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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 over 170 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 by 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 (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. The interns will participate in experiences to learn about, incorporate, and utilize this model in assessments and trauma-informed care. We are also careful in our approach to assessments 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 utilize the Therapeutic Assessment model, developed by Dr. Stephen E. Finn, to direct our experience with clients to be 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, presentations, community engagement, and program development. We encourage 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 is important but is 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 metropolitan area. The primary service delivery aspects of the Developmental Trauma



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Center include assessment, therapy, therapeutic day treatment/preschool, occupational therapy, 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 on 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. NMT helps translate these findings into practice and draws on several core principles of trauma and neurodevelopment to inform 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. This assessment provides a far more sophisticated and comprehensive view of a child than is typically available in a 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. Many FamilyForward clinicians are trained in creating the NMT metrics and have found it



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extremely effective in understanding children with complicated trauma histories and their presenting problems. NMT is a framework, not an intervention, and helps our highly trained clinicians select the most appropriate evidence-based therapy for that client.

FamilyForward has worked with Child Trauma Academy, now since 2010 Neurosequential Network, 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 information about the NMT model through individual or group supervision, readings, discussion, and use of the NMT metric, and they will utilize 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 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 traits, 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 wonderful place for children ages 3-6 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.

The Home Visiting Program (HVS) is a preventative program. Trained coaches serve families in the community who have a child 3 years or younger and are in a situation that would put them at risk for Children's Division involvement. This program, along with our Kinship Navigators, supports families where they are through a variety of coaching and case management services.

With an eye towards continuous progress and advancement, the DTC is consistently in a state of evolution. Our occupational therapy (OT) 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. Their sensory gym also allows space for sessions dedicated to occupational therapy needs in the office or in the community.

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. Our Quality and Compliance program focuses both on internal research ensuring the efficacy of our programs and interventions, and also identifying ways to contribute to the field and advance best practices in trauma treatment. This program is also developing new ways to utilize internal expertise to educate and connect with the community.

## 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.



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- 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:

- 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:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.



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- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

### **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.
- 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.



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### **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.

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

### **Experiences:**

- Interns learn to conduct thorough clinical interviews with a focus on building the therapeutic relationship with the family. Providing psycho-education throughout the



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assessment, including the clinical interview, interns are taught to provide “doses” of information for the family that are manageable and built upon throughout the assessment.

- Building testing batteries depends on the nature of the specific case. Interns establish and grow skills to select measures that directly apply to that case without over testing the client. Interns have a range of materials to choose from and likely have additional training in measures that are unfamiliar to them. Moreover, additional training is provided regarding general test selection/crafting batteries appropriate to the referral question and client presentation. Further, they understand how to reference relevant literature and evidence-based assessment practices when selecting and utilizing assessment tools and methods. Additional practice and supervision is provided for interns when specific testing measures are unfamiliar.
- 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. As such, a neuropsychological battery or educational battery may be added when appropriate. Differential diagnosis then becomes a large part of conceptualization, training, and report writing. Assessing for risk is also a critical component of a 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 participate in exploration of personal bias, as it is an important component while analyzing testing data.
- Interns 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 families throughout the service.
- Interns utilize supervision, trainings, and direct client experience to develop a broad understanding of diagnostics, especially with clients that have complex presentations. They develop conceptualizations that include aspects of the client’s intersecting identities, their presenting problems, client strengths, psychopathy, behavior, history, and current context. Interns 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 work on developing their own voice in their clinical reports. They are coached and supervised though encouraged to find their own style as appropriate. Interns learn how to write reports that are clear, thorough, respectful, strength based, clinically sound, and evidence based. They learn how to develop



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recommendations that are respectful of the family's culture and background that are also applicable and realistic. Supervision is an important aspect of this process to safeguard against personal bias in the report, interpretation, conceptualization, diagnosis, and client/family interaction. Each report is approved by and co-signed by the supervising clinician before provided to the family.

- 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 learn how to adapt to the needs of the family while providing feedback in a clear and understandable way. They 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 are expected to learn how to provide such feedback to a range of audiences, including school professionals, case managers, other clinicians, foster parents, residential staff, etc.
- Interns 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 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 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 or specific meetings, such as IEP or FST meetings.

### **Therapeutic Intervention and Treatment**

Interns 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 are involved with IEP meetings, treatment team meetings, and other medical or mental health appointments at the client's request. During these meetings, interns 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 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.





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#### Experiences:

- Interns are expected to broaden their general therapeutic skills while developing depth in trauma-informed interventions.
- Interns 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.
  - As it applies to psychological interventions, interns are 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 also learn facilitation skills necessary for leading small and large groups.
  - 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 learn different methods of providing group therapy services and evidence behind group therapies. From there, supervision is provided on any groups they run, with practice of evidence-based group therapy services and refinement of doctoral-level clinical skills.
- Interns have the additional option to 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 utilize a variety of therapeutic techniques rooted in evidenced-based practices.





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- While supervisors are responsible for the intern's caseload at the licensure level, interns act as the primary clinician regarding practice, conceptualization, and application.
- Interns 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 turns to relevant recent research when selecting appropriate therapy approaches.
- The format of therapy cases will also vary, depending on the needs of the family and client. For example, some clients might benefit from more 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 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 use the therapeutic relationship to collaboratively craft a treatment plan and goals with the family for therapy services. These goals are 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 practices 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 are provided supervision and training in the development of treatment plans in a manner that is appropriate to the clinical population, expectations, capabilities, and resources of the families seen.



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- Interventions and application of evidence-based approaches and theory are informed by relevant and current research and scientific literature. Regular supervision, documentation, consultation, and case reviews are 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 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 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 assess the effectiveness of interventions provided and adapt interventions to the appropriateness of their clients' developmental level, diversity characteristics, and other contextual variables. They practice utilizing relevant literature to influence clinical decision making.
- Interns provide knowledge, support, resources, and intervention for parents to encourage improved relationships with their children.
- Interns learn to explore diversity and culture with clients and other professionals.

### **Consultation**

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

#### **Experiences:**

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

### **Supervision**



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Interns apply supervision knowledge in direct or simulated practice in order to build skills of observing, evaluating, and giving guidance and feedback.

#### Experiences:

- Interns learn how to prepare and present case information, seek supervision, and utilize supervision effectively.
- Interns develop an understanding of supervision models and practice including application.
- Interns participate in quarterly peer supervision where they review several cases within the TAPE Team. The intern provides guidance and feedback to the assigned clinician about their case review status, including documentation, services provided, and evaluations, including completed formal reports.
- At least once per year, interns lead Group Supervision.
- Yearly, interns present a didactic topic and are asked to evaluate their fellow intern on their presentation using the Intern Didactic Presentation Rubric. The evaluations are shared with supervisors so as to protect the relationship among the intern cohort, and supervisors provide supervision around giving evaluations and feedback in a supervisory role.
- Yearly, interns present a case and are asked to evaluate their fellow intern on their presentation using the Intern Case Presentation Rubric. The evaluations are shared with supervisors so as to protect the relationship among the intern cohort, and supervisors provide supervision around giving evaluations and feedback in a supervisory role.
- During Ethics, Self-Care/Burnout, and Supervision didactics, interns simulate a supervisory role with provided vignettes.
- Interns provide observation of supervisors' client cases and have the option to observe other members of the TAPE team during various testing sessions. Interns then discuss the experience of observation with supervisors and build skills in communicating feedback about their observations.
- Additional supervision of supervision occurs quarterly with supervisors and the intern. This time is separate from regularly scheduled supervision and is used to reflect on their experiences providing observation, evaluation, and feedback and guidance during simulated or direct supervisory practice. Role plays may also be used during this time.

## 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, 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



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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

We are an APPIC member. 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 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.



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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.

### **Psychological Evaluation Process**

- The Intake Coordinator will reach out to 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 and their supervisor 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 with 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.



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- 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 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
- Treatment planning
- 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 and Nondiscrimination Policy

Diversity, Equity, Inclusion, and Belonging (DEIB) is an essential part of FamilyForward's values across three pillars of practice and policy: Our Team, Children and Families, and Our Community. We are committed to building and supporting a diverse workforce, which means meaningfully incorporating DEIB into all practices and policies that support employees, job candidates, interns, and volunteers. This includes applying an equity lens to the recruitment, training, evaluation, and compensation of our team, as well as sustaining a culture of inclusion and belonging. We are committed to expanding diversity in our field and value a multitude of perspectives at our agency.





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Members of minority groups are strongly encouraged to apply to our internship program, and we seek to regularly discover ways we can support and embrace a diverse program and agency by using feedback from applicants, interns, and staff. We strive to find new and improved ways to align our DEIB values into practice with clients and families. We do this to ensure that we are meeting the cultural, clinical, and therapeutic needs of our clients who come from different backgrounds, identities, and lived experiences. This includes continuous review of our outreach, intake, therapeutic, education, and feedback processes. We believe diversity in our clientele, in addition to diversity in our staff and interns, offers a rich depth to the content, perspective, awareness, and understanding of our work. We are intentional about strengthening our relationships with external stakeholders, including learning from and giving back to the people that make up our community. This includes meaningful engagement with local businesses, neighborhood residents, partners, collaboratives, and leaders.

FamilyForward's internship program follows the guidelines outlined in the profession-wide competency of "Individual and Cultural Diversity" to ensure interns develop knowledge, skills, and awareness towards cultural competence in working with diverse clientele. Diversity factors are a consideration in client work, supervision, didactics, specific trainings, our internal DEIB committee, and community engagement, which allow interns to be personally supported and well-trained in enhancing awareness and knowledge of those of different race and ethnicity, sexual identity, gender identity, ability level, socioeconomic status, and other intersecting identities. It is also essential that interns recognize their own internal biases, especially in how that might relate to client work and agency culture. The relationship between trauma and discrimination is evident in literature and our history. As such, developing a mindset of ongoing growth is crucial to being trauma informed, culturally aware, and ethical. We promote an environment of safety in which not only do our clients feel safe to be genuine and vulnerable, but our staff and interns do as well. We encourage conversations that contribute to this growth and opportunities for ongoing learning.

