DOCTORAL PSYCHOLOGY
INTERN MANUAL
Training Year 2023.2024

Kathy Baur, PhD LP
Doctoral Psychology Internship Training Director

Jefferson Center
70 Executive Center
4851 Independence St.
Wheat Ridge, CO 80033
303-425-0300

Jefferson Center
Doctoral Psychology Internship Manual
Policies, Procedures, and Guidelines

This *Intern Manual* describes the training program at Jefferson Center. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

Accreditation Disclosure Statement

Jefferson Center is accredited by the Office of Program Consultation and Accreditation American Psychological Association and participates in the APPIC Internship Matching Program. Applicants must complete the APPIC on-line APPI. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions related to Jefferson Center Internship program accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association
750 First Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

All other questions about the internship program may be directed to:

Kathy Baur, Ph.D.
Doctoral Psychology Internship Training Director
Jefferson Center
4851 Independence St.
Wheat Ridge, CO 80033

Email: KathyB@jcmh.org or
Phone: 720.833.1822

Non-Discrimination Statement
Jefferson Center is committed to a policy of providing educational opportunities to all qualified students regardless of economic or social status, and will not discriminate on the basis of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, physical or mental disability or any other legally protected category. Jefferson Center is a Drug-Free and Tobacco Free Workplace.

2023.2024 Intern Manual
Revised: 8/3/2023

Table of Contents

Section 1: Internship Program

Section 2: Policies and Procedures

Section 3: Appendices

Section 1: Internship Program

Program Overview

Introduction

Jefferson Center is the not-for-profit community mental health center serving Jefferson, Clear Creek, and Gilpin counties since 1958. Our mission is to inspire hope, improve lives and strengthen our community by providing mental health and related solutions for individuals and families. We strive to create a community in which mental health matters and care is accessible to all.

We are partners with our community; working together to create a place that fosters mental health and supports those with mental health challenges. Our services are provided through numerous clinical locations in our three-county service area, in addition to schools, nursing homes, senior centers, and other partner locations throughout our community.

Mission Statement:

To inspire hope, improve lives, and strengthen our community by providing mental health and related solutions for individuals and families.

Jefferson Center's shared values are:

People First

Caring for those with whom we serve, work, and partner drives every single action and interaction. We strive to always act with integrity and intentionality that truly places people at the forefront of our organization and our decisions. We give people a voice, welcome their opinions and viewpoints, and encourage understanding and open-mindedness.

Empathy with Excellence

Our compassion brings a warmth and sincerity to our work. Yet, our empathy must be equally balanced with excellence. We hold ourselves accountable for achieving the best customer service and stewardship possible. Empathy with excellence, whether it relates to appointment availability or resource management, ensures our clients, employees, and partners receive our best, every day.

Collaborate to make Life Better

Our goals are best accomplished by working hand-in hand with clients, family members, co-workers, colleagues, partners, community agencies, businesses, elected officials, and peer organizations throughout the state and nation. We embrace our leadership position, and we know that through meaningful cooperation and shared insights, we can help individuals live life better, while doing the most good for our community.

Community Minded

We take seriously our important role in strengthening and sustaining healthy communities. As creative problem solvers embedded in our community, we provide an authentic, local voice as we work to shape healthy communities one person at a time.

Anticipate and Evolve

We persistently and proactively seek better ways to serve our clients and communities. We bring energy and enthusiasm to meeting unanticipated challenges with unexpected solutions and lead the way to improve the health of our communities and our own organization.

Dignity for All

We treat everyone with respect and compassion regardless of their socioeconomic status, age, gender, culture, mental status, etc. When our employees, clients, and partners feel free from judgment, they are better able to become their best selves.

Diversity, Equity, and Inclusion Statement

Jefferson Center's clinical programs are grounded in the values of resiliency and recovery, and the entire organization strives toward being trauma-informed in view of the high prevalence of trauma among the populations we serve. Jefferson Center services are person-centered and promote hope through care that supports achievable positive outcomes.

At Jefferson Center, it is our policy and our mission to be inclusive and mindful of the diversity of everyone who comes through our doors. We are passionate about building a community where mental health matters and equitable care is accessible to all races, ethnicities, abilities, socioeconomic statuses, ages, sexual orientations, gender expressions, religions, cultures, and languages.

Outlined below are the principles which guide our commitment to developing a vibrant, sustainable, and resilient mental health care community.

We believe in the dignity of all people and creating a culture where diversity is valued.

We respect and affirm the unique identity of each member of our community.

We aim to inspire hope, improve lives, and strengthen our community by providing quality mental health and related solutions to everyone who comes through our doors.

We advocate at the local, state, and federal levels to promote equitable access to mental health care resources and improve the lives of community members.

We strive to dismantle systems and policies that create inequity, oppression, and disparity while promoting diversity, equity, and inclusion in all that we do.

We pursue an organizational mindset that values cultural humility, recognition, and accountability in order to improve our ability to offer individualized care.

We encourage all to share their cultural experiences and identities to enrich our community.

We are committed to placing diversity, equity, and inclusion practices at the center of our daily work to create a brighter future for everyone.

Training Philosophy

The Jefferson Center Doctoral Psychology Internship program seeks to train interns to become clinical psychologists with a firm foundation in health services psychology. Our philosophy is three-fold: (1) that training in health services psychology is a continuing developmental process, and (2) that providing a broad range of training opportunities is optimum for the growth of developing clinical skills, and (3) that clinical health services psychology is a science-based discipline and research should inform practice.

First, our philosophy emphasizes the continual professional development of our interns. Jefferson Center seeks to build on the skills developed during the intern's doctoral education and practicum placements through systematic assessment and training. As interns progress through the internship rotations, they are given more and more complex cases in therapy and assessment. By the end of the internship year, interns should graduate as competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. Thus, our developmental approach ensures that training for practice in clinical psychology is sequential, cumulative, and graded in complexity.

Second, our philosophy provides a broad range of training opportunities to optimize development of clinical skill. Jefferson Center offers a broad range of training sites that cover the entire developmental spectrum. Through two major and four minor rotations, interns practice in a variety of settings that give them a diverse set of clinical experiences and prepare them for work in a variety of roles.

Finally, our philosophy is that clinical psychology must be a science-based discipline. We seek to further develop the appreciation of science as the foundation for the practice of clinical psychology throughout our training program. Research informs the practice of psychology at Jefferson Center, from our use of Partnership in Change Outcome Management System to our use of evidence-based practices (EBP) throughout our programming, and ongoing outcome research in our Innovation Department. Our internship program exposes interns to ongoing use of research to inform treatment across all rotations and gives them experience in participating in designing and monitoring of outcomes research.

Administration of the Internship

The Internship Training Director directs the organizational and administrative aspects of the training program and its resources, ensures the integrity and quality of the program, including the provision of quality care to clients. The Training Director maintains the internships' documents, maintains interns' training records; monitors and evaluates the training program's goals and activities and seeks to ensure that the training program consistently meets APPIC requirements. The Training Director is responsible for the minutes of the bimonthly meetings and facilitating program changes that are identified during mid-year and end of year evaluations.

The Doctoral Psychology Internship Training Committee is comprised of the Training Director and supervisors. The Training Committee meets quarterly for ongoing planning, quality improvement, and training needs of the interns. The Training Committee also meets extensively in November, December, and January to screen new applicants, participate in interviews, ranking and the selection of the new internship class. Committee members are responsible for provision of primary supervision by a licensed psychologist (including clinical responsibility for all of the interns' clinical work and cases), and for the operation of the training program, including the didactic trainings and seminars. The Training Committee also uses a dedicated Microsoft Team to communicate between meetings to address daily operational needs.

The data analyst provides technical support to the Internship for data collection, recruiting, and virtual interview process.

Training Program Description

Our internship program provides comprehensive training that is broad and general, developmental, and anchored in the practitioner-scientist model. Training focuses on profession-wide competency areas expected for entry-level practice and derived through a multi-step process. Ongoing evaluation of intern functioning in specific competency areas allows us to track progress and address areas that may require additional training. Interns are evaluated on their demonstration of appropriate knowledge, skills, and attitudes in the key competency areas.

Intern training is enhanced by early identification of individual training needs and interests. During the first month of training, all interns complete a self-assessment that forms the basis for the individualized training plan, which addresses not only individual differences in prior training, but also the intern's clinical interests and career goals. Various training approaches are utilized across settings, including direct supervision by experienced clinical supervisor psychologists, direct observation (either live or video/electronic) of the intern, participation in co-therapy, utilization of role-play and enactment, observational learning, formal didactic training, and promotion of reflective practice through self-reflection and self-evaluation to facilitate continuous improvement of professional performance.

By incorporating a mentoring model coupled with experiential training under close supervision, our program is designed to nurture interns' success. Training is sequential, cumulative, and increasing in complexity over the course of the internship. Interns are expected to move toward professional autonomy as they progress through the training year. This ensures that interns will be able to demonstrate the levels of competency that are necessary for entry-level practice or post-doctoral training at the end of their internship.

The program's training model promotes appreciation and understanding of diversity by ensuring nondiscrimination in all training approaches, by addressing diversity as a competency area, and by creating an environment that nurtures success for all interns.

In addition to experiential training, didactic seminars focus on providing current research-based education on the above goals. Interns participate in seminars related to professional development, ethics, culture and practice, theories of assessment, treatment of psychological disorders, and leadership.

Training Competencies

The Doctoral Psychology Internship Program at Jefferson Center is committed to training that emphasizes both the professional and personal development of interns in a community mental health setting.

The overarching goal of the Jefferson Center Doctoral Psychology Internship is to support, develop, and train psychology interns who, after completion of the internship year, will have the ability to integrate the knowledge, skills, and attitudes required for successful entry into the practice of professional psychology. Jefferson Center's Internship competencies are listed below. For items associated with the competencies/elements please see the Psychology Intern Evaluation form in Appendix F.

<u>Competency 1</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in intervention

Element 1.1
Interns show ability to effectively form case conceptualization and create appropriate treatment planning.

Element 1.2
Interns show the ability to implement therapeutic interventions.

Element 1.3
Interns show the ability to implement crisis interventions.

Element 1.4
Interns demonstrate fundamental therapeutic skills.

<u>Competency 2</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in assessment

Element 2.1

Interns demonstrate diagnostic skill and clinical formulation.

Element 2.2

Interns demonstrate skill at instrument selection, administration, and scoring.

Element 2.3

Interns demonstrate ability to accurately interpret assessment data.

Element 2.4

Interns demonstrate ability to write cogent reports which communicate the salient aspects of the assessment.

Element 2.5

Interns accurately communicate assessment findings to the referring party and client(s).

<u>Competency 3</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and legal standards

Element 3.1

Interns show knowledge of ethical, legal and professional standards as it relates to the practice of psychology.

Element 3.2

Interns adhere to ethical principles and guidelines.

<u>Competency 4</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and cultural diversity

Element 4.1

Interns show awareness of self and others as cultural beings within the larger context of diversity.

Element 4.2

Interns take into consideration the effects of culture on clinical activities.

Element 4.3

Interns use evidence-informed approach to cultural considerations.

<u>Competency 5</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Research

Element 5.1

Interns demonstrate ability to apply scientific knowledge to practice.

Element 5.2

Interns can apply scientific knowledge to the process of program evaluation.

<u>Competency 6</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Professional values and attitudes

Element 6.1

Interns show professional awareness as evidence by their behaviors across settings.

Element 6.2

Interns demonstrate self-awareness and engage in reflective practice.

<u>Competency 7</u>: Interns will achieve competence appropriate to their professional developmental level in the area of communications and interpersonal skills.

Element 7.1

Interns show professionalism in interpersonal relationships and communications with others.

Element 7.2

Interns demonstrate appropriate skills in clinical documentation.

<u>Competency 8</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation/interprofessional/interdisciplinary

Element 8.1

Interns display knowledge of and appropriate use of multidisciplinary collaboration.

Element 8.2

Interns display knowledge of and appropriate use of inter-professional collaboration.

Element 8.3

Interns display knowledge of theories and methods of consultation

Element 8.4

Interns display knowledge of and appropriate use of case management skills.

<u>Competency 9</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision

Element 9.1

Interns demonstrate knowledge of theories and methods of supervision.

Element 9.2

Interns demonstrate effective use of supervision.

Element 9.3

Interns demonstrate effective provision of supervision.

Training Schedule

The internship training year starts at the end of August and concludes in August the following year (52 weeks, excluding Personal Annual Leave and holidays). Interns are expected to work 45 – 50 hours per week (approximately 10 - 20 hours per week or 25 - 50% of time is spent in face-to-face contact) and must complete 2000 hours for successful completion of the internship program. The schedule below provides an *approximation* of the number of hours interns will spend each week in the following activities:

- **Major Clinical Rotations**
  Each intern will participate in one 16 – 24 hour Major Clinical Rotation each six-month period. The Internship Program will attempt to match the interns with their major rotation of choice during each six-month rotation. In the event of competing interests, the desired rotations can be alternated at the end of the first six-month period, allowing interns to be matched with their area/s of interest. Time for team meetings, group supervision, documentation and other paperwork is built into the rotation.

