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## FamilyForward

# Doctoral Internship in Health Service Psychology

## Training Manual

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## FamilyForward's Internship Mission and Focus

To better serve the community, Children's Home Society of Missouri and Family Resource Center officially united to become FamilyForward on April 1, 2017. Together, the agencies have 169 years of experience helping children and families. FamilyForward is a movement and the name for the merged entity of two of St. Louis' most accomplished, leading-edge non-profit organizations. FamilyForward is the direction for hope and for new opportunities to build safer, healthier relationships for children and families.

FamilyForward's mission is to move vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families. We strive to be a leader in the community in providing innovative solutions, evidenced-based practices, and utilizing partnerships to provide services that lead to better outcomes for the families that we serve and the surrounding communities. Our Core Values include *Out Front*: We are leaders in the use of innovative tools and methods to get better results for the children and families we serve. We prefer to set the pace, testing new ideas and collecting data, always striving to make the biggest impact we can. *Whole Hearted*: We are tirelessly committed to the vision and mission of FamilyForward. We use our unique talents and expertise to serve our clients and community with compassion, acceptance, and respect. and *Rock Solid*: We are responsible stewards of an organization with a long and proud history of service. Reliable, trustworthy, and hard-working, we do whatever it takes to get the job done, even when no one is watching.

The primary focus of this doctoral internship in health service psychology is completing psychological evaluations for children and adolescents who have experienced developmental trauma before the age of 8 (e.g. abuse, neglect, exposure to trauma/war, etc.). Assessment batteries vary depending on the need of the client, including intellectual, academic, personality, social, and emotional functioning. The assessment team is housed within the Developmental Trauma Center, which provides services within the framework of the Neurosequential Model of Therapeutics (NMT), developed by Dr. Bruce Perry and the Child Trauma Academy. The interns would participate in training to fully learn, incorporate, and utilize this model in assessments and trauma-informed care. This focus also frames our approach to assessments, as we are careful to provide an experience that is thoughtful, attuned, and culturally responsive to the need of each client in regards to scheduling, approach to sessions, test selection, self-care, and feedback. We also utilize the Therapeutic Assessment model, developed by Dr. Stephen E. Finn, to direct our experience with clients to be more therapeutic, transparent, and client-centered.

A secondary focus of this doctoral internship is on intervention, where interns would have the opportunity to build their evidence-based therapeutic skills in individual, family, and group formats. Interns have further opportunities to grow in their trauma-informed practice by participating in trainings and workshops, research with the Child Trauma Academy, presentations, community engagement, and program development. We encourage



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collaboration, positive workplace culture, diversity, self-care, flexible scheduling, and professional development.



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# The Developmental Trauma Center

## Community

Each year approximately 6.3 million children were reported as alleged victims of maltreatment in the United States (1). Missouri typically ranks in the top 20 among US states in rates of investigated reports into child maltreatment and neglect (2).

Child abuse and neglect is a community health issue with far reaching effects. Maltreatment during childhood has been shown to negatively affect child development, including brain and cognitive development, attachment, and academic achievement. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood, including mental health issues that cause disruptions in all areas of their lives - family, school, and peer relationships. Individuals with a history of child abuse and neglect demonstrate:

- **Developmental delays:** The bond between the young child and caregivers provides the major vehicle for developing physically, emotionally and cognitively. Interruptions in this bond because of abuse and neglect can result in delays in motor, language, social and cognitive development.
- **Eating:** Odd eating behaviors are common, especially in children with severe neglect and attachment problems. They will hoard food, hide food, eat as if there will be no more meals (even after receiving proper care). They may have failure to thrive, rumination (throwing up food), swallowing problems and eating behaviors that are often misdiagnosed as anorexia nervosa.
- **Soothing behavior:** These children may bite themselves, head bang, rock, chant, scratch or cut themselves, especially during times of stress.
- **Emotional functioning:** Emotional problems are common in these children including depressive and anxiety symptoms. They have difficulty controlling emotions and have exaggerated responses to stress. Another common behavior is “indiscriminate” attachment –children who seek safety and affection from anyone, including virtual strangers. They also exhibit increased high-risk behaviors resulting in alcohol and substance abuse disorders, suicide, teen pregnancy, and involvement with the juvenile justice / law enforcement systems.
- **Aggression:** One of the major problems with these children is aggression and cruelty. The ability to understand the impact of behavior on others is impaired in these children. They may show regret (an intellectual response) but not remorse (an



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emotional response) when confronted about their aggressive or cruel behaviors (4). They also exhibit higher rates of sexual assault, domestic violence, and perpetration of child maltreatment as adults.

- **Health concerns:** They experience nearly twice the number of serious health problems, including chronic fatigue, altered thyroid function, compromised immune system, eating disorders, hypertension.

Children who are involved with the child welfare system due to abuse and neglect and who are in foster care, kinship care or adoptive families have significant challenges regarding their ability to form healthy relationships, develop social and emotional skills, and move toward a happy, healthy life. The data for young children with challenging behaviors suggests very poor outcomes. The Child Welfare League of America has found as many as 80% of children in foster care have emotional, behavioral and developmental issues with as many as 30% of these children being considered to have severe clinical mental health and emotional problems. These children face significant challenges in forming positive self-identities, maintaining relationships, and functioning successfully in society. These children have a tremendous risk of school failure and adult lives characterized by violence, abuse, loneliness, and anxiety. Early appearing behavior problems are the single best predictor of delinquency in adolescence, gang membership, and adult incarceration.

Treatment is critical for the current challenges the child is experiencing and more importantly as prevention for future problems. The developmental course is predictably negative for those who are “non-treated” or “poorly treated.” If challenging behaviors are not altered by the end of the third grade, it appears that they will likely need to be treated as a chronic condition by continuing with ever more costly interventions. Children who grow into adolescence with challenging behaviors are more likely to drop out of school, be arrested, abuse drugs and alcohol, have marginalized adult lives, and die young.

The human brain develops more rapidly between birth and age five than during any other subsequent period. The brain grows in sequential fashion, from bottom (brainstem) to top (cortex), or from the least complex functioning to the most complex. By age three, 85 percent of the core structures of the brain are formed. For children who have experienced prolonged, chronic maltreatment, those core structures have formed to survive in a hostile environment. Changing the environment through interventions with families or by placing the child in safer situations are important but are not sufficient for many children. Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later. The investment in the level of assessment and intervention for children served in this program coupled with ongoing external evaluation services positions FamilyForward to deliver an exemplary program to help these children both now and into the future.

FamilyForward has created the Developmental Trauma Center to provide greater access to this knowledge and expertise both within our community and outside the immediate



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metropolitan area. The primary service delivery aspects of the Developmental Trauma Center include assessment, therapy, therapeutic day treatment/preschool, and parent/professional education. The Developmental Trauma Center's doctoral internship in health service psychology will include training in all these services, with an emphasis on psychological assessment.

*(1) United States Department of Health and Human Services Administration of Children and Families, 2012*

*(2) Missouri Department of Social Services, Children's Division, 2013*

*(3) Anda, R.F., Felitti, R.F., Walker, J., Whitfield, C., Bremner, D.J., Perry, B.D., Dube, S.R., Giles, W.G. The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology, European Archives of Psychiatric and Clinical Neuroscience, 256 (3) 174 – 186, 2006*

*(4) Perry, B.D., "Maltreated Children: Experience, Brain Development and the Next Generation"*

## Philosophy and Approach to Service Delivery

FamilyForward provides developmentally respectful, trauma informed, strength-based care for children and families. Our primary focus is children who are at high risk for abuse and neglect or who have experienced abuse / neglect / developmental trauma with a specialty in foster care, kinship care, and adoption. We recognize each child brings a unique set of biological and genetic traits, relational experiences, and personality traits into every interaction with their parents and other adults responsible for their care. Understanding the impact of these things on the child's functioning and behavior is crucial to working effectively.

The agency's overarching philosophy is trauma-informed and is based in the Neurosequential Model of Therapeutics (NMT). Academic research has clearly demonstrated the connection between abusive and traumatic childhood experiences with ongoing physical and mental health issues. The Neurosequential Model of Therapeutics (NMT) developed by Dr. Bruce Perry and the Child Trauma Academy translates these findings into practice and draws on several core principles of trauma and neurodevelopment to create a comprehensive approach for the child, family, and broader community. The NMT assessment process examines both past and current functioning. Both the timing and severity of risk and resilience factors are plotted in graph form to generate an overall developmental risk estimate. The main product is a detailed assessment and a working Functional Brain Map (Metric) for the child.

This visual representation gives an impression of developmental status in various domains of functioning, including sensory integration, self-regulation, and relational health and helps match the nature and timing of specific therapeutic techniques to the developmental stage, brain region, and neural networks mediating the problems. This assessment provides a far more sophisticated and comprehensive view of a child than is typically available in a



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practice setting, allowing clinicians to match the nature and timing of specific therapeutic techniques to the developmental stage of the child and to the brain region and neural networks that are likely mediating the neuropsychiatric problems. Multiple FamilyForward clinicians are trained in creating the NMT metrics and have found it extremely effective in understanding children with complicated trauma histories and their presenting problems.

FamilyForward has worked with Child Trauma Academy since 2010 and has attained Site Certification in the NMT model. The Board of Directors and Agency Leadership developed a three-phase strategic plan to incorporate this model – first, to train all levels of the organization in this approach; second, to have a staff of fully trained and highly qualified clinicians able to deliver this model to FamilyForward clients; and finally, to increase the capacity of the Agency to offer this service to the greater community. Interns will have access to training in the NMT model through individual or group supervision, readings, discussion, and use of the NMT metric, and they will implement this framework throughout their clinical services.

Our clinicians practice from a variety of disciplines including play therapy, trauma focused therapy, sensory-movement, and psychodynamic psychotherapies. Because our programs are specially developed to serve a very specific population and are developmentally focused, we are able to individualize our interventions to the needs of the child and family. Our services are intensive and intended for those children who are at high risk for abuse, neglect and/or removal from their family and children who have significant trauma histories, typically early in life, that have resulted in attachment and relational problems. Examples of the types of cases we typically receive include children who have come to the attention of the child welfare system, have special needs due to medical or developmental challenges, are struggling to function in academic systems, or who have parents who are struggling with issues related to mental health, chemical dependency, or other adverse conditions. Many of our children have endured years of abuse before entering the child welfare system. They have developed coping styles that served to keep them alive in their abusive situations but that cause them problems now that they are in a safer, more secure setting.

In order to keep services free of charge or client fees as low as possible, FamilyForward has a broad and diverse funding base for its programs and has staff dedicated to seeking new opportunities and resources. It is always the intent that decisions regarding treatment, assessment and fees are shared with and mutually agreeable to the clients. If a mutually agreeable determination cannot be reached, clients are afforded an opportunity to ameliorate their concerns through a Grievance Procedure.

Basic to these services is our commitment to provide the highest quality of service to both children and parents. In all instances it is the orientation of the Agency to provide research-based services that are focused on strengthening families, expanding communication and coping skills, improving parents' ability to successfully parent their children, and emphasizing personal growth, development, and situational change. Services are based on the best available evidence of effectiveness for working with this population.





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## Programs

The Developmental Trauma Center (DTC) is comprised of a variety of programs intended to meet the needs of children and families with a history of trauma. Our clients are from diverse backgrounds when it comes to race, socio-economic status, ethnicity, gender identity, sexual orientation, religious beliefs, and abilities. Our families live in urban, suburban, and rural areas of the state and come from neighboring counties along with St. Louis county and city themselves, some travelling hours for services. While most of our clients are between the ages of 2 and 19, we serve the entire family and offer services for caregivers as well. Due to a variety of funding sources, our clients do not currently pay any fees for service out of pocket. While the commonality between our clients is that they have experienced early trauma, families present with similar problems as any other family might with same-aged children, including a variety of diagnoses, family dynamics, and preferences, in addition to the developmental needs of their histories.

The Trauma Assessment and Psychological Evaluation (TAPE) program offers two types of assessments to contextualize the presenting problems of the client and provide recommendations for intervention. The trauma assessment component is a report focused on how the impact of early trauma has impacted the developing brain and offers insight into appropriate interventions. These assessments are influenced by the NMT and therapeutic assessment models. Psychological evaluations are a broader assessment that includes the trauma assessment component with additional focus on diagnostics and testing. Some components may include intellectual functioning, academic functioning, personality exploration, social-emotional functioning, and behavioral assessments.

The therapy program offers a variety of therapeutic interventions and modalities. Therapy might be in office, in home, or virtual, depending on the needs of the family. Therapies are evidence based and many of the therapists are certified in advanced interventions, such as Theraplay, DDP, EMDR and Play Therapy. Additionally, the therapy team provides group therapy services for a range of ages and needs. The therapeutic summer camp creates a space for clients who might need extra support in a camp environment while building needed relational and regulation skills.

The therapeutic preschool is a great place for children ages 3-5 who have been otherwise unsuccessful in a typical preschool setting and highlights the value of early intervention. With recent expansion, children spend the day on campus with opportunities for play therapy, occupational therapy, speech therapy, and milieu intervention. Highly trained teachers and therapists balance cognitive education with a nurturing and developmentally appropriate environment to facilitate interventions sensitive to sensory and self-regulation needs. In addition to NMT, the therapy and therapeutic preschool programs also utilize the Attachment, Regulation, and Competency (ARC) framework to support evidence-based interventions.



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Our parent education and training program offers a regular schedule of training and classes for parents and other members of the community interested in learning more about supporting children and adolescents. Parents are often referred for these classes when needing additional support, in efforts to gain credits towards foster care licensure, and to address specific though common challenges. Some examples might include parenting children with drug/alcohol exposure, ACES and increasing resilience in children, and supporting children who have intellectual and developmental disabilities.

With an eye towards continuous progress and advancement, the DTC is consistently in a state of evolution. A newly established occupational therapy program is a great example of the multi-disciplinary approach that is needed for the complex presentations of our families. OT services are integrated into the other programs of the DTC. Additionally, multiple research projects have developed into further advancing our mission to meet the needs of the larger community through an internal program for ongoing analysis of our services and the data collected.

## DTC Internship Training

### Profession-Wide Competencies

The APA Commission on Accreditation references 9 profession-wide competencies that internship sites must utilize as part of training. Our site provides training in the following elements of each profession-wide competency:

#### **Assessment:**

By the completion of the training year, interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context.
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspect of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

#### **Intervention:**

By the completion of the training year, interns are expected to:



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

### **Consultation and Inter-professional/Interdisciplinary Skills:**

By the completion of the training year, interns are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions including the dynamics of an interdisciplinary team.
- Demonstrate knowledge of consultation models and practice.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interdisciplinary teams, or systems related to health and behavior.

### **Supervision:**

By the completion of the training year, interns are expected to:

- Demonstrate knowledge of supervision models and practices.
- Apply knowledge in direct or simulated practice with psychology trainees or other health professionals.

### **Communication and Interpersonal Skills:**

By the completion of the training year, interns are expected to:

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

### **Professional Values and Attitudes:**

By the completion of the training year, interns are expected to:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, demeanor, professional identity, accountability, lifelong learning, and concern for the welfare of others.



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- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

### **Individual and Cultural Diversity:**

By the completion of the training year, interns are expected to:

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrate 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.
- Demonstrate the ability to integrate awareness and knowledge of the individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered as well as those that create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the internship.

### **Ethical and Legal Standards:**

By the completion of the training year, interns are expected to:

- Be knowledgeable and act in accordance with each of the following:
  - The current version of the APA Ethical Principles of Psychologists and Code of Conduct
  - Relevant laws, regulations, rules, and policies governing health service psychology within the organizational, local, state, regional, and federal levels
  - Relevant professional standards and guidelines
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

### **Research:**

By the completion of the training year, interns are expected to:

- Demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities.
- Demonstrate the independent ability to find, analyze, and incorporate evidence-based research into their clinical practice.



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## Program Aim

Our program aim is to prepare psychologists for entry level practice in health service psychology with an emphasis on psychological evaluations and trauma-informed care.

## Clinical Areas of Focus

The profession-wide competencies serve as the program's comprehensive evaluative criteria. Though all the profession-wide competencies are valued equally and experienced throughout the training year, the following areas of focus outline some of the most common experiences and skillsets during the internship.