FamilyForward is an equal employment opportunity employer. Any of the following is 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. Applicants are evaluated individually and based on previous training, experiences, and goodness of fit with our internship program. If an applicant or intern requires accommodations, please contact the training director or our Human Resources department. FamilyForward's Equal Employment Opportunity policy covers all employment practices, including hiring, benefits, promotions, discipline, training, and termination. If employees have any questions 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





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

## Intern Selection and Academic Preparation Requirements Policy

### **Application Process**

FamilyForward offers two full-time internship positions. Applicants interested in applying should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)) using the APPIC Application for Psychology Internships (AAPI). Applicants who do not submit their application via the AAPI will not be considered.

Application materials include:

1. A completed online AAPI
2. Cover letter
3. CV
4. Three letters of recommendation
5. Official transcript

### **Application Screening and Interview Process**

FamilyForward will select applicants based on their application materials noted above, and a preference will be given to candidates who have met the following qualifications prior to the start of internship:

1. Minimum of 200 intervention hours
2. Minimum of 100 assessment hours
3. Dissertation proposal successfully defended
4. Comprehensive examinations completed
5. In good standing within program
6. Minimum of three years of graduate training and diagnostic training or experience with the DSM-5
7. Graduate program is accredited by APA, CPA, or PCSAS, or program is regionally accredited

Preferred candidates will have experience or interest in systems and attachment theory, assessment, and trauma-informed care.

All applications are reviewed by FamilyForward's Training Committee using an Applicant Rating Tool and are evaluated for potential goodness of fit with the internship program. The Training Committee meets to determine which applicants will be invited for an interview based on this information. Interviews are offered and scheduled via the AAPI, occurring in January and February. Interviews take place via videoconference with the Training Committee, with the option of meeting with the current intern cohort afterward. The general content and structure, including breaks, of the interview is communicated to all



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interviewees, and they are provided with a video of our physical site. Interviews are conducted using a standard set of questions, although the Training Committee may ask additional interview questions as appropriate.

### **Participation in the APPIC Match**

The Training Committee meets within two weeks of the final interviews and before the APPIC's Rank Order Deadline to determine applicant rankings. Applicant materials and interviews are used to inform an Interviewee Rating Tool, completed by each member of the Training Committee, which determines applicant rankings.

As a member of APPIC, FamilyForward participates in the national internship matching process by submitting its application rankings to the National Matching Service. FamilyForward abides by the APPIC policy that no person at this training facility will solicit, accept, or use any rank-related information from any intern applicant.

Questions regarding any part of the selection process or requirements may be directed to FamilyForward's Training Director, Dr. Jamie Scaccia, at [jamie.scaccia@familyforwardmo.org](mailto:jamie.scaccia@familyforwardmo.org)

## **Intern Work Assignments**

- Interns are full-time employees of FamilyForward expected to work 40 hours per week for the duration of 12 months. They complete roughly 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, in which interns may have the opportunity to participate.
- The agency assigns case load based on the experience of staff, needs of clients, and needs of the program as a whole. The interns complete intakes for 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.



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- Within an intern's workweek, 10-20% of time is allocated to intervention services in the format of individual, group, or family therapy, facilitation of psychoeducational groups or summer camps, consultation and collaboration with other mental health professionals within or outside of our organization, and development of programs, interventions, and treatment plans. Interns carry a therapy caseload of 3-5 therapy 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 paused and 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 supervisor, training director, or 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.

## 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 Employee 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 DEIB efforts.



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

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

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, therapeutic interventions, 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.

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 Administrative Tasks	9-9:30 Administrative Tasks	9:30-10:30 Group Supervision	9-11 Report Writing	9-9:30 Administrative Tasks
9:30-11:30 Caregiver Interview	9:30-11:30 Testing Session	10:30-12:30 Didactic Training	11-11:30 Lunch	9:30-10:30 Article Review
	11:30-12 Lunch			



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11:30-12 Lunch	12-2 Scoring and Report Writing	12:30-1 Lunch	11:30-1:30 Testing Session	10:30-12 Report Writing
12-1 Group Supervision	2-2:30 Collateral Interview	1-3 Feedback Session	1:30-3:30 Scoring and Report Writing	12-12:30 Lunch
1-3:30 Report writing	2:30-4 Research Projects	3:30-5:30 Group Therapy	3:30-4:30 Individual Supervision	12:30-4 Therapy Sessions
3:30-5 Article Review	4-5 Individual supervision		4:30-5:00 Administrative Tasks	4-5 Treatment Planning

## Stipend, Benefits, and Resources Policy

The annual stipend for all psychology interns at FamilyForward is \$45,000, subject to taxes and withholdings for employee contributions and benefits. Additional benefits include medical insurance, life insurance, vision insurance, dental insurance, group term life insurance/accidental death insurance, long-term disability, and short-term disability. Interns receive the same benefits package as employees, including vacation and sick ("health and wellness") time. Additionally, interns are offered 2 floating holidays that can be utilized for non-federal holidays that the intern celebrates. Their first paycheck arrives 2 weeks after their start date and interns are paid every 2 weeks thereafter. Questions regarding specific benefit packages can be directed to FamilyForward's Human Resources department at [hr.dept@familyforwardmo.org](mailto:hr.dept@familyforwardmo.org).

Interns should submit requests for time off to the training director at least 2 weeks in advance of any anticipated leave date(s). Interns are responsible for communicating anticipated absences to all supervisors and any clients to whom this may impact. Sick leave must also be communicated to their supervisors as soon as the intern is physically able to do so. Additionally, the intern must either contact any clients for whom appointments will be missed due to their absence or inform their supervisors of appointments that need to be canceled due to the intern's absence and inability to cancel or reschedule them on their own. Supervisors are available for any questions related to time off.

FamilyForward psychology interns have access to a number of resources and materials to support them throughout the year. All interns are provided office space and space for confidential and private testing. Accordingly, they have their own desks, chairs, laptop computers, ID badges, and basic office supplies. They also have access to phones, phone extensions, printers, mailboxes, and mail and copy supplies. Interns are supported by intake and clerical staff, which help to collect paperwork from families, schedule initial



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sessions, and welcome and check in clients when they arrive at the office. Additionally, FamilyForward has a Quality and Compliance (Q&C) department who manages funding sources, data and file security, and electronic record support, and these supports extend to the interns. Interns are provided and have regular access to the intern training manual, test manuals, assessment materials, the DSM 5, and other training materials. Time for attending trainings and conferences is provided; funding can be requested from the Training Director when available. Each intern has access to administrative and IT support as well. Finally, interns have access to kitchens and related items, a break room, outdoor working space, a walking trail, and sensory materials.

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

## Intern Evaluation and Supervision Policy

Our internship program requires interns to demonstrate minimum levels of achievement across all nine APA profession-wide competences and training elements, as measured by the Intern Competency Evaluation Review form.

Informal feedback to interns is ongoing throughout the training year, with any concerns discussed early and often. This happens regularly verbally during allotted times for supervision but will also occur as needed. Additionally, 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. As new employees of FamilyForward, interns will also have their performance evaluated after 90 days. This is an opportunity to reiterate goals and expectations. Training and development needs are discussed, and a plan is established as applicable.

Interns are formally evaluated by their supervisors at 6-months and 12-months using the Intern Competency Evaluation Review. However, it may be completed more frequently due to remediation plans or if it is requested by the intern or supervisor.

During formal evaluations, interns review a summary of the internship goals achieved over the course of their training and progress towards the profession-wide competences. Supervisors complete the Intern Competency Evaluation Review form. Evaluations are conducted using a Likert Scale that includes comment space where supervisors provide specific written feedback. The evaluation form includes information about performance in all nine profession-wide competences and associated learning elements. Interns are encouraged to complete the form themselves as well as a tool for self-reflection.

Evaluation scores are calculated by the observation of the intern over the course of their training. Methods to evaluate the competencies will include direct observation, case reviews, client satisfaction surveys, self-assessment, and supervision. All feedback and



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evaluation is based in part on direct observation, which includes supervisors being in the room with an intern during therapy and assessment sessions or use of a one-way mirror to observe an intern's therapy and assessment sessions. Additional staff members may be consulted with as is appropriate.

Supervisors then review the evaluation in person with the supervisee, providing both verbal and written feedback. The intern is asked to complete the Intern Competency Evaluation Review themselves to compare how they perceive their skill level to that of the training committee. This allows for discussion of their perception of their skills as well as the perception of the site supervisors. Scores that are highly discrepant will warrant extra time in discussion. Likewise, scores that receive a particularly high or low score would warrant additional time and discussion. If any remediation is warranted, it is initiated at this time. The evaluation discussion includes time for the intern to give any disagreement in the scores both in person and/or in writing, and the evaluation is signed by the intern, supervisor, and training director. If a resolution cannot be reached following discussion with supervisors, the intern may file a grievance as discussed in the Grievance Procedure.

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.

### **Evaluation Scoring**

The scoring rubric for intern evaluations uses a Likert scale, with the following rating values:

1. **Remedial:** Significant skill development required. Remediation necessary.
2. **Beginning/Developing Competence:** Typical of a practicum student, this level requires close supervision though intern is open and accepting to it.
3. **Intermediate Competence:** Intern is an effective clinician with routine or minimal supervision. Intern is able to display knowledge and skills related to area of training. Minimum Level of Achievement (MLA) at mid-point of training program.
4. **Proficient Competence:** Demonstrates highly professional skills, strong judgement, excellent clinical skill, and leadership. This intern does not require supervision yet may seek supervision as needed. Intern is ready for entry-level practice\*. Minimum Level of Achievement (MLA) at completion of training program.
5. **Advanced Competence:** Performance is superior and highly effective; continually and consistently goes beyond what is expected. This is likely for an independent clinician in practice.

\*Ready for entry-level practice is defined as (IR C-8-I):





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1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation

### **Minimum Level of Achievement**

It is expected the intern will meet the Intermediate Competence rating ("3") or higher in each competency area by their mid-year evaluation. A rating of "3" is an elemental level of achievement, applicable to all interns entering our internship program.

By the end of the training year, it is expected interns will not require supervision and are able to meet a Proficient Competence ("4") or higher for each competency area. A rating of "4" reflects readiness for entry level practice, in which interns are able to independently function in a broad range of clinical and professional activities, they are able to generalize skills and knowledge to new situations, and they have the ability to self-assess when to seek additional training, supervision, or consultation. Should an intern not meet the minimum level of achievement at their mid-year review, an immediate remediation plan is put in place and a detailed plan for improvement is made until the objective in question has improved. Any individual ratings that are in the remediation range are required to improve before successful completion of the internship program. Remediation efforts are outlined within our Due Process Guidelines and Procedures.