  There may be consideration of individualized programs that include specialty training in an intern's area of interest while on a rotation. For example,
  - On Adult Outpatient rotation doing 1 day with the Senior Services team
  - On Family Outpatient rotation doing 1 day with the Early Childhood Family Services team

Major Clinical Rotation Options	Description	Length of Rotation	Number of Hours per Week
Adult Services	Outpatient - Intakes, Individual and Group Therapy; DBT	6 months	16 - 24
Senior Outpatient Services	Outpatient services with older adult population: Intakes, Individual, and Group Therapy; Specialized programs in older adult	6 months	16 - 24
Integrated Care	Brief behavioral health interventions in a primary care setting; psycho-educational classes on health and wellness	6 months	16 - 24
Family Services	Outpatient services: Intakes, Individual, Family and Group Therapy	6 months	16 - 24
Early Childhood Family Services	In-home and outpatient services providing intakes, family therapy, parenting support, and attachment-focused dyadic treatment for children 0-8 and their caregivers.	6 months	16 - 24
Centro Dones	Outpatient services: intakes, individual with Spanish speaking clientele. Must be bilingual/bicultural	6 months	16 - 24

- **Minor Rotations**
  Each intern will participate in 3 minor rotations to provide experience in several key competencies of health services psychologists.

Minor Rotation	Description	Length of Rotation	Number of Hours per Week
Crisis Services	Behavioral health assessment, crisis and emergency assessment and intervention	6 months	8
Innovation/ Research	Human centered design thinking skills and measurement-based outcome research using Center's data	12 months	4
Psychological Assessments	Psychological evaluation (testing, report writing, consultation and feedback).	12 months	6 - 8

- **Supervision - 5 - 8 hours**
  - **2 hours** Individual with primary
  - **2 hours** Psychological assessment
  - **1 hour** Crisis rotation
  - **1 hour** Supervision of supervision
  - **1 hour** Research/innovations
  - **1 hour** Cultural focused and Reflective supervision

- **Didactic Training and Seminars – 2 hours**

- **Committee Involvement - optional**
  Interns are also encouraged to participate on one of several Jefferson Center committees, as an added value to their experience, time and interest permitting.

Jefferson Center uses multidisciplinary teams across all settings. Interns will have the opportunity to interact daily with staff from virtually all mental health disciplines including social work, psychiatry, nursing, licenses counselors, and peer specialists.

Intern Training Plan

At the beginning of each rotation, the intern works with the primary supervisor to identify specific training needs of the intern. The Intern Training Plan identifies competencies of specific focus and training activities to support the acquisition of them. A copy of the Intern Training Plan can be found in Appendix E.

Psychological Assessment Training

The program recognizes that the ability to competently perform psychological assessments is one of the distinct features of the practicing psychologist's role. Interns are expected to have acquired knowledge and technical skills in graduate school sufficient to accurately administer and score a full psychological battery of tests. The emphasis in the internship program is on further development of the intern's ability to integrate data and to write succinct, high-quality reports.

Each intern will be required to complete six integrative psychological assessments during the year. Referrals may come primarily from the outpatient teams but also come from the community and primary care. Assessments will generally include a clinical interview; administering, scoring, and interpreting a full battery of intellectual and personality assessments, including projective and objective measures; writing a report; and providing feedback to the person being tested (for children, including parent/guardian) and referral sources.

Supervision

Interns will be assigned a licensed psychologist as their primary clinical supervisor who provides two hours per week of face-to-face, formal, individual supervision. After six months, interns will rotate supervisors to broaden their experience with supervisory styles. Supervision will focus on review of the intern's caseload, discussion of specific cases, professional development, and evaluation of training progress. Interns will also receive two hours a week of psychological assessment supervision in a group setting and non-evaluative Cultural Focused and Reflective supervision three times a month. Depending on their major rotation, interns may also receive one to two hours of supervision from on-site supervisors in individual and/or group settings.

Didactics & Seminars

Interns will attend at least two hours per week of didactic training. Foundational didactics are built to be sequential, graded in complexity, and cumulative. There are also topic specific seminars covering a variety of evidence-based approaches, psychological assessment, and professional development as well as didactics by

professionals from different disciplines. (Please see sample training schedule in Appendix B)

Each intern is required to complete three presentations during the training year: 1) the intern's dissertation/research based doctoral paper, 2) formal case presentation, and 3) the intern's research from innovation/research rotation. Agency staff are invited to attend these presentations.

Interaction with Internship Committee

The interns meet with members of the internship committee on multiple occasions during the training year. In addition to case study, dissertation, research, and assessment presentations, interns interact with the committee during the Professional Development Seminar, while providing evaluations of their rotation experiences, and other informal activities.

Intern Competency Evaluation and Evaluation of Training Experience

Initial Beginning of Internship Self-Assessment

In August, interns' skill levels and experiences to date are assessed by the Internship Training Staff in collaboration with the interns. The Psychology Intern Competency Evaluation Form is intended to provide a snapshot of interns' strengths as well as directions for further development. Interns are familiarized with guidelines for competencies in each area of training as specified on Psychology Intern Competency Evaluation Form (see Appendix F). Interns, in discussion with supervisors, create initial training goals during this period.

As part of the self-assessment process, our Psychology Internship Supervisors set aside time to learn about our interns' background, interests, and learning style. More formally, we emphasize the importance of diversity by conducting self-assessment of cultural competencies with interns in the first month. This is done in the Cultural Focused group supervision, a non-evaluative supervision, and uses the Multicultural Counseling Awareness Scale – Revised (MCKAS) which can be found in Appendix D.

Psychology Intern Evaluation Process

In addition to the initial baseline assessment to establish competency baselines in the first month of internship, interns are evaluated informally and informally by the internship Training Staff using the schedule below:

Type	Rotation	Time period covered	Scheduled
Informal	Mid 1st Rotation	3 months	November
Formal	Final 1st Rotation	6 months	February
Informal	Mid 2nd Rotation	3 months	May
Formal	Final 2nd Rotation End of Internship	6 months	Mid-August

Informal evaluations occur during the fall and the spring: mid-first rotation and mid-second rotation. Supervisors review progress with interns informally to ensure appropriate competency attainment throughout the training year. This allows the training staff to be more aware of each intern's strengths and growing edges and be on the same page in regard to their training need. This will help members of the staff to more consistently provide the appropriate types of support, supervision, and assistance for optimally facilitate interns continued learning and growth.

Formal evaluation occurs twice during the training year; the end of the first rotation and the end of the second and final rotation. Interns and supervisors' complete evaluation forms, engage in more substantial discussion of the evaluations, and at the 1st rotation evaluation, identify new or revised training goals arising from the evaluations. Signatures are obtained by primary supervisor, assessment supervisor, training director and the intern. Copies of the formal evaluation are sent via secure email to the interns' graduate program DCTs.

During the informal and formal evaluations, the competency areas (see competency evaluation form in Appendix F) are reviewed and rated. At the formal evaluation, the interns also provide evaluation and feedback of supervisors (Appendix G) and the internship program (Appendix H). Interns are also encouraged and invited to provide ongoing formative feedback to supervisors/trainers and to the Training Director regarding the feedback to the internship program overall throughout the training year.

Evaluation of Supervisors and Doctoral Psychology Internship Program
The internship committee meets quarterly. At the midpoint and end of the training year, the committee determines any adjustments needed to the training program. Data for program review are:

> Interns' mid-year and end of year competency evaluations by the supervisors;
> Interns' mid-year and end of year evaluations of the internship program;
> Supervisory evaluations and feedback from interns to program supervisors; and
> where applicable, Rotation site supervisor feedback to interns.

The Training Director also invites feedback throughout the year during internship meeting times, and through a formal discussion at the end of the internship year. Each year there are some small adjustments to the program. Occasionally more significant adjustments are made to the training program based on each year's interns' feedback and training staff. Any substantive change to the program is reviewed carefully and reported to APA.

Successful Completion of the Internship

Minimum for each program competency is "3 – Performance at the Exit Level for a Psychology Intern and Entry Level for Post-Doctoral Fellow." Appropriate termination and/or transfer of clinical cases are required by the week before the official ending date of the internship year, at the latest. If the intern's actual last day in the office will be sooner, then arrangements must be made prior to the intern's departure.

All clinically related documentation must be written, reviewed, approved, and “locked” by the appropriate supervisor before the intern’s last day at the office. If an intern leaves without having completed all paperwork, they should be aware that this will be reflected in any letters of recommendations given by Jefferson Center staff. The intern’s graduate program will be notified of this. Additionally, it is possible that the intern’s internship will not be considered complete, and may be reflected in any documentation requested (e.g. verification of internship completion to graduate program or state licensing agency).

For interns to maintain good standing in the program by the end of the first training rotation interns must:

- obtain ratings of at least a "2" (Performance at the Mid-Year Level for a psychology intern) for each Competency area on their mid-year formal Intern Competency Evaluation; and
- not be found to have engaged in any significant ethical transgressions.

For interns to successfully complete the program they must:

- complete 2000 hours over a 12-month period
- obtain ratings of at least a "3" (Performance at the Exit Level for a Psychology Intern and Entry Level for Post-Doctoral Fellow) on all items for each Competency area on their end-of-year Formal Intern Competency Evaluation,
- complete 8 integrated psychological assessments (see Appendix I for assessment completion form),
- present a case study utilizing evidence-based interventions or assessments before the Doctoral Psychology Internship Training Committee and selected clinical staff (see Appendix J for presentation completion form),
- complete a presentation of their dissertation / doctoral paper to the psychology panel (see Appendix J for presentation completion form),
- present the findings of their Innovation/research project to Center staff (see Appendix J for presentation completion form), and
- not be found to have engaged in any significant ethical transgressions.

Post-Internship Survey

To continue evaluating the effectiveness of our training program in preparing interns for their transitions to becoming a professional psychologist, the internship committee gathers data from interns who have completed our program.

At the end of internship, interns will be asked for written permission to allow us to contact them in the future, to request that they complete our post-internship survey as required by APA. This survey asks about their internship experiences and current professional position(s) and achievements.

The form for the Post-Internship Contact Information can be found in Appendix L and for the Post Internship Survey see Appendix M.

Section 2: Policies and Procedures

Interns Rights and Responsibilities

Rights of Interns:
In general, Jefferson Center will provide psychology interns with the opportunity to work in a setting conducive to the acquisition of skills and knowledge required for a beginning professional health services psychologist and will provide training and supervision to support their acquisition of skills and knowledge.

More specifically, interns have the following rights:

The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.

The right to clear statements of standards upon which the intern is to be formally evaluated two times/year (see Intern Competency Evaluation Form, Appendix F).

The right to be trained by professionals who behave in accordance with the APA Ethics Code and APA practice guidelines.

The right and privilege to be treated with professional respect, as well as being recognized for the training and experience attained prior to participation as an intern at Jefferson Center.

The right to ongoing evaluation that is specific, respectful, and pertinent.

The right to engage in ongoing evaluation of the training experience.

The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the Internship Training Director, and/or the training staff.

The right to due process to deal with problems if informal resolution has not been successful, or to determine when rights have been infringed upon (see Due Process and Grievance section in this Manual).

The right to request assistance in job search and application.

The right to privacy and respect of personal life.

The right to expect that the training staff will try to make accommodations to meet any special training needs to ensure the intern is able to fully benefit from training.

The right to professional office space equipped with computers and telephones that allows for professional interaction and the delivery of clinical services.

Responsibilities of Interns

Jefferson Center psychology interns are trainees with a goal of becoming competent entry-level professional health services psychologists, and, as such, are expected to:

Behave according to the APA Ethics Code and other APA practice guidelines.

Behave in accordance with the laws and regulations of the State of Colorado and with HIPAA.

Act in a professionally appropriate manner that is congruent with the standards and expectations of each internship site, to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of their behavior on other colleagues.

Responsibly meet training expectations by fulfilling training goals and minimum criteria for internship completion.

Make appropriate use of supervision and other training formats (e.g., seminars) by, for instance, arriving on time and being prepared, taking full advantage of the learning opportunities, maintaining an openness to learning, being able to accept and use constructive feedback, and participating actively in discussions.

Manage personal stress by tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and, if warranted, seeking that help.

Give professionally appropriate feedback to peers and training staff and to the training program with respect to their training needs and experiences.

Actively participate in the training, service, and overall activities of the Center, with the end goal of being able to provide services across a range of clinical activities.

Supervision Requirement Policy

I. PURPOSE
To provide policy and procedures to ensure supervisors are trained and have experience for the provision of clinical supervision.

II. POLICY
This policy includes the minimal qualifications necessary to provide clinical supervision for psychology interns.

Training and Education
Primary supervisors, minor rotation supervisors, and site supervisors must have graduated from an accredited program and hold a license in their field. They should have either coursework in clinical supervision or completed trainings on the provision of clinical supervision.

Experience
Supervisors should have 1 year experience providing clinical supervision to either licensed clinicians, psychology interns, or graduate students. Supervisors without 1 year of experience will engage in supervision of supervision with a trained psychologist to oversee the provision of supervision to the psychology intern.