### **Psychological Assessment**

Interns will complete psychological assessments as a significant part of their internship year. Evaluations will be adapted to the specific needs and presenting problems of the client and family. As such, each evaluation, report, and feedback session are unique. Interns will practice applying a variety of concepts from DEI initiatives, diagnostics, theory, current research, evidenced based practices, and therapeutic interventions when completing assessments. Further, they will be trained to use trauma-informed approaches throughout psychological evaluations with a heavy influence on strength-based conceptualization.

### Experiences:

- Interns will learn to conduct thorough clinical interviews with a focus on building the therapeutic relationship with the family. Providing psycho-education throughout the assessment, including the clinical interview, will be taught to provide doses of information for the family that are manageable and built upon throughout the assessment.
- Building testing batteries will depend on the nature of the specific case. Interns will establish and grow skills to select measures that directly apply to that case without over testing the client. Interns will have a range of materials to choose from and will have additional training in measures that are unfamiliar to them. Additionally, additional training will be provided regarding general test selection/crafting batteries appropriate to the referral question and client presentation. Further, they will understand how to reference relevant literature and evidence based assessment practices when selecting and utilizing assessment tools and methods.
- Competence and experience completing full psychological assessments for a variety of presenting concerns (i.e. trauma, developmental delays, cognitive and academic challenges, ADHD, mood disorders, autism, personality disorders, etc.) is a major part of the training year. While trauma is the commonality between our clients, that does not exclude them from experiencing other mental, behavioral, and intellectual challenges. Differential diagnosis then becomes a large part of conceptualization, training, and report writing. Assessing for risk is also a critical component of a



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complete conceptualization. Our collection of measures offers a variety of tests to assess intellectual functioning, academic functioning, personality characteristics, social-emotional strengths and areas of growth, and behavioral needs. Interns will participate in exploration of personal bias, as it is an important component while analyzing testing data.

- Interns will learn the therapeutic assessment model and how it applies to trauma informed care and psychological evaluations. By the end of the training year, it is expected that they will be able to create space for therapeutic moments during the assessment process, ensure and provide transparency about the process, and collaborate with the families throughout the service.
- Interns will utilize supervision, trainings, and direct client experience to develop a broad understanding of diagnostics, especially with clients that have complex presentations. They will develop conceptualizations that include aspects of the client's intersecting identities, their presenting problems, client strengths, psychopathy, behavior, history, and current context. Interns will apply their practice and this knowledge, including that of human behavior, towards their assessment and process. It is expected that data collected throughout the assessment will inform this conceptualization along with relevant research and professional standards and guidelines.
- Interns will work on developing their own voice in their clinical reports. They will be coached and supervised though encouraged to find their own style as appropriate. Interns will learn how to write reports that are clear, thorough, respectful, strength based, clinically sound, and evidence based. They will learn how to develop recommendations that are respectful of the family's culture and background that are also applicable and realistic. Supervision will be an important aspect of this process to safeguard against personal bias in the report, interpretation, conceptualization, diagnosis, and client/family interaction.
- Feedback is a major component of our assessment services. The value of the relationship between the examiner and the family that begins before testing starts is relied upon when providing feedback that is emotionally laden. Thus, feedback sessions are often broken up into manageable parts. Interns will learn how to adapt to the needs of the family while providing feedback in a clear and understandable way. They will learn a variety of modalities for providing feedback, such as using verbal and visual tools, developing stories and letters, and providing information to multi-disciplinary teams, in order to reach the family where they are in regards to their readiness and capacity for the information. Furthermore, interns will be expected to learn how to provide such feedback to a range of audiences, such as with school professionals, case managers, other clinicians, foster parents, residential staff, etc.
- Interns will experience being an ongoing source of consultation for families both formally and informally. Families often reach out to clinicians with questions and need for assistance with advocacy and education. Additionally, interns will reach out to families 3 months after the provided service (given they are still an intern) to check in about the family's needs, barriers to services/intervention, and to answer





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additional questions. It is also possible that this consultation role will extend to others who have been involved in assessments, such as case managers, therapists, and residential care staff.

### **Therapeutic Intervention and Treatment**

Interns will develop the necessary skills to implement trauma-informed therapeutic intervention. The nature of the internship program being housed in the Developmental Trauma Center at FamilyForward provides the intern with opportunities to provide consultation services among the rest of the assessment and therapy teams, provide warm handoffs to help bridge assessment and therapy services, engage in individual, parent, and group therapy with clients and families, and assist in developing interventions and implementing interventions with psychoeducational groups and with the Therapeutic Preschool. Therapeutic intervention will rely on evidence-based practices and trauma informed care. In addition to more traditional models of care, interns have the opportunity to be involved with IEP meetings, treatment team meetings, and other medical or mental health appointments at the client's request. During these meetings, interns will have the opportunity to communicate their conceptualization of the client, advocate for the client's needs, and relay information about trauma and the functional impact of trauma-related symptoms to help other providers increase their understanding of the client and how to support them. Approximately 10-20% of the intern's work week will involve a variety of these intervention services, which may be adjusted based on interest level and need of service. Interns will create a centralized location where children and their families can turn for services and/or referrals for each stage of life and develop an environment of respect and acceptance of all families.

#### **Experiences:**

- Interns are expected to broaden their general therapeutic skills while developing depth in trauma-informed interventions.
- Interns will utilize a variety of treatment modalities and understand the evidence-base for each.
  - Specifically, but not comprehensively, the clinician will be educated in the Neurosequential Model of Therapeutics (NMT) with skills to apply the model and facilitate developmentally appropriate interventions.
  - Interns will be trained using Stephen Finn's Therapeutic Assessment model to help inform the assessment process and present findings in a client-centered manner. Building and facilitating relationships with families will be highlighted through the use of this model to enhance the assessment experience and extend towards a brief therapy and intervention experience for clients. Often this includes attachment-based interventions, self-regulation interventions, and sensory integration interventions. Establishing and maintaining strong clinical relationships with families is essential across programs and interventions.
- Interns will also learn facilitation skills necessary for leading small and large groups.



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- Group therapy: facilitate group therapy sessions for children, adolescents, and/or parents. Groups focus on social skills, relational capacity, self-regulation techniques, and parent-child interactions. Interns will learn different methods of providing group therapy services and evidence behind group therapies. From there, supervision will be provided on any groups they run, with practice of evidence-based group therapy services and refinement of doctoral-level clinical skills.
- Interns will participate in the development of interventions and treatment plans for specific groups at FamilyForward, including but not limited to the Therapeutic Preschool, Psychoeducational Parenting Groups, Therapeutic Summer Camps, and Occupational Therapy Team.
  - Therapeutic Preschool: opportunities to participate in our on-site preschool for children ages 3-5 who have been unsuccessful in a typical preschool. Group/individual therapy and other activities are included in the Preschool.
  - Psychoeducational Parenting Groups: participation in the offering of educational classes for parents seeking foster care licensure or additional support while raising their children.
  - Therapeutic Summer Camps: assist in facilitating camp for children and adolescents who benefit from a therapeutic camp environment.
  - Occupational Therapy Team: opportunities to develop and implement integrated interventions with the Occupational Therapy team at FamilyForward.
- Interns will carry a caseload of 3-5 individual and family therapy cases utilizing a variety of therapeutic techniques rooted in evidenced-based practices.
  - While supervisors will be responsible for the intern's caseload at the licensure level, interns will act as the primary clinician regarding practice, conceptualization, and application.
  - Interns will utilize evidenced-based interventions when working with the family, depending on a variety of variables, such as diversity characteristics, context, assessment data, presenting problems, behavior, goals of the client/family, history, and strengths. Interventions may include, but are not limited to, experiential therapies (e.g. play therapy, art therapy), DDP, ARC, CBT, TF-CBT, attachment and relational based therapies, and systems-based approaches. A variety of approaches will be discussed and reviewed in didactics, along with additional literature provided and further opportunities for supervision as the intern is applying the practice. An important part of training is the ongoing reflection and evaluation of the interventions being provided to ensure the best fit for the family along with reflection on potential personal bias; supervision will also provide an opportunity for reflection upon the quality of services to ensure that therapy services provided by the intern are at the doctoral level. Additionally, it is expected that the intern will turn to relevant recent research when selecting appropriate therapy approaches.
  - The format of therapy cases will also vary, depending on the need of the family and client. For example, some clients might benefit from more





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individually focused therapies while others might require more family based intervention. Regardless, some level of family engagement is expected due to the relational nature of many of our clients' traumas.

- Interns will develop and enhance skills to build a strong rapport with clients and families as the foundation of the ongoing service. This process is essential as trust can be a big barrier for many families and needed for therapeutic success.
- Interns will use the therapeutic relationship to collaboratively craft a treatment plan and goals with the family for therapy services. These goals will be rooted in relevant literature in relation to the client's presenting problems, intersecting identities, history, context, diagnoses, abilities, and strengths. It is important that the treatment plan is also evidenced based in relation to the delivery of the service and therapeutic approach.
  - Furthermore, it is expected that the intern will practice regular reflection independently, in supervision, and with the clients/families in regards to the applicability of the treatment plans and clinical decision making in relationship to progress. As such, interns are expected to make appropriate adaptations as needed to ensure that clinical decision making is relevant to research, applicable, and up to clinical and professional standards and guidelines. When a clear evidence-base is lacking, those approaches that are evidenced-based should be modified and adapted to meet the needs of the client/family in an ethical and sound manner.
  - Interns will be provided supervision and training in the development of treatment plans in a manner that is appropriate to the clinical population, expectations, and capabilities of the families seen.
- Interventions and application of evidence-based approaches and theory are informed by relevant and current research and scientific literature. Regular supervision, documentation, and case reviews will be utilized to reflect upon the application of such approaches to ensure that they meet the standards of agency and profession, with opportunities to receive ongoing and additional supervision and guidance as needed. A part of this process is regular reflection upon the intern's experience of the service to explore utilization of self, personal feelings towards the client, and potential bias.
- The needs of the client/family are prioritized when considering the modality of the therapy service, frequency, and format. Interns will develop skills to assess the needs of the family and help them craft their own language regarding their needs, hopes, and goals.
- Therapy services are frequently provided to address needs related to family dynamics, regular and disruptive dysregulation, appropriate social engagement and relational tolerance, building capacity to tolerate a range of emotions, coping skills, and a variety of issues related to the large range of diagnoses that we see, such as ADHD, autism, mood disorders, and behavioral disorders. Additionally, therapists work with the family system to



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build and nurture supports, increase self-care and self-awareness, understand the impact of differing sensory preferences, build structure and predictability within the home, and foster a genuine care for one another. Similarly, a therapist may work with the client's school to develop interventions and accommodations to set the client up for success academically.

- Interns will assess the effectiveness of interventions provided and adapt interventions to the appropriateness of their clients' developmental level, diversity characteristics, and other contextual variables. They will practice utilizing relevant literature to influence clinical decision making.
- Interns will provide knowledge, support, resources, and intervention for parents to encourage improved relationships with their children.
- Interns will learn to explore diversity and culture with clients and other professionals.

### **Consultation**

Interns will develop ethical, professional, intentional, and culturally sensitive clinicians, prepared for entry level practice as a specialized psychologist through the use of individual supervision, peer/case consultation, seminars, readings, and research. They will explore models of consultation in order to establish skills to partner with a variety of community members.

#### **Experiences:**

- Interns will regularly consult with therapists, case managers, foster, adoptive, and biological family members, and schools regarding clients.
- Interns will inform recommendations as part of an interdisciplinary team to meet client needs.
- Interns will learn resources of the area and utilize referral sources appropriately.

### **Supervision**

Interns receive informal and formal evaluation throughout the year in the forms of live supervision and written evaluations. Interns receive a minimum of 4 hours of supervision each week using individual and group supervision formats.

#### **Experiences:**

- Interns learn how to prepare and present case information, seek supervision, and utilize supervision effectively.
- Interns will develop an understanding of supervision models and practice including application.

## **Model of Training**

The internship utilizes the practitioner-scholar model of training. The program values experiential learning with formal and informal supervision. Our site has a heavy emphasis on consultation and warm handoffs, most specifically with treatment teams, families, schools,



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and other mental health providers. Interns are encouraged to provide services that are family first in approach, from scheduling, to the structure of the service, to interaction with the treatment team as a whole. The site also emphasizes the importance of evidence-based research and encourages interns to use empirically supported treatments throughout their practice. Consultation and review of available data/empirical research are expected to be regular practices of all clinicians.

## Accreditation Status

This program has been granted provisional APPIC membership. This program is not accredited by APA.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association  
750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## Services Provided

We provide psychological evaluations and outpatient mental health interventions with special attention paid to developmental needs and trauma symptoms due to complex early childhood trauma.

Services are available for children who are at risk for or have experienced significant abuse or neglect, with a special emphasis on services for those children in the foster care system, adopted or living in a kinship/guardianship placement. Services are available regardless of race, gender, religion, income level or sexual orientation of the child or family.

Inclusionary criteria for services include a risk for or history of abuse and neglect (typically before the age of 8 years) and living with birth family, in foster care, adopted from the foster care system, adopted from another country, living in a group / residential care situation or living with kin. The Agency accepts children who have a history of suicide attempts, hospitalizations, aggression, sexual acting out, and other behaviors that may exclude them from services elsewhere. If a child is receiving services elsewhere, FamilyForward will provide beneficial assistance but will not add additional services if it will be confusing or disruptive. If program supervisors do not feel FamilyForward can provide the best treatment to the child or that the services being requested will be detrimental, staff will offer suggestions for referrals elsewhere. Services are specifically focused on providing the intensive, long-term help needed by children who have been impacted by significant developmental trauma. This requires a high level of commitment by the child as well as the



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child's guardians, caretakers, and/or treatment teams. If a child is in a situation that does not offer the support needed, FamilyForward will decide on a case-by-case basis if our services can be a benefit.

All client engagement and service provisions are framed with the basic ideals of:

1. Understanding client/family self-determination in their willingness to engage in services.
2. That all services are provided in a safe and non-threatening manner.
3. That the client's autonomy and confidentiality is always a priority.
4. Services are offered with the flexibility needed to best meet the family's needs.
5. Potential barriers that may interfere with providing coordinated (therapeutic web) services.



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## **Psychological Evaluation Process**

- The Intake Coordinator will reach out to potential referrals for an initial phone call. In the initial phone contact, further brief screening will occur to ensure appropriateness of referral for a psychological evaluation.
- Families will be asked to complete the initial assessment form and provide any supporting documents from the school, other mental health providers, and any previous assessments that the child has had.
- Once this information is received, the Intake Coordinator will assign the client to the intern and schedule their initial caregiver interview.
- The intern will complete the caregiver interview and schedule testing sessions. Due to the intensity of testing, testing is divided up into manageable sessions for the child.
- Initially, and at any time during the Psychological Evaluations, if there is evidence of risk for suicide, the Risk Assessment is completed, and the intern will work with the caregivers on safety and risk reduction.
- Once the testing is complete, the intern will complete scoring and write a comprehensive report that will include all outcomes from the measurement tools, a review of the NMT metric, and recommendations for the family/child for treatment/intervention.
- When the written document is complete and finalized with the supervisor's approval, the intern will schedule a time to meet with the caregiver (and child when appropriate) to review in detail the report, answer any questions the family may have, and help facilitate any referrals for ongoing services. Special attention will be paid to helping families apply the information gained from the report to their specific challenges, household, and culture. For training purposes, supervisors will frequently attend feedbacks and offer input as is necessary.
- Families are provided a hard copy of the evaluation. A copy of the report is also included, but due to the sensitive nature of the content families are encouraged to use caution when sharing the information with an untrained service provider.
- The intern will provide follow up for Psychological Evaluations by contacting families who have completed an evaluation 3 months from the feedback session to assess follow up with recommendations, determine service needs and barriers, and offer support for follow up services if required.
- It is expected that the intern will discuss cases throughout the process with their supervisors, including content of sessions, countertransference, identities of the family and in relationship to the clinician, interpretation of data, content of report, etc.

## **Therapy Activities**

Interns provide a wide variety of therapeutic experiences. All counseling services are client centered and the number of sessions and length of each session will be based on individual needs. Interns and supervisors determine the theoretical framework based on the client's



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needs and their experience; however, attachment therapy models are used frequently, and interventions often prioritize self-regulation of client and co-regulation of parent, as well as psychoeducation about trauma and trauma-related symptoms.