### **Feedback by Interns**

**Evaluation of Supervisors:** At mid-year and end 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. 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 complete the intern Didactics Evaluation form for any didactics in which they are present. This feedback is considered in future program development.

**Evaluation of Program:** At mid-year and end of year, interns are asked to complete the 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.

Interns receive two hours of individual supervision weekly with two of the doctoral-level psychologists that serve as members of the training committee. The day and time of individual supervision will be determined in advance and will be scheduled and recurring.



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Individual supervision will primarily occur face-to-face with the option for telesupervision when necessary.

Interns receive two hours of group supervision weekly led by one of the doctoral-level psychologists. The day and time of group supervision will be determined in advance and will be scheduled and recurring. Group supervision will primarily occur face-to-face with the option for telesupervision when necessary.

Individual and group supervision will be used to address core areas of competency and feedback will be provided. Additional individual supervision may be scheduled outside of this designated window and provided by one of the psychologists on staff. Outside of the four hours of supervision required, this additional supervisory experience may occur face-to-face or over the Teams platform. Trainees have utilized additional supervision to shadow assessment and therapy sessions or review and practice test administration. There are additional opportunities for informal supervision, guidance, and coaching, as we value an “open door” model where interns are welcome to consult with supervisors regularly. Supervisors are also available as needed to consult and debrief in the event of a critical incident with a client or at the workplace.

## Communication and Records Maintenance Policy

As an internship program, we value the relationship we build with our interns’ doctoral programs. While we respect the role that we have with interns throughout their time with us, their doctoral programs are ultimately responsible for the evaluation and preparedness of the intern as they enter into the profession. Knowing that the internship experience is an integral part of their readiness, the Training Director will initiate and maintain contact with the intern’s Director of Clinical Training (DCT) at least 3 times throughout the training year.

First, communication will be initiated when the prospective intern is matched with our site. An offer letter will be created by the Training Director in relationship with FamilyForward’s HR department within 5 days of the match outlining the agreement for the match (e.g. start and end dates, stipend, agency requirements such as a background check). This letter will be sent to both the intern and the DCT. Secondly, the Training Director will share a copy of the formal evaluation of the intern mid-way through the year as an update on progress. Third, the DCT will be contacted within one month of the end of the internship year to report that the intern has successfully completed the program. While email will be the primary method of contact, if the DCT prefers a different mode of communication, it will be accommodated as appropriate.

If the intern has encountered difficulties throughout the year that results in a formal review step of the Due Process Procedure Policy, the Training Director will contact the DCT and inform them of the intern’s status. They will be informed of the intern’s progression through the due process steps and notified if any further action is taken, up to and including termination.



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The Training Director is also responsible for maintaining intern records. Included in those records are the intern's signed Training Acknowledgement form, intern's evaluations, record of training experience as is outlined in the Internship Manual, the intern's monthly hour logs, a signed certificate of completion, and records related to a Due Process procedure, as described in the Due Process Procedure Policy. These materials are kept indefinitely in a secure digital file. Similarly, materials related to grievances or complaints are kept in a separate secured digital file, as described by the program's Grievance Procedure Policy. Interns are informed of record keeping practices through these policies and our internship manual.

## Telesupervision Policy

Telesupervision is defined by the American Psychological Association's Commission on Accreditation as "clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee" (Standards of Accreditation Implementing Regulation C-15 I).

**Explicit rationale for using telesupervision:** In the circumstances when we permit telesupervision, it will be to allow interns to participate in relevant clinical training and supervision that would not otherwise be available to them. Telesupervision is also utilized as an alternative form of supervision when in-person supervision is not practical or safe and allows for the continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision. In instances in which illness, weather, or surges in COVID-19 restrict weekly scheduled in-person individual and group supervision, any or all individual and group supervisions may be replaced with telesupervision. Telesupervision also allows some flexibility for the intern's travel and schedule. Finally, telesupervision allows interns and supervisors to navigate relational and technological issues that can arise with the use of telehealth platforms.

**Consistency with program aims:** Telesupervision allows supervisors to be engaged and available to assigned interns, oversee client care, and foster intern development, even in circumstances that preclude in-person interactions. Interns and supervisors should discuss the potential for miscommunication, environmental distractions and security, temptation to multitask, technology failures, lack of dedicated workspace, etc. that may accompany the use of telesupervision.

**How and when supervision is utilized:** Telesupervision will be allowed, under the parameters already stated above, when the supervisor or supervisee is not able to be on-site and when the supervisor/placement is providing training that is not otherwise available in-person. Supervisors will utilize Zoom or Microsoft Teams audio-video platform.

**Determination of which trainees can participate:** Telesupervision is allowed for all interns following FamilyForward's 90-day review and for interns who remain in good standing within the internship program and are not on a remediation plan.



**Establishment of the relationship between supervisor and intern:** To promote the establishment of a positive relationship between supervisor and intern at the onset of the supervisory experience, supervisors will lead orientation with interns in-person and all formats of supervision will occur in-person for the first 90 days of their program. This may be adjusted under extenuating circumstances, such as a surge in COVID-19.

**Responsibility of the supervisor for clinical cases:** The assigned supervisor conducting telesupervision must maintain full responsibility for clinical cases. All aspects of clinical care must be fully compliant with state and federal law.

**Management of non-scheduled consultation and crisis coverage:** An intern is encouraged to call or email their assigned supervisor in times of needed non-scheduled (non-emergency) consultation. In emergencies, an intern will call their supervisor for the specified case. If that supervisor is unavailable, the intern will call the training director.

**Privacy and confidentiality:** Interns and supervisors utilize a HIPAA compliant Zoom or Microsoft Teams audio-video platforms for telesupervision.

**Technology requirements and technology training:** Supervisors are responsible for ensuring that any required technology is available to conduct telesupervision and that the interns are adequately trained in the use of the technology. Supervisors will train interns in using the Zoom or Microsoft Teams audio-video platforms when necessary.

## 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 create 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.

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



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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, 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 (behavior that is causing an inability of the intern to function appropriately in the workplace that is beyond reasonable accommodations), excessive emotional reactions, and/or interpersonal difficulties that interfere with professional functioning.



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During intern evaluations, ratings below the minimum level of achievement 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 their capacity to perform competently.
- The intern's interpersonal style interferes with their 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.

### **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)
- Violation of the FamilyForward code of conduct, found in the Employee Handbook
- 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,





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other volunteers/employees, other members of the community and/or clients of the agency

- Egregious behaviors including illegal behavior, unethical behavior, and 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**

**Informal Review:** When a FamilyForward staff member believes an intern's performance or behavior is problematic or if an intern is having difficulty consistently demonstrating an expected level of competence, the first step is to address the issue with the intern directly when feasible and appropriate. This should occur as soon as possible to informally resolve the problem. If the staff member does not supervise the intern directly, the staff member should also inform the intern's supervisor(s) to assist in monitoring the outcome. The supervisor(s) may also consult with HR at this time to help remedy the problem.

#### **Formal Review:**

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below "3" on any learning element on a supervisory evaluation, the following process is initiated:

**Notice:** The intern will be notified in writing that a formal review hearing will be held within 10 business days. A copy of this written notice will be kept in the intern's file.

**Hearing:** The training committee will hold a Hearing with the intern within 10 business days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. The training committee will also seek input from HR about the observed problem. The intern will have the opportunity to present their perspective at the Hearing and/or provide a written statement related to their response to the problem.

**Outcome:** The training committee will determine the outcome. The outcome will be communicated in writing to the intern within five business days of the Hearing and will include one of the following:

1. **Acknowledgement and No Further Action:** Staff and intern are aware of the problem and the problem is not significant to warrant a remediation plan.
2. **Formal Remediation:** The 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





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the capacity to return to their internship expectations. This period will include more closely scrutinized supervision by both their primary and secondary supervisor. 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 supervisor (e.g. need to know information only regarding fitness for the role/returning to work, individualized to the intern and the situation).
- 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 committee and communicated to the intern.

- b. **Probation Notice:** A short-term remediation plan to include more closely supervised training. When an intern is on probation, the training director assesses 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

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 HR Department.
- b. A formal letter documenting the intern's leave of absence or termination from internship is placed in the intern's file.
- c. APPIC and the intern's doctoral program will be notified.
- d. The training director may immediately use this parameter in the case of gross ethical/professional violations or the potential for patient/public harm.



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

Should an intern successfully resolve problems within their remediation plan, this is documented in an intern's file and their doctoral program is notified. If an intern has not improved sufficiently to rectify the problems stipulated in their remediation plan, the training committee will meet and 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.

Within two business days after one of the above decisions has been made, the intern is notified in a meeting with the training committee. The intern is provided with a written record of the action taken. Within two business days after a decision has been made, the training director also 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 HR 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 step in the Due Process procedures, the following appeal procedures should be followed:

1. Interns should make a formal appeal in writing to the training director within 10 business days from their notification of the decision in which they disagree.
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 training director, a member of Quality and Compliance, and a member of Human Resources.
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, an alternative member of the training committee 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 director



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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 or staff member.
6. Within 10 business days of the completion of the review hearing, the review panel files a written report, including their decision to uphold or modify previously made decisions and any recommendations for further action. Recommendations made by the review panel will be made by majority vote if a consensus cannot be reached. This decision is final.
7. A copy of this report is provided to the intern and sent to their doctoral program's director of training. This report is also kept in the intern's file.

### **Withdrawal of Appeal**

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

### **Confidentiality**

It is expected that information related to the intern or others involved in due process and the appeal be treated as confidentially as possible.

## **Grievance Procedure**

We accomplish results through people. FamilyForward has an investment in interns and knows that interns will be most effective at their 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 the intern 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, they are encouraged to express their 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 their 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



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

1. Discuss the issue with the staff member(s) involved or with the training director if the issue pertains to a policy or other aspects of the internship program.
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.
5. The review panel will consist of one Developmental Trauma Center Program Director, a member of Quality and Compliance, and a member of Human Resources. If a grievance is made directly towards one of these staff members, an alternative program director within the Developmental Trauma Center, an alternative Quality and Compliance staff member, or an alternative Human Resources staff member will be appointed in that staff member's place.
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 5 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. The review panel has final discretion regarding outcome. 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 or if they don't agree with the decision by the review panel.