Primary Psychologist Supervisor Responsibilities

- The responsibility to act in a professional manner and in accordance with the APA Ethical Principles and Code of Conduct, Colorado State Psychologists Licensing Act, psychology staff policies and procedures.

- The responsibility to ensure that interns are familiar with, and adhere to, the APA ethical guidelines, laws and regulations specified by the State of Colorado, psychology staff policies and procedures.

- The responsibility to complete a training agreement which specifies each intern's personal training goals and the professional skills to be acquired on each rotation. This training agreement will also identify the types of training experiences and supervisory assistance needed to accomplish the training goals. This agreement is passed to the next supervisor to ensure continuity in the training experience.

- The responsibility to provide ongoing feedback to the intern and to complete a formal evaluation of the intern's progress at the mid and endpoint of each rotation. Written record of this evaluation will be maintained, and a copy provided to the Internship Training Director.

- The responsibility to provide a minimum of two hours of individual supervision per week and to be available to provide support/guidance to the intern outside of scheduled supervision times. The responsibility to provide guidance regarding all

clinical, ethical, legal and professional matters. The use of observation of assessment and therapy sessions will be used to enhance the supervision process.

- The responsibility to coordinate the training of the interns with appropriate team supervisors and to function as a liaison between the intern and other staff members.

- Maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals.

- The responsibility to co-sign all of the intern's written documentation in compliance with the business practice standards of Jefferson Center and internship Client Documentation Approval Policy.

- The responsibility to participate in the intern's scheduled didactic training activities as needed.

- The responsibility to participate as a member of the Internship Training Committee and attend scheduled meetings to discuss the interns' progress and to assist with ongoing program evaluation.

- The responsibility to assure that each intern is afforded the best possible training experience.

Due Process, Appeal, and Grievance Policy and Procedures

I. PURPOSE
To provide policy and procedures for fair and effective intern appeals, grievances, and remediation processes. All interns are evaluated in accordance with the procedures outlined in the Internship Training Manual/Evaluation section.

II. POLICY
This policy provides direction on psychology intern progress and performance reviews, corrective action, and appeals in view of Jefferson Center's commitment to promoting professional development. Inasmuch as possible and consistent with the quality of care provided by the Center, the goal is to promote intern competency and foster intern performance consistent with Colorado State law, professional ethics, and organizational policy.

III. DUE PROCESS AND APPEAL PROCEDURES

Progress and Competency Reviews

Interns experience significant developmental transitions during the training period. One aspect of the training process involves identification of intern clinical performance and/or professional demeanor problems. A problem may be defined as a behavior, attitude, or other characteristic which may require remediation, but is not excessive or outside the domain of behaviors for professionals in training (Lamb, Baker, Jennings, & Yarris, 1983). Most problems are amenable to supervisory procedures and training. Some problems, however, may prove irremediable or serious, and actions that may be taken in these cases are noted below.

When problems persist despite supervisory feedback and guidance, more significant interference with professional functioning may emerge and lead to a more persistent problem in one or more of the following ways: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning (Lamb et al., 1983).

More specifically, problems will typically become identified as persistent problems if they include one or more of the following characteristics (Lamb, Presser, Pfost, Baum, Jackson, & Jarvis 1987):

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services rendered is negatively affected.

- The problem is not restricted to one area of professional functioning.
- The problem requires a disproportionate amount of attention by training staff and/or;
- The intern's behavior does not change as a function of feedback or remediation efforts after a period of time identified for effective remediation.

With the aim of providing structure to help interns meet their competencies, supervisors will provide weekly feedback on the interns' progress regarding documentation, deadlines, and training goals so that performance issues can be addressed quickly with appropriate level of support. At any time during the process the Training Committee may consult with APPIC or other Doctoral Psychology Training Directors to assist in attaining best outcomes.

Should a supervisor or site staff person believe an intern is not performing in an appropriate/professional manner or is showing evidence of a performance problem, it is that person's responsibility to provide feedback to the intern. Intern behaviors that are considered to be inappropriate or unprofessional include but are not limited to:

- Professional demeanor concern: an inability to address personal stress, psychological difficulties, and/or strong emotional reactions such that they interfere with professional functioning.
- Clinical performance problem: a failure to acquire sufficient clinical skills to reach an acceptable level of competency in the skill areas outlined as internship competencies (see pages 6 - 7 of this Manual) during the training year.

Due Process can also be initiated if the intern is determined to not be on track for successful completion of internship at any of the scheduled evaluation times.

Scheduled evaluation times:

Scheduled Time	Evaluation Type	On Track	Due Process
Mid 1st rotation	Informal	≥1.5	< 1.5
End 1st rotation	Formal	≥2.0	< 2.0
Mid 2nd rotation	Informal	≥2.5	< 2.5

- ***Mid 1st rotation Informal***
  - The supervisors meet with the intern and, using the Intern Competency Evaluation form as a guideline, reviews progress to date. This informal review process is documented in the supervisors' supervision notes with

particular attention paid to any competency that is below expectation. A score of less than 1.5 triggers the Due Process procedure.

- ***End 1st rotation Formal***
  - The supervisors meet with the intern with a completed Competency Evaluation form to review the progress to date. A score of less than 2 triggers the Due Process procedure.

- ***Mid 2nd rotation Informal***
  - The supervisors meet with the intern and, using the Intern Competency Evaluation form as a guideline, reviews progress to date. This informal review process is documented in the supervisors' supervision notes with particular attention paid to any competency that is below expectation. A score of less than 2.5 triggers the Due Process procedure.

Levels of Notification/Remediation

Once a performance or professional demeanor problem has been identified, it is essential that the intern be notified and opportunities to remediate the difficulty be made available. The following represent several possible actions, in order from least to greatest severity of the problem.

Informal discussion / coaching

Informal discussion, or coaching is appropriate for minor or moderate problems that may be remedied by an educative approach. Should a problem be identified, the clinical supervisor or staff member will alert the Internship Training Committee and discuss appropriate actions to support the intern. The clinical supervisor involved will discuss the concern with the intern in a supervisory session with the goal of alerting the intern to the problem, providing direct feedback regarding expectations to correct, and the timeframe in which to correct the issue. The intern will be provided with scheduled check-ins to provide additional support in meeting expectations. The discussion is logged in the communications log. The discussion should be documented and placed in the interns training file and be confidential. A copy of the Due Process: Informal Discussion form can be found in Appendix N. The documentation should include:

- time/date of the discussion and people present
- problem definition
- expectations to remediate
- any support/resources needed by the student,
- schedule of check-ins based on time frame to remediate, and
- time-frame to remediate the problem.
- Consequences of not remediated the problem

After the intern remediates the problem, should the intern receive a second informal

coaching for competency concerns, the Doctoral Psychology Training Director will outreach the intern's Director of Clinical Training (DCT) to alert them to the concern, provide a copy of both informal discussion/coaching notes, and encourage the DCT to outreach the intern.

Verbal Warning

If after an informal discussion, the issue is not resolved, the supervisor will alert the Internship Training Committee to identify if any additional support/resources are needed. The intern will meet with the supervisor who identified the problem and with whom they had the informal discussion to convey the verbal warning. The action of a verbal warning will be noted in the communication log without reference to specifics to document that the Due Process procedure was initiated. The verbal warning will be documented in the intern's file on the Due Process: Verbal warning documentation template (see Appendix O) and should include the following:

- time/date of the discussion and people present,
- review of expectations that were not met,
- review of problem definition,
- reiteration of expectations to remediate,
- identify any support/resources needed by the student,
- schedule of check-ins based on time frame to remediate, and
- timeframe for remediation of the problem.

The Doctoral Psychology Training Director will outreach the intern's Director of Clinical Training (DCT) to alert them to the concern, provide a copy of the verbal warning, and encourage the DCT to outreach the intern.

Written Notice of Competency Concern

Should the intern have either not remediated the problem or has made insufficient progress in the agreed upon timeframe, a written notice of competency concern will be issued. The Due Process: Written Notice of Competency Concern form (see Appendix P) should be completed and discussed with the Training Committee prior to discussing with the intern. The written notice of competency concern will be placed in the interns' file and should include:

- time/date of the discussion and people present,
- review of expectations that were not met,
- review of problem definition,
- reiteration of expectations to remediate,
- identify any support/resources needed by the student,
- schedule of check-ins based on time frame to remediate, and
- timeframe for remediation of the problem.

The Doctoral Psychology Training Director will outreach the intern's Director of

Clinical Training (DCT) to alert them that Due Process has moved to the next step and encourage them to outreach the intern.

Development Plan

If the problem is not resolved through informal discussion, verbal warning, or written notification of competency concern, or if the problem is serious (i.e. adverse client impact or the completion of internship is in jeopardy) the intern is notified of this level of concern. The Doctoral Psychology Internship Training Director will work with the staff and intern supervisor(s) to develop a written Development Plan to facilitate improvement in the intern's performance, using the model developed by the Council of Chairs of Training Councils (CCTC Guidelines for Communications, 2007).

The Due Process: Psychology Intern Development Plan (see Appendix Q) includes a list of concerns with respect to expected competencies, and notes that the plan can be modified by supervisors and may exclude the intern's input at any time based on changes in the situation due to intern behavior (e.g., misrepresenting work done, inaccurate documentation, etc.).

The Development Plan includes:

- problem identification
- date/s the problem/s was/were initially brought to the intern's attention;
- who notified the intern of the concern;
- what, if any, steps were already taken to rectify the problem/s,
- competency concerns with examples of where competencies were not being met (these are samples and not an exhaustive list),
- expectations for improvement or remediation with behavioral examples (these serve as examples and are not an exhaustive list),
- the measurable improvement in the competency(ies) required for the intern to be on track for successful completion of the internship,
- the intern's responsibilities,
- the staff/supervisor responsibilities,
- resources and/or support to assist the intern in remediation and may include using employee assistance program (EAP), medical leave, or other training resources,
- the timeframe for acceptable performance with intermediate deadlines if needed, and
- consequence(s) for missing intermediate and/or final deadlines or not fully remediating the issue and may include failure of internship.

The intern, supervisor, and the Doctoral Psychology Internship Training Director will sign and date the Intern Development Plan. A copy is given to the intern and a copy is placed in the intern's file. A copy is sent to the intern's DCT who is kept appraised of the intern's progress throughout the Development Plan.

Extension of the Internship or Recommendations for a Second Internship at another Internship site with Current Internship marked incomplete

In situations in which the intern has made some but insufficient progress prior to the end of the internship, the intern may be required to extend his/her stay at the internship site (without additional stipend compensation) in order to complete the requirements. In some cases, the intern may be required to complete part or all of a second internship. In either case, the intern must demonstrate a capacity and willingness for full remediation. In such instances, the Director of Clinical Training at the intern's academic program will be notified and consulted.

Suspension or Dismissal

Suspension or dismissal may be considered in cases involving serious violations of the APA Code of Ethics or state, or federal regulations/statutes, imminent harm to a client, a preponderance of unprofessional behavior, evidence of impairment, or inability to remediate a performance problem. Suspension is a mandated leave of absence and release from all clinical duties for a designated period. Dismissal is a permanent termination. In the case of suspension or dismissal, the intern is notified immediately of the decision, provided with documentation of the reasons, and referred to the procedure for appealing suspension and/or dismissal. A recommendation for dismissal must be approved by Jefferson Center's CEO.

If the decision is made to suspend or dismiss an intern, the Doctoral Psychology Internship Training Director will send written notification to the intern's academic program Director of Clinical Training within two working days of the decision. In the case of dismissal, the Doctoral Psychology Internship Training Director will include recommendations to the academic program regarding professional development options.

If at any point during review of an intern's performance it is determined that the welfare of the intern and/or any client has been jeopardized, the intern's case privileges will either be significantly reduced or removed for a specified period of time. Also, the intern's DCT will be notified of this action. At the end of the specified time, the intern's primary supervisor, in consultation with the site training staff, will assess the intern's capacity for effective functioning and determine if the intern's case privileges can be reinstated or if the reduction/removal should continue for another specified period.

Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by the Doctoral Psychology Internship Training Director and the Internship Training Committee. The Doctoral Psychology Internship Training Director may report the incident to outside agencies if client welfare warrants.

Due Process Appeal Procedures for Interns

Notice and Appeal

In the event an intern wishes to appeal notification of a performance or professional demeanor problem, they should avail themselves of the appeal procedure.

Typically, complainants should first take their concerns to the person(s)/body with whom they take issue and attempt an informal resolution. If this is not feasible or if the complainant is not satisfied with any proposed resolution, s/he should next speak with an internship supervisor or Doctoral Psychology Internship Training Director and enlist this person's assistance in facilitating informal discussion and conflict resolution.

The above informal processes do not constitute a formal appeal. If these informal approaches are not successful, the complainant may utilize the appeal procedures listed below.