The following list is not exhaustive but serves as a template of commonly provided therapy services (see the Therapeutic Intervention and Treatment section above for more details):

- Therapeutic intervention following participation in assessment services
- Warm handoffs between assessment services and therapy services
- Individual and family therapy
- Parent services that support the progress of the client, including therapy, coaching, and education
- Mental health screenings
- Consultations with school staff, treatment teams, our occupational therapy team, and other mental health professionals
- Crisis assessment
- Group therapy facilitation
- Psychoeducational group facilitation
- Development of programs and/or interventions for Therapeutic Preschool, Psychoeducational Parenting Groups, Therapeutic Summer Camps, and Occupational Therapy Team

## Diversity, Equity, and Inclusion

Cultural Diversity is recognized as an important aspect of our Agency. FamilyForward embraces diversity and the unique contributions brought to our Agency not only by a diverse workforce, but the diversity among community and clients we serve. FamilyForward highlights and promotes awareness of various cultures and/or events via FamilyForward's employee newsletter, recognition posters, and the activities of the Social Committee. Additionally, all FamilyForward clinical and direct service staff receive periodic trainings on issues related to cultural diversity and sensitivity.

Diversity, Equity, and Inclusion (DEI) is an essential part of our programming. From the ways policies are reviewed at FamilyForward to staff resources and clinical application, to training of future clinicians, DEI is a thread that extends through every aspect of service and employment. Additionally, DEI is an area of focus that requires ongoing education and growth that allows the clinician to evolve and adapt to best meet the needs of and understand our clients. As such, it is expected that clinicians participate in readings and discussions that enhance awareness and knowledge of those of different race and ethnicity, sexual identity, gender identity, diverse ability levels, the impact of poverty, and other intersecting identities. This development might happen through engagement in our internal DEI committee, participation in group readings and discussions, and/or advocacy for our families. It is also essential that clinicians recognize their own internal biases, especially in how that might relate to client work and agency culture.



Specifically, interns will engage in didactics related to DEI topics regularly throughout the year's training seminars. The assessment team also engages in regular discussions based on literature, media, and theory, which will be a part of the intern's training. Interns will be expected to work clinically with a diverse population of clients and families and reflect upon those experiences in supervision. It is important that interns of this program are mindful of their own biases, assumptions, and blind spots and are able to address those aspects of themselves with an open mind.

The relationship between trauma and discrimination is evident in the literature and our history. As such, developing a mindset of ongoing growth is crucial to being trauma informed, culturally aware, and an ethical clinician. We promote an environment of safety in which not only do our clients feel safe to be genuine and vulnerable, but our staff do as well. We encourage conversations that contribute to this growth and opportunities for ongoing learning.

## Intern Selection

- Applicants must be from an APA-accredited doctoral program in clinical psychology or counseling psychology.
- Graduate coursework and practicum training in therapeutic interventions and assessment. All theoretical orientations are welcome, but applicants must have familiarity and comfort with trauma and attachment. Applicants are expected to have experience working with children and adolescents.
- Applicants are expected to have completed a minimum of 12 comprehensive psychological assessment batteries during their clinical training. Experience administering and interpreting cognitive, academic, executive functioning, personality, and projective measures is strongly desired.
- Application materials:
  - A completed APPIC Application for Psychology Internship form (AAPI) filed electronically. This form can be accessed from APPIC's web site: <http://www.appic.org>.
  - A cover letter indicating interest in our site.
  - Letters of recommendation, including at least one clinical supervisor and at least two that can attest to intervention and/or assessment skills.
  - Current graduate program transcript, as specified by the APPIC directions for the electronic application.
  - Citizenship is not required, but we are not able to be a primary sponsor to work or school visas.
  - Dissertation proposal and any comprehensive examinations are required to be completed prior to internship start date.





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- Applicants must be in good standing in their graduate institution.
  - A minimum of 4 years of graduate training with a minimum of 300 hours of practicum training in therapeutic intervention and a minimum of 100 hours of assessment experience.
  - Interns are required to have diagnostic training or experience with the DSM-5.
  - Verification of all selection criteria from the training director of the applicant's graduate program, prior to start date.
- 
- Upon review of applications, the top ranked applicants will be invited to interview. Applicants are strongly encouraged to come for an in-person interview when possible. Virtual interviews via video or phone can be arranged when either personal or environmental circumstances warrant them, including COVID-19 surges. In the case of mandatory virtual interviews, the APPIC directory will be updated to reflect that status.
  - Applicants will interview with site supervisors as well as other trainees (interns and postdocs if available). They will have the opportunity to tour the site and are encouraged to explore St. Louis while in the area.
  - The selection committee will then meet to discuss and finalize rank orders after the final interview date.
  - If you have any questions concerning the application process, please contact the training director.

Jamie Scaccia, PsyD  
Training Director, Program Manager  
FamilyForward  
1167 Corporate Lake Drive, St. Louis, MO 63132  
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[Jamie.Scaccia@familyforwardmo.org](mailto:Jamie.Scaccia@familyforwardmo.org)

## Nondiscrimination Policy

FamilyForward is an equal employment opportunity employer. For purposes of this Nondiscrimination Policy, any of the following is considered to be a Protected Class: race, color, religion, sex, age, marital status, national origin, disability, veteran status, gender identity, gender expression, sexual orientation (real or perceived), or any other characteristic protected by applicable federal or state law.

Our Equal Employment Opportunity policy covers all employment practices, including hiring, benefits, promotions, discipline, training, and termination. If you have any questions





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or concerns about the Agency's Equal Employment Opportunity policy, please contact the Human Resources department or the Chief Executive Officer.

Management is primarily responsible for seeing that the Agency's equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that by their personal actions the policies are effective and are applied uniformly to everyone.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Chief Executive Officer. Employees can raise concerns and make reports without fear of reprisal. The agency handbook includes further details about the staff grievance policy and procedures.

Any employees, including supervisors, involved in discriminatory practices will be subject to disciplinary action up to and including termination.

## Intern Work Assignments

- Psychology Interns are full-time employees of FamilyForward expected to work 40 hours per week for the duration of 12 months. They will complete at least 2000 hours within the 12-month internship, with an anticipated start date in August or September and end date of August or September of the following year.
- It is expected that a minimum of 50% of the interns' 40-hour work week will include direct client services, which equates to 20 hours weekly. Included within direct client services is face-to-face time with clients, which will encompass a minimum of 10 hours weekly.
- Most of the interns' work will occur during the hours of 8:00 am to 5:00 pm. However, we value being flexible with the families we serve and there may be occasional client sessions that occur outside of this window. Moreover, psychoeducational and support groups, as well as group therapy occur in the evenings to accommodate client schedules, which interns may have the opportunity to participate in.
- The agency will assign case load based on the experience of staff, needs of clients, and needs of the program as a whole. The interns will carry a caseload of approximately 3 psychological testing clients per month. Caseloads will be adjusted based on the complexity of the case and non-direct service time as needed.
- Within an intern's workweek, 10-20% of time will be allocated to intervention services in the format of individual, group, or family therapy, facilitation of psychoeducational groups or summer camps, consultation and collaboration with



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other mental health professionals within or outside of our organization, and development of programs, interventions, and treatment plans. Interns will have a therapy caseload of 3-5 clients.

- Interns are expected to consult with their supervisors at any time if they feel they cannot adequately service the caseload assigned. As services are provided, the interns keep up-to-date records, which are cosigned by supervisors.
- Much of our work is focused on the attunement of the clinician to the client's experience, which in itself reduces escalating behavior and highlights opportunities for co-regulation. Testing can be rescheduled if sessions need to focus more on helping the client regulate than complete a particular measure, as these observations can provide valuable data and reflection as well. In the event of a critical incident (escalating behavior, suicidal gestures, or any high risk/safety concerns) interns are expected to respond in the following manner:
  - Remain calm and attentive to individual's needs
  - Listen carefully and empathically to determine appropriate course of action
  - If appropriate, engage the client's caregiver to assist in helping the client re-regulate
  - Enlist assistance from manager/s and/or coworker when needed
  - Call emergency response if situation warrants
  - Debrief with manager during supervision or sooner
  - Follow the agency's critical incident response protocol.

## Supervision Support

Supervision is a critical component of the training year. We focus on a developmental approach to supervision, understanding that supervisees are constantly in a state of ongoing growth. It is intended that both supervisors and supervisees are clear and reflective about developmental needs and changes throughout the training year. Content and process of training will be adapted as a result. Supervisors will scaffold learning to encourage ongoing skill acquisition, reflection, critical thinking, and problem solving. Furthermore, supervisees are expected to fully participate in group supervision sessions both in regards to contribution and engagement. We believe that learning is ongoing, regardless of status. Thus, case consultation is a component of being an employee with FamilyForward.

- Interns will receive 2 hours of individual supervision weekly provided by a Doctoral level psychologist.
- Interns will receive 2 hours of group supervision weekly. The first hour of group supervision will be reserved for trainees (interns and postdocs if available) and their supervisors. The second hour of group supervision will involve other members of the Developmental Trauma Center to discuss cases and agency updates.



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- While 2 hours per week of individual supervision are formal and scheduled, there are many opportunities for informal supervision, guidance, and coaching. We find value in an “open-door” model in which interns are welcome to consult with their supervisors and colleagues regularly.
- All supervision typically occurs on site. There are several rooms that are available for supervision, and reserved conference rooms for didactics and group supervision. Transitioning to a virtual approach is possible should there be a need or surge in COVID-19 cases.
- The goal of supervision is to progress towards internship competencies and program goals, and more specifically to aide in assessment building skills, case conceptualization, and integration of NMT and Therapeutic Assessment frameworks for each case. Additionally, supervision will be used to explore therapy cases, provide coaching, assist in program development (e.g. developing groups), and clinical therapeutic approaches.
- Supervisors are available as needed to consult and debrief in the event of a critical incident with a client or at the workplace. FamilyForward also offers free EAP services to employees for additional support if needed after a critical incident.

## Professional Training

New personnel are oriented within the first three months of hire to:

- the organization's mission, philosophy, goals, and services;
- the cultural and socioeconomic characteristics of the service population;
- the organization's place within its community;
- the organization's personnel manual;
- the organization's performance and quality improvement system; and
- lines of accountability and authority within the organization.

Interns will be provided with FamilyForward’s Personnel Handbook during orientation and be expected to abide by agency expectations and policies. Furthermore, it is expected that the intern develops familiarity with the agency’s views on being a trauma-informed agency and the role of DEI efforts.

Training in the following topics is mandatory for all staff on an annual basis:

- Child abuse and neglect
- Confidentiality and HIPAA
- Emergency procedures



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Generally speaking, costs associated with staff training are assumed by the agency if approval is given prior to the training. The agency reserves the right to determine what a reasonable cost for any specific training requested is.

All professionally licensed staff members are responsible for maintaining the continued education hours required for licensure.

Clinical staff are provided with access to training in:

- Evidence-based practices for working with traumatized children and adults
- The impact of abuse, neglect, and trauma on child development
- Recognizing and reporting child abuse and neglect
- Role and limits of confidentiality
- Providing integrated services to meet client needs

Weekly 2- hour didactic seminars are also included within the internship program, which will focus on trainings related to a variety of topics including psychological testing, NMT, Therapeutic Assessment, diversity, ethics, trauma, child development, and working with parents. In addition to didactic seminars, interns will have the opportunity to present cases and present on areas of expertise to other clinicians at FamilyForward during team meetings . Interns will also peer review FamilyForward assessment cases on a monthly basis to provide feedback to other clinicians. See Appendix A for a sample didactic schedule, which can be adapted to meet the particular needs of the team.

FamilyForward is a diverse agency in the services we offer. In addition to assessment, FamilyForward houses a therapeutic pre-school, provides in-home and office-based individual therapy, group therapy, and parent education and training groups. The interns will have the opportunity to shadow and participate in these additional programs to increase their knowledge about trauma-informed care.



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Below is a sample weekly schedule. Because this is an example, specific timelines and activities may vary. Additionally, it can be modified based on the needs, experiences, and preferences of interns.

Monday	Tuesday	Wednesday	Thursday	Friday
9-9:30 Check emails/phone messages/ prep	9-9:30 Check emails/phone messages/prep	9:30-10 Check emails/phone messages/prep	9-11 Didactic training	9-9:30 Check emails/phone messages/prep
9:30-11:30 Caregiver interview	9:30-11:30 Client testing session	10-11 Prep for feedback and finalize report	11-11:30 Lunch	9:30-10:30 Read articles
11:30-12 Lunch	11:30-12 Lunch	11-1 Client feedback session	1:30-3:30 Score and write up behavioral observations	10:30-12 Report writing
12-2 Group Supervision	12-2 Score and write up behavioral observations	1-1:30 Lunch	3:30-4:30 Individual Supervision	12-12:30 Lunch
2-3:30 Report writing	2-2:30 Call collateral sources	1:30-2:30 Program development	4:30-5:00 Follow-up calls	12:30-4 Provide individual/family therapy
3:30-5 Review NMT principles/read articles	2:30-4 Research projects	2:30-5:30 Group Therapy		4-5 Return emails/calls
	4-5 Individual supervision			

## Training Resources and Site Information

Interns will be provided with a FamilyForward telephone number, email address, and computer for work related purposes. Additionally, they will have access to scan, copy, and fax equipment at either FamilyForward office, along with mail services. The Intake department at FamilyForward will set up initial caregiver interviews for the intern and receptionist staff will check-in clients for their appointments during normal business hours, informing the interns of their arrival. All other communication to the client and their family/treatment team is the interns' responsibility.

FamilyForward's assessment program is equipped with cognitive, academic, executive functioning, and personality measures, with scoring abilities for each measure. The intern will have the opportunity to shadow and practice measures they are unfamiliar with and be



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expected to exhibit proficiency in these measures under supervision and eventually independently.

All services will occur in-office at FamilyForward's Creve Coeur location: 11358 Van Cleve Avenue, St. Louis MO, 63114. Supervisors will be on-site at this location throughout the work week.

## Policies

- All services maintain the child and family as the focus and will be implemented to promote the best interest and welfare of the child at all times.
- Client confidentiality will be protected in accordance with all professional and legal standards that are applicable.
- Services are initiated for children at the decision of the parents or other individuals/organizations having legal custody.
- FamilyForward believes a central focus of treatment is to create a developmentally appropriate therapeutic relationship for the individual/family to safely discuss and integrate previously unmanageable or traumatic experiences and emotions that interfere with the capacity to develop secure attachment relationships and foster healthy child development.
- A primary intention of services is to improve client and parental awareness of the effects of abuse and neglect on a child's development and appropriate parenting techniques to maximize the child's potential.
- FamilyForward opposes abuse in any form at any time. **All** members of its staff are mandated reporters of child abuse and neglect. At any time that a staff member witnesses a circumstance of abuse or neglect against a child or is informed of one, the staff member should immediately engage the assistance of the supervisor and make a report to the proper authority.
- FamilyForward does not engage in any intervention or activity that endangers physical or emotional well-being or that purposely and intentionally seeks to increase a client's stress level without providing the methods and assistance needed to cope.
- The Agency prohibits all staff from using or recommending parents use corporal punishment, aversive stimuli, the use of interventions that withhold nutrition or hydration, or that inflict physical or psychological pain.



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- Personnel inform clients and their families of the limitations to confidentiality prior to the disclosure of sensitive information, including suspected abuse or neglect of a child or adult and threats to harm oneself or another person.
- FamilyForward believes that all treatment should be based on sound theory, research, and principles and staff should practice within their competence and training and with appropriate supervision and consultation.

See the FamilyForward handbook for a full listing of agency policies and expectations.

## Intern Evaluation Procedures

The following procedures have been instituted to help interns make progress and assess their growth and development towards the aforementioned goals. See Appendix B for a sample evaluation.