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### **Open Door Policy**

FamilyForward values interns' constructive opinions and suggestions, and believes communication is important in the workplace. The Agency and internship encourage interns to discuss suggestions, problems, or concerns with their supervisor. In most cases, talking with their 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 they reasonably believe 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 their supervisor, Program Director, or Human Resources.

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 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 interns need to stay aware of changes in procedures, policies, and general information, but we also want interns to communicate ideas, suggestions, personal goals, concerns, or issues as they affect their work.

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



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

In addition, interns may receive letters from FamilyForward. There is no regular schedule for distribution of this information. The function of each letter is to provide interns and their family with interesting news and helpful information, which will keep them 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 they see an opportunity for improvement, we suggest they talk it over with their supervisor. The supervisor can help bring the intern's idea to the attention of the people in the Agency that will be responsible for possibly implementing it.

We value the suggestions of all employees 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.

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

### **Internship Program Tables**

**Date Program Tables are updated: by September 1<sup>st</sup> annually**

#### **Program Disclosures**

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values	Yes	<b><u>No</u></b>
If yes, provide website link (or content from brochure) where this specific information is presented:		

#### **Internship Program Admissions**

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:
FamilyForward offers two full-time internship positions. FamilyForward bases its selection process on the entire application package submitted through Application for Psychology Internships (AAPI). Applicants who do not submit their application via the AAPI will not be considered.





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Applicants who have met the following qualification prior to beginning internship are considered preferred:

- Minimum of 200 intervention hours
- Minimum of 100 assessment hours
- Dissertation proposal successfully defended
- Comprehensive examinations completed
- In good standing within program
- Minimum of three years of graduate training and diagnostic training or experience with the DSM-5
- Graduate program is accredited by APA, CPA, or PCSAS, or program is regionally accredited

Preferred candidates will have experience or interest in systems and attachment theory, assessment, and trauma-informed care.

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	<b>Yes</b>	No	Amount: 200
Total Direct Contact Assessment Hours	<b>Yes</b>	No	Amount: 100

Describe any other required minimum criteria used to screen applicants:

--

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

Annual Stipend/Salary for Full-time Interns	\$45,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for interns?	<b>Yes</b>	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<b>Yes</b>	No
Coverage of family member(s) available?	<b>Yes</b>	No
Coverage of legally married partner available?	<b>Yes</b>	No
Coverage of domestic partner available?	<b>Yes</b>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	



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Hours of Annual Paid Sick Leave	80	
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
Other Benefits (please describe): <ul style="list-style-type: none"> <li>• Optional dental insurance</li> <li>• Optional vision insurance</li> </ul>		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

\*\*Use of unpaid family leave will be discussed with HR and the training committee, and a written plan will be established to ensure a trainee completes the required number of hours and achieves program requirements.

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	3	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	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	1	0
Independent practice setting	1	0
Not currently employed	0	0



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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.

## 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 capture residents and visitors 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 (MUNY), 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 fun 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! We have also been cheering on our new STL City Soccer Team! 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>.



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## Appendix A

### Example Didactic Schedule and Calendar



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### **Intern Didactic Schedule and Calendar**

The didactics throughout the internship year 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 Wednesday mornings, 10:30-12:30 pm, is expected for the trainings. This time was selected to provide an opportunity for masters-level trainees to also participate in didactics, offering rich perspective and diversity of thought. This further has increased opportunities for intern socialization. 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)**

<b>Date/ Time:10:30- 12:30 (unless specified otherwise)</b>	<b>Title &amp; Presenter(s)</b>
August 25 <sup>th</sup> (9-11)	NMT Bootcamp, Pt. 1 Presenters: Jamie Scaccia, PsyD & Jennifer Blevens, MSW, LCSW
August 27 <sup>th</sup>	Psychosocial History & Treatment Planning Presenter: Lisa von Wahlde, MSW, LCSW
Sept 3 <sup>rd</sup>	Collaborative Assessment, Session 1 Presenter: Amy Wilson, PsyD
September 8 <sup>th</sup> (9-11)	NMT Bootcamp, Pt. 2 Presenters: Jamie Scaccia, PsyD & Jennifer Blevens, MSW, LCSW
Sept 10 <sup>th</sup>	Group Therapy Intervention and NMT in Group Therapy Presenter: Claire Toler, LCSW, RPT
Sept 17 <sup>th</sup>	Risk Assessment Essentials Presenter: Khushboo Sadadiwala, PsyD
Sept 24 <sup>th</sup>	Ethics Presenter: Kristen Miceli
Oct 1 <sup>st</sup>	Therapeutic Intervention Training, Session 1 – Play Therapy Presenters: Theresa Beckles, MSW, LCSW, RPT & Erin Mileham, LCSW, RPT
Oct 8 <sup>th</sup>	Psychological Test Measures and Application, Session 1





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	Presenter: Amy Wilson, PsyD
Oct 15th	ARC with Therapy Team Presenter: Lisa von Wahlde, MSW, LCSW
Oct 22nd	Theraplay Presenter: Jenn Clarke, MA, LPC, RPT
Oct 29th	What's Next? Preparation for Licensure, Application for Post-Doctoral Training, Career Paths, and Job Selection Presenter: Jamie Scaccia, PsyD
Nov 5th	Therapeutic Intervention Training, Session 2 – Dyadic Developmental Psychotherapy (DDP) Presenter: Anne Benson, MSW, LCSW
Nov 12th	Collaborative Assessment, Session 2 Presenter: Amy Wilson, PsyD

### **8/25/25 & 9/8/25: NMT Bootcamp (2 Sessions, 2 Hours Each)**

**Presenters: Jamie Scaccia, PsyD & Jennifer Blevens, MSW, LCSW**

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. Additionally, case examples applying the tenets of NMT will be introduced.

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

#### **Objectives:**

- Interns will be able to explain the research related to NMT.
- Interns will be able to evaluate the various components of the NMT model and metric.
- Interns will be able to apply the NMT model and metric and analyze how adverse experiences impacted the case's development.
- 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.

### **8/27/25 Psychosocial History & Treatment Planning (2 Hours)**

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

As trainees provide therapeutic intervention, they will be required to document about social, emotional and behavior concerns and strengths of the client. Trainees will be



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exposed to strategies that highlight these areas in the psychosocial history and develop treatment plans to guide them in providing mental health treatment.

*Required Reading:* None

**Objectives:**

- From this didactic, interns will be able to describe the importance of gathering collateral information from informants pertaining to a client's history of development, adverse experiences, relational health, social, emotional and behavioral functioning and observable strengths.
- Interns will be able to develop treatment plans that outline goals for interventions and select evidence-based interventions to target key social, emotional and behavior concerns.
- After the training, interns will be able to create goals that are measurable and observable while also considering cultural factors specific to the individual client and family dynamics.

**9/3/25 & 11/12/25: 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. Various child fables and caregiver/client letters will be reviewed.

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

**Objectives:**

- By completion of this 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 able to implement Collaborative Assessment strategies to trauma-informed evaluations along with discussing various challenges that might arise.
- Interns will be able to apply this information to practice developing assessment questions that guide the evaluation process while being cognizant of cultural factors that may influence assessment performance.
- After the training, interns will be able to describe the various components of fables and caregiver letters.

**9/10/25: Group Therapy Intervention and NMT in Group Therapy (2 hours)**

**Primary Presenter: Claire Toler, LCSW, RPT**



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Ms. Toler is a part of our group therapy team and will talk about group therapy interventions and how NMT influences how she runs groups. Ms. Toler will also talk about the groups 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:**

- Interns will be able to explain group therapy interventions discussed in the didactic.
- From this training, interns will be able to 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 be able to explain the neuroscience behind the benefits of listening to music and its utilization in group therapy.

**9/24/25: Ethics (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. To tie into the competency of supervision, Dr. Miceli will lead the trainees in role plays to demonstrate how they might address ethical situations that arise in supervision.

*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:**

- Interns will be able to delineate 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 be able to explain the process in consulting with FamilyForward staff when ethical concerns are discovered.
- Through simulated practice, interns will apply the supervisory skills of observing, evaluating, and giving guidance and feedback.

**10/1/25: Therapeutic Intervention Training, Session 1 – Play Therapy (2 Hours)**

**Primary Presenters: Theresa Beckles, MSW, LCSW, RPT & Erin Mileham, LCSW, RPT**

In this presentation, Ms. Beckles and Ms. Mileham will introduce psychoeducation about play therapy. They will speak to the effectiveness of this therapeutic approach and share strategies they've utilized with their clients. Discussions will focus on the application of play therapy and case presentations.



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*Required Reading:* Koukourikos, K., Tsaloglidou, A., Tzeha, L., Iliadis, C., Frantzana, A., Katsimbeli, A., & Kourkouta, L. (2021). An Overview of Play Therapy. *Materia socio-medica*, 33(4), 293–297. <https://doi.org/10.5455/msm.2021.33.293-297>

**Objectives:**

- Interns will be able to recount the basic tenants of play therapy and considerations for utilizing this intervention with children with adverse experiences.
- Interns will be able to decipher who could benefit from this approach to treatment.
- Interns will be able to cite the effectiveness of play therapy.
- After this didactic, interns will be able to describe play therapy strategies that can be applied when working with clients and families.

**10/8/25 & 12/17/25: Psychological Test Measures and Application, Session1 (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 be able to demonstrate basic competency with a variety of assessment tools.
- Interns will be able to evaluate the utility of various measures incorporated into the DTC's assessments, their development and the measures' limitations, and interpretation.
- Interns will be able to detail the process of selecting and applying assessment measures, 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.

**10/15/25: ARC with Therapy Team (2 Hours)**

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

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:* Bailey, B., Tabone, J., Smith, B., Monnin, J., Hixon, B., Williams, K., & Rishel, C. (2023). State of the Evidence of Attachment Regulation and Competency Framework and Adaptions: A Rapid Scoping Review. *Journal of child & adolescent trauma*, 17(2), 571–583. <https://doi.org/10.1007/s40653-023-00575-5>



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**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 be able to delineate the tenets of the evidence-based ARC framework for interventions in working with children with adverse experiences.

**10/22/25: Theraplay (2 Hours)**

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

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:**

- Interns will be able to define 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.

**10/29/25: What's Next? Preparation for Licensure, Application for Post-Doctoral Training, Career Paths, and Job Selection (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 be able to reference strategies for applying to future career opportunities and recite areas within the field that are tied to their personal and professional development.