Appeal Process

An intern may appeal any decision or action taken by a supervisor, the Doctoral Psychology Internship Training Committee, or the Doctoral Psychology Internship Training Director. All appeals are recorded in an Appeal Log. The Appeal log is kept secured in an electronic Doctoral Psychology Internship file with access limited to the training director, technical support, and the psychological assessment supervisor. Supporting documents are kept in a folder within the Appeal log folder. All steps in the procedure should be carefully documented, with copies distributed to the intern and the Doctoral Psychology Internship Training Director or, if the complaint is against the Doctoral Psychology Internship Training Director, a Senior Psychologist will be assigned.

The intern may make a personal appearance before the Appellate Review Panel to present oral and/or written testimony for 5 minutes at the beginning of the review panel meeting. In lieu of appearing, the intern may choose to submit written testimony which will be reviewed at the beginning of the appellate review panel meeting.

Appeal Procedures

a. The intern must promptly file a written appeal with the Doctoral Psychology Internship Training Director (or, if the complaint is against the Doctoral Psychology Internship Training Director, the assigned Senior Psychologist), within five working days from the time the appealed decision/event/action took place. The appeal should include a statement of the reasons the intern is filing the appeal and proposed resolution(s). The intern should provide appropriate documentation regarding the decision/event/action given by the Supervisor or Doctoral Psychology Internship Training Committee for its decisions or actions, and why the decisions or actions should be reconsidered or withdrawn. At the time the appeal is submitted, the intern will also designate 2 supervisory staffs to be on the Appellate Panel. To aid the intern in the appeal process, he or she will be provided access to all documentation

used by the Supervisor or Doctoral Psychology Internship Training Committee in arriving at its conclusions.

b. Within five working days of receipt of the written appeal, the Doctoral Psychology Internship Director (or, if the complaint is against the Doctoral Psychology Internship Training Director, the assigned Senior Psychologist), who chairs the Panel will appoint an Appellate Review Panel. The Panel will consist of the Chair, two supervisory staff members selected by the Chair, and two supervisory staff members selected by the intern.

c. The Chair is empowered to secure any and all materials and documents related to decision/event/action under appeal and to question persons who may have information helpful to Panel deliberations. A simple majority will decide all appeal decisions. The Chair will cast a vote only in the case of a tie.

d. In addition to the written appeal, the intern may make a personal appearance before the Appellate Review Panel at the beginning of the Appellate Review Panel meeting to present oral and/or written testimony. This appearance is to last no more than 5 minutes at which time the intern must leave the meeting to allow the Appellate Review Panel to review the documentation and to reach a decision. Alternatively, the intern may choose to submit written testimony in lieu of personal appearance.

e. Within five working days of the adjournment of the Panel the Chair will present the findings and recommendations of the Appellate Review Panel in writing to the CEO of Jefferson Center. A copy of the Appellate Panel Decision form can be found in Appendix R.

Final Adjudication

The CEO of Jefferson Center will respond to the Appellate Review Panel's recommendations within three (3) working days of receipt of the report. A copy of the Adjudication form can be found in Appendix S. The CEO will review the Appellate Review Panel's decision to ascertain that:

- the decision was reached based on the evidence presented in the documentation and
- Due Process procedures were followed.

If review of the Appellate Panel decision is supported by the documentation and procedures were followed, the CEO will advise the intern and the Internship Training Director that the Appellate Review Panel's decision is upheld.

Should documentation not support the Appellate Review Panel decision, the CEO will return the decision to the Appellate Review Panel for modification of the decision. They may add no more than 1 week's extension for the intern to remediate the problem and the Panel must outline specific competency(ies) with measurable outcomes that must be addressed, and the consequence of not meeting the competency(ies). If intern is

unable to meet the competency(ies) in question after the final modification of the Development Plan, Due Process will be considered complete. The intern and their DCT will be notified of the final disposition.

Grievance Procedures for Interns

I. PURPOSE

The purpose of this policy is to provide interns with procedures to grieve concerns they may have about the training program, persons in the training program, or other matters associated with their experience at Jefferson Center.

II. POLICY

It is the goal of the Jefferson Center to promptly resolve grievances in an informal manner if possible. If the intern complainant is not satisfied with attempts at informal resolution, the complainant may utilize formal grievance procedures. The goals of this policy are to provide procedures for processing intern grievances and to enhance the training environment at Jefferson Center.

III. PROCEDURE

Informal grievance procedures for interns

If an intern has a grievance about a general policy or practice in the internship training program or the Center, he/she should first address this with the immediate supervisor. If the intern is not comfortable approaching an immediate supervisor, he/she may bring the matter to the attention of the Doctoral Psychology Internship Training Director. Interns may consult with their internship supervisor or the Doctoral Psychology Internship Training Director on avenues for informal resolution. The informal complaint will be logged in the informal complaint log with the issue and resolution, but without the intern's name. The log is used in annual review of the program for improvements and training.

If the matter remains unresolved or if an intern is uncomfortable employing informal resolution, the intern may file a formal grievance.

Formal Grievance procedures for interns

Formal grievances using the Intern Grievance form (Appendix T) should be submitted to the Doctoral Psychology Internship Training Director or, if the grievance involves the Doctoral Psychology Training Director, an assigned Senior psychologist, who serves as chair of the Grievance Committee. The chair assembles a three-person committee in five business days of the grievance being filed. The committee will be composed of members from the Psychology Internship Training committee, one of whom is chosen by the intern and two of whom are appointed by the Chair. This committee will, in a timely fashion, gather information regarding the grievance, inform the intern of its findings, and offer recommendations to the Doctoral Psychology Internship Training Director or, if the complaint involves the Doctoral Psychology Internship Training director, an assigned Senior psychologist. Should the intern contest this decision, he/she can take the issue to the Jefferson Center President and CEO. The CEO will

review the information and render a final decision and communicate this decision in writing to the intern and to other persons or bodies responsible for executing any resolution.

The Doctoral Psychology Internship Training Director records the outcome of the grievance review in a Grievance Log and includes documentation of the Grievance Committee proceedings, including minutes of any/all meetings. Minutes should include date/time of the meeting, people in attendance, definition of the grievance, solutions tried to date, and results of the review.

Intern Selection and Academic Preparation Requirements Policy

I. PURPOSE
To provide policy and procedures for the fair selection of interns and the academic preparation required for the application process.

II. POLICY
This policy provides direction regarding the selection process for interns applying to the internship at Jefferson Center.

III. PROCEDURE
There are two full-time openings for psychology interns. All complete applications from students in APA accredited programs in clinical or counseling psychology that are electronically submitted to us through APPIC by our deadline are reviewed by at least one member of the Training Committee. We are particularly interested in matching with interns who share our passion in working with traditionally underserved and marginalized populations. Jefferson Center is an equal opportunity, Affirmative Action employer. Jefferson Center and its Doctoral Psychology Internship Program are committed to the recruitment of culturally and ethnically diverse interns. We encourage inquiries and applications from all qualified individuals.

All completed applications are reviewed for the following requirements:

- Doctoral student in an APA-accredited Clinical or Counseling Psychology program or in a re-specialization training program in Clinical or Counseling Psychology within an APA-accredited program
- Approval for internship status by graduate program Training Director
- Academic coursework completed by the end of the academic year preceding the start of internship
- Cumulative GPA of 3.4 or greater
- Completion of 4 integrated psychological reports with 25 hours of Assessment experience, including projective, objective and cognitive assessments:
    - minimum of 1 child/adolescent administered
    - minimum of 1 adult battery administered
    - minimum of 1 WISC or WAIS administered

- preferred applicants with have a minimum of 2 Rorschach's administered, preferably to both an adult and child/adolescent (Extern or RPAS)
- Completion of at least 300 practicum intervention hours by the start of the internship including:
    - adults/older adults
    - children/adolescents
    - evidence based practices
- Approval of dissertation proposal by application deadline
- Dissertation defended by the start of the internship
- A de-identified psychological assessment report is required with the application

Applications are reviewed by members of the Training Committee. Our selection criteria are based on a "goodness–of–fit" with our practitioner-scientist model, and we look for interns whose training goals match the training that we offer. The program looks not only at the total number of practicum hours but the quality of those hours in terms of the type of setting as well as experience with empirically supported treatments. If applicants have no Rorschach experience or limited Rorschach experience, the application will still be considered as we look at the total assessment experience. All students who submitted a completed application will be notified of their interview status by early December.

Based on the quality of the application and the goodness of fit between the applicant's training goals and the internship program, approximately twenty-five applicants are invited for an interview. Interviews are conducted in January and all interviews will be conducted remotely via zoom. Interviews are conducted with individual applicants by a panel of no less than three psychology supervisors in a group format. Standardized questions are asked and scored for all candidates interviewed.

Following the completion of the interviews, the Training Committee meets to rank order applicants, which is based on both the submitted application and the interview. The final ranking order is determined by consensus of the Training Committee. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Following the results of the APPIC Match, a letter confirming the match with Jefferson Center's Doctoral Psychology Internship will be sent to the incoming intern with a copy to the DCT of their program.

Results of the APPIC Match constitute a binding agreement between the matched applicants and the program. However, as stated in our listing in the APPIC directory, final appointment of applicants to the internship at Jefferson Center is contingent on applicants passing a criminal background check. A pre-employment background check is completed on all matched applicants. Felony assault convictions will be considered a failed background check. Federal misdemeanors and misdemeanors are handled on a case-by-case basis.

If not a US Citizen, you will be required to provide documentation to verify eligibility following match and before employment.

Jefferson Center for Mental Health is committed to a safe, healthy, and productive work environment for all employees free from the effects of substance abuse. Abuse of alcohol, drugs, and controlled substances impairs employee judgment, resulting in increased safety risks, injuries, and faulty decision-making. Jefferson Center for Mental Health follows Federal Law regarding cannabis and other drugs. We do not do a pre-employment drug test but all employees may be asked to submit a random urine drug screen should there be indications that substances may be affecting job performance.

COVID-19 Vaccination or an approved medical or religious exemption is required for employment with Jefferson Center for Mental Health. Psychology interns must be fully vaccinated (Received final dose of an authorized COVID-19 vaccine regimen) and provide proof, or have an approved medical or religious exemption, prior to their first day of internship. Information on how to request an exemption will be provided at the time of offer.

Stipend, Benefits, and Resource Policy

I. PURPOSE
To provide policy and procedures for fair and effective supervision of psychology interns, including stipend, benefits, and resources.

II. POLICY
This policy provides direction on the assignment of stipends, benefits, and the availability of resources.

III. PROCEDURE
Jefferson Center currently has two psychology internship positions budgeted. The current stipend for the internship is $45,000. In addition, the Center's benefit package is available. Psychology interns receive a full benefit package, including the Center's contributions toward health and dental insurance, a medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, an EAP program, 160 hours of Personal Annual Leave (PAL) for vacation, personal, or sick leave, 5 "working" holidays (holidays when the Center is open and the individual may take that day or a subsequent day off in order to respect diversity of cultural/religious practice), and 8.5 holidays when the Center is closed.

Interns will have a primary office in our Independence facility location where observation of therapy or assessment feedback sessions can be done. The two psychology interns share the space and occupancy is scheduled based on rotations so that there is equal access. For example, intern assigned to an outpatient service at the Independence office while the other intern assigned Crisis rotation would be at that facility. The Independence office is also the primary location for the research rotation. If both interns are present on the same day an assessment office on the same hallway is used.

Interns are also provided with phones, voice mail, computers, printers, software, and technical support. Jefferson Center uses centralized scheduling and interns receive administrative support from the front office staff for client appointments.

Interns have access to reference material for testing, current testing materials (e.g., WISC-V, WAIS-IV). In addition to the weekly didactics and professional seminars, interns have access to a substantial training library and in house training workshops. Professionals at Jefferson Center have extensive knowledge in areas of specialty care and based on interns' interests and availability of staff and population, specific training experiences can be designed, for example, working with trichotillomania or specific phobias.

Bilingual Salary Differential
For interns who are bilingual/bicultural and doing a rotation with Centro Dones, there is a bilingual salary differential of 10% when working on the Centro Dones major rotation. The incentive is part of a broader framework by which Jefferson Center seeks to attract and retain employees who possess skills critical to serving diverse consumer communities with responsive, respectful and effective care focused on eliminating disparities related to access, retention, and outcomes for marginalized and/or non-English speaking communities.

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 intern?	***Yes***	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	***Yes***	No
Coverage of family member(s) available?	***Yes***	No
Coverage of legally married partner available?	***Yes***	No
Coverage of domestic partner available?	***Yes***	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	n/a	
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): Dental insurance, vision insurance, medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, EAP program, 13 holidays		

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

Communication with Interns' Academic Programs Policy

I. PURPOSE

To provide policy and procedure for ongoing communications with interns' academic programs.

II. POLICY

This policy provides direction regarding the regular communications with the interns' home academic program.

III. PROCEDURE

Required communications events:

Match letter/email

- Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC.
- Match letter or email must be sent within 7 days of Match result.
- Letters must be sent to both incoming intern and the DCT of the intern's academic program.
- Letter must include confirmation of conditions of the appointment, including stipend, fringe benefits, and the dates on which the internship begins and ends.