### **Evaluation of Intern**

#### Internship Competencies

1. Intervention – skilled in selecting and applying evidenced-based interventions and clinical decision making
2. Consultation and Inter-professional/Interdisciplinary Skills – knowledge and respect for others’ roles and perspectives; familiar with models of consulting and application of skills
3. Assessment – knowledge of diagnostics, role of client history and context, understanding and use of assessment tools and literature; skilled in application and interpretation of data along with communication of results
4. Supervision – knowledge of supervision models and practice along with skills to apply that knowledge
5. Communication and Interpersonal Skills – effective in developing and maintaining professional relationships and communicating appropriately
6. Professional Values and Attitudes – values and attitudes of psychology are reflected in behavior; self-reflective; open and responsive to feedback; professional composure
7. Individual and Cultural Diversity – value and understand role of own context, biases, history, and attitudes; knowledge of theory regarding diversity in role; applies knowledge in clinical and professional relationships
8. Ethical and Legal Standards – knowledgeable and responsive to APA ethics, professional standards and guidelines, and code of conduct; ethical in behavior and consults as needed
9. Research – able to evaluate research and incorporate into practice





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Interns meet with their supervisors at the beginning of the internship informally to set personal goals. This is a collaborative process, with each intern articulating specific training goals and hopes for supervision. The above competencies will be measured at 6-month and 12-month performance reviews with the interns' supervisors. However, it may be completed more frequently due to remediation plans or if it is requested by the intern or supervisor. During these times, interns review a summary of the internship goals achieved over the course of their training, and supervisors complete the intern competency evaluation form. Each primary supervisor then reviews the evaluation in person with the supervisee, providing both verbal and written feedback. A copy of each intern's evaluation form is placed in the intern's file and maintained indefinitely, and a copy of the evaluation form is provided to the intern's graduate school training director. Methods to evaluate the competencies will include case reviews, observation, client satisfaction surveys, self-assessment, and supervision. Additional staff members may be consulted with as is appropriate. All feedback and evaluation is based in part on direct observation. By the end of the year, it is expected that interns will be able to display these competencies consistently at the level of an early career psychologist.

Should an intern not meet the standard set by the training goals, immediate remediation is put in place and a detailed plan for improvement is made. Any individual ratings that are in the remediation range are required to improve before successful completion of the internship program. Scores in this range warrant remediation until the objective in question has improved.

Feedback is given frequently throughout the year as progress or challenges occur. This happens regularly verbally during allotted times for supervision but will also occur on an as needed basis. If major problems arise (i.e. ethics violations, professionalism issues, clinical problems, etc.) written feedback is given and signed by the intern, supervisor, and training director. This written feedback is kept in the intern's file and kept indefinitely. If the feedback of an intern is serious enough, discussions of remediation or termination may occur through an organized process that is outlined in the due process section of this manual.

In addition to standard performance reviews, all new employees will have their performance evaluated after 90 days. The evaluation is an opportunity for the supervisor to review the employee performance, extend the probationary period or end employment. The 90 - Day Probationary Performance Evaluation is also an opportunity to reiterate goals and expectations with a new staff. Training and development needs are discussed, and a plan is established as applicable.





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Upon satisfactory performance throughout their internship year, interns will be provided a certificate stating they have successfully completed a doctoral internship in health service psychology (Appendix C).

### **Evaluation of Supervisors:**

At the end of the internship year, interns complete the intern evaluation of supervisor form and share this evaluation with their supervisors. Informal feedback from interns is welcomed and encouraged at any time. The data gathered will be shared with the training committee, which is composed of the training director and doctoral level clinical supervisors. The training committee will use the data to better develop the program. Concerns noted in evaluation of a supervisor(s) will also be discussed with the training committee and a plan will be implemented to alleviate the concern. When appropriate, the intern may be asked to discuss the issue further with the training committee.

### **Evaluation of Didactics:**

Interns have the option to complete the intern didactic evaluation form for any didactics they are present for. This feedback is considered in future program development.

### **Evaluation of Program:**

At the end of the year, interns are asked to complete the internship program evaluation form to provide feedback about the training program. This feedback is considered in current or future program development. Interns also are encouraged to provide informal feedback at any time to their training director and supervisors.

### **Maintenance of Records:**

All signed evaluations, signed remediation plans, and signed copies of certificates of completion for the internship are kept in a secure file electronically. Non-identifiable information, such as data used for program evaluation will be kept on FamilyForward's network drive in the training director's secure electronic file. All records will be kept indefinitely.

## **Due Process Guidelines and Procedures**

When an intern demonstrates competence problems and/or problem behaviors occur, the training committee, composed of the training director and other doctoral level clinical supervisors of the internship program, assess the nature of the problem and creates a plan to support the intern to remediate the problem in an effective manner. The goal is for the intern to return to a level of competency and correct behaviors in order to successfully complete their internship.



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This section serves as an overview of how due process is ensured, the identification and management of competence problems and other problem behaviors, how an intern can appeal a decision made, and how interns can file a complaint. An intern, staff member, client or other person may begin a formal review of an intern at any time based on insufficient intern performance or other problem behaviors.

### **Guiding Principles to Ensure Due Process**

Due Process is a part of the formal review and remediation process to address competence problems and other problematic behaviors. Due Process ensures interns are treated justly, provided with an opportunity to hear about, respond to, and remediate problems identified, and given the right to file an appeal and to file a grievance. Due Process serves to guide clear expectations about intern performance, evaluation processes, and procedures for remediation in a manner that is fair, effective, and timely. The following principles serve to ensure that decisions made by the internship about interns are not arbitrary or personally based.

Guiding principles include:

- **Program Expectations:** Presenting interns with written documentation of the program's expectations related to professional and personal functioning; this training manual serves that purpose.
- **Procedures for Evaluation:** Stipulating the procedures for evaluation, including when and how evaluations will be conducted; this training manual's evaluation procedure policy serves that purpose.
- **Procedures for Evaluation of Performance and Problem Behavior:** Articulating the various procedures and actions involved in making decisions regarding problem behaviors.
- **Communication:** When a problem arises supervisors will communicate with interns early and often about how to address problem behaviors.
- **Remediation Plan:** Instituting a remediation plan for identified inadequacies, including the competency domain(s) in which performance is not adequate, target behaviors, expectations for acceptable performance, steps for remediation, supervisors' responsibilities, time frame for expected remediation, and consequences of not rectifying the inadequacies.
- **Appeal:** Providing a written procedure to the intern that describes how the intern may appeal the program's action; this is enclosed within this document.
- **Timely Process:** Ensuring that interns have sufficient time to respond to any action taken by the internship.
- **Documentation:** Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

### **Characteristics of Competence Problems**

Performance problems may be cause for formal review, informal action plans, informal remediation, or termination from the internship program when interns exhibit skills deficits,



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fail to perform at the competency expected, and/or exhibit ethical and professional misconduct.

A competence problem as defined broadly as:

- An inability to exhibit or acquire the professional knowledge, skills, and attitudes required to reach an acceptable level of performance
- An inability and/or unwillingness to acquire and integrate professional standards (e.g., ethical, legal, diversity) in one's professional functioning
- An inability to effectively control personal stress, psychological dysfunction, excessive emotional reactions, and/or interpersonal difficulties that interfere with professional functioning.

During intern evaluations, ratings in the "needs remediation" range in any category are used to determine if an intern is performing below expectations. This policy can also be enacted if performance or conduct problems are observed outside of their evaluations at any time by supervisors, other trainees, and other staff members of FamilyForward.

Competence problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self-directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as competence problems when they include one or more of the following characteristics:

- The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified by academic or didactic training or supervision.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The behavior has potential for ethical or legal ramifications if not addressed.
- The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability, veteran's status, etc.
- The intern's emotional difficulties interfere with his or her capacity to perform competently.
- The intern's interpersonal style interferes with his or her intra-professional and interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
- The intern does not acknowledge, understand, or address the concern when it is identified.
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- A disproportionate amount of attention by training personnel is required.
- The intern's behavior negatively impacts the public view of the training program or institution.
- The behavior negatively impacts the internship class.



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### **Characteristics of Other Problem Behaviors**

Problem behaviors subject to formal review and subsequent informal action, formal remediation, or termination from internship include a number of situations that may include, but are not limited to, when an intern engages in any of the following behaviors:

- Sexual Harassment
- Violation of professional codes of conduct for ethical and professional practice (APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines)
- Insubordinate behavior
- Exploitive or abusive behavior
- Other behaviors not listed elsewhere in this document but that represent infringement on the rights, privileges, and responsibilities of interns, professionals, other volunteers/employees, other members of the community and/or clients of the agency
- Egregious behaviors including illegal behavior, unethical behavior, behavior that likely indicates poor judgment. Egregious behaviors may result in termination of the intern's employment and notification of the intern's graduate program.

### **Due Process Procedures for Responding to Problems**

The following are initial steps taken to address problematic behaviors:

1. **Informal Verbal Notice:** When a FamilyForward staff member believes an intern's performance or behavior is problematic, they are encouraged to first address the issue with the intern directly when feasible and appropriate. This should occur as soon as possible to informally resolve the problem. The same staff member should monitor the outcome. If the concern is brought to someone within the internship training program, the training director will verbally communicate with the intern the need to discontinue the inappropriate behavior brought as a concern.
2. **Written Notice:** The training director will communicate in writing that they are aware of and concerned about the behavior and that they will work with the intern to rectify the problem. If desired, the intern is allowed to respond in writing to the training director regarding problems identified within two business days. A copy of this letter will be kept in the intern's file. Documentation should contain the position statements of the parties involved in the dispute.
3. **Second Written Notice:** The training director will communicate in writing the intern's unsatisfactory performance, actions needed by the intern to correct the behavior or performance problems, a timeline for correcting the problem to be determined by the training director, possible sanctions for not correcting the problem, and notification that the intern has the right to respond with an appeal. If desired, the intern is allowed to respond in writing to the training director regarding problems identified within two business days. A copy of this letter will be kept in the intern's file. Documentation should contain the position statements of the parties involved in the dispute.



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If behaviors have not resolved with the above steps within the designated timeframe, a formal review of the intern is activated.

### **Notice**

The intern will be notified in writing that a formal review hearing will be held within 10 business days.

### **Hearing**

Formal review is conducted by members of the training committee.

### **Outcomes**

The outcome of the hearing will be communicated to the intern within five business days of the hearing decision and will include one of the following:

1. **Acknowledgement and No Further Action:** The training committee has determined by majority vote that the intern is aware of the problem and that the problem is not significant to warrant a remediation plan.
2. **Formal Remediation:** The training committee has determined by majority vote that an intern's performance deficits or other problem behaviors require remediation for the completion of their internship year. Formal remediation plans become a part of the intern's file, their doctoral program is notified, and successful remediation is necessary for successful completion of the internship year. One of the following is determined:
  - a. **Schedule Modification:** This is a short-term remediation period intended to modify an intern's schedule to provide additional accommodations that are sensitive to the intern's needs. The goal is that during this modified work period, the intern will build the capacity to return to their internship expectations. This period will include more closely scrutinized supervision conducted by their primary supervisor in consultation with the training director. The following may also be implemented:
    - Increased supervision, either with the same or additional supervisors.
    - Change in the format, emphasis, and/or focus of supervision.
    - Recommended counseling/psychotherapy with specific guidelines regarding confidentiality as to how information from such counseling will be shared with the training director and site supervisor.
    - Reducing the clinical or other workload.
    - Additional reading, literature review or didactic experiences with specified topics.

The length of this period will be determined by the training director in consultation with the other internship supervisors, which will be communicated to the intern. The termination of the schedule modification period will be determined, after discussions with the intern, by the training director in consultation with other internship supervisors.



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- b. **Probation Notice:** A short-term remediation plan to include more closely supervised training. When an intern is on probation, the training director and other internship supervisors assess the intern's ability to complete the internship and to return to the expectations of the internship program. The training director monitors for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The training director may immediately use this parameter in the case of gross ethical/professional violations or the potential for patient/public harm. The intern is informed of the probation in a written statement that includes:
- the specific behaviors associated with the unacceptable rating
  - the remediation plan for rectifying the problem
  - the time frame for the probation during which the problem is expected to be ameliorated
  - the procedures to determine whether the problem has been appropriately rectified

If the training director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or Modified Schedule, then the training director will discuss with the other internship supervisors the possible courses of action to be taken. The training director will communicate in writing to the intern that the conditions for revoking the Probation or Modified Schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the training director will communicate that if the intern's behavior does not change, the intern will not successfully complete the training program.

3. **Leave of Absence or Termination from Internship:** Either temporary or permanent withdrawal of all FamilyForward responsibilities and privileges. Either administrative leave or termination would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the training program due to physical, mental or emotional illness.
- a. This decision will be discussed and decided on by the training committee and FamilyForward's Human Resources Department.
  - b. APPIC and the intern's doctoral program will be notified.
  - c. The training director may immediately use this parameter in the case of gross ethical/professional violations or the potential for patient/public harm.

If an above action is determined, within two business days the intern is notified in a meeting with the training director and other parties that were involved in the decision. During this meeting, the intern is able to hear about the concerns presented and is given the opportunity to respond to the concerns. The intern is provided with a written record of the sanction and/or remediation plan. Within two business days after a decision has been made, the training director contacts the intern's doctoral program to inform them of the



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action. The intern will receive copies of formal correspondence between the two programs. If an intern does not accept the decision of the training director, then an appeal can be initiated.

### **Procedures for Responding to Continued Problems**

Additional action may need to be implemented if an intern fails to meet expected outcomes of a remediation plan. The response to continued problems is determined by the training committee who will meet to review the outlined remediation plan. The training committee meets to discuss intern progress at a time outlined in the probation notice. However, any member of the training committee can call for an immediate review if intern problems continue or worsen. If an intern on a probation notice has not improved sufficiently to rectify the problems stipulated in their remediation plan, the training committee may utilize one of the following approaches or other actions deemed appropriate:

1. The training committee will continue the remediation plan for the intern for a specified period of time determined by the training director.
2. The training committee suspends the intern. Under this suspension, the intern is not allowed to engage in clinical activities or perform professional services until there is documented evidence that the performance or conduct problems have improved to the extent that these concerns are no longer considered problematic.
3. The intern is terminated.
  - a. This decision will be discussed and decided on by the training committee members as well as the Human Resources Department.
  - b. APPIC and the intern's doctoral program will be notified.
  - c. The training committee may immediately use this parameter in the case of gross ethical/professional violations or the potential for patient/public harm.

If any additional action is taken, within two business days the intern is notified in a meeting with the training director and other parties that were involved in the decision. The intern is provided with a written record of the action taken. If any action is taken, within two business days after a decision has been made, the training director contacts the intern's doctoral program. The intern will receive copies of formal correspondence between the two programs. If an intern does not accept the decision of the training director, then an appeal can be initiated. The guidelines for appeals are outlined in the following section.

If there is a conflict of interest as it pertains to due process against individuals in the role of internship supervisors or the training director, the Human Resources Department and next-level managerial staff will be appointed in their role to serve in the above procedures and decision making.

### **Procedures for Appeal by an Intern**

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:





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1. Interns should make a formal appeal in writing to the training director within 10 business days from their notification of any of the above (notification, remediation or sanctions, or handling of grievance).
2. Within three business days following the receipt of a formal written appeal, a review hearing is conducted by members of the review panel, which include the Developmental Trauma Center Senior Director, the Developmental Trauma Center Director of Quality and Compliance, and Human Resources Director.
3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the review panel and supported by the training director, then that appeal is reviewed by the training director in consultation with the Human Resources department. The training director will determine if a new review panel should be formed to reexamine the case, or if the decision of the original review panel is upheld. If a new review panel is formed, the new panel will consist of an alternative program manager within the Developmental Trauma Center, an alternative Quality and Compliance staff member, and an alternative Human Resources staff member.
4. The training director, intern's supervisors, and the intern have the right to be present at the hearing.
5. During the hearing the intern has the right to submit additional information, support their case with testimony, or support their case through the testimony of another supervisor.
6. Within 10 business days of the completion of the review hearing, the review panel files a written report, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
7. A copy of this report is provided to the intern and sent to their graduate school director of training.
8. If the review panel finds in favor of the intern, no further action against the intern is taken. This decision is final.
9. If the review panel finds in favor of the training director, the original supervisory action is implemented. This decision is final.
10. The review panel may, at its discretion, find neither in favor of the training director nor the intern. It may instead modify the original supervisory action or issue and implement its own action. This decision is final.