**11/5/25: Therapeutic Intervention Training, Session 3 – Dyadic Developmental Psychotherapy (DDP) (2 hours)**

**Primary Presenter: Anne Benson, MSW, LCSW**



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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.

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

<b>Date/ Time:10:30- 12:30 (unless specified otherwise)</b>	<b>Title &amp; Presenter(s)</b>
Nov 19th	Diversity/Special Populations - Discussion from <i>Diversity in Clinical Practice: A Practical &amp; Shame-Free Guide to Reducing Cultural Offenses &amp; Repairing Cross-Cultural Relationships</i> Presenter: Amy Wilson, PsyD
Nov 26th	No Didactics - Thanksgiving Break
Dec 3rd	Trauma Assessment & Intervention in Pediatric Post-Acute Care Presenter: Claire Wallace, PhD
Dec 10th	Introduction to DBT & SEL curriculum- STEPS A/E-DBT in Schools Presenter: Kate Odom, PsyD (Virtual)
Dec 17th	Psychological Test Measures and Application, Session 2 Presenter: Kristen Miceli, PsyD
Dec 24th	No Didactics - Wellness Week
Dec 31st	No Didactics - Wellness Week
Jan 7th	A Deep(er) Dive into Sensory, Trauma, and Neurodiversity Presenter: Ashley Wagner, OTD, OTR/L
Jan 14th	Therapeutic Intervention Training, Session 3 – EMDR Presenters: Kathryn Shaw, MA, LPC & Iris Llera, MA, LPC
Jan 21st	Diversity/Special Populations: Part A - Testing Measure Development, Norms & Evidence-Based Approaches Presenter: Amy Wilson, PsyD





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Jan 28th	Trauma & Autism: What to look for & when to refer? Presenter: Jamie Scaccia, PsyD
Feb 4th	Diversity/Special Populations: Cultural Considerations of Trauma Among Diverse Populations Presenter: Khushboo Sadadiwala, PsyD
Feb 11th	Introduction to Forensics Presenter: Missy Kern, PhD

**11/19/25: Diversity/Special Populations - Discussion from *Diversity in Clinical Practice: A Practical & Shame-Free Guide to Reducing Cultural Offenses & Repairing Cross-Cultural Relationships* (2 Hours)**

**Presenter: Amy Wilson, PsyD**

Lamber Fisher's book helps practitioners to develop a framework for understanding the experiences of cultural groups related to ethnicity, gender, sexuality, religion, acculturation and social justice. Strategies to help practitioners become cultural competent will be reviewed and discussed along with ways in which such strategies can be applied to working with the families that come into our agency.

Required Reading: Part I – The Relevance of Cultural Competence & Part II – The Development of Cultural Competence

Objectives:

- Interns will be able to outline the reasons for increasing cultural competence highlighted in the reading.
- Interns will be able to describe an overview of research perspectives on how clinician's develop in their multicultural awareness and competence.
- From this didactic, interns will be able to explain the limitations of developmental models in cultural competency.

**11/26/25: No Didactics - Thanksgiving Break**

**12/3/25: Trauma Assessment & Intervention in Pediatric Post-Acute Care (2 Hours)**

**Presenter: Claire Wallace, PhD**

Dr. Wallace is a psychologist from St. Louis' Ranken Jordan Pediatric Bridge Hospital. She will provide information about the complex conditions, illnesses and injuries they treat for children and young adults. During the presentation, Dr. Wallace will touch on assessment and trauma-informed care in the hospital setting.

*Required Reading:* None for this presentation.

Objectives:

- After this didactic, interns will be able to demonstrate a basic understanding of patients served at pediatric post-acute care facilities.



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- Interns will be able to describe assessment of medical trauma in children and their families.
- Interns will be able to detail hospital-based trauma-informed care and treatment of trauma in hospital settings.

**12/10/25: Introduction to DBT & SEL curriculum- STEPS A/E-DBT in Schools (2 Hours)**

**Presenter: Kate Odom, PsyD (Virtual)**

Dr. Kate Odom works in the Chicago area as a psychologist who provides training and consultations to schools. In this session of didactics, Dr. Odom will introduce a basic overview of DBT and applying the STEPS curriculum in schools.

*Required Reading:* None for this presentation.

Objectives:

- After this didactic, interns will be able to provide a general description of the purpose of DBT, components of treatment, and skills taught to clients and families.
- Interns will be able to delineate how DBT is a proactive tool for teaching emotional regulation, decision-making and interpersonal effectiveness in the classroom.
- Lastly, interns will be able to highlight the goals of STEPS, such as reducing school discipline issues, bullying, self-harming behavior, and improving the school climate.

**12/17/25: Psychological Test Measures and Application, Session 2 (2 hours)**

**Presenter: Kristen Miceli, PsyD**

(See previous description)

**12/24/25: No Didactics - Wellness Week**

**12/31/25: No Didactics - Wellness Week**

**1/7/26: A Deep(er) Dive into Sensory, Trauma, and Neurodiversity (2 Hours)**

**Presenter: Ashley Wagner, OTD, OTR/L**

Dr. Wagner will meet with the intern cohort to discuss Occupational Therapy (OT) and its utilization in working with children who've endured adverse experiences. Dr. Wagner will also introduce sensory preferences.

*Required Reading:* Fraser, K., MacKenzie, D., & Versnel, J. (2019). What is the Current State of Occupational Therapy Practice with Children and Adolescents with Complex Trauma? *Occupational Therapy in Mental Health*, 35(4), 317–338.

<https://doi.org/10.1080/0164212X.2019.1652132>

Objectives:

- Interns will be able to define the benefits of incorporating OT in treatment for children with histories of trauma.
- As a part of this didactic, interns will be able to identify the four sensory preferences from the Sensory Profile-2, and how a child's state of functioning may impact them.



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- Interns will be able to apply the information learned about children's sensory preferences in testing sessions and describe strategies that can be implemented during sessions to assist with client regulation.

### **1/14/26: Therapeutic Intervention Training, Session 3 – EMDR (2 Hours)**

**Presenters: Kathryn Shaw, MA, LPC & Iris Llera, MA, LPC**

Presenters will introduce topics that build the foundation for EMDR and when it might be an appropriate intervention for our clients.

*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 be able to describe research conducted to examine the symptoms of PTSD that are commonly reduced in children through implementation of EMDR.
- Through the training, interns will be able to list the tenets of these interventions, who benefits from them, and examine case reviews.

### **1/21/26: Diversity/Special Populations: Part A - Testing Measure Development, Norms & Evidence-Based Approaches (2 Hours)**

**Presenter: Amy Wilson, PsyD**

This particular training 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 be able to navigate the components of the WPATH Standards of Care for the Health of Transexual, Transgender and Gender Non-Conforming People.
- Interns will be able to apply important considerations for assessing and treating children and adolescents transgender and gender non-conforming youth.
- After the evaluation, interns will be able to identify the potential challenges during the evaluation process, such as discussing outcomes and use of pronouns with caregivers.

### **1/28/26: Trauma & Autism: What to look for & when to refer? (2 Hours)**

**Presenter: Jamie Scaccia, PsyD**

Dr. Scaccia will share diagnostic presentations of autism spectrum disorder and trauma-related disorders along with how symptom presentations can overlap. She will present what



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the research says about the comorbidity of these disorders and discuss how they can present in the client we work with.

*Required Reading:* Lobregt-van Burren, E., Hoekert, M & Sizoo, B. (2021). Autism, Adverse Events, and Trauma in Grabrucker, A.M. *Autism Spectrum Disorder*. Exon Publications, 33-42.

**Objectives:**

- Interns will be able to outline the various symptoms of autism and trauma-related disorders and the complexities that make it challenging to differentiate these diagnoses.
- Interns will be able to define presentations of autism across settings.
- Interns will be able to apply information learned on the steps for making referrals for further assessment for autism with other professionals.

**2/4/26: Diversity/Special Populations: Cultural Considerations of Trauma Among Diverse Populations (2 Hours)**

**Presenter: Khushboo Sadadiwala, PsyD**

During this didactic, Dr. Sadadiwala will discuss how trauma is conceptualized across various cultures. Expression and sources of resilience will also be explored in the presentation of trauma.

*Required Reading:* Tummala-Narra, P. (2007). Conceptualizing Trauma and Resilience Across Diverse Contexts: A Multicultural Perspective. *Journal of Aggression, Maltreatment & Trauma*, 14(1-2), 33-53. [https://doi.org/10.1300/J146v14n01\\_03](https://doi.org/10.1300/J146v14n01_03)

**Objectives:**

- Interns will be able to articulate the importance of understanding cross-cultural perspectives of PTSD and various trauma-related disorders.
- Interns will be able to identify the ways in which trauma-related symptoms are expressed among different groups of people.
- Interns will be able to expound upon the role of resilience in informing treatment interventions and assessment procedures for ethnic minorities.

**2/11/26: Introduction to Forensics (2 Hours)**

**Presenter: Missy Kern, PhD**

Dr. Kern will share her experiences in working within a forensic setting. She will introduce the history of forensic psychology, the prevalence of trauma among offenders and ethical considerations in a forensic setting.

*Required Reading:* Morrison, M., Pettus-Davis, C., Renn, T., Veeh, C., & Weatherly, C. (2019). What Trauma Looks Like for Incarcerated Men: A Study of Men's Lifetime Trauma Exposure in Two State Prisons. *Journal of Traumatic Stress Disorders & Treatment*, 8(1), 192.



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#### Objectives:

- Interns will be able to recite a brief overview of origin, history, & development of forensic psychology.
- Interns will be able to describe the overlap of incarceration and history of trauma.
- Interns will be able to clarify the difference between competency and not guilty by reason of insanity.