Evaluation Periods

- Email sent to DCT with copy of formal written competency evaluations at mid-training year and end of training year.
- End of training year competency evaluation email will also include copy of the intern's certificate of completion.

Due Process

- DCT of Intern placed on Due Process will be contacted:
    - At the verbal warning step
    - At the second occurrence of informal discussion/coaching
    - Ongoing steps of Due process until issue is remediated
        - Written Notice of Competency Concern
        - Development Plan
    - Appellate Panel meeting and results
- DCT will be provided with all documentation of each step and communications may take place over email and phone.

Terminations

- Intern inability to remediate competency issues detailed on Development Plan and upheld by Appellate Panel and CEO adjudication.
- Intern commits a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct and internal investigation confirms allegations.

Optional communications may occur throughout the training year to share information about the intern reaching milestones, outstanding work performance, and other successes throughout the training year.

Intern Evaluation, Retention, and Termination Policy

I. PURPOSE

To provide policy and procedures for the fair evaluation, retention and termination of interns.

II. POLICY

This policy provides direction regarding the evaluation process for interns, retention of interns, and termination.

III. PROCEDURE

Evaluation

Intern Competency Evaluation

The purpose of Intern competency evaluation is to track progress, provide feedback, and ensure mastery of expected competencies. There are 2 types of Competency Evaluations: Informal and Formal.

Informal evaluations occur during the fall and the spring. Supervisors review progress with interns informally to ensure appropriate competency attainment throughout the training year.

Informal Intern Competency Evaluations are completed at two time periods:

- Mid-first rotation evaluation at 3 months is done with primary, assessment, and minor rotation supervisors.
- Mid-second rotation evaluation at 9 months is done with primary, assessment, and minor rotation supervisors.

Formal evaluation occurs twice during the training year to ensure appropriate competency attainment. Interns and supervisors complete evaluation forms, engage in more substantial discussion of the evaluations. Evaluation form is signed by the intern, primary supervisor, assessment supervisor, and training director and is sent via email to intern's graduate program DCT.

Formal Intern Competency Evaluations are completed at three time periods:

- Baseline assessment done with primary, assessment, and minor rotation supervisors upon starting the internship.
- Mid-year end of first major rotation evaluation done by primary, assessment, and minor rotation supervisors.
- End of Year evaluation done by primary, assessment, and minor rotation supervisors.

Information from the Formal Competency evaluation is discussed with the intern prior to the evaluation being forwarded to interns' DCTs. Signed evaluation forms are kept by the Training Director in the electronic intern files. A copy of the Mid-year and End of Year evaluation are sent to the intern's academic program.

Internship Evaluation and Supervisor Evaluations
The purpose of the Internship Evaluation and Supervisor Evaluations is to ensure the integrity of the internship experience and to make any necessary changes to the training experience. Internship and Supervisor evaluations are done by the interns who provide the feedback directly with the Doctoral Psychology Internship Training Director and supervisors. The evaluations are then discussed in the Doctoral Psychology Internship Training Committee meeting so any needed action may be taken.

Internship Evaluations and Supervisor Evaluations are completed at two time periods:

- Mid-year after the completion of the first major rotation
- End of training year after the completion of the second major rotation

Retention
Interns are retained for a 1-year period.
Jefferson Center promotes the hiring of interns when the opportunity arises.

Termination
APA requires that interns complete 2000 hours over a 12 month period in order to receive a certificate of completion. Interns will track their internship hours biweekly which will be kept in their internship file. Upon successful completion of the training year, interns are no longer employed by Jefferson Center.

Interns have the right to due process and grievance prior to termination for problems related to performance. Please see Due Process and Grievance Policy for details. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by the Doctoral Psychology Internship Training Director and the Doctoral Psychology Internship Training Committee and may include reporting the incident to outside agencies. Should termination from the Doctoral Psychology Internship Program and Jefferson Center be a recommended consequence, final disposition will be approved by Jefferson Center's CEO and the DCT of the intern's academic program will be notified in writing.

Intern Leave Policy

I. PURPOSE
To provide policy and procedures for the use of Personal Accrued Leave (PAL) during internship year

II. POLICY
This policy provides direction regarding requests for leave for personal time off, use of leave for personal time off including sick time, and payment of unused leave time. This policy is separate from the APA requirement for interns to complete internship over a 12 month for a total of 2000 hours.

III. PROCEDURE

Leave Time
The purpose of Personal Annual Leave (PAL Account) is to provide interns with flexible paid time off from work that can be used for such needs as vacation, personal, sick and other activities of the intern's choice. PAL time is accrued biweekly at a rate of 6.15 hours and interns must have accrued the requested PAL hours prior to taking time off.

To avoid possible disruption to the Center operations, PAL time can only be taken upon prior approval of the primary supervisor and Training Director, the only exception being illness. For sick leave, as soon as possible interns are to contact primary supervisor, training director, and the main operators who will reschedule clients who have appointments for that day.

Interns are expected to abide by the following guidelines when making PAL time requests for personal or professional leave:

1. Interns must discuss vacation and other requests for leave with their primary supervisor and training director no less than two weeks prior to taking the time off.
2. Interns are expected to be present during the first four weeks except where the need for family or sick leave occurs. If an intern has a special need that requires time away during these critical weeks, the intern must consult with their primary supervisor and the Training Director who will review for approval.
3. Interns should work with their supervisor(s) to arrange coverage as needed for clinical responsibilities.
4. Interns are expected to be present for the full 12 months of the internship except where the need for sick leave occurs. If an intern has a special need that requires time away the last week of the training year, the intern must consult with their primary supervisor and the Training Director who will review for approval.
5. Unused PAL hours will be paid out at termination of internship.

Holidays
Jefferson Center has 8.5 holidays which interns are paid and must be taken on the observed holiday day.

Working Holidays:
Jefferson Center has 5 working (floating) holidays. To honor and celebrate a variety of different beliefs, traditions and religions that hold individual importance to interns, an intern may observe a “working” holiday or may choose to work on the designated holiday. If the intern works on a “working” holiday, the appropriate hours will be credited to their PAL account. The intern may use this credited time off to honor personal beliefs, traditions, to observe a different holiday or for any type of general time off. Interns use of working holiday hours that are credited to their PAL account must follow the same request for time off procedure.

Parental Leave
Jefferson Center internship appreciates the importance of providing parental leave to allow intern sufficient time for bonding with new children including adoption and in the event of birth, postpartum recuperation, and healing. Interns taking parental leave during internship year are still required to meet the internships program’s aims, training, competencies, outcomes and 2000 hour requirement. Interns needing parental leave time are encouraged to discuss needed time as early as possible to allow for adjustment to the training process to ensure all competencies are met. This can include, but not limited to, extension of internship outside the cohort year, identification of needed time off, and remote didactic/seminar trainings.

Intern Clinical Work Outside the Center

I. PURPOSE
To provide policy and procedures for intern clinical work outside the Center during internship year

II. POLICY
This policy provides direction regarding intern requests to engage in clinical work outside Jefferson Center during the internship year.

III. PROCEDURE

The internship is a full-time commitment. Interns are expected to refrain from providing clinical services outside of the internship.

Supervision and Tele-supervision Policy

PURPOSE: This policy aligns the internships supervision requirements with Standard II.C.3.b-c of the Standards of Accreditation (SoA) for APA-Accredited internships which requires that interns receive a minimum of 4 hours of supervision per week by appropriately trained doctoral level psychologists.

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

SUPERVISION PROCEDURE:

Primary supervision

A primary supervisor is assigned for each of the 2 six-month major rotations. Primary supervisor must be a doctoral level licensed psychologist who is involved in an ongoing supervisory relationship with the intern and has primary professional clinical responsibility for the cases on which he/she provides supervision. Primary supervisors’ responsibilities include:

- Provision of 2 hours of individual supervision per week face to face at least 50% in person
- Observation of interns’ provision of clinical services through video, audio, or in person observation at least twice a month.
- Review and sign off on all clinical documentation in the electronic medical record (EMR) Avatar.
- Oversight of all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice.
- Review of all supervision activities with the Training director no less than monthly.

Adjunct supervision

Psychological Assessment supervision

Psychological assessment group supervision/case consultation is provided by a doctoral level licensed psychologist 2 hours per week remote or in person. Interns also receive ad hoc individual supervision for assessment to address specific training needs. The psychological assessment supervisor is responsible for all clinical activities around testing including but not limited to test administration, scoring, report writing and documentation. The psychological assessment supervisors signs off on all documentation in the EMR and signs all intern reports.

Supervision of Supervision

Supervision of Supervision is provided by a doctoral level licensed psychologist or a psychology post-doctoral fellow who is supervised by a licensed psychologist and uses a vertical supervision model.

<u>Interns</u>

- Meet weekly for 1 hour face to face in person with the junior student they are supervising.
- Provide in person group supervision to the junior students biweekly for 60 minutes.

- Meet 1 hour face to face in person for individual supervision of supervision with a doctoral level licensed psychologist or a psychology post-doctoral fellow who is supervised by a licensed psychologist.
- Meet monthly to biweekly for group supervision of supervision by either a doctoral level licensed psychologist or the psychology post-doctoral fellow who is supervised by a doctoral level licensed psychologist.

Individual supervision of supervision

- Supervisor is a doctoral level licensed psychologist or psychology post-doctoral fellow supervised by a licensed psychologist.
- Supervision research/articles are discussed
- Supervision tapes of intern are reviewed for acquisition of supervision competencies.
- All junior students' cases and the interns recorded supervision session are reviewed.

Group supervision of supervision group supervision

- Junior student tapes are reviewed by interns with their junior students
- Therapy skills are taught, practiced, and discussed
- Focus is on processing themes that arise for the junior students within the group supervision sessions (e.g., countertransference, addressing cultural and identify factors, etc.)

Individual Supervision of supervision sessions meets in person. Tele-supervision occurs if there is a scheduling issue for the intern or supervisor that impacts meeting in person to ensure interns have weekly supervision with the supervisor and that junior student cases are reviewed weekly. The supervision of supervision licensed psychologist takes full responsibility for the junior students' caseloads and signs off in the electronic medical record (EMR) on all case documentation (e.g., progress notes, treatment plans, etc.)

Research / Innovation

Research/Innovation group supervision takes place for 1 hour weekly using remote format. The supervisors are a doctoral level clinical psychologist and an Innovation analyst. In the beginning of the year supervision is more didactic in nature to provide foundational knowledge for the interns' project for the year. Over the training year, supervision provides structure and oversight for the research project. The research rotation does not include clinical work. The research/innovation supervisors are responsible for oversight the interns' project.

Crisis minor rotation supervision

Interns receive 1 hour in person of individual supervision from a licensed clinical provider for their crisis rotation. They also receive ad hoc supervision as needed based on the current case the intern is handling at the crisis walk in center. Crisis supervisor is responsible for all cases seen by the intern and signs off on all documentation in the EMR. Supervision provided by the crisis supervisor is overseen by the primary supervisor.

Cultural Focused Supervision

Cultural focused group supervision is held twice a month for 90 minutes and held in person or remote based on interns' needs. This is non-evaluative supervision is led by a licensed clinical professional. Purpose of this supervision is to provide dedicated space for interns to explore cultural, diversity, and intersectionality as it relates to themselves and clients as cultural beings.

Reflective Supervision
Reflective group supervision is held monthly for 90 minutes and held in person or remote based on interns' needs. This is non-evaluative supervision is led by a licensed clinical professional. Focus of this supervision is to provide a space for interns to reflect upon and discuss their internship experience, development as selves as professionals, and topics related to creating professional sustainability.

TELEHEALTH PROCEDURE
Jefferson Center's internship program recognizes the importance of supervisory relationships and ongoing development of mentoring to facilitate the transition from student to professional that occurs over the internship year. The foundation for these supervisory relationships is cultivated initially during the three-week orientation period, such that interns will have formed relationships with the entire Training Committee and supervisors prior to engaging in supervision via a secure HIPAA compliant telehealth platform. Supervisors maintain full responsibility for cases that are supervised via telehealth.

Telesupervision provides continuity of training goals and supports the outcomes of the program by ensuring supervision occurs as scheduled and eliminating the need to cancel supervision due to external factors. It also provides interns with access to supervisors outside regular supervision hours. Given that telehealth and telesupervision continue to be an accepted process in the field, training students in the use of provision of supervision via telehealth is important competency.

Tele-supervision occurs if there is a scheduling issue for the intern or supervisor that impacts meeting in person to ensure interns are able to receive scheduled supervision to support their learning and overall client care as cases will be reviewed weekly. Use of ad hoc telesupervision with supervisors and teleconsultation by the 24/7 crisis team provides interns with real time access support.

Maintenance of Records Policy

I. PURPOSE
To provide policy to ensure the privacy of intern records.

II. POLICY
All intern records are to be stored electronically in the secure drive based on the internship training year.

Individual Intern records
Interns' records are stored electronically by training year in the secured *Doctoral Psychology Internship Training Committee* files (*PDITC*). Records are separated by individual intern and saved to a secure intern folder within the *PDITC* files. Only the Doctoral Psychology Internship training committee shall have access to these records. One year after the completion of the training year, the interns' folders will be electronically archived to the *Accreditation* file to which only the Doctoral Psychology Internship Training Director and the Behavioral Health Data Analyst have access.