If there is a conflict of interest as it pertains to the appealing against individuals in the role of internship supervisors or the training director, Human Resources staff will be appointed in their role to serve in the above procedures and decision making. Interns are free to file appeals directly with Human Resources under these circumstances.

### **Withdrawal of Appeal**

Per written notice, the appeal may be withdrawn or ended by the Intern at any time.

### **Confidentiality**





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It is expected that information related to the Intern or others involved in the appeal be treated as confidentially as possible.

### **Appeal Records**

Appeals are not included in the intern's personnel file. The records are maintained separately in the Office of Human Resources.

## **Grievance Procedure**

We accomplish results through people. FamilyForward has an investment in you and knows that you will be most effective at your job under the best possible working conditions. We also recognize the fact that complaints, conflicts, and misunderstandings can occur. The Agency encourages problem resolution before serious problems develop.

If the issue involves a team member, FamilyForward encourages you to discuss it directly with that person. However, if a situation persists or the employee does not feel comfortable discussing it with the team member, you are encouraged to express your concern through the steps below. Similarly, Interns who believe a work condition or treatment is unjust, inequitable, a hindrance to effective operations or creates a conflict, are encouraged to direct your concerns in a timely manner with the appropriate person.

In the event an intern encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during their training program, an intern can file a grievance. For purposes of the grievance procedure a grievance is defined broadly as:

1. A complaint against a perceived unfair act that has caused distress
2. The perception that another party is at fault
3. A grievance may be processed for any person, group, or policy within the internship

The following steps can be used when an intern wishes to file a grievance:

1. Discuss the issue with the staff member(s) involved.
2. If the issue cannot be resolved informally, the intern should discuss the concern with their direct supervisor who may then consult with the training director, other staff members, or Human Resources Department if needed (if the concerns involve the intern's supervisor or training director, the intern can consult directly with Human Resources).
3. If the training director or other members of the training committee cannot resolve the issue of concern to the intern, the intern can file a formal grievance in writing with all supporting documents, with the training director. A formal grievance should be filed within 10 business days after an attempt to resolve the complaint informally themselves or with supervisory support.
4. When the training director has received a formal grievance, within three business days of receipt, they will conduct a review hearing about the grievance filed.



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5. The review panel will consist of the Developmental Trauma Center Senior Director, the Developmental Trauma Center Director of Quality and Compliance, and Human Resources Director. If a grievance is made directly towards one of these staff members, a new review panel will consist of an alternative program manager within the Developmental Trauma Center, an alternative Quality and Compliance staff member, and an alternative Human Resources staff member.
6. The intern has the right to express concerns about the training program or staff member and the program and/or staff member has the right and responsibility to respond.
7. The review panel will meet to review the grievance and material presented within five business days.
8. Within 10 business days of the completion of the review hearing, the review panel files a written report, including any recommendations for further action. Recommendations made by the review panel will be made by majority vote if a consensus cannot be reached. Any decision or plan created by the review panel will be final. They may determine:
  - a. No further action is needed.
  - b. The need for the training program or intern to make changes to alleviate the current concern and prevent the problem from occurring in the future.
9. The plan will be communicated verbally and in writing to all parties involved in the grievance as well as the training committee within two business days of the decision.

If there is a conflict of interest as it pertains to filing a grievance towards individuals in the role of internship supervisors or the training director, Human Resources staff will be appointed in their role to serve in the above procedures and decision making. Interns are free to file grievances directly with Human Resources under these circumstances.

### **Open Door Policy**

FamilyForward values interns' constructive opinions and suggestions, and believes communication is important in the workplace. The Agency and internship encourages interns to discuss suggestions, problems, or concerns with their supervisor. In most cases, talking with your supervisor may resolve an issue. However, an intern may also discuss problems and concerns with their supervisor, Program Manager, or Director.

### **Whistleblower Policy**

Interns are expected to abide by state, federal, and local laws and regulations, as well as Agency policy. It is against Agency policy for any colleague to be compelled to violate the law or Agency policy. Interns are encouraged to raise good faith concerns about any questionable practices they encounter. Interns who have knowledge of specific acts that he or she reasonably believes violate the law or Agency policy are encouraged to report that information to their supervisor or Director.

The Agency encourages its interns to report any suspected wrongful conduct to his or her supervisor, Program Manager, or Human Resources.



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Reports under this policy will be addressed in a confidential manner. Confidentiality will be maintained to the fullest extent possible, consistent with the need to conduct an adequate investigation of the report.

The Agency prohibits retaliation against interns based on any unlawful action of such colleagues with respect to a good faith report made in accordance with this policy. The Agency also prohibits retaliation against interns who provide information to or assist in an investigation by a government regulatory or law enforcement Agency or any person or entity that has the authority to investigate, discover, or terminate the reported wrongful conduct when the colleague reasonably believes the misconduct violates applicable laws.

The Agency does not tolerate the making of a false report, which is a report that the intern knows or has reason to know to be false. Making such false reports may have disciplinary consequences for the intern up to and including termination of employment.

### **Communications**

Successful working conditions and relationships depend upon successful communication. Not only do you need to stay aware of changes in procedures, policies, and general information, but we also want you to communicate your ideas, suggestions, personal goals, concerns or issues as they affect your work.

In addition to the exchanges of information and expressions of ideas and attitudes which occur daily, make certain you are aware of and utilize all FamilyForward methods of communication, including this Handbook and the Agency Handbook, bulletin boards, discussions with your supervisor, memoranda, staff meetings, newsletters, and training sessions.

You will receive other information booklets, such as your insurance booklets, from time to time. We ask that you take these booklets home so that your family may know more about your job and your benefits.

In addition, you may receive letters from FamilyForward. There is no regular schedule for distribution of this information. The function of each letter is to provide you and your family with interesting news and helpful information, which will keep you up-to-date on events at FamilyForward.

### **Suggestions**

We encourage interns to bring forward their constructive suggestions and good ideas about how our Agency can be made a better place to work and our service to clients enhanced. When you see an opportunity for improvement, please talk it over with your supervisor. He or she can help you bring your idea to the attention of the people in the Agency that will be responsible for possibly implementing it.



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We value your suggestions and strive to consider all input. When a suggestion from an intern has particular merit, we provide special recognition of the individual(s) who had the idea.

## Intern Compensation

### **Stipend**

Our payroll workweek begins on Sunday at 12:00 a.m. and ends the following Saturday at 11:59 p.m. Payday is normally every other Friday for services performed during the two (2) week period. The bi-weekly pay schedule is made up of twenty-six (26) pay periods per year. The annual stipend for an intern is \$30,000.

### **Benefits**

FamilyForward is dedicated to the health and wellbeing of both you and your family. The Agency provides a comprehensive insurance program to you and your dependents. Regular full-time employees normally become eligible for coverage on the first of the month following twenty-five (25) days of continuous employment. The following benefits may be provided in accordance with the terms, conditions, and limitations of each plan:

- Medical Insurance
- Life Insurance
- Vision Insurance
- Dental Insurance
- Group Term Life Insurance/Accidental Death Insurance
- Long-Term Disability
- Short-Term Disability

The Agency's medical insurance plan provides regular full-time employees and their dependents access to medical insurance benefits. Eligible employees may participate in the health insurance plan subject to the terms and conditions of the agreement between the Agency and the insurance carrier.

Regular full-time employees become eligible for coverage on the first of the month following twenty-five (25) days of continuous full-time employment. FamilyForward currently pays a percentage of the cost of the health insurance, and the employee pays a portion. Applicable employee contributions will be automatically deducted from your paycheck.

Details of the medical insurance plans are described in the summary plan description. Contact the Human Resource department for more information about health insurance benefits.



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### **Paid Time Off**

In the interest of maintaining a healthy balance between work and home, FamilyForward offers eligible regular full-time employees paid time off. In order to request paid time off, employees must complete and submit an electronic request to their supervisor in accordance with the specific time off being requested. Time off is paid using your base hourly rate, excluding shift premiums and overtime compensation, if any.

Regular full-time employees will receive holiday pay of eight (8) hours per holiday. FamilyForward normally recognizes the following paid holidays:

- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day
- New Year's Day

For an exempt employee, a recognized holiday that falls on a Saturday will normally be observed on the preceding Friday. A recognized holiday that falls on a Sunday will normally be observed on the following Monday. Eligible employees must work their minimum required hours (i.e. 78 hours per pay period for regular full-time employees and 39 hours per pay period for regular part-time employees). Approved paid time off (e.g. sick time, vacation) counts as time worked. Failure to comply with either of these requirements may result in forfeiture of the holiday pay. Holiday scheduling decisions are the responsibility of each supervisor with consideration given to a rotating holiday assignment where possible.

## **Internship Admissions, Support, and Initial Placement Data**

### **Internship Program Admissions**

**Date Program Tables are updated: anticipated 10/05/2024**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

All information gathered in the training manual may be important for potential applicants to make a decision about applying or ranking our program. We encourage all potential applicants to review all the material within the training manual. However,



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sections about intern selection criteria may help individuals quickly assess if they are eligible for application. Sections about mission and focus, philosophy, and services provided may help potential applicants quickly determine if they have interest in our site and model.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours		Yes	Amount: 300
Total Direct Contact Assessment Hours		Yes	Amount: 100

Describe any other required minimum criteria used to screen applicants:
<ul style="list-style-type: none"> <li>• Dissertation proposal successfully completed</li> <li>• Good standing within program</li> <li>• Minimum of 4 years of graduate training</li> </ul>

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$30,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	10	
Hours of Annual Paid Sick Leave	10	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No



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<p>Other Benefits (please describe):</p> <ul style="list-style-type: none"> <li>• Optional dental insurance</li> <li>• Optional vision insurance</li> </ul>
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\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	0	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.





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## The Joy of St. Louis, MO

St. Louis, Missouri is a mid-size midwestern city, known as the “Gateway to the West.” Whether referencing the city of St. Louis or St. Louis County, each neighborhood has a unique personality that assures anyone can find a place to call home. From historical landmarks to family attractions to niche cuisine to entertainment, St. Louis is sure to entertain in a way to match a big city’s character and culture.

While typical nightlife and child friendly parks are plentiful, St. Louis prides itself on what makes it unique. Forest Park is a favorite of residents and includes a sprawling park with 1300 acres of walking trails, art museum, history museum, outdoor theatre, and science center. In fact, it is the 6<sup>th</sup> most visited urban park in the country. A particular favorite Forest Park attraction is our free zoo, which holds over 14,000 animals and numerous seasonal events. Other areas that have grown to be day long adventures are the Gateway Arch, which has a ride to the top (!) and Union Station, which homes an aquarium, Ferris wheel, ropes course, restaurants, and miniature golf.

St. Louis is a sports town at its heart, with great pride in our St. Louis Cardinals baseball team. Our refreshed Baseball Village includes shopping, restaurants, and bars to add to the fun of a baseball game. The St. Louis Blues play right down the street for hockey fans! Not far is the Anheuser-Busch brewery though the city also includes many smaller and local breweries and distilleries.

The Butterfly House, Jewel Box, and Botanical Gardens attract nature lovers while the Central West End, Loop, and The Grove bring in travelers looking for culture, shopping, and food. In addition to the above attractions, the Magic House, Grant’s Farm, and City Museum are nationally recognized family favorites. These lists only begin to scratch the surface of what St. Louis has to offer.

More practically, St. Louis is an affordable city that is diverse in its makeup. There are an assortment of top-rated schools, both offering excellent education for children and ongoing learning opportunities for adults. Check out more about St. Louis at <https://explorestlouis.com/> or <https://stlouishomesmag.com/issues/relocating-saint-louis>.

# FAMILY FORWARD

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## Appendix A Example Didactic Schedule and Calendar



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### **Intern Didactic Schedule**

The Developmental Trauma Center's training staff includes Jamie Scaccia, PsyD, Program Manager for the Assessment Team and Training Director of the Internship Program, Kristen Miceli, PsyD, Clinical Psychologist and Internship Supervisor, and Amy Wilson, PsyD, Clinical Psychologist and Internship Supervisor. Each staff member contributes their expertise to the DTC in various roles. Additional treatment providers from the DTC join in the trainings to provide insights and experiences related to didactic topics. The intern will have frequent opportunities to demonstrate interpersonal skills and consult with both the assessment and therapy team members.

The various didactic trainings offered during the internship year include doctoral-level practitioners, supervisors, and topics. At times, trainings are provided by master-level practitioners who have additional post-graduate certification in the specific area presented. For these trainings, a licensed psychologist will be present to help facilitate application of the information at a doctoral level with their clients. Interns will be provided various readings and articles for each didactic topic that will be expanded upon through discussion in the training. While some topics such as ethics, Children's Division, attachment, and diversity have their own time slots, it is also expected that they are considered within other topics presented.

*Therapeutic Intervention Training:* Interns will attend Therapeutic Intervention Training each quarter as outlined on the Didactics Calendar. During this time, clinical staff presents an intervention model. Examples of such models include cognitive (e.g., Trauma-Focused CBT) and relationally (e.g., DDP, ARC) – based approaches to treatment. For each training, the psychologist discusses components of such models, step-by-step processes of implementing the framework and demonstrate application through case examples.

*Diagnostic Case Conferences:* The interns attend case conferences with full-time psychologists and post docs during each quarter. The objectives of these conferences are for colleagues to review professional concepts, communicate case conceptualization of a client and their family dynamics, gain cultural awareness, research assessment measures, and explore techniques and tools to enhance diagnostic clarification of client's presentations. Interns will be expected to present their experiences with individuals on their caseload. These case conferences are intended to expand on standard doctoral education and conceptualization practice by incorporating new research data, assessment tools, cultural considerations, etc.

*Book Club:* Supplemental learning of the Neurosequential Model of Therapeutics (NMT) framework occurs through the DTC's Book Club. During the course of the internship year, the intern will read *What Happened to You?: Conversations on Trauma, Resilience, and Healing* by Oprah Winfrey and Bruce D. Perry and *The Boy Who Was Raised as a Dog* by Bruce D. Perry. Both of these books incorporate concepts of NMT, research literature and how the framework has been applied to clients with various developmental traumas. The



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Book Club will not only meet to communicate reactions to the book chapters, but also review the corresponding study guide to enhance application of NMT concepts in interventions. Additionally, topics raised in these books will be applied to theory, relevant research, case analysis, ethics, and intervention.

The goals of the DTC are to provide didactics throughout the internship year that will progress in a stepwise fashion. Foundational skills are initially covered and then didactics broaden in complexity to cover specific populations, advancing assessment and intervention skillsets, and reviewing abilities for an early career psychologist.

Below is a tentative schedule for trainings and learning opportunities. A standing time of Thursday mornings, 9-11am, is expected for the trainings. Book Clubs occur 7 times throughout the internship year for 1 hour each and will occur as an added hour to a didactic topic, extending the timeframe for those sessions from 9-12pm. Though staff have been very generous to offer their time and expertise, schedule adjustments are expected. Flexibility is available for topics that might require more time, discussions regarding topics that arise, learning areas of interest, and schedule adjustments.

### **First Quarter Didactic Trainings: Introduction & Foundational Concepts for Trauma-Informed Assessment and Intervention (Weeks 1-13)**

#### **Orientation to FF, trauma, attachment (1 Session, 2 Hours)**

##### **Presenter: Jamie Scaccia, PsyD**

Supervisors will work with interns throughout their orientation to FamilyForward to fully understand the culture and nature of the site. Additionally, we will discuss our perspectives on trauma and attachment, treatment, and how that plays into the culture of the agency.

*Required Reading:* FamilyForward Employee Handbook

Objectives:

- Through orientation, the interns will demonstrate an understanding of FamilyForward's professional values, mission statement and goals by reviewing the agency's employee handbook and discussing various services the agency provides.
- Interns will discover various roles of the DTC assessment and treatment teams and learn about opportunities for consultation within the agency.
- Interns will apply concepts related to trauma-informed care and how this is implemented through our assessment and treatment services.

#### **NMT Introduction (2 Sessions, 2 Hours Each)**

##### **Presenter: Jamie Scaccia, PsyD**

The Neurosequential Model of Therapeutics is a significant component of the work we do at FamilyForward, including assessment, conceptualization, and intervention. We will introduce the basic tenets of the model and provide resources for ongoing learning.