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

<b>Date/Time</b> <b>1030-1230</b> (unless specified otherwise)	<b>Title &amp; Presenter(s)</b>
Feb 18th	Self-Care & Burnout, Session 1 Presenter: Jamie Scaccia, PsyD
Feb 25th	Addressing Challenges Teachers Face with Trauma Informed Care Presenter: Stephanie Fox, MSW, LCSW
Mar 4th	Challenging Diagnostics with Trauma: Strategies for Assessment Presenter: Amy Wilson, PsyD
Mar 11th	Play therapy and Sunshine Circles Presenters: Rachel Hanks, MSW, LCSW, RPT & Breanna Douglas, MSW, LCSW
Mar 18th	Integration of Parents into Treatment and Ins-and-Outs of Multidisciplinary Teams & CMHC Culture Presenter: Stephanie Fox, MSW, LCSW
Mar 25th	NMT in Early Childhood Presenter: Jenny Blevens, MSW, LCSW
Apr 1st	Therapeutic Intervention, Session 4 – Sensory Motor Arousal Regulation Treatment (SMART) Presenter: Theresa Beckles, MSW, LCSW, RPT
Apr 8th	NMT and In-Home Therapy Presenter: Danielle Crall, LCSW
Apr 15th	Diversity/Special Populations: Part B - Testing Measure Development, Norms & Evidence-Based Approaches Presenter: Kristen Miceli, PsyD
Apr 22nd	Occupational Therapy: Pick Your Own Topic Presenters: Ashley Wagner, OTD, OTR/L & OT Team



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Apr 29th	Pleasure and Attachment Presenter: Alexis Rosenthal, LCSW
May 6th	Diversity/Special Populations: Clinical Considerations Working with Refugees and Individuals Seeking Asylum Presenter: Khushboo Sadadiwala, PsyD
May 13th	Formal Case Presentations Presenters: Current Interns & Jamie Scaccia, PsyD

### **2/18/26 & 5/27/26: Self-Care & Burnout (2 Sessions, 2 Hours)**

#### **Presenter: Jamie Scaccia, PsyD (Session 1) & Kristen Miceli (Session 2)**

Dr. Scaccia will review the role of vicarious traumatization in the work of psychologists and especially those who work with trauma. Interns will participate in supervision role plays of how they might address self-care with future supervisees. Interns will examine ways in which they can implement their own forms of self-care in their weekly schedule. In Session 2, discussions will expand upon topics previously discussed and application of self-care skills for trainees since the first session.

*Required Reading:* Beacham, A. O., Call, M., Janosy, N., & DeBoer, E. (2024). Effectively addressing burnout, well-being, and resilience: Individual, team, and system approaches. *Families, Systems, & Health*, 42(3), 299–303. <https://doi.org/10.1037/fsh0000926>

#### **Objectives:**

- After this presentation, interns will be able to detail the risk factors for burnout and vicarious trauma.
- Interns will be able to apply components of self-care to their own wellness plans along with ideas for enhancing workplace wellness.
- Through simulated practice, interns will apply the supervisory skills of observing, evaluating, and giving guidance and feedback.

### **2/25/26 Addressing the Challenges Teachers Face with Trauma Informed Care (2 Hours)**

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

Teachers are often on the front lines noticing signs of distress and trying to respond with empathy to their students with histories of trauma. In this didactic, interns will learn ways in which they can provide guidance and support to teachers of the children they work with.

*Required Reading:* Perry, D.L., Daniels, M.L. Implementing Trauma—Informed Practices in the School Setting: A Pilot Study. *School Mental Health* 8, 177–188 (2016). <https://doi.org/10.1007/s12310-016-9182-3>

#### **Objectives:**

- Interns will be able to recite various challenges teachers face when trying to implement trauma-informed care in the classroom.





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- As a result of this presentation, interns will be able to articulate the emotional toll teachers experiences due to lack of training, resources and emotional support to respond effectively to their students with a history of adverse experiences.
- Interns will be able to apply skills in how they can provide guidance, build capacity and make suggestions for building trauma-informed environments in the school setting.

### **3/4/26: Challenging Diagnostics with Trauma: Strategies for Assessment (2 Hours)**

**Presenter: Amy Wilson, PsyD**

In this presentation, 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, share assessment tools, observation techniques and information to collect in order to assist with clarifying these diagnoses.

*Required Reading:* Stanton, K. J., Denietolis, B., Goodwin, B. J., & Dvir, Y. (2020). Childhood Trauma and Psychosis: An Updated Review. *Child and adolescent psychiatric clinics of North America*, 29(1), 115–129. <https://doi.org/10.1016/j.chc.2019.08.004>

Objectives:

- Interns will be able to 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.
- Interns will be able to identify 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.

### **3/11/26: Play therapy and Sunshine Circles (2 Hours)**

**Presenters: Rachel Hanks, MSW, LCSW, RPT & Breanna Douglas, MSW, LCSW**

Therapeutic preschool staff 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:**

- Interns will be able to describe the characteristics of useful play and how playful experiences foster learning.
- After this training, interns will be able to identify ways in which Sunshine Circles improve classroom cohesion, teacher-student relationships, and classroom behaviors in preschools.
- Interns will be able to compare how this approach differs from other early childhood interventions.

**3/18/26: Integration of Parents into Treatment and Ins-and-Outs of Multidisciplinary Teams & CMHC Culture (2 hours)**

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

Ms. Fox 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. Ms. Fox will further discuss aspects of multidisciplinary teams in community-based mental health organizations.

*Required Reading:* A New Family Narrative: Transforming Intergenerational Trauma (2022). Trauma Research Foundation. <https://traumaresearchfoundation.org/a-new-family-narrative-transforming-intergenerational-trauma/>

**Objectives:**

- Interns will be able to apply strategies to incorporate caregivers into assessment and intervention services.
- Interns will be able to delineate 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 be able to identify how evidence-based practice can improve community mental health care.

**3/25/26: NMT in Early Childhood (2 hours)**

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

Ms. Blevens, the former director of FamilyForward's Therapeutic Preschool, will introduce the role of NMT in early childhood and application at the preschool. She will discuss how NMT is understood with such a young population.

*Required Reading:* Perry, B. D., & Szalavitz, M. (2006). The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing. Basic Books/Hachette Book Group, pp.87-106.



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**Objectives:**

- Interns will be able to describe various self-regulation interventions they can 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.

**4/1/26: Therapeutic Intervention, Session 4 – Sensory Motor Arousal Regulation Treatment (SMART) (2 Hours)**

**Presenter: Theresa Beckles, MSW, LCSW, RPT**

For this didactic, Ms. Beckles will provide an introduction to the SMART approach in working with children and adolescents with trauma. Attendees will learn about the tenants of the SMART approach and what research studies are illustrating about its effectiveness. Case examples will be presented along with how to identify clients who could benefit from the SMART approach.

*Required Reading:* Finn, H., Warner, E., Price, M., & Spinazzola, J. (2017). The Boy Who Was Hit in the Face: Somatic Regulation and Processing of Preverbal Complex Trauma. *Journal of child & adolescent trauma*, 11(3), 277–288. <https://doi.org/10.1007/s40653-017-0165-9>

**Objectives:**

- After this didactic, interns will be able to detail the aims of SMART.
- Interns will be able to cite what the literature is noting about SMART intervention regarding its effectiveness.
- Interns will be able to identify clients who could potentially benefit from SMART therapeutic intervention.

**4/8/26: NMT and In-Home Therapy (2 Hours)**

**Presenter: Danielle Crall, LCSW**

Ms. Crall will discuss the particular challenges of doing in-home therapy work in addition to the benefits of such an intimate relationship. She 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:**

- Interns will be able to cite potential pros and cons of implementing therapeutic services in children's homes.
- From this didactic, interns will be able to reference what the Neurosequential Model of Therapeutics (NMT) states regarding the importance of establishing and maintaining supportive relationships and building the client's therapeutic web/relational health.



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- Interns will be able to select interventions that would be appropriate in the home setting based.

#### **4/15/26: Diversity/Special Populations, Part B – Testing Measure Development, Norms & Evidence-Based Approaches (2 Hours)**

**Presenter: Kristen Miceli, PsyD**

This presentation in the Diversity/Special Populations series 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 be able to highlight the history of psychological testing with racial/ethnic minority groups and norms in which assessment measures were developed.
- Interns will be able to apply psychological assessment considerations for working with African Americans, American Indians, Alaska Natives, Native Hawaiians, Asian Americans and Latinx Americans.

#### **4/22/26: Occupational Therapy: Pick Your Own Topic (2 Hours)**

**Presenters: Ashley Wagner, OTD, OTR/L & FamilyForward Occupational Therapy Team**

Prior to the presentation, the OT team will reach out to current interns to survey their needs for current caseloads in therapy and assessment. This may include a review of assessing clients' daily occupations, how to implement regulating strategies in sessions, and recommendations to offer in home and school settings. The OT team will then share their knowledge, experiences and possible resources during the didactic to address such needs.

*Required Reading:* None

Objectives:

- Interns will be able to apply OT strategies in therapy/assessment sessions to support regulation of clients.
- Interns will be able to list various OT recommendations to utilize across settings.

#### **4/29/26: Pleasure and Attachment (2 Hours)**

**Presenter: Alexis Rosenthal, LCSW**

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



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*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, Guilford Press.

**Objectives:**

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

**5/6/26: Diversity/Special Populations: Clinical Considerations Working with Refugees and Individuals Seeking Asylum (2 Hours)**

**Presenter: Khushboo Sadadiwala, PsyD**

Migration is often linked with issues surrounding human rights and trauma. Dr. Sadadiwala will present the implications and clinical concerns for refugee groups and asylum seekers. She will also discuss the importance of establishing therapeutic environments that do not retraumatize refugees.

*Required Reading:* Article citation: Kim, I., Berthold, S. M., & Critelli, F. M. (2019). Refugees and asylum seekers. In *Trauma and human rights: Integrating approaches to address human suffering* (pp. 221-240). Cham: Springer International Publishing.

**Objectives:**

- Interns will be able to articulate the considerations for assessment and diagnostic implications for refugees needing mental health services.
- Interns will be able to describe the phases of intervention to consider in order to support refugee groups with integration in their new social world.

**5/13/26: Formal Case Presentations**

**Presenters: Current Interns & Jamie Scaccia, PsyD**

During this didactic, interns will have an opportunity to individually present a case they are currently working on or have completed while at FamilyForward. Interns will be expected to share de-identified background information, assessment tools utilized/treatment modality, conceptualization, and recommendations. Interns will lead the group in a discussion surrounding the case. Their fellow intern will evaluate the case presentation and share the evaluation with supervisors to protect the relationship among the intern cohort. However, the fellow intern is expected to provide feedback during the case presentation.

*Required Reading:* None for this presentation



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#### Objectives:

- Interns will demonstrate clinical skills that reflect test battery selection/treatment modality, consideration of cultural variables, use of research and evidence-based practice, conceptualization, and recommendations with their particular case.
- Interns will develop presentation skills.
- Interns will gain skills in providing evaluation and feedback in a supervisory role.