Due Process, Grievance, and Complaint log
Due Process and grievance documentation is saved electronically in the corresponding training year for the interns in the *PDITC* files. After the completion of the training year, the corresponding due process, grievance records will be archived in the *Accreditation* file. The complaint log is saved electronically in the *Accreditation* folder by training year.

Interns' work files
At the start of the internship, interns are assigned work folders on the *Psychology Internship with interns* file on the secure network. Interns' work will be saved there during the course of the internship. The *Psychology Internship with interns* file also contains the internship forms, Training Manual, presentation information, and resources. Interns also have a work folder in the *Psychological Testing* File where all assessment work is saved and reviewed by supervisors. At the end of the internship year, the interns are required to delete personal work documents in both the *Psychology Internship with interns* file and the *Psychological Testing* file.

Client Documentation Approval Policy

I. PURPOSE
To provide policy and procedures for the approval process for client records.

II. POLICY
This policy clarifies the importance of supervisory approval of interns' client documentation in Avatar and psychological assessment reports.

III. PROCEDURE

Progress notes
All progress notes must be final saved by the supervisor. When completing progress notes in Avatar (EMR), after final saving not, chose the Route for Approval option. After submitting the progress note, the supervisor will receive an alert in their EMR to-do list to review and approve note.

After supervisor reviews note, they will approve the note and note will be final saved under the supervisor's name.

Should correction be required, the supervisor will reject the note which will then revert to draft mode. The note will now show in the intern's EMR to-do list with directions on

required corrections. After making correction, intern will resubmit using the Approval routing process above.

Treatment Plans
All treatment plans should be routed to the supervisor for approval. When submitting treatment plan intern will use the approval routing process to send treatment plan to the supervisor.

The supervisor will receive an alert in their EMR to-do list to review and approve the treatment plan.

After supervisor reviews treatment plan, they will approve the plan and the treatment plan will be final saved.

Should correction be required, the supervisor will reject the treatment plan which will then revert to draft mode. The treatment plan will now show in the intern's EMR to-do list with directions on required corrections. After making correction, intern will resubmit using the Approval routing process above.

Reports and letters
All psychological assessment reports will be cosigned by the supervising psychologist. Except for closing letters, all letters will be co-signed by the supervising psychologist.

Jefferson Center Confidentiality Policy

Jefferson Center information about its clients is of a private nature and is therefore considered highly confidential. All individuals associated with the Center, including interns, are expected to value the position of trust they are placed in and should never breach the confidentiality of any client. Psychological assessment reports developed on a personal computer must be password protected, and the files must be deleted from the personal computer once work is completed. Any individual, including interns, who believes he/she may have breached confidentiality, should immediately bring the matter to the attention of a supervisor.

Interns also have the right to confidentiality, although the Internship Program does keep the interns' academic programs informed about their progress or performance problems. Intern records are kept in a secured online system and in the online Human Resources system.

Social Media Policy

I. PURPOSE
To provide policy on social media as it applies to the doctoral psychology internship

II. POLICY
This policy provides guidance for interns' use of social media, which should be understood for purposes of this policy to include social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat), YouTube, wikis, blogs, message boards, chat rooms, electronic newsletters, online forums, and other sites and services that permit users to share information with others in a contemporaneous manner.

Social media use should not interfere with the intern's responsibilities while onsite. Jefferson Center computers, iPads, or tablets are to be used for business purposes only. When using Jefferson Center computer systems, use of social media for business purposes is allowed (e.g., reviewing pertinent articles, attending approved outside providers' trainings that may be on social media platforms).

Interns are not to publish, post, or release any information that is considered confidential or privileged including names, images, or other identifying information. It is recommended that interns set security settings on all social media accounts to "private."

It is also important for interns to maintain appropriate professional boundaries. Initiating contact with patients or families through social media sites is not permitted. Accepting invitations to join social media sites of patients is not recommended and interns are encouraged to decline invitations from patients/families to view or participate in their online social networks.

In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for additional guidance: https://www.apa.org/about/social-media-policy.

Drug and Alcohol Policy

To ensure a safe and productive work environment Jefferson Center prohibits the use, sale, dispensation, manufacture, distribution or possession of alcohol, drugs, controlled substances, or drug paraphernalia on any company premises or worksites. This prohibition includes company-owned vehicles or personal vehicles being used for company business or parked on company property.

No intern or employee shall report to work or be at work with alcohol or any detectable amount of prohibited drugs in their system. (A detectable amount refers to the standards generally used in workplace drug and alcohol testing).

An intern or employee shall, when drugs are prescribed by a medical professional, inquire of the prescribing professional whether the drug prescribed has any side effects which may impair the person's ability to safely perform his/her job duties. If the answer from the medical professional is yes, the person shall obtain a statement from the medical professional indicating any work restrictions and their duration. The person

shall present that statement to his or her supervisor prior to going on duty.

Illegal use of drugs off-duty and off company premises or work sites is not acceptable. It can affect on-the-job performance and the confidence of the public and our customers in the company's ability to meet its responsibilities.

Jefferson Center for Mental Health follows Federal Law regarding cannabis and other drugs. We do not do a pre-employment drug test but all employees may be asked to submit a random urine drug screen should there be indications that substances may be affecting job performance.

Any violation of this policy will result in disciplinary action up to and including termination.

Non-Discrimination Policy

Jefferson Center does not discriminate on the basis of race, color, national origin, religion, gender identity, pregnancy, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, service in the uniformed services, or status as a covered veteran. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, separation.

Microaggression in Clinical Practice Policy

I. PURPOSE
The purpose of this policy is to provide interns with procedures to discuss and address microaggressions as they occur in the work setting.

II. POLICY
Jefferson Center is a multidisciplinary mental health center where you will engage with people (peers, supervisors, and clients) who hold diverse perspectives. As you build your relationship with your Supervisors, we hope you find it easy to share your own perspectives and observations. And, while you naturally will experience abundant opportunities for introspection and reflection, certain topics - like microaggression - can and do create discomfort.

Jefferson Center's Psychology Internship Supervisors engage actively in continuous training and experiential discussions about equity, social justice, internalized bias, oppression, privilege, and the ill effects caused by social marginalization. We do this because of our commitment to diversity, inclusion, and the ongoing remediation of microaggression.

II. PROCEDURE
Based on APA guidance, we invite open communication in Supervisor-Supervisee relationships. As a part of this relationship building process, we realize you may gain more comfort (especially with difficult issues surrounding microaggression) by starting a discussion with a non-evaluative supervisor. (While both evaluative and non-evaluative supervisors are prepared to discuss any topic you care about, having an additional "set of ears" may help you process information, gain better clarity, achieve more resolution, and/or decide any "next steps" (including but not limited to filing a formal grievance).

Definition:

Among multiple mental health disciplines, the definition of "microaggression" can be summarily understood as:

"(a) brief, everyday exchange which denigrates" through "verbal, behavioral, and/or environmental slights" toward socially marginalized person/s. [1,2,3]

While Jefferson Center has Non-Discrimination and Grievance policies they do not contain the complex and specific nuances of intentional or unintentional microaggressions.

Considerations for action should you experience a microaggression:

We find it helps to cultivate a curious, non-judgmental approach toward clients and staff alike. Certain common threads for "micro-intervention" are found in recent (multidisciplinary)
literature. They include:

A. When it comes to expressing your concern resulting from experiencing a microaggression, know that you there is an open-door policy to receive support from your primary supervisor, as well as any non-evaluative supervisor depending on your comfort level. Peer supervision, process group, primary supervision and consultation with the Director of Training are all available options to process, gain support, and to consider alternatives for response for any concern.

B. When initiating clarifying conversation, you might pose questions in this manner:

"Let me clarify…"
"I noticed that…"
"When I hear your comment/see this poster on the wall, I think/I feel.."

C. Follow-up conversations may or may not be useful. Either way, consider next steps for the process. This includes scheduling follow-up time with appropriate parties to discuss your experience or time with a non-evaluative supervisor to share your experience. This holds true even if the conversation is considered more casual/less formal (not a part of a formal grievance proceeding).

The more sensitive nature of microaggressions, however, may lead a trainee to feel particularly vulnerable to a negative response should they disclose the microaggression. For this reason, an alternative avenue for processing microaggressions has been created. Interns can bring concerns to nonevaluative supervisor for a private place to discuss concerns, gain support and weigh out options.

Should the concern rise to the level of a formal grievance, the intern may follow the process for reporting grievances that is detailed in the Intern Manual. Timing may feel important to an intern. Support for disclosure of microaggression can be done at any time. While retaliation is contrary to our professional code of conduct, should an intern fear retaliation, they have the option to disclose or report at the end of their internship, when risk is minimized.

Vaccination Policy

In partnership with Behavioral Health Entity (BHE), Jefferson Center is complying with a Colorado Department of Public Health and Environment (CDPHE) standard requiring facilities track and report flu vaccine immunization rates for staff and direct contractors and ensure that ninety percent (90%) have received the influenza vaccine during a given influenza season. All new employees hired during the flu season (November 1 through March 31) shall provide Human Resources with proof of immunization, or a medical exemption within 30 days of hire. New employees who do not have proof of immunization are required to wear a surgical or procedure mask when in direct contact with clients and in common areas during influenza season.

COVID 19 vaccinations are no longer required.

Section 3 Appendices

Appendix A

Training Site and Rotation Descriptions

The Doctoral Psychology Internship offers six major rotations, including a choice of specialty programs within the Family Services and Adult Outpatient rotations. There are three minor rotations.

Major Clinical Rotations

1. **Adult Outpatient – Independence office**

   Population: Adult Outpatient Services (AOP) is the largest clinical network at Jefferson Center. It provides individual and group therapy to adults 18 – 60 years old who have been diagnosed with a Serious Mental Illness or Severe and Persistent Mental Illness, and who meet a level of acuity appropriate for a relatively brief episode of treatment (approximately 35 sessions annually). Most clients have co-morbid illnesses, including addictions, personality disorders, developmental disorders and medical illnesses, and treatment is integrated and comprehensive.

   In Calendar Year (CY) 22, 8323 adult clients were served. The race/ethnic breakdown of clients was: American Indian/Alaska Native = 1.9%, Asian/Pacific Islander = 1.2%, Black/African American = 2.5%, More than One Race = 4.3%, Unknown/Declined = 10.5%, White = 79.6%. Hispanic/Latino Ethnicity = 24.7% The sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%, Prefer no Label/Declined = 24.1%

   The highest represented diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: PTSD (30.0%), Generalized Anxiety Disorder (27.9%) Major Depressive Disorder, Recurrent (18.3%), Borderline personality disorder (6.7%), and Bipolar Disorder (6.3%).

   Training experiences: Interns are responsible for doing same-day intakes to assess needs. Depending on interns' training needs, they may either follow the case or transfer it to another clinician. Interns provide evidence-based treatments for a variety of behavioral health disorders and can participate in a dialectical behavior therapy skills group. Interns participate in team meetings and group supervision.

2. **Senior Services Outpatient – North Wadsworth office and Independence office**

   Population: The Senior Services Program provides clinical services for older adults aged 60 years and older in a variety of settings, including home-based, traditional outpatient, and co-locations throughout the community. This program provides treatment to individuals with a broad range of clinical presentations including adjustment disorders, depression, anxiety, grief/loss, phase of life issues, loss or change of independence and identity, chronic health conditions, as well as older adults with Serious Mental Illness or Severe and Persistent Mental Illness.

Through evidenced-based interventions, the mission of the Senior Services Program is to help older adults regain confidence, increase their ability to cope with everyday changes and assist with maintaining health and independence.

In CY22, 1131 clients were served. The race/ethnic breakdown of clients was: American Indian = .6%, Asian/Pacific Islander = 1.1%, Black/African-American = 1.4%, More than One Race = 2.8%, Unknown/Declined = 12.9%, White = 81.2%. Hispanic/Latino Ethnicity = 14.9%.
The sexual orientation breakdown of clients was: Heterosexual = 76.9%, Homosexual = 1.6%, Bisexual = 1.7%, Other = 1.3%, Prefer no Label/Declined = 18.5%

The highest represented diagnoses were Depression and Generalized Anxiety Disorder. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (27.2), Major Depressive Disorder, Recurrent (21.2%), PTSD (17.3%), Bipolar Disorder (6.7%) and Adjustment disorder with mixed anxiety and depressed mood (5.3%)

Training experiences: Interns will have the opportunity to provide direct clinical services to older adults such as individual and group therapy. Interns will also be responsible for completing intake assessments for individuals who may either become a client or be transferred to another clinician/team, as appropriate. Other training experiences will include case management, leading wellness classes, and collaboration with various community (medical/social) agencies through meetings and presentations. Interns will also participate in team meetings and group supervision.

3. **Integrated Care – Varied Primary Care offices in Jefferson County**
   Population: Children, adolescents, and adults who are patients at the primary care office in which the intern will be co-located. Interns at this site must have generalist training.

