>4. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives</td>
<td>Progress Since Last Evaluation:</td>
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<td>5. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems</td>
<td>Director of Training Comments (Mar-June):</td>
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<tr>
<td>6. Responds appropriately to problems within organizations and systems given their role</td>
<td>Progress Since Last Evaluation:</td>
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<td>7. Forms effective consultative relationships</td>
<td>Overall Rating for this Competency Category</td>
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<td>8. Clarifies and refines referral questions and consultation goals</td>
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Section D: Intern’s Additional Professional Goals

[Intern to identify/describe up to three professional goals. These may expand on or be different from the competencies listed in this document.]

Goal 1: 
Goal 2: 
Goal 3: 

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

OCTOBER EVALUATION

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

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

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

Director of Training’s Summary Comments:

Psychology Intern’s Comments: These comments are optional. If you choose not to make comments write “none”.

Director of Training’s Signature ___________________________ Date __________ Intern’s Signature ___________________________ Date __________

(Signature indicates review of this evaluation with the Director of Training)

FEBRUARY EVALUATION

Director of Trainings’ Summary Assessment (place an X in one box)
Intern has made adequate progress toward achieving an intermediate level of proficiency for all Competency Categories and is on track for successful completion of the internship.

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

Director of Training’s Summary Comments:

Psychology Intern’s Comments: These comments are optional. If you choose not to make comments write “none”.

Director of Training’s Signature __________________________ Date __________ Intern’s Signature __________________________ Date __________
(Signature indicates review of this evaluation with the Director of Training)

JUNE EVALUATION

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

Intern has achieved an intermediate level of proficiency for all Competency Categories and is on track for successful completion of the internship pending completion of remaining service and administrative responsibilities.

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

Director of Training’s Summary Comments:

Psychology Intern’s Comments: These comments are optional. If you choose not to make comments write “none”.

Director of Training’s Signature __________________________ Date __________ Intern’s Signature __________________________ Date __________
(Signature indicates review of this evaluation with the Director of Training)
Doctoral Internship Supervisor Evaluation

Scoring Criteria:
1. Significant Development Needed - Significant improvement is needed to meet intern needs
2. Development Needed - Improvement is needed to meet intern needs
3. Meets Intern Needs and Expectations
4. Exceeds Expectations - Above average experience
5. Significantly Exceeds Expectations - Exceptional experience

NOTE: This Supervisor Evaluation is utilized by Judge Baker Children's Center to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. A score below a 3 on any item will be flagged for review and corrective action will be taken as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience. Please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

<table>
<thead>
<tr>
<th></th>
<th>Significant Development Needed</th>
<th>Development Needed</th>
<th>Meets Intern Needs and Expectations</th>
<th>Exceeds Expectations</th>
<th>Significantly Exceeds Expectations</th>
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<tr>
<td>Is accessible for discussion, questions, etc.</td>
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<td>Treats intern with respect and courtesy</td>
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<td>Supports the intern's successful completion of the internship program</td>
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<td>Presents as a positive professional role model consistent with the program's aims</td>
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<td>Schedules supervision meetings and is available at the scheduled time</td>
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<td>Allots sufficient time for supervision</td>
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<td>Keeps sufficiently informed of case(s)</td>
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<td>Is interested in and committed to supervision</td>
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<td>Sets clear objectives and responsibilities throughout supervised experience</td>
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<td>Is up-to-date in understanding of clinical populations and issues</td>
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<td>Maintains appropriate interpersonal boundaries with patients and supervisees</td>
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<tr>
<td>Provides constructive and timely feedback on supervisee's performance</td>
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</table>
Encourages appropriate degree of independence

Demonstrates concern for and interest in supervisee's progress, problems, and ideas

Communicates effectively with supervisee

Interacts respectfully with supervisee

Maintains clear and reasonable expectations for supervisee

Provides a level of case-based supervision appropriate to supervisee's training needs

Comments on Supervisor Characteristics:

<table>
<thead>
<tr>
<th>Significant Development Needed</th>
<th>Development Needed</th>
<th>Meets Intern Needs and Expectations</th>
<th>Exceeds Expectations</th>
<th>Significantly Exceeds Expectations</th>
</tr>
</thead>
</table>

Assists in coherent conceptualization of clinical work

Assists in translation of conceptualization into techniques and procedures

Is effective in providing training in behavioral health intervention

Is effective in providing training in assessment and diagnosis

Supports intern in navigating and responding to clients' cultural and individual differences

Is effective in helping to develop short-term and long-range goals for patients

Promotes clinical practices in accordance with ethical and legal standards

Promotes intern's general acquisition of knowledge, skills, and competencies

Comments on Clinical Skill Development:
Overall rating of supervision with this supervisor:
☐ Significant Development Needed
☐ Development Needed
☐ Meets Intern Needs and Expectations
☐ Exceeds Expectations
☐ Significantly Exceeds Expectations

Describe how the supervisor contributed to your learning:

Describe how supervision or the training experience could be enhanced:

Any other suggestions/feedback for your supervisor?