*Required Reading:* Perry, B.D. (2019) *The Neurosequential Model: a developmentally-sensitive, neuroscience-informed approach to clinical problem solving in* (Janise Mitchell, Joe Tucci & Ed Tronick, Eds), *The Handbook of Therapeutic Child Care: Evidence-informed*



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*Approaches to Working with Traumatized Children in Foster, Relative and Adoptive Care.*  
Jessica Kingsley, London

Objectives:

- Interns will review and begin to develop an understanding of the research related to NMT.
- Interns will be introduced to and have an opportunity to evaluate the various components of the NMT model and metric.
- By listening to and discussing a case study, interns can obtain a sense of how the NMT model and metric is applied. Interns will also be able to analyze how adverse experiences impacted the case's development.
- By the end of the training, the interns will be able to compare the NMT domains of functioning (i.e., sensory integration, self-regulation, relational and cognitive domains of functioning) and identify various interventions within the domains.

### **Risk Assessment Essentials (1 Session, 2 Hours)**

**Presenter: Jamie Scaccia, PsyD**

In this presentation, Dr. Scaccia will cover the steps in assessing for risk of suicidality and homicidality along with considerations for individuals with traumatic histories. Interns will be provided with ways in which to determine the presence of a duty to warn others and what steps to take.

*Required Reading:* Holliday, R., Monteith, L. L., & Wortzel, H. S. (2018). Understanding, Assessing, and Conceptualizing Suicide Risk Among Veterans With Posttraumatic Stress Disorder. *Federal practitioner : for the health care professionals of the VA, DoD, and PHS*, 35(4), 24–27.

Objectives:

- Interns will identify historical and current risk and protective factors.
- Interns will be able to assess for suicidal and homicidal ideation.
- Interns will know what steps to take if a client presents with suicidal or homicidal ideation.

### **Book Club 1: *The Boy Who Was Raised As A Dog* - Chs. 1-3 (1 Hour)**

**Presenter: Jamie Scaccia, PsyD**

In the first Book Club of the internship year, participants will review chapters focusing on the neuropsychological foundations of brain development and begin learning how trauma can impact the sequence of brain development. Case examples in the chapters will introduce the importance of patterned and repetitive experiences along with application of the arousal continuum. Interns will be exposed to the research behind effective treatment of trauma and the significance of a child's therapeutic web of supportive individuals.

### **Ethics (1 Session, 2 Hours)**

**Presenter: Kristen Miceli, PsyD**

Dr. Miceli will present on ethical issues that might be experienced while doing assessment, particularly in the field of psychology. She will also explore how families with trauma may present additional ethical considerations.





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**Required Reading:** Fisher, C.B. (2022). Standards on Assessment from *Decoding the Ethics Code: A Practical Guide for Psychologists, 5<sup>th</sup> Edition*. Sage Publications, Inc.

**Objectives:**

- Dr. Miceli will conduct a review of the APA ethical standards related to assessment and lead a discussion with interns about potential ethical issues that may arise and how they might be addressed. Interns will be able to list ethical standards that are particularly applicable to assessment and treatment intervention with our population.
- During the training, interns will learn and apply decision-making strategies to resolve various ethical dilemmas.
- Interns will explain the process in consulting with Family Forward staff when ethical concerns are discovered.

### **Collaborative Assessment (2 Sessions, 2 Hours Each)**

**Presenter: Amy Wilson, PsyD**

Therapeutic assessment, developed by Dr. Stephen Finn, is a model that frames how we conduct our assessments. Dr. Wilson will review the basic model and how it applies to assessment at FamilyForward, especially in attempts to be fully trauma informed and culturally sensitive. She will also discuss how this model impacts clinical decision making and feedback sessions.

**Required Reading:** Fischer, C.T. (2000). Collaborative, Individualized Assessment. *Journal of Personality Assessment*, 74 (1), 2-14.

**Objectives:**

- Throughout this two-part training, interns will be able to describe various components of Collaborative Assessment, how to utilize extended inquiry as a part of the assessment process and incorporate this framework to conduct family intervention sessions to enhance caregivers' understanding of the child or adolescent.
- Interns will be provided with steps to implement Collaborative Assessment strategies to trauma-informed evaluations along with discussing various challenges that might arise. Interns will apply this information to practice developing assessment questions that guide the evaluation process while being cognizant of cultural factors that may influence assessment performance.
- During the training, interns will describe the various components of fables and caregiver letters and review examples.

### **Utilizing Research in the Field of Psychology (1 Session, 2 Hours)**

**Presenter: Kristen Miceli, PsyD**

In this presentation, interns will learn about being a consumer of research, such as how to critically examine research studies and qualities of credible studies. Dr. Miceli will present several research examples for interns to analyze.

**Required Reading:** American Psychological Association (2003). How to be a wise consumer of psychological research (Retrieved from:

<https://www.apa.org/topics/research/consumer-psychological-research>)

**Objectives:**





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- Interns will identify sound research methods and be able to identify pros and cons to sampling methods used in current research.
- Interns will examine current research with a critical eye and ask questions of why certain research methods were or were not used.
- Interns will examine the development behind test measures utilized throughout the internship year and what key components might have been overlooked (e.g., diversity and equity inclusion, trauma population).

### **Book Club 2: *The Boy Who Was Raised As A Dog* - Chs. 4-6 (1 Hour)**

**Presenter: Jamie Scaccia, PsyD**

From these chapters, interns will explore the NMT framework further by learning about four key regions of the brain (i.e., brain stem, diencephalon, limbic and cortex) and how each of the regions might be addressed in a child's treatment through positive relational experiences and regulation. Case examples in the book provide information on how associations or templates are formulated in early childhood. The chapters also provide examples of how different early childhood experiences lead to varying outcomes.

### **Therapeutic Intervention Training (2 Sessions, 2 Hours Each)**

**Presenter: Jamie Scaccia, PsyD**

*See description above.*

### **Diagnostics Case Conferences (2 Sessions, 2 Hours Each)**

**Primary Presenter: Jamie Scaccia, PsyD**

**Secondary Presenter: Kristen Miceli, PsyD**

*See description above.*

### **Second Quarter Didactic Trainings: Advanced Assessment & Diagnostics (Weeks 14-26)**

#### **Psychological Test Measures and Application (2 Sessions, 2 Hours Each)**

**Presenter: Amy Wilson, PsyD**

Dr. Wilson will dive further into specific test measures that are more complex or less familiar to the interns, such as the ADOS, Rorschach, and Sensory Profile.

*Required Reading:* Meyer, G. J., Viglione, D. J., & Giromini, L. (2014). An introduction to Rorschach-based performance assessment. In R. P. Archer & S. R. Smith (Eds.), *Personality assessment* (pp. 301–369). Routledge/Taylor & Francis Group.

Objectives:

- Interns will share their assessment experiences, strengths and areas they would like to enhance during the training year. This information will influence measures that are selected to review in more depth. Interns will be able to demonstrate basic competency with a variety of assessment tools.
- Dr. Wilson will evaluate and discuss the utility of various measures incorporated into the DTC's assessments, their development and the measures' limitations, and interpretation.



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- The process of selecting and applying assessment measures will be explored, such as reviewing normative data, taking into consideration the client's cultural background and how the measure assists in addressing the questions being posed for the assessment.

### **What's Next? Preparation for Licensure, Application for Post-Doctoral Training, Career Paths, and Job Selection (1 Session, 2 Hours)**

#### **Presenter: Jamie Scaccia, PsyD**

Dr. Scaccia will discuss EPPP preparation, CV building and applying to post-doctoral training, and career opportunities for health service psychologists.

*Required Reading:* Cynkar, A. (n.d.). *The path to EPPP excellence*. American Psychological Association. Retrieved September 26, 2022, from

<https://www.apa.org/gradpsych/2007/09/eppp>

#### **Objectives:**

- Interns will identify study habits for the EPPP that have led to higher rates of passing.
- Following this training, interns will be able to curate their CV to highlight their training thus far.
- Interns will gain knowledge about career opportunities and how they relate to their personal and professional development.

### **Intricacies of Diagnosing Trauma (1 Session, 2 Hours)**

#### **Presenter: Amy Wilson, PsyD**

In this training, the intern will learn about various trauma-related disorders for children, including Reactive Attachment Disorder and Posttraumatic Stress Disorder. The presentation will highlight various overlapping symptoms across diagnoses, standards for conducting psychological evaluations to clarify such diagnoses, and communicating information to caregivers and providers through feedback.

*Required Reading:* Pritchett, R., Pritchett, J., Marshall, E., Davidson, C., & Minnis, H. (2013). Reactive attachment disorder in the general population: a hidden ESSENCE disorder. *The Scientific World Journal*, 818157. <https://doi.org/10.1155/2013/818157>

#### **Objectives:**

- Interns will be able to describe a comprehensive review of trauma-related disorders. Throughout the training, interns will discuss their experiences of assessing and providing interventions for children with adverse experiences.
- Case examples will be reviewed to demonstrate utilization of assessment measures to assist in diagnostics. Interns will be able to analyze the examples through their lens of trauma-related diagnostics.
- Various cultural and individual factors will be explored that impact diagnosing trauma-related disorders. Interns will be able to explain how these factors influence diagnosis, conceptualization, and treatment.

### **Integration of Parents into Treatment and Ins-and-Outs of Multidisciplinary Teams & CMHC Culture (1 Session, 2 Hours)**

#### **Primary Presenter: Stephanie Fox, MSW, LCSW**



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### **Secondary Presenter: Amy Wilson, PsyD**

Presenters will discuss integrating parents into assessment and intervention sessions. They will explore a variety of presentations and tips on both understanding their readiness for engagement and creating space for them to feel safe and respected. Presenters will further discuss aspects of multidisciplinary teams in community-based mental health organizations.

*Required Reading:* Tharinger, D.J., Finn S.E., Arora, P., Judd-Glossy, L., Ihorn, S.M., & Wan, J.T. (2011). Therapeutic Assessment with Children: Intervening with Parents “Behind the Mirror.” *Journal of Personality Assessment*, 94(2), 111–123. DOI: 10.1080/00223891.2011.645932

Drake, R. E., & Latimer, E. (2012). Lessons learned in developing community mental health care in North America. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 11(1), 47–51. <https://doi.org/10.1016/j.wpsyc.2012.01.007>

Kutash, K., Acri, M., Pollock, M., Armusewicz, K., Serene Olin, S. C., & Hoagwood, K. E. (2014). Quality indicators for multidisciplinary team functioning in community-based children's mental health services. *Administration and policy in mental health*, 41(1), 55–68.

<https://doi.org/10.1007/s10488-013-0508-2>

#### **Objectives:**

- Interns will explain strategies to incorporate caregivers into assessment and intervention services, having difficult conversations and utilizing effective communication skills with caregivers and the child's treatment team.
- Interns will obtain a greater understanding of caregivers' roles in the assessment process along with techniques to enlist them as active collaborators by explaining cases through the lens of the caregiver.
- Interns will identify how evidence-based practice can improve community mental health care.

### **Book Club 3: *The Boy Who Was Raised As A Dog* - Chs. 7-9 (1 Hour)**

#### **Presenter: Jamie Scaccia, PsyD**

As the readings progress through the book, interns will learn characteristics of dissociative responses, how they might present in their clinical work with children, and be able to articulate the neurobiological underpinnings of self-harm behaviors. Interns will be exposed to the importance of individual client needs in trauma work.

### **Challenging Diagnostics with Trauma: Strategies for Assessment, Session 1 (1 Session, 2 Hours)**

#### **Presenter: Amy Wilson, PsyD**

In this presentation, Dr. Wilson will share information related to the potential presentation of ADHD and Autism Spectrum Disorder symptoms along with a history of trauma in a child's psychological evaluation. Dr. Wilson will share assessment tools, observation techniques and information to collect in order to assist with clarifying these diagnoses.

*Required Reading:* How Childhood Trauma Could Be Mistaken For ADHD. The Atlantic. July 7th, 2014 by Rachel Ruiz



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Kuhl-Meltzoff Stavropoulos, K., Bolourian, Y. & Blacher, J. (2018). Differential Diagnosis of Autism Spectrum Disorder and Post Traumatic Stress Disorder: Two Clinical Cases. *Journal of Clinical Medicine*, 7 (71). <https://doi:10.3390/jcm7040071>

Objectives:

- Interns will evaluate research for best practices in making differential diagnoses when trauma is present. Interns will also learn strategies and possible measures to include in assessment sessions to assist in differential diagnoses of ADHD, ASD and PTSD.
- During the training, Dr. Wilson will inform interns on strategies for sharing diagnostics with a child's caregivers and treatment team in feedback sessions along with potential challenges that may arise in such discussions. Interns will apply this information to case presentations.
- Dr. Wilson will share the importance of supervision and consultation in making diagnostic decisions. Interns will be able to develop a plan for consultation when differential diagnosis is difficult.

### **Diversity/Special Populations, Session 1 (1 Session, 2 Hours)**

**Presenter: Kristen Miceli, PsyD**

While it is expected that DEI perspectives will be integrated into all aspects of clinical and educational work, a few sessions are set aside to dive into these topics more fully. While they can be adapted to the particular needs and interests of the team, topics surrounding ideas such as recognizing internal bias, role of language in assessment and reports, and role of poverty in treatment intervention and follow through.

*Required Reading:* American Psychological Association, APA Task Force on Race and Ethnicity Guidelines in Psychology. (2019). *Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity*. Retrieved from <http://www.apa.org/about/policy/race-and-ethnicity-in-psychology.pdf>

Objectives:

- Interns will have the opportunity to discuss the Guidelines posed by the APA Task Force and how to apply them into their daily interactions and assessments with clients.
- Interns will discuss best practices in considering cultural differences between evaluator and client and potential challenges.

### **Diversity/Special Populations, Session 2 (1 Session, 2 Hours)**

**Presenter: Kristen Miceli, PsyD**

In this particular training, Dr. Miceli will address current evidence-based approaches for working with transexual, transgender, and gender non-conforming people. Specifically, the training will introduce best practices for assessment and report writing.

*Required Reading:* American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist*, 70 (9), 832-864. doi: 10.1037/a0039906

Objectives:

- Interns will discuss the WPATH Standards of Care for the Health of Transexual, Transgender and Gender Non-Conforming People.



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- Discussion of assessing and treating children and adolescents with gender dysphoria will occur.
- Potential challenges during the evaluation process, such as discussing outcomes and use of pronouns with caregivers, will be explored.

### **Diversity/Special Populations, Session 3 (1 Session, 2 Hours)**

#### **Presenter: Kristen Miceli, PsyD**

While testing measures can have efficacy in enhancing our conceptualization of diagnoses, they pose concerns when utilizing such measures on individuals that they were not normed upon. In this training, an introduction to this topic is provided as it relates to lack of norms available for African Americans in psychological assessments.

*Required Reading:* Williams, M., Malcoun, E., Bahojb Nouri, L. (2015). Assessment of Posttraumatic Stress Disorder with African Americans. In: Benuto, L., Leany, B. (eds) *Guide to Psychological Assessment with African Americans*. Springer, New York, NY. [https://doi.org/10.1007/978-1-4939-1004-5\\_11](https://doi.org/10.1007/978-1-4939-1004-5_11)

#### **Objectives:**

- Interns will evaluate the limitations of assessment measures used to evaluate PTSD in African Americans.
- Potential changes to assessment practices are explored to take into consideration cultural and individual differences for African American clients. Interns will demonstrate an understanding of the impact of assessment on minority populations.

### **Trauma and Cognitive Development (1 Session, 2 Hours)**

#### **Jamie Scaccia, PsyD**

Dr. Scaccia's training provides interns with knowledge about the effects of trauma on cognitive development in children. This training will take a closer look at and compare various presentations in cognitive development.

*Required Readings:* Chen, A. et al (2019) Minds Under Siege: Cognitive Signatures of Poverty and Trauma in Refugee and Non-Refugee Adolescents. *Child Development, 90 (6)*, 1856-1865. DOI: 10.1111/cdev.13320

Enlow, M. B., Egeland, B., Blood, E. A., Wright, R. O., & Wright, R. J. (2012). Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study. *Journal of epidemiology and community health, 66(11)*, 1005–1010.