   In CY22, 4422 clients were served. The population using Integrated Care Services was 28.0% children or adolescents and 72.0% adults. The ethnic diversity was: American Indian = 1.2 %, Asian/Pacific Islander = 0.9%, Black/African American = 1.6%, More Than One Race = 2.8%, Unknown/Declined = 33.2%, White = 60.2%. Hispanic/Latino Ethnicity = 21.1%. The sexual orientation breakdown of clients was: Heterosexual = 47.8%, Homosexual = 2.3%, Bisexual = 4.1%, Other = 2.5%, Prefer no Label/Declined = 43.3%

   The most frequent diagnoses were Anxiety and Depressive Disorders. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (19.8%), Unspecified Anxiety Disorder (13.0%), Major Depressive Disorder, Recurrent (8.0%), Unspecified Depressive Disorder (7.3%), and PTSD (4.8%).

Training Experience: Training under an onsite licensed psychologist, interns are responsible for completing intakes to assess the needs for primary care clinic patients referred via their PCPs and providing brief solution focused interventions. Interns participate in team meetings and collaborate with clinic staff on patient care. Focus of rotation is to train interns to be active participants on a multi-disciplinary team providing a variety of targeted interventions to assist in improving patients' overall health.

4. **Family Services Outpatient – Independence office**
   Population: Clients are children, adolescents, and families.
   The number of clients served in CY22 was 3226 clients. Of those served, 39.0% were adults and 61.0% were children or adolescents. The race/ethnic breakdown of clients was: American Indian = 2.3%, Asian/Pacific Islander = 1.5%, Black/African American = 2.2%, Native Hawaiian = 0.1%, More than One Race = 6.0%, Unknown/Declined = 19.5%, White = 68.4%. Hispanic/Latino Ethnicity = 39.0%.

   The sexual orientation breakdown of clients was: Heterosexual = 34.5%, Homosexual = 2.5%, Bisexual = 8.6%, Other = 5.3%, Prefer no Label/Declined = 49.1%

   The most frequent diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (26.2%), PTSD (26.7%), Major Depressive Disorder, Recurrent (23.4%), Depressive Disorder (19.5%), and ADHD (5.0%)

   Training experiences: Interns are responsible for doing same-day intakes to assess the needs of children, adolescents, and their families. Depending on interns' training needs, they may either follow the case or transfer it to another clinician. Interns provide evidence-based treatments for a variety of behavioral health disorders and can participate in a variety of groups. Interns participate in team meetings and group supervision.

5. **Early Childhood Family Services – Union Square office**
   Population: Children aged 0-8 and their families.

   In CY22, 438 clients were served, 36.5% adults and 63.5% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.8%, Asian/Pacific Islander = 0.7%, Black/African American = 3.7%, More than One Race = 3.9%, Unknown/Declined = 28.8%, White = 61.2%.
   Hispanic/Latino Ethnicity = 34.9%. The sexual orientation breakdown of clients was: Heterosexual = 33.1%, Homosexual = 1.8%, Bisexual = 6.4%, Other = 3.7%, Prefer no Label/Declined = 55.0%

   The most frequent diagnoses were Depressive Disorder and Anxiety Disorder. The five most common diagnosis breakdowns were as follows:

PTSD (9.0%), ADHD (8.1%), Generalized Anxiety Disorder (6.3%), Major Depressive Disorder, recurrent (4.5%), and Autism spectrum disorder (3.6%).

Training experiences: Interns are responsible for intakes to assess the needs of young children and their parents/caregivers. Interns provide evidence-based treatments (e.g., play therapy, Child Parent Psychotherapy) using a systemic approach for a variety of early childhood mental health disorders, and have the opportunity to participate in parenting education groups and early childhood consultation activities. Interns participate in team meetings and group supervision.

6. **Centro Dones – Alameda office**
   Population: For this rotation you must be fluent in Spanish and English. On the Centro Dones rotation interns work with consumers of all ages from early childhood to older adulthood.
   In CY22, 527 clients were served: 77.2% adults and 22.8% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 3.2%, Asian/Pacific Islander = 0.6%, Black/African American = 2.5%, More than One Race = 2.8%, Unknown/Declined = 30.9%, White = 58.6%. Hispanic/Latino Ethnicity = 52.9%
   The sexual orientation breakdown of clients was: Heterosexual = 59.2%, Homosexual = 3.4%, Bisexual = 5.1%, Other = 2.5%, Prefer no Label/Declined = 28.5%

   The most frequent diagnoses were Generalized Anxiety Disorder and Major Depressive Disorder.
   The five most common diagnosis breakdowns were as follows:
   Generalized Anxiety Disorder (27.8%), Major Depressive Disorder, Recurrent (24.1%), Major depressive disorder, single episode (11.1%), Adjustment disorder with mixed anxiety and depressed mood (7.4%) and PTSD (4.6%).

   Training experiences: Interns will provide individual, group, family, case management, and community outreach services to a population that tends to be underserved in multiple ways by multiple services agencies. Consequently, serving Centro Dones consumers entails the provision of mental health interventions, identification, and treatment of the impacts of social determinants on health, promotion of well-being, and brokerage of other needed services. Interns will be offered culturally informed supervision with the aim of supporting the delivery of relevant, responsive, and effective care.

Minor Rotations

1. **Crisis Services – Crisis and Recovery Center**
   Population: children**,** adolescents and adults in Jefferson, Gilpin and Clear Creek counties.
   In CY22 the population using Walk-In Crisis services was 32.7% children or adolescents and 67.3% adults. The ethnic diversity was: American Indian = 2.0%, Asian/Pacific Islander = 1.3%, Black/African American = 2.8%, More Than One

Race = 4.9%, Unknown/Declined = 15.1%, White = 72.1%, and Other = 1.9%. Hispanic/Latino Ethnicity = 20.1%.
The sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%, Prefer no Label/Declined = 24.1%

The most frequent diagnoses were PTSD and Depression. The five most common diagnosis breakdowns were as follows: PTSD (23.3%), Depressive Episode (16.9%), Major Depressive Disorder, Recurrent (13.2%), GAD(10.8%), and Bipolar Disorder (8.7%)

Training experiences: Interns provide thorough evaluations on clients in crisis at the Jefferson Center's Crisis and Recovery office and at the Juvenile Assessment Center. These evaluations are used to determine appropriate level of care. Evaluations are comprehensive and provide ample justification of their determinations and recommendations, which may include admitting the client to a hospital or alternative facility. Interns function as professionals alongside WIC staff at these various facilities. Many of these crisis evaluations involve use of Motivational Interviewing and a Solution-Focused approach to helping the client develop a safety plan, manage their crisis, and plan for follow-up services. Interns collaborate with clients, family members, and/or other interested individuals. Interns also conduct intakes on clients referred from local psychiatric hospitals.

2 **Psychological Assessment – Independence office – primary location**
Population: Referrals are for all age groups, children through adults for the purpose of differential diagnoses and for treatment recommendations in complex cases.

In CY22 the population using MH Evals/Assessments services was 21.8% children or adolescents and 78.2% adults. The ethnic diversity was: American Indian = 1.1 %, Asian/Pacific Islander = .4%, Black/African American = .8%, More Than One Race = 2.4%, Unknown/Declined = 51.2%, White = 42.9%, and Other = 1.1%. Hispanic/Latino Ethnicity = 13.5%.
The sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%, Prefer no Label/Declined = 24.1%

The most frequent diagnoses were Generalized Anxiety Disorder, PTSD and problems related to other legal circumstances. The five most common diagnosis breakdowns were as follows: PTSD (21.8%), GAD (16.8%), Problems relating to legal circumstances (9.9%), Major Depressive Episode, Recurrent (8.8%), and ADHD (8.8%).

Training experiences: Interns participate in assessment seminars and complete a minimum of 6 integrated batteries over the course of the year.

3. **Innovation/Research – Independence office**

   Training experiences: Jefferson Center's internship program supports the continued development and refinement of interns' research skills through promotion of their identity as practitioner-scientists and the integration of research skills with clinical experience. The Innovation Research Rotation facilitates a well-balanced blend between academic research and real-world business applications of program evaluation. Interns will learn important program evaluation skills, such as dissemination and implementation strategies, human centered design thinking skills, and measurement-based outcome research.

Appendix B

Sample Weekly Schedule

Weekly Schedule	August – February (6 Months)	March – August (6 Months)
16 - 24 HOURS Includes staff meetings, documentation, etc.	MAJOR CLINICAL ROTATION #1 Adult Outpatient Intakes, DBT, Individual therapy	MAJOR CLINICAL ROTATION #2 Family Outpatient services Intakes, Individual and family therapy
8 HOURS	Crisis Rotation	Innovation Rotation (optional)
4 – 6 HOURS	SUPERVISION. 2 hours – Primary 2 hours – psych assessment 1 hour – Crisis 1 hour - Research 1 hour - supervision of supervision	SUPERVISION. 2 hours – Primary 2 hours – psych assessment 1 hour - Research 1 hour - supervision of supervision
2 HOURS	Didactic / Seminars	Didactic / Seminars
6 - 8 HOURS	Psychological Assessments	Psychological Assessments
2 - 4 HOURS	Innovation/Research	Innovation/Research

** Each intern will be expected to complete 6 Psychological Evaluations (6 hours administer full battery, 4 hours to score & synthesize, 2 hours to review with supervisor, 4 hours to final write up, 1 hour to give feedback to client, 2 hours chart documentation, 1 hour to communicate with referral source = 20 hours total)*

Appendix C

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
8/25/2022 10 - 12:30p	Kirsten Kloock, PsyD	DKEFs Training Part 1	Training will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	1. Understand psychometrics of DKEFS 2. Overview of subtests and what they are meant to measure 3. Observe and practice administering subtests 4. Scoring the DKEFS		2.5
8/26/2022 2:30 -3:30	computer based training	HIPPA	Overview of HIPPA background and regulations	Understand HIPPA and how it applies to mental health clients and practice at Jefferson Center		1
8/30/2022 8:30a - 10:30	Kirsten Kloock, PsyD	WRAML training	This training provides overview of the WRAML, psychometric properties, administration, scoring and interpretation	1. Understand psychometric properties of WRAML and how to administer 2. Learn how to score and interpret		2
8/31/2022 2:00p to 4:00	Matthew Enright, PsyD Jill Kauffman PsyD	Legal and ethical issues for psychologists	Interactive training discussion of Colorado law regarding clinical practice and APA ethics code	Review, compare, and apply the following: 1. APA Ethical Principles of Psychologists and Code of Conduct. 2. Colorado Mental Health Practice Act (C.R.S. 12-43-101, et seq.). 3. Colorado State Board of Psychologist Examiners Regulations (3CCR 721-1). 4. Colorado State		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
				Board of Psychologist Examiners Policies.		

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
September Online Training		LGBTQ+ Inclusive Care Provider Training (1): Social and Cultural Foundations	Introductory course to increase awareness of social and cultural foundations for the LGBTQ+ community and current issues impacting this community.	1.Develop an understanding of LGBTQ+ culture including the terms, symbols, cultural traditions, and rites of passage. 2.Become familiar with the shared histories of LGBTQ+ people and recognize major events in the timeline of LGBTQ+ rights in the United States. 3.Develop an understanding of current issues impacting LGBTQ+ people on a governmental, social, and personal level. 4.Understand how the intersectionality of identities (race, ethnicity, religion) can create multiple and overlapping oppressions. 5.Recognize the impact of minority stress on LGBTQ+ individuals and the risk of negative health and mental health outcomes. 6.Understand a few steps you can take right now to become affirming and supportive as a provider.		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
September Online Training		LGBTQ+ Inclusive Care Provider Training (2): Human Growth and Development	Understand the stages of identity development and how it might correlate to the tasks of childhood, adolescence, adulthood, and late adulthood.	1.Identify and define key terms related to gender and sexual identity 2.Explore evidence surrounding social and community norms and expectation as key influences to a person's gender and sexual development		1
September Online Training		LGBTQ+ Inclusive Care Provider Training (3): Professional Orientation and Ethical Practice	Using the principals of affirming clinical care, understand best practices for Documentation as it relates to use within Jefferson Center.	1.Identify and define key terms related to gender and sexual identity 2.Explore evidence surrounding social and community norms and expectation as key influences to a person's gender and sexual development		1
9/1/2022 1:30p - 5p	Kathy Baur, PhD	Acceptance and Commitment therapy	Acceptance and Commitment therapy is a cognitive behavioral approach with the goal of creating psychological flexibility rather than symptom reduction. Looking at Relational Frame theory as the underpinning of ACT, learn how the processes relate to change and practice strategies in class.	1. Understand the underlying theory of ACT. 2. Define the 6 processes of ACT and how they relate to therapy. 3. Demonstrate application of ACT processes in therapeutic setting.		3.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/2/2022 1 - 2p	Kathy Baur, PhD	Models and Theories of Clinical Consultation	Consultation is one of the core roles of a clinical psychologist. An understanding of the underlying theories and models of consultation is critical to providing appropriate and effective service to the consultee. The importance of taking a contextual approach in consultation to provide culturally appropriate services will also be discussed.	1. Learn the basic theories and models of consultation as they relate to psychologists. 2. Understand the application of consultation in a behavioral health setting. 3. Discuss cultural and diversity issues as it applies to consultation – liaison services 4. Identify perceptions of consultation by requesting parties in order to provide appropriate and effective service.	* American Psychological Association. Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx. Bower, P. & Gask, L. (2002). The changing nature of consultation-liaison in primary care: bridging the gap between research and practice. General Hospital Psychiatry Volume 24, Issue 2, 63-70. * Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2001). Psychological consultation (5th ed.). Boston, MA: Allyn and Bacon. Dougherty, A. M. (2000). Psychological consultation and collaboration (3rd ed.). Belmont, CA: Wadsworth/Thomson Learning.	1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
					Kirmayer, LJ, Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural Consultation: A model of Mental Health Service for Multicultural Societies. * Gillies, D., Buykx, P., Parker, AG., Hetrick, SE. (2015). Consultation liaison in primary care for people with mental disorders. Medline. Cochrane Database Syst Rev. 2015 Sep 18;(9):CD007193 . doi: 10.1002/14651858.CD007193.pub2. Mattan, Rowena and Isherwood, Tom (2009) A Grounded Theory Investigation of Consultees' Perception and Experience of Psychological Consultation. Mental Health and Learning Disabilities Research and Practice, 6 (2). pp. 169-183. ISSN 1743-6885	