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

<b>Proposed Date/Time (10:30-12:30)</b>	<b>Title</b>
May 21 <sup>st</sup> 12-2 PM (Thursday)	Working with the School Systems Presenter: Camesha Carter, Ed.D, PLPC
May 27 <sup>th</sup>	Self-Care & Burnout, Session 2 Presenter: Kristen Miceli, PsyD
Jun 3 <sup>rd</sup>	NMT in Residential Presenter: Alexis Rosenthal, LCSW
Jun 10 <sup>th</sup>	Diversity/Special Populations - Discussion from <i>Diversity in Clinical Practice: A Practical &amp; Shame-Free Guide to Reducing Cultural Offenses &amp; Repairing Cross-Cultural Relationships</i> Presenter: Amy Wilson, PsyD
Jun 17 <sup>th</sup>	Intern Presentation Current Interns
Jun 24 <sup>th</sup>	Trauma, Stress & Substance Use Presenter: Amy Wilson, PsyD
Jul 1 <sup>st</sup>	Supervision Presenter: Jamie Scaccia, PsyD
Jul 8 <sup>th</sup>	Child Feedback Workshop Series ( <a href="#">Webinars</a>   <a href="#">Explaining Brains</a> ) Dr. Liz Angoff – 3 YouTube Videos Presenter: Amy Wilson, PsyD
Jul 15 <sup>th</sup>	Diversity/Special Populations - Application & Case Presentations Presenter: Jamie Scaccia, PsyD
Jul 22 <sup>nd</sup>	Therapeutic Intervention Training – Session 5, Mindfulness Presenter: Kristen Miceli, PsyD
Jul 29 <sup>th</sup>	Transitioning out of Internship Presenter: Jennifer Vorachack, PsyD
Aug 5 <sup>th</sup>	EPPP Preparations Presenter: Missy Kern, PsyD
Aug 12 <sup>th</sup>	Didactic Wrap-Up



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Presenter: Jamie Scaccia, PsyD, Kristen Miceli, PsyD, and Amy Wilson, PsyD
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### **5/21/26: Working with the School Systems (2 Hours)**

**Presenter: Camesha Carter, Ed.D, PLPC**

Dr. Carter will present on her unique experiences of working within the school system to help trainees better understand the process of seeking support for our clients. Dr. Carter will share information pertaining to seeking educational plans.

*Required Reading:* Abuswer, A., Brown, H. & Barker, C. (2023). Role of the School Psychologist in *Foundations in School Psychology*. <https://caul-cbua.pressbooks.pub/foundationsinschoolpsych/chapter/chapter-1-role-of-the-school-psychologist/>

#### **Objectives:**

- Interns will be able to describe of the process of establishing educational plans for students so that they can assist caregivers in that process.
- Trainees will be able to apply knowledge learned in this presentation about the ins-and-outs of navigating the school system so they can advocate for their clients who need therapeutic support at school.

### **5/27/26: Self-Care & Burnout, Session 2 (2 Hours)**

**Presenter: Kristen Micelli**

(see Session 1 description)

### **6/3/26: NMT in Residential (2 Hours)**

**Presenter: Alexis Rosenthal, LCSW**

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 be able to describe how the NMT framework is applied in case conceptualizations for children in residential treatment.
- Interns will be able to critique the point and level systems and describe alternative techniques that are better suited for residential programs.

### **6/10/26: Diversity/Special Populations - Discussion from *Diversity in Clinical Practice: A Practical & Shame-Free Guide to Reducing Cultural Offenses & Repairing Cross-Cultural Relationships* (2 Hours)**

**Presenter: Amy Wilson, PsyD**





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Lamber Fisher's book helps practitioners to develop a framework for understanding the experiences of cultural groups related to ethnicity, gender, sexuality, religion, acculturation and social justice. Strategies to help practitioners become culturally competent will be reviewed and discussed along with ways in which such strategies can be applied to working with the families that come into our agency.

Required Reading: Part VI: Common Cultural Experiences & Misunderstandings

Objectives:

- Interns will be able to highlight specific characteristics of various ethnic groups for further consideration in assessment and therapy.
- From the reading and group discussion during the presentation, interns will be able to reflect upon cultural values that are important to the families they work.

#### **6/17/26: Intern Presentations (2 Hours)**

##### **Current Interns**

The interns are expected to present to the trainees, supervisors and other DTC staff regarding a topic of their choosing. Interns are welcome to present on their dissertation work, a research project or treatment intervention related to their interest. Their fellow intern will evaluate the presentation and share the evaluation with supervisors to protect the relationship among the intern cohort. However, the fellow intern is expected to provide feedback during the presentation.

Objectives:

- Interns will demonstrate the ability find and incorporate evidence-based research related to a topic of their interest.
- Interns will be able to communicate through professional language their understanding related to a research, therapy or assessment topic of their choice.
- Interns will develop presentation skills.
- Interns will gain skills in providing evaluation and feedback in a supervisory role.

#### **6/24/26: Trauma, Stress & Substance Use (2 Hours)**

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

In this didactic, Dr. Wilson will discuss the comorbidity of substance use and various diagnoses, in particular trauma and psychosis. A brief introduction to motivational interviewing will be provided as well. Dr. Wilson will also introduce the CANNTALK intervention tool for having conversations about cannabis use with clients.

*Required Reading:* Stoner SA. The Intersection Between First Episode Psychosis and Marijuana Seattle, WA: Alcohol & Drug Abuse Institute, University of Washington, June 2019, 8p.



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**Objectives:**

- Interns will be able to describe the risks of substance use for individuals with trauma.
- Interns will be able to recount the core skills of motivational interviewing that facilitate change talk (OARS).
- As a result of this presentation, interns will be able to utilize the CANNTalk tool with clients who are suspected of cannabis use disorder.

**7/1/26: Supervision (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. Interns will role play being in a supervisory role.

*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.

**Objectives:**

- By attending this training, interns will be able to describe various supervision models and discuss which ones may be a good fit with their approach to assessment and intervention.
- Interns will be able to apply supervision techniques by practicing through role plays during the training.
- Through simulated practice, interns will apply the supervisory skills of observing, evaluating, and giving guidance and feedback.

**7/8/26: Child Feedback Workshop Series – Videos from Dr. Liz Angoff (2 Hours)**

**Presenter: Amy Wilson, PsyD**

For this didactic, interns will have the opportunity to watch 2 videos from Dr. Liz Angoff, who is a pioneer helping families and children understand outcomes from evaluations through a child-centered approach. These videos will discuss approaches to providing child feedback sessions.

**Required Reading:** None for this presentation

**Objectives:**

- Interns will be able to employ tools to help children understand their learning and developmental differences after an evaluation.
- Interns will be able to implement strategies to explain various diagnoses, such as ADHD, Autism, and Depression, in an empowering and child-friendly way.



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### **7/15/26: Diversity/Special Populations – Application & Case Presentations (2 Hours)**

**Presenter: Jamie Scaccia, PsyD**

For the final didactics of the Diversity/Special Populations series, interns and supervisor are encouraged to bring cases they've come across during the training year where they had to apply what they've learned from previous didactics in the series, such as considering the norms under which tests were developed or individual biases and cultural considerations for a client with a different background than their own.

Required Reading: None for this presentation.

Objectives:

- Interns will apply cultural awareness skills to present a case with diverse components to consider. They will share what they learned in how to approach the case in an ethical manner.
- Interns will apply knowledge of explaining test results to others and lead a discussion about their considerations for diagnostics.

### **7/22/26: Therapeutic Intervention Training – Session 5, Mindfulness (2 Hours)**

**Presenter: Kristen Miceli, PsyD**

Dr. Miceli will share her experiences in utilizing mindfulness techniques in her work with clients and families. She will highlight the benefits of mindfulness, who might find mindful strategies helpful, and the support of mindfulness in research.

*Required Reading:* Ortiz R, Sibinga EM. The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma. *Children*. 2017; 4(3):16.

<https://doi.org/10.3390/children4030016>

Objectives:

- Interns will be able to recount the benefits of mindfulness.
- Interns will be able to employ strategies for mindfulness in therapeutic practice.
- Interns will be able to recite research's findings on utilizing mindfulness as a trauma-informed approach.

### **6/11/26: Transitioning Out of Internship (2 Hours)**

**Primary Presenter: Jennifer Vorachack, PsyD**

For this didactic, Dr. Vorachack will explore the key assets learned at the DTC which will be helpful in future employment/post-doc. She will discuss what to expect and potential challenges as transitioning to an early-career psychologist. Additionally, Dr. Vorachack will highlight the guidelines for evidence-based practice, development of supervision and management skillsets, and documentation and billing for insurance.

*Required Reading:* Pappas, S. (2023). Partnerships across professions accelerate the field's progress. *Monitor on Psychology*, 54 (1) Retrieved from

<https://www.apa.org/monitor/2023/01/trends-advancing-partnerships>



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*Optional 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:**

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

**8/5/26: EPPP Preparations (2 Hours)**

**Presenter: Missy Kern, PsyD**

Dr. Kern will share her experiences in taking the EPPP to obtain licensure. Dr. Kern will discuss key components to review, testing tips and how to go about applying to take the EPP.

Required Reading: None for this presentation.

**Objectives:**

- Interns will be able to delineate the steps to take in order to sign up for taking the EPPP.
- Interns will be able to apply study and test-taking tips discussed in the didactic as they prepare for the EPPP.

**8/12/26: Didactic Wrap Up (2 Hours)**

During this time, doctoral interns will meet with supervisors to reflect on their didactic trainings throughout the year by sharing areas of growth and further areas to explore for their future careers. Interns will offer feedback on their training experiences during internship and provide suggestions for future topics.



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## Appendix B

### Didactics Evaluation Form



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## Didactics Evaluation Form

Please take a few moments to rate your experience and provide feedback for future didactics.