<https://doi.org/10.1136/jech-2011-200727>

#### **Objectives:**

- Interns will evaluate research related to cognitive development in children who've experienced various forms of adverse experiences.
- Interns will explain the impact of trauma on cognitive development and how that might appear as other diagnoses.

### **Book Club 4: *The Boy Who Was Raised As A Dog* - Chs. 10-12 (1 Hour)**

#### **Presenter: Jamie Scaccia, PsyD**



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In this final Book Club focused on *The Boy Who Was Raised As A Dog*, participants will discuss ways in which they might “think outside of the box” in regards to interventions with children and families with a history of adverse experiences. The importance of incorporating collateral sources in treatment is explored. Barriers to building positive relational health for children is examined. Additionally, the NMT concept of the intimacy barrier is introduced.

**Therapeutic Intervention Training (2 Sessions, 2 Hours Each)**

**Presenter: Jamie Scaccia, PsyD**

*See description above.*

**Diagnostics Case Conferences (2 Sessions, 2 Hours Each)**

**Primary Presenter: Amy Wilson, PsyD**

**Secondary Presenter: Post Doc**

*See description above.*

**Third Quarter Didactic Trainings: Trauma-Informed Interventions (weeks 27-39)**

**Theraplay (1 Session, 2 Hours)**

**Primary Presenter: Jenn Clarke, MA, LPC, RPT**

**Secondary Presented: Amy Wilson, PsyD**

Theraplay is a specific model of play therapy that requires significant training and supervision. Ms. Clarke is certified in Theraplay; she will introduce this mode of intervention and how it has been applied on their caseloads.

*Required Reading:* Salo S., Flykt M., Mäkelä J., Lassenius-Panula L., Korja R., Lindaman S., & Punamäki R. (2020). The impact of Theraplay® therapy on parent-child interaction and child psychiatric symptoms: a pilot study, *International Journal of Play*. DOI:

10.1080/21594937.2020.1806500

Objectives:

- By reviewing the required reading, the intern will obtain an introduction to the tenets of Theraplay.
- Interns will be able to list benefits of Theraplay and how to determine potential candidates for this intervention with the presenter.

**Challenging Diagnostics with Trauma: Strategies for Assessment, Session 2 (1 Session, 2 Hours)**

**Presenter: Amy Wilson, PsyD**

For the follow up training, Dr. Wilson will highlight challenges in assessing for psychosis in children, especially when a significant trauma history is present. Additionally, Dr. Wilson will review strategies to assist with clarifying diagnoses.

*Required Reading:* Dvir, Y., Denietolis, B. & Frazier, J.A. (2013) Childhood Trauma and Psychosis. *Child and Adolescent Psychiatric Clinics*, 629-641.

Objectives:





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- Interns will evaluate research for best practices in making differential diagnoses when trauma is present. Interns will also learn strategies and possible measures to include in assessment sessions to assist in differential diagnoses of psychosis and PTSD. Interns will be able to select appropriate measures for a variety of symptom presentations.
- During the training, Dr. Wilson will inform interns on strategies for sharing diagnostics with a child's caregivers and treatment team in feedback sessions along with potential challenges that may arise in such discussions. Interns will discuss pros and cons to different strategies of communication.
- Dr. Wilson will share the importance of supervision and consultation in making diagnostic decisions. Interns will be able to develop a plan for consultation when differential diagnosis is difficult.

#### **Book Club 5: *What Happened to You* – Chs. 1-2 (1 Hour)**

**Presenter: Jamie Scaccia, PsyD**

For the second half of the year, the Book Club will transition its focus to *What Happened to You*. This introductory session of the book will highlight understanding challenging behaviors from children within a neuropsychological perspective. Interns will participate in a discussion of how the brain processes information from the “bottom up” and the changes in functions of the brain as you move from the lower to upper regions of the brain. Interns will learn about various forms of evocative cues and share how they may see them in their clinical cases. Additionally, participants will have the opportunity to learn the different effects of sensitized stress responses (i.e., overwhelming and chronic) and building tolerance (i.e., moderate and predictable) to stress.

#### **ARC with Therapy Team (1 Session, 2 Hours)**

**Primary Presenter: Lisa von Wahlde, MSW, LCSW**

**Secondary Presenter: Kristen Miceli, PsyD**

Presenters will discuss the Attachment, Regulation, and Competency (ARC) framework and how that influences their clinical decision making and its relevance for this population.

*Required Reading:* Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2005). Attachment, self-regulation, and competency. *Psychiatric annals*, 35(5), 424-430.

Objectives:

- Through this training, the interns will be able to describe how ARC was developed and who could benefit from this model of treatment.
- The interns will list the tenets of the evidence-based ARC framework for interventions in working with children with adverse experiences.

#### **Group Therapy Interventions and NMT in Group Therapy (1 session, 2 Hours)**

**Primary Presenter: Chelsea Davis, LCSW, RPT**

**Secondary Presenter: Amy Wilson, PsyD**

Ms. Davis is our group therapy leader and will talk about group therapy interventions and how NMT influences how she runs groups. Presenters will also talk about the groups





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currently running, potential topics of future groups given client needs, and interventions that can be used for various ages and topics.

*Required Reading:* Menon, V., & Levitin, D. J. (2005). The rewards of music listening: response and physiological connectivity of the mesolimbic system. *NeuroImage*, 28(1), 175–184. <https://doi.org/10.1016/j.neuroimage.2005.05.053>

Objectives:

- From this training, interns will describe regulating activities, including music and movement, and how to integrate these techniques into group treatment for children and adolescents with traumatic experiences.
- Interns will discuss the neuroscience behind the benefits of listening to music and its utilization in group therapy.
- Interns will build their knowledge of group therapy interventions.

### **NMT in Early Childhood (1 Session, 2 Hours)**

**Primary Presenter: Jenny Blevens, MSW, LCSW**

**Secondary Presenter: Jamie Scaccia, PsyD**

Staff at the Therapeutic Preschool will introduce the role of NMT in early childhood and application at the preschool. They will discuss how NMT is understood with such a young population.

*Required Reading:* Calkins, S. D., & Fox, N. A. (2002). Self-regulatory processes in early personality development: a multilevel approach to the study of childhood social withdrawal and aggression. *Development and psychopathology*, 14(3), 477–498.

<https://doi.org/10.1017/s095457940200305x>

Objectives:

- Interns will describe various self-regulation interventions to recommend for families with young children.
- Interns will be able to identify regulating interventions for young children who present with signs of arousal or dissociation.

### **EMDR (1 session, 2 Hours)**

**Primary Presenter: Alison Brack, LMFT**

**Secondary Presenter: Jamie Scaccia, PsyD**

Presenters will introduce topics that build the foundation for EMDR and when that might be an appropriate intervention for our clients. Ms. Brack and Dr. Scaccia are both certified in EMDR.

*Required Reading:* Beer, R. (2018). Efficacy of EMDR Therapy for Children with PTSD: A Review of the Literature. *Journal of EMDR Practice and Research*, 12(4), DOI: 10.1891/1933-3196.12.4.177

Objectives:

- Interns will describe research conducted to examine the symptoms of PTSD that are commonly reduced in children through implementation of EMDR.
- Through the training, interns will list the tenets of EMDR, who benefits from EMDR treatment, and examine a case review. Interns will compare this intervention to other trauma informed techniques.



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### **NMT and In-Home Therapy (1 Session, 2 Hours)**

**Primary Presenter: Danielle Crall, LCSW**

**Secondary Presenter: Amy R. Wilson, PsyD**

Presenters will discuss the particular challenges of doing in-home therapy work in addition to the benefits of such an intimate relationship. They will highlight how NMT can be used in that context as well.

*Required Reading:* Sori CF & Schnur S. (2014). Integrating a Neurosequential Approach in the Treatment of Traumatized Children: An Interview With Eliana Gil, Part II. *The Family Journal*. 22(2):251-257. doi:10.1177/1066480713514945

Objectives:

- During this training, interns will discover the importance of establishing and maintaining supportive relationships in NMT and building the client's therapeutic web/relational health.
- Interns will select interventions that would be appropriate in the home setting based on a child's NMT metric outcomes.

### **Book Club 6: *What Happened to You* – Chs. 3-5 (1 Hour)**

**Presenter: Jamie Scaccia, PsyD**

In these chapters, interns will learn about neuroplasticity and the brain's ability to change in a positive way, which is key in working with traumatized children. A more advanced discussion of state dependent functioning, defining trauma, and "therapeutic dosing" is provided and discussed during the meeting. Interns will discover outcomes of the Adverse Childhood Experiences Study (ACEs) and will discuss how this study highlighted the effects of trauma on marginalized groups in our society. Additionally, participants will share how they can apply the concept of the Sequence of Engagement strategy (i.e., how we communicate with children and each other) in working with caregivers of foster and adopted children.

### **Play therapy and Sunshine Circles (1 session, 2 Hours)**

**Primary Presenter: Rachel Hanks, MSW, LCSW, RPT**

**Secondary Presenter: Amy Wilson, PsyD**

A certified play therapist from our therapy team or therapeutic preschool will introduce main components of play therapy and how that is adapted for children who have experienced trauma, especially within the NMT framework. Sunshine Circles are structured play therapy groups that have a Theraplay foundation. Staff at the therapeutic preschool will discuss how these groups are utilized in the preschool and how they differ from typical therapy groups. Ms. Hanks is certified in Sunshine Circle techniques.

*Required Readings:* Liu, C., Solis, S. L., Jensen, H., Hopkins, E. J., Neale, D., Zosh, J. M., Hirsh-Pasek, K., & Whitebread, D. (2017). Neuroscience and learning through play: a review of the evidence (research summary). The LEGO Foundation, DK.

Tucker, C., Schieffer, K., Wills, T. J., Hull, C., & Murphy, Q. (2017). Enhancing Social Emotional Skills in At-Risk Preschool Students Through Theraplay Based Groups: The



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Sunshine Circle Model. *International Journal of Play Therapy*. Advance online publication. <http://dx.doi.org/10.1037/pla0000054>

Objectives:

- During the training, interns will engage in discussion related to the neuroscience and biology behind play.
- Interns will list and describe the five characteristics of useful play and how playful experiences foster learning.
- During this training, interns will identify ways in which Sunshine Circles improve classroom cohesion, teacher-student relationships, and classroom behaviors in preschools.
- Interns will compare how this approach differs from other early childhood interventions.

### **Dyadic Developmental Psychotherapy (DDP) (1 session, 2 Hours)**

**Primary Presenter: Danielle Crall, LCSW**

**Secondary Presenter: Jamie Scaccia, PsyD**

Dyadic Developmental Psychotherapy is an attachment-focused therapy developed by Dr. Dan Hughes. Presenters will review this model and how it is particularly useful for families in which the caregiver presents with overlapping attachment difficulties. Ms. Crall and Dr. Scaccia are both officially trained in DDP.

*Required Reading:* Hughes, D. (2017). Dyadic Developmental Psychotherapy (DDP): An Attachment-focused Family Treatment for Developmental Trauma. *Australian and New Zealand Journal of Family Therapy*. 38, 595–605 doi: 10.1002/anzf.1273

Objectives:

- Through this training, interns will be able to describe DDP therapy and be able to compare and contrast DDP to other interventions.
- Interns will be able to explain components of DDP that might be useful to their current practice.

### **NMT in Residential (1 session, 2 Hours)**

**Primary Presenter: Alexis Rosenthal, LCSW**

**Secondary Presenter: Amy Wilson, PsyD**

With Ms. Rosenthal's background in residential work, she will highlight the role of NMT in that context and what it looks like in practice.

*Required Reading:* Mohr W.K., Martin A., Olson J.N., Pumariega A.J., & Branca N. (2009). Beyond point and level systems: moving toward child-centered programming. *American Journal of Orthopsychiatry*. 79(1):8-18. doi: 10.1037/a0015375. PMID: 19290721.

Objectives:

- Interns will describe how the NMT framework is applied in case conceptualizations for children in residential treatment. They will create a treatment plan for a case in the residential environment.
- Interns will critique the point and level systems and describe alternative techniques.

### **Therapeutic Intervention Training (2 Sessions, 2 Hours Each)**



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**Jamie Scaccia, PsyD**

*See description above.*

**Diagnostics Case Conferences (2 Sessions, 2 Hours Each)**

**Primary Presenter: Kristen Miceli, PsyD**

**Secondary Presenter: Intern**

*See description above.*

**Fourth Quarter Didactic Trainings: Specialized Topics & Professional Development (Weeks 40-52)**

**PostDoc Presentation (1 Session, 2 Hours)**

**Current PostDoc, PsyD**

The postdoctoral resident is expected to present to the interns at minimum one time regarding a topic of their choosing.

*Required Reading & Objective:* To be determined once topic is selected.

**Pleasure and Attachment (1 Session, 2 Hours)**

**Primary Presenter: Alexis Rosenthal, LCSW**

**Secondary Presenter: Jamie Scaccia, PsyD**

Presenters will discuss the role of pleasure in attachment and the reward system. They will highlight how this is complicated by a child's history of trauma.

*Required Reading:* Ludy-Dobson, C. R. & Perry, B.D. (2010). The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma in *Working with Children to Heal Interpersonal Trauma: The Power of Play*. Edited by Eliana Gil, Gilford Press.

Objectives:

- Interns will describe the impacts of both positive and impoverished relational health on attachment.
- Interns will examine the neural networks of the brain's reward system of the brain along with routes to pleasure that decrease physiological distress. They will identify symptoms from their cases that might be related to this topic.

**Self-Care/Wellness Wheel/Vicarious Traumatization (1 Session, 2 Hours)**

**Amy Wilson, PsyD**

Utilizing the Wellness Wheel, Dr. Wilson will review the role of vicarious traumatization in the work of psychologists and especially those who work with trauma. Interns will complete the wellness wheel to continue the discussion in individual supervision.

*Required Reading:* Saakvitne, K. (2008). Occupational Vulnerability for Psychologists.

*American Psychological Association Services, LLC*. Retrieved on June 17, 2022

[https://www.apaservices.org/practice/ce/self-](https://www.apaservices.org/practice/ce/self-care/vulnerability?_ga=2.138726640.214255871.1655499717-2046268615.1655262026)

[care/vulnerability?\\_ga=2.138726640.214255871.1655499717-2046268615.1655262026](https://www.apaservices.org/practice/ce/self-care/vulnerability?_ga=2.138726640.214255871.1655499717-2046268615.1655262026)

Objectives:

- In this presentation, interns and the presenter will discuss the risk factors for burnout and vicarious trauma.



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- Interns will identify aspects of the self-care Wellness Wheel and share ideas for enhancing workplace wellness.
- Interns will apply components of self-care to their own wellness plans.

### **Training for Adoption Competency (TAC) (1 Session, 2 Hours)**

**Primary Presenter: Chelsea Davis, LCSW, RPT**

**Secondary Presenter: Jamie Scaccia, PsyD**

Presenters will meet with the intern cohort to discuss Training for Adoption Competency (TAC) and how that is a useful training for those working with children who have been adopted and influences their conceptualizations. Ms. Davis is certified in TAC.

*Required Reading:* Atkinson, A. J., & Riley, D. B. (2017). Training for Adoption Competency: Building a Community of Adoption-Competent Clinicians. *Families in Society*, 98(3), 235–242. <https://doi.org/10.1606/1044-3894.2017.98.23>

Objectives:

- For this training, interns will describe components of the TAC program.
- Interns will explain the significance of adoption on treatment and conceptualization.
- Interns will be able to describe the TAC program, including the role of grief, loss, adoption stories, identity, and potential reunion.

### **Transitioning out of Internship (1 Session, 2 Hours)**

**Presenter: Jennifer Vorachack, PsyD**

Exploration of key assets learned at the DTC which will be helpful in future employment/post-doc, what to expect and potential challenges as transitioning to an early-career psychologist, guidelines for evidence-based practice, development of supervision and management skillsets, and reviewing important components of documentation and billing for insurance.

*Required Reading:* American Psychological Association. (2021). Professional Practice Guidelines for Evidence-Based Psychological Practice in Health Care. Retrieved from <https://www.apa.org/about/policy/evidence-based-psychological-practice-health-care.pdf>

Objectives:

- Aspects of early-career psychologist employment will be discussed, such as next steps in obtaining licensure and becoming set up on insurance panels.
- Interns will explain the APA guidelines of the intervention process, collaboration and whole health for evidence-based practices in psychology related to treatment and assessment.

### **Supervision (1 Session, 2 Hours)**

**Presenter: Jamie Scaccia, PsyD**

Basic models of supervision will be reviewed, including how that relates to one's relational and therapeutic approach. Supervision styles and preferences will be explored.

*Required Reading:* Falender, C. A., Cornish, J. A. E., Goodyear, R., Hatcher, R., Kaslow, N. J., Leventhal, G., Shafranske, E., Sigmon, S.T., Stoltenberg, C., & Grus, C. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of clinical psychology*, 60(7), 771-785.



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#### Objectives:

- By attending this training, interns will describe various supervision models and discuss which ones may be a good fit with their approach to assessment and intervention.
- Interns will have an opportunity to practice supervision techniques through role plays during the training.
- Interns will reflect upon supervision models based on their own experiences.

#### **Book Club 7: *What Happened to You* – Chs. 6-10 (1 Hour)**

##### **Presenter: Jamie Scaccia, PsyD**

Interns will learn ways to differentiate between presentations of the hyperarousal and dissociative responses in their clinical caseloads. Interns will explore implicit bias and racism as it relates to brain development and functions. They will also share practical ideas on how community care can be built into community mental health settings. Interns will be able to identify Dr. Perry's 6R's of positive experiences: relevant, rewarding, repetitive, rhythmic, relational, and respectful. The metaphor of the NMT model of "building and rebuilding" a house is provided. Interns will share how this applies to their work with children and families with adverse experiences. The value of patient "dosing" will be explored in working with caregivers to setting realistic expectations of traumatized children. Lastly, participants will discuss the significance of knowing our society's history and why it is crucial in healing generations of trauma.

#### **Diversity/Special Populations, Session 4 (1 Session, 2 Hours)**

##### **Presenter: Kristen Miceli, PsyD**

The fourth part of this presentation will continue to explore assessment of special populations. In particular, a brief history of assessment development will be provided along with its limitations.

*Required Reading:* Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2016). *Testing and assessment with persons & communities of color*. Washington, DC: American Psychological Association. Retrieved from <https://www.apa.org/pi/oema>

#### Objectives:

- Interns will discuss the history of psychological testing with racial/ethnic minority groups and norms in which assessment measures were developed.
- Through the reading and presentation, interns will apply psychological assessment considerations for African Americans, American Indians, Alaska Natives, Native Hawaiians, Asian Americans and Latinx Americans.

#### **Trauma informed schools and generational trauma (1 Session, 2 Hours)**

##### **Presenter: Jamie Scaccia, PsyD**

Dr. Scaccia will share components of what makes a school community trauma-informed and how this can be beneficial in communities with generational traumas.





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*Required Reading:* Bissonette, T., & Shebby, S. (2017). Trauma-informed school practices: The value of culture and community in efforts to reduce the effects of generational trauma. *CYF News*. <https://www.apa.org/pi/families/resources/newsletter/2017/12/generational-trauma>

**Objectives:**

- For this didactic session, interns will describe experiences that contribute to negative school outcomes, such as retention, learning challenges, disruptive classroom behaviors, poor academic performance and reduced attendance.
- Interns will apply a trauma-informed model, the Minominee Model, that is suggested as an approach to address historical and generational trauma for American Indian and Native Americans in school systems.

**Diversity/Special Populations, Session 5 (1 Session, 2 Hours)**

**Presenter: Jamie Scaccia, PsyD**

For this presentation, Dr. Scaccia will describe the impacts of trauma on learning experiences for children, discuss ways in which examiners can consult with a student's school team to assist with recommendations, and provide insights into trauma-informed schools.

*Required Reading:* National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

**Objectives:**

- Interns will describe what a trauma-informed school looks like and the opportunities to support students with adverse experiences.
- Through the reading and discussion, interns will be able to identify 7 core areas for trauma-informed schools.

**Therapeutic Intervention Training (1 Session, 2 Hours Each)**

**Presenter: Jamie Scaccia, PsyD**

*See description above.*

**Diagnostics Case Conferences (2 Sessions, 2 Hours Each)**

**Primary Presenter: Jamie Scaccia, PsyD**

**Secondary Presenter: Intern**

*See description above.*





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### Intern Didactic Calendar

#### **First Quarter Didactic Trainings: Introduction & Foundational Concepts for Trauma-Informed Assessment and Intervention (Weeks 1-13)**

Date/Time	Title	Number of Hours
Sept. 7, 9-11am	Orientation to FF, trauma, attachment	2
Sept. 14, 9-11am	NMT Introduction, Session 1	2
Sept. 21, 9-11am	Therapeutic Intervention Training, Session 1	2
Sept. 28, 9-11am	NMT Introduction, Session 2	2
Oct. 5, 9-11am	Diagnostic Case Conference, Session 1	2
Oct. 12, 9-12pm	Risk Assessment Essentials	2
	Book Club 1	1
Oct. 19, 9-11am	Ethics	2
Oct. 26, 9-11am	Therapeutic Intervention Training, Session 2	2
Nov. 2, 9-11am	Diagnostic Case Conference, Session 2	2
Nov. 9, 9-11am	Collaborative Assessment, Session 1	2
Nov. 16, 9-12pm	Utilizing Research in the Field of Psychology	2
	Book Club 2	1
Nov. 23, 9-11am	Holiday	--
Nov. 30, 9-11am	Collaborative Assessment, Session 2	2

#### **Second Quarter Didactic Trainings: Advanced Assessment & Diagnostics (Weeks 14-26)**

Date/Time	Title	Number of Hours
Dec. 7, 9-11am	Psychological Test Measures and Application, Session 1	2
Dec. 14, 9-11am	What's Next? Preparation for Licensure, Application for Post-Doctoral Training, Career Paths, and Job Selection	2
Dec. 21, 9-11am	Therapeutic Intervention Training, Session 3	2
Dec. 28, 9-11am	Intricacies of Diagnosing Trauma	2
Jan. 4, 9-11am	Diagnostic Case Conference, Session 3	2



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Jan. 11, 9-12pm	Integration of Parents into Treatment and Ins-and-Outs of Multidisciplinary Teams & CMHC Culture	2
	Book Club 3	1
Jan. 18, 9-11am	Challenging Diagnostics with Trauma: Strategies for Assessment, Session 1	2
Jan. 25, 9-11am	Therapeutic Intervention Training, Session 4	2
Feb. 1, 9-11am	Diagnostic Case Conference, Session 4	2
Feb. 8, 9-11am	Diversity/Special Populations, Session 1	2
Feb. 15, 9-12pm	Psychological Test Measures and Application, Session 2	2
	Book Club 4	1
Feb. 22, 9-11am	Diversity/Special Populations, Session 2	2
Feb. 29, 9-11am	Diversity/Special Populations, Session 3	2
March 7, 9-11am	Trauma and Cognitive Development	2

**Third Quarter Didactic Trainings: Trauma-Informed Interventions (weeks 27-39)**

Date/Time	Title	Number of Hours
March 14, 9-11am	Theraplay	2
March 21, 9-12am	Therapeutic Intervention Training, Session 5	2
March 28, 9-11am	Diagnostic Case Conference, Session 5	2
April 4, 9-12pm	Challenging Diagnostics with Trauma: Strategies for Assessment, Session 2	2
	Book Club 5	1
April 11, 9-11am	ARC with Therapy Team	2
April 18, 9-11am	Therapeutic Intervention Training, Session 6	2
	Group Therapy Intervention and NMT in Group Therapy	2
April 25, 9-11am	NMT in Early Childhood	2
May 2, 9-11am	Diagnostic Case Conference, Session 6	2
May 9, 9-11am	EMDR	2



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May 16, 9-12pm	NMT and In-Home Therapy	2
	Book Club 6	1
May 23, 9-11am	Play therapy and Sunshine Circles	2
May 30, 9-11am	Dyadic Developmental Psychotherapy	2
June 6, 9-11am	NMT in Residential	2

**Fourth Quarter Didactic Trainings: Specialized Topics & Professional Development (Weeks 40-52)**

Date/Time	Title	Number of Hours
June 13, 9-11am	PostDoc Presentation	2
June 20, 9-11am	Therapeutic Intervention Training, Session 7	2
June 27, 9-11am	Diagnostic Case Conference, Session 7	2
July 4, 9-11am	Holiday	--
July 11, 9-11am	Pleasure and Attachment	2
July 18, 9-11am	Self-Care/Wellness Wheel/Vicarious Traumatization	2
July 25, 9-11am	Training for Adoption Competency (TAC)	2
August 1, 9-11am	Diagnostic Case Conference, Session 8	2
August 8, 9-11am	Transitioning out of Internship	2
August 15, 9-12pm	Supervision	2
	Book Club 7	1
August 22, 9-11am	Diversity/Special Populations, Session 4	2
August 29, 9-11am	Trauma informed schools and generational trauma	2
Sept. 5, 9-11am	Diversity/Special Populations, Session 5	2



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## Appendix B Internship Competency Evaluation Review



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# Internship Competency Evaluation Review

Intern: Type name here

Supervisor: Type name here

## **Vision**

**FamilyForward leads the community in providing innovative solutions for advancing safer, healthier relationships for children and families.**

## **Mission**

**FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.**

## *Core Values*

- 1. Out Front:** We are leaders in the use of innovative tools and methods to get better results for the children and families we serve. We prefer to set the pace, testing new ideas and collecting data; always striving to make the biggest impact we can.
- 2. Whole Hearted:** We are tirelessly committed to the vision and mission of FamilyForward. We use our unique talents and expertise to serve our clients and community with compassion, acceptance, and respect.
- 3. Rock Solid:** We are responsible stewards of an organization with a long and proud history of service. Reliable, trustworthy, and hard-working, we do whatever it takes to get the job done, even when no one is watching.

## Progress Report Process

The supervisor will complete a progress appraisal of the intern to review and evaluate progress on expected competencies. Responsibilities for the employee and supervisor include:

1. Employee completes self-appraisal evaluation and sends electronic copy to supervisor.
2. Supervisor reviews the employee's self-appraisal evaluation and completes the progress appraisal evaluation and rating. Each item should be rated individually then the average of those scores included for each category.
3. Manager/Training Director, if applicable, reviews and approves the appraisal.
4. Supervisor schedules appointment with employee to review and discuss appraisal and both the intern and supervisor sign the completed progress appraisal.
5. Supervisor files progress report in the intern's file and can reference it regarding intern's movement towards goals, recommendations, and needs.





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## Minimum Level of Achievement

It is expected that the intern will meet the Intermediate rating (“3”) or higher for all individual elements of each competency area mid-year. By the end of the training year, it is expected that interns will not require supervision and are able to meet an Above Average rating (“4”) or higher for all individual elements of each competency area. Should an intern not meet these benchmarks, immediate remediation will be put in place until the objective has been met; a plan for improvement will be developed. Improvement will be required in order to successfully complete the internship year.

Intern: Type name here

Supervisor: Type name here

<b>Today’s Date:</b> Type date here	<b>Job Title:</b> Type job title here	
<b>Progress Review Period Start:</b> Type date here	<b>Progress Review Period End:</b> Type date here	
<b>Total Hours:</b>	<b>Total</b>	<b>Total Face to Face Hours:</b>
<b>Supervision Hours:</b>		
<b>Methods of Observation (check all that apply):</b>		
Direct Observation ___	Live Recording ___	Audio Recording ___
Videotape ___	Paper Review ___	Verbal Report ___
Staff Comments ___		



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Performance Scale					
N/A	1 <i>Needs Remediation</i>	2 <i>Needs Improvement</i>	3 <i>Meets Expectations</i>	4 <i>Above Average</i>	5 <i>Exceeds Expectations</i>
Intern did not perform this duty or was not observed by this supervisor.	Performance consistently fails to meet minimum position requirements; intern lacks skills required or fails to utilize necessary skills. Has displayed concerning problems beyond lack of opportunity to learn. This may be due to avoidance or resistance to changing clinical behavior and may include ethics concerns or policy violations.	Typical of a practicum student, this level requires supervision though is open and accepting to it. If this level continues longer than 3 months, remediation may be necessary.	Intern is an effective clinician with supervision. Is able to display knowledge and skill related to area of training. This level is expected of mid-year interns and typical of incoming interns.	Demonstrates highly professional skills, strong judgement, excellent clinical skill, and leadership. This intern does not require supervision and is comparable to an entry level psychologist or postdoc.	Performance is superior and highly effective; continually and consistently goes beyond what is expected. An exceptional contributor whose performance exceeds expectations on a regular and sustainable basis. This is likely for an independent clinician in practice.



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## 1. Intervention

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

*Intern Evaluation Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**

## 2. Consultation and Inter-professional/Interdisciplinary Skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions including the dynamics of an interdisciplinary team. \_\_\_\_
- Demonstrate knowledge of consultation models and practice. \_\_\_\_
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interdisciplinary teams, or systems related to health and behavior. \_\_\_\_

*Intern Evaluation Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**



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### 3. Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. \_\_\_\_
- Demonstrate understanding of human behavior within its context. \_\_\_\_
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. \_\_\_\_
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. \_\_\_\_
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspect of assessment that are subjective from those that are objective. \_\_\_\_
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. \_\_\_\_

*Intern Evaluation Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**

### 4. Supervision

- Demonstrate knowledge of supervision models and practices. \_\_\_\_
- Apply knowledge in direct or simulated practice with psychology trainees or other health professionals. \_\_\_\_

*Intern Evaluation Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**

### 5. Communication and Interpersonal Skills

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

*Intern Evaluation Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**



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## 6. Professional Values and Attitudes

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

<i>Employee Evaluation Comments</i>	<i>Supervisor Evaluation Comments</i>
<b>Average Supervisor Rating (1-5): Type rating here</b>	

## 7. Individual and Cultural Diversity

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. \_\_\_\_
- Demonstrate 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. \_\_\_\_
- Demonstrate the ability to integrate awareness and knowledge of the individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered as well as those that create conflict with their own. \_\_\_\_
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the internship. \_\_\_\_

<i>Employee Evaluation Comments</i>	<i>Supervisor Evaluation Comments</i>
<b>Average Supervisor Rating (1-5): Type rating here</b>	



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## 8. Ethical and Legal Standards

- Be knowledgeable and act in accordance with each of the following: The current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology within the organizational, local, state, regional, and federal levels, as well as relevant professional standards and guidelines. \_\_\_\_
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. \_\_\_\_
- Conduct self in an ethical manner in all professional activities. \_\_\_\_

*Employee Evaluation  
Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**

## 9. Research

- Demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities. \_\_\_\_
- Demonstrate the independent ability to find, analyze, and incorporate evidence based research into clinical practice. \_\_\_\_

*Employee Evaluation  
Comments*

*Supervisor Evaluation Comments*

**Average Supervisor Rating (1-5): Type rating here**

Section below to be  
completed by supervisor  
only

Overall Rating

Add all nine competency  
evaluation areas together  
and divide by nine.

1: Needs Remediation    2:  
Needs Improvement    3:  
Meets Expectations    4:  
Above Average 5: Exceeds  
Expectations

An overall rating of 2 or  
below requires a



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<b>Performance Improvement Plan. Please contact Human Resources.</b>	
<ul style="list-style-type: none"> <li>Overall Rating: Type rating here</li> </ul>	

	<i>Supervisor Comments (required)</i>
	<i>Intern Comments</i>

<h3 style="margin: 0;">Verification of Progress Review</h3> <p style="margin: 0;">By signing this form, you confirm that you have discussed your progress review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with the evaluation.</p>	
<i>Employee Signature</i>	<i>Date</i>
<i>Supervisor Signature</i>	<i>Date</i>
<i>Director or Executive Signature</i>	<i>Date</i>





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## Appendix C Certificate of Completion Example



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## Certificate of Completion

**NAME**

has successfully completed a 2000 hour  
**Doctoral Internship in Health Service Psychology**  
through  
**FamilyForward**

START AND END DATE

---

Jamie Scaccia, PsyD  
Training Director

---

Kristen Miceli, PsyD  
Clinical Supervisor

---

Amy Wilson, PsyD  
Clinical Supervisor