Didactic Title: \_\_\_\_\_ Presenter(s): \_\_\_\_\_

1.) The information covered enhanced my understanding of the topic:

Agree		Neutral		Disagree
1	2	3	4	5

2.) I plan to apply the information I learned to my psychological evaluations/therapeutic work:

Agree		Neutral		Disagree
1	2	3	4	5

3.) The presenter(s) were knowledgeable about the subject-matter:

Agree		Neutral		Disagree
1	2	3	4	5

4.) Discussions fostered my understanding of how to apply the information to my work with clients:

Agree		Neutral		Disagree
1	2	3	4	5

5.) I found the reading beneficial to my knowledge of the subject-matter:

Agree		Neutral		Disagree
1	2	3	4	5

6.) The format of the presentation (e.g., power point, discussion) aided my learning and was appropriate for the topic:

Agree		Neutral		Disagree
1	2	3	4	5

Additional comments related to what you liked and/or might improve this didactic:

Ideas for future didactic topics:



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## Appendix C

### Intern Competency Evaluation Review





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# Intern Competency Evaluation Review

**Intern:**

**Supervisor:**

**Progress Review Period Start Date:**

**Today's Date:**

## **Progress Report Process**

1. Supervisors and intern each complete the Intern Competency Evaluation Review form.
2. Supervisors then review the evaluation in person with the intern, providing both verbal and written feedback.
3. Discuss any discrepant scores or scores below the minimum level of achievement.
4. If any ratings fall below the Minimum Level of Achievement, due process procedures are implemented.
5. 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.

## **Minimum Level of Achievement**

It is expected that the intern will meet the Intermediate Competence 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 a Proficient Competence 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 before successful completion of the internship program.

**1-Remedial:** Significant skill development required. Remediation necessary.

**2-Beginning/Developing Competence:** Typical of a practicum student, this level requires close supervision though intern is open and accepting to it.

**3-Intermediate Competence:** Intern is an effective clinician with routine or minimal supervision. Intern is able to display knowledge and skills related to area of training. Minimum Level of Achievement (MLA) at mid-point of training program.

**4-Proficient Competence:** Demonstrates highly professional skills, strong judgement, excellent clinical skill, and leadership. This intern does not require supervision yet may seek supervision as needed. Intern is ready for entry-level practice\*. Minimum Level of Achievement (MLA) at completion of training program.

**5-Advanced Competence:** Performance is superior and highly effective; continually and consistently goes beyond what is expected. This is likely for an independent clinician in practice.

\*Ready for entry-level practice is defined as (IR C-8-I):



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1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation

**Methods of Observation (check all that apply):**

- ☐ Direct Observation (must be indicated)
- ☐ Videotape
- ☐ Verbal Report
- ☐ Live Recording
- ☐ Audio Recording
- ☐ Paper Review
- ☐ Staff Comments

<b>Intervention</b>	<b>Rating</b>
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 Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Consultation and Inter-professional/Interdisciplinary Skills</b>	<b>Rating</b>
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 Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Assessment</b>	<b>Rating</b>



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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 Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Supervision</b>	<b>Rating</b>
Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Apply the supervisory skill of observing in direct or simulated practice.	
Apply the supervisory skill of evaluating in direct or simulated practice.	
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Communication and Interpersonal Skills</b>	<b>Rating</b>
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.	



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Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Professional Values and Attitudes</b>	<b>Rating</b>
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.	
Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Individual and Cultural Diversity</b>	<b>Rating</b>
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.	
Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Ethical and Legal Standards</b>	<b>Rating</b>
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,	



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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.	
Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
<b>Research</b>	<b>Rating</b>
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.	
Intern Comments:	
Supervisor Comments:	
Average Supervisor Rating (1-5):	
Overall Rating (Add all nine competency evaluation areas together and divide by nine):	
Intern Comments:	
Supervisor Comments:	
<b>Verification of Progress Review</b>	
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.	
Intern Signature:	Date:
Supervisor Signature:	Date:
Training Director:	Date:



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## Appendix D

### Intern Evaluation of Supervisor Form



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## Intern Evaluation of Supervisor Form

Intern: Type name here

Supervisor: Type name here

Today's Date: Enter today's date here

Please provide written feedback for your supervisor in the space below. This is an opportunity for you to request additional support in one of the identified domains. Space is provided for additional comments at the end of each large section. You are also welcome to add comments about individual items if you wish to do so.

Scale					
	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

<b>I. Supervisory environment:</b>	1 SD	2 D	3 N	4 A	5 SA
A. Aids in establishing and maintaining the focus of supervision					
B. Supervisor is accessible					
C. Notifies Intern in advance when unable to keep scheduled supervisory sessions					
D. Avoids interruptions during supervision					
E. Shows interest in intern concerns					
F. Respects personal differences between supervisor and intern					
G. Serves as an advocate or support person for intern					
H. Uses appropriate self-disclosure					





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I. Works to establish a “climate of trust” to maximize an honest and candid exchange of feelings and ideas					
J. Works constructively to resolve conflict in supervisory relationship					
K. Actively encourages a timely and successful completion of internship					
L. Supervisor acts as a role model					
Additional comments:					

<b>II. Supervision:</b>	1 SD	2 D	3 N	4 A	5 SA
A. Assists with case conceptualization					
B. Clearly conveys feedback about cases or theory					
C. Conveys a sound conceptual grasp of patients and their problems					
D. Offers constructive treatment suggestions					
E. Discusses the application of ethical principles					
F. Uses appropriate didactic material when needed					
G. Explores the appropriate use of various counseling processes					
H. Is knowledgeable about community resources and helps interns make appropriate referrals					



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I. Recognizes own therapeutic limitations and makes appropriate referrals					
J. Explores and navigates individual and cultural diversity					
Additional comments:					

III. Communication:	1 SD	2 D	3 N	4 A	5 SA
A. Regularly provides constructive feedback and support					
B. Encourages Intern to share professional/personal concerns and responds constructively					
C. Use video and/or audio recordings or direct observation to enhance skill development and professional understanding					
D. Willingly examines the supervisor/intern relationship when needed					
E. Acknowledges intern's competencies and provides positive reinforcement					
F. Encourages independent thinking and action					
G. Frankly discusses intern limitations and growth areas					
H. Allows the use of the intern's own theoretical orientation without imposing his/her own theoretical orientation on the intern					
I. Provides supervision appropriate to supervisee's developmental level					



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J. Helps Intern select appropriate professional and training goals, tasks, and experiences					
K. Aids in setting goals for supervision					
Additional comments:					

Employee Signature	Date
Supervisor Signature	Date
Training Director Signature	Date



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## Appendix E Program Evaluation Form



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## Program Evaluation Form

This evaluation is intended to provide an opportunity for you to give anonymous feedback regarding your internship training experiences. Your feedback will assist us in making improvements in the training program. Feedback from this evaluation will be provided to the training committee.

Please give your impression of the internship training program as fully and honestly as possible.

<b>The program adequately emphasized, utilized, and oriented interns to the following:</b>				
<b>Internship recruitment materials and procedures</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Intern orientation</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Clinical experience</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Supervision</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Evaluation process</b>				



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1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Didactics</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Integration of science and practice</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Cultural and individual differences and diversity</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Professional ethics</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Personal growth</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Professional development</b>				



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1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Resources</b>				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Comments:				
<b>Overall strengths of internship experience</b>				
<b>Overall weakness of internship experience</b>				
<b>Additional comments, suggestions, or concerns</b>				





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## Appendix F Certificate of Completion Example



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## Certificate of Completion

**NAME**

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

**FamilyForward**

August XX, 20XX to August XX, 20XX

---

Jamie Scaccia, PsyD  
Training Director

---

Kristen Miceli, PsyD  
Clinical Supervisor

---

Amy Wilson, PsyD  
Clinical Supervisor



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## Appendix G Training Acknowledgement Form



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# Training Acknowledgement Form

Please sign this acknowledgement page and return to the Training Director.

**Acknowledgement:**

I acknowledge that I have received and reviewed The FamilyForward Doctoral Internship in Health Service Psychology Training Manual, including all of the policies within it. I have also received and reviewed the FamilyForward handbook. I agree to abide by all the policies and procedures outlined in these documents.

I have read and understand the following:

The Training Manual  
The Internship Mission, Aim, and Competencies  
The Intern Work Assignments  
APA Ethics Code  
Diversity and Nondiscrimination Policy  
Due Process Guidelines and Procedures Policy  
Grievance Procedure  
Intern Evaluation and Supervision Policy  
Communication and Records Maintenance Policy  
Telesupervision Policy  
Intern Competency Evaluation Form  
Professionalism Accountability Agreement  
FamilyForward Handbook

Print Name

Signature

Date



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## Appendix H

### Intern Didactic Presentation Rubric



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## Intern Didactic Presentation Rubric

**Presenter Name:**

**Rater Name:**

Scale	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

### 1. Topic Selection

The presenter:	Score
Chose a topic relevant to the field of psychology	
Level of presentation is appropriate for mental health professional audience	

### 2. Topic Preparation

The presenter:	Score
Introduced the topic in a clear manner	
Introduced evidence and research relevant to topic	
Was knowledgeable about the topic	
Addressed areas for future research related to topic	

### 3. Presentation Skills

The presenter:	Score
Was prepared for presentation	
Was organized	
Communicated clearly	
Used visual aides when appropriate	
Answered questions from audience	

**Additional Comments:**



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## Appendix I

### Intern Case Presentation Rubric





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## Intern Case Presentation Rubric

**Presenter Name:**

**Rater Name:**

Scale	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

### 1. Case Presentation

The presenter:	Score
Discussed all relevant background	
Reflected on diversity of client	
Identified reason for referral and presenting concerns	
Identified areas to address for evaluation or therapy	

### 2. Test Battery Selection/Treatment Modality

The presenter:	Score
Made critical selections of testing tools or interventions by considering research and evidence-based practice	
Determined appropriateness of testing tools or intervention by considering research and evidence-based practice, including limitations of their selections	
Addressed cultural variables in determining testing tools or intervention	

### 3. Conceptualization

The presenter:	Score
Incorporated developmental trauma when understanding symptom presentation	



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Included familial, cultural, and contextual factors impacting presentation	
Identified appropriate diagnostic impressions	
Provided rule-outs as appropriate	
Conceptualized their case in a cohesive and evidenced based manner	

#### 4. Recommendations

The presenter:	Score
Incorporated research and evidence-based practice when informing recommendations	
Considered cultural variables when informing recommendations	
Provided recommendations that are individual to the client/family needs and capacity	
Provided recommendations that are relevant for the presenting concern	
Identified relevant resources	

#### 5. Self-Reflection

The presenter:	Score
Reflected on assessment or intervention process in working with client	
Reflected on areas for growth with current case or future cases	
Reflected on rapport with client	
Assessed their own skills in working with the client, including potential bias as appropriate	

#### 6. Presentation Skills

The presenter:	Score
Was prepared for presentation	



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Was organized	
Communicated clearly	
Used visual aides when appropriate	
Answered questions from audience	

**Additional Comments:**