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/2/2022 2:00p - 4:00	Kathy Baur, PhD	Theories and Models of Clinical Supervision	Review of current models of clinical supervision exploring similarities and differences. Learn the important differences in how clinical supervision differs from administrative supervision and how to strike a balance. Discuss supervisor transference and countertransference issues and how to explore them with supervisees.	1. Identify the role of supervision in clinical work. 2. Review existing models of clinical supervision. 3. Explore developmental models of supervision. 4. Understand the impact of culture and diversity factors in the supervision relationship.	Evidence-based practice in psychology. American Psychological Association Presidential Task Force on Evidence-Based Practice Washington DC US American Psychologist, Vol 61(4), May-Jun 2006, 271-285. http://dx.doi.org/10.1037/0003-066X.61.4.271 Bernard & Goodyear, B. (1998). Fundamentals of Clinical Supervision.(2nd ed.). Boston: Allyn & Bacon. Bernard, J. M., & Goodyear, R. K. (2009). Fundamentals of clinical supervision (4th ed.). Needham Heights, MA: Allyn & Bacon. Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. Washington, DC: American Psychological Association.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
					Friedlander, M & Ward, L (1984). Development and validation of the Supervisory Styles Inventory. Journal of Counseling Psychology, Vol 31(4), Oct 1984, 541-557. Friedlander, M & Ward, L (1984). Development and validation of the Supervisory Styles Inventory. Journal of Counseling Psychology, Vol 31(4), Oct 1984, 541-557.Liese, B. S., & Beck, J. S. (1997). Cognitive therapy supervision. In C. E. Watkins, Jr. (Ed.), Handbook of psychotherapy supervision (pp. 114-133). New York: John Wiley & Sons. McLeod, S.A. (2010). Kolb's Learning Style. Retrieved October 30, 2014 from http://www.simplypsychology.org/learning-kolb.html	

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/6/2022 1 - 3:30	Tiffany Shelton, PhD	DKEFs Training Part 2	Presentation will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	1. Understand psychometrics of DKEFS 2. Overview of subtests and what they are meant to measure 3. Observe and practice administering subtests 4. Scoring the DKEFS		2.5
9/9/2022 9 - 11	Allyson Drayton, LPC	Avatar Caseload managemen t	Overview of how to efficiently manage caseloads in EMR	1.Undertand the importance of balancing schedule to provide best clt care 2. Learn how to manage calendar		2
9/22/2022 3:00 -5:00 pm	Tiffany Shelton, Ph.D.	Orientation to Leadership Seminar. What does leadership mean to you? How does leadership fit into your future goals? What would you like to learn about leadership through this course?	The Leadership Seminar is designed to enhance and build on interns' current leadership abilities. This seminar is intended to help interns explore their leadership capabilities and to expand their capacity to perform in leadership roles within organizations. This session will orient the interns to the monthly leadership seminar which is designed to help interns learn new leadership techniques, refine old skills, reflect	1. Interns will identify their own personal definitions of leadership 2. Interns will identify how leadership may fit into their future goals. 3. Interns will identify current leadership goals they have for themselves.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			on their own personal goals as a leader.			
9/23/2022 3:30 - 5pm	organizer: Dr. Glover	Intern Racial Identify Caucusing Session 1/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
9/29/2022 2:30 - 4:00	Jamila Holcomb, Ph.D., LMFT	Understanding how Trauma impacts Black communities	Racism, whether unconscious or overt, has long-term impacts on the mental and behavioral health of Black communities. While COVID-19 and racial injustice protests may have brought on new trauma, years of systematic racism, discrimination, and microaggressions have forced Black communities to live in a constant state of high alert, causing traumatic stress.	1. Understand how racial trauma affects the mental, emotional, and physical health of the Black community 2. The impacts racial discrimination can have on Black youth and emerging adults 3. Strategies to help clinicians and organizations better connect with their Black clients 4. How organizations can help all staff members understand their own implicit bias		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
October online training		Dialectical Behavioral Therapy: An Introduction	This course introduces the origins and theoretical underpinnings of DBT. You will learn about the structure and processes involved in conducting DBT as well as the evidence supporting this approach. You will also learn the strategies DBT facilitators use to engage people, and you will be guided through the key elements of the DBT skill-based treatment modules. This course is designed to help you avoid common pitfalls in dealing with individuals who have difficulties regulating emotions. The course concludes with a discussion of the primary therapeutic strategies used in DBT and the core qualifications of DBT providers.	1.Describe the core principles and treatment strategies used in DBT. 2. List primary applications where DBT is effective. 3. Explain how the 4 psychosocial skills modules are used in DBT.		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
October online training		Dialectical Behavioral Therapy: Advanced Techniques	This course assumes the learner has foundational knowledge of DBT theory and concepts, and it presents advanced concepts related to the theory and treatment components of DBT as it is used with specific populations and in various settings. The course is designed to impart knowledge about advanced DBT skills, but it does not replace live training or constitute DBT certification. To apply these principles ethically, you must have appropriate live training and supervision in addition to taking this online course.	1.learn how to conceptualize cases within a DBT framework 2.understand how to optimize treatment through the DBT structure 3.Learn how to apply advanced techniques for common challenges.		1.3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/13/2022 2:30 - 4:30	Sharon Stremel, PsyD Esther Weiner, PsyD Maria Kraemer, M.A.	Exploring Post Doc options for after the internship year	Discussion of career goals and post doc options to assist in launching an early career psychologist	1. Discuss pros and cons of formal and informal post docs 2. Explore how post doc year can support career goals 3. Identify important questions to ask at the post doc symposium to determine if a site is a good fit 4. Understand licensure requirements and DORA regulations		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/17/2022 2:30 - 4:30 pm	Tiffany Shelton, Ph.D.	Leadership Seminar - Mentorship	Mentorship enhances professional development and gives one the opportunity to learn firsthand by observation and implementation. For developing psychologists, learning about mentorship has many faces including learning about the benefits of receiving optimal mentorship from other senior psychologists, as well as learning about the benefits of serving as a mentor to colleagues and potentially even clients. The nuances of both these roles is an important discussion as it pertains to developing leadership skills as a psychologist.	1. Interns will identify their perspective of receiving mentorship and reflect upon their own experiences of mentorship. 2. Upon reflection of these experiences, interns will assess their own qualifications for the most valuable mentor experiences. 3. Interns will reflect upon and discuss their perspective of themselves as developing mentors to their peers and clients.		2
10/21/2022 2 - 4pm panel 4 - 5p networking	Post Doc Training Directors in Colorado	Post Doctoral Panel: Post Doc opportunities in Colorado	Panel of all post doc training directors in Colorado answering questions about their training program and application process	Learn about formal post doc options in Colorado		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/26/2022 2:30 - 4p	Meghan Pataky, LCSW	Models of Integrated Care	Integrated care has vastly improved accessibility to mental health care by providing services where people are more likely to receive care. This seminar reviews the basic principles of integrated care in a variety of medical settings.	1. Review history of integrated care 2. Learn models of integrated care in current practice. 3. Discuss ongoing challenges of conducting integrated care and how to maintain and grow these services. 4. Review latest related research.	Slatterly, Leon (2008). Queensland Health Practice Supervision Program for Mental Health Practitioners. Retrieved October 28, 2014	1.5
10/27/2022 1 - 4:30pm	Kathy Baur, PhD	Acceptance and Commitmen t therapy Part 2	This training builds on the skills learned in Part I to learn how to apply ACT in case conceptualization s and more advanced skills. Training will include using ACT with adolescents, exposure therapy, and in group settings.	1. Apply ACT to case conceptualizations to guide ACT processes 2. Learn and practice advanced ACT skills 3. Understand how to apply ACT with specialized populations and settings		3.5
10/27/2022 1 - 5	PITDOC	Racial identity Caucusing Session 1	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions and the world. 3. To improve wellbeing, communication, and inclusion among residents and faculty	Stoltenberg, C. D., McNeil, B., & Delworth, U. (1998). IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists. Jossey-Bass Publishers, San Francisco, CA	1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/28/2022 3:30 - pm	organizer: Dr. Glover	Intern Racial identify Caucusing Session 2/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
November online training		Question Persuade Refer (QPR)	QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide.	1.How to Question, Persuade and Refer someone who may be suicidal 2.How to get help for yourself or learn more about preventing suicide 3.The common causes of suicidal behavior 4.The warning signs of suicide 5.How to get help for someone in crisis	Weinert, Franz E. Rychen, Dominique Simone (Ed); Salganik, Laura Hersh (Ed), (2001). Concept of competence: A conceptual clarification. Defining and selecting key competencies. , (pp. 45-65). Ashland, OH, US: Hogrefe & Huber Publishers, xii, 251 pp.	1.5
11/3/2022 2:30 - 4:30	Brandon Ward, PsyD Sharon Stremel PsyD	Professional Development Transition from Graduate School to the Professional World	It is important for leadership development for psychologists to have an understanding of our personal strengths and how to use them effectively. In this seminar we will explore strengths identified using	1. Introductions of Seminar, mentors, and participants. 2. Identify interns' goals and interests for seminar topics. 3. Identify your personal strengths and explore how they impact your professional and personal goals.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			Strength Finder 2.0			
11/10/2022 2:30 - 4:30	Danielle Gapinski, LPC NCC	Working with older adults and suicidal ideation	With the overall population of older adults growing exponentially in the coming years, it is critical to review and discuss suicidal ideation as it relates to this age group. Factors including but not limited to social isolation, physical health conditions, grief and loss, and many others play a role in suicidal ideation and completion rates of this population.	1. Review the statistics of suicide rates nationally and locally for older adults with an emphasis on cultural impacts and intersectionality 2. Learn how to identify SI in the older adult population and how it may differ from younger age groups 3. Utilizing meaning-making and existential approaches with passive SI 4. Identify resources to explore with older adults experiencing SI 5. Look at case examples to practice identifying SI and approaches		2
		Thanksgiving Break				
December	computer based training	Gender Affirming Letter Writing	Review of procedures for supportive letter writing for gender affirming care	learn policy and procedures for writing letters in support of client request for gender affirming care with client's health care providers		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
Relias	Jamila Holcomb, Ph.D., LMFT	Understanding how Trauma impacts Black communities	Racism, whether unconscious or overt, has long-term impacts on the mental and behavioral health of Black communities. While COVID-19 and racial injustice protests may have brought on new trauma, years of systematic racism, discrimination, and microaggressions have forced Black communities to live in a constant state of high alert, causing traumatic stress.	1. Understand how racial trauma affects the mental, emotional, and physical health of the Black community 2. The impacts racial discrimination can have on Black youth and emerging adults 3. Strategies to help clinicians and organizations better connect with their Black clients 4. How organizations can help all staff members understand their own implicit bias		1
12/15/2022 2:30 p - 4:30p	Tiffany Shelton, Ph.D.	Leadership Seminar - Setting Boundaries	Healthy boundaries are a necessary component for self-care and are often not taught in the professional environment. Within this seminar, interns will reflect on their own personal comfort/discomfort with setting boundaries, learn new techniques for creating professional boundaries, and identify areas where they can begin practicing	1. Interns will reflect on their own personal comfort/discomfort with setting boundaries. 2. Interns will learn new techniques for creating professional boundaries. 3. Interns will identify areas where they can begin practicing setting professional boundaries in their current positions.	Michelle Obama Podcast: Episode 7: Part 1: Working Women: Valerie Jarrett and the Importance of Mentorship	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			setting professional boundaries in their current positions.			
12/1/2022 2:30p - 4:30p	Shannon Cosentino PsyD Sharon Stremel, PsyD	Forensic Assessment and Board Certification process	Many psychologists believe their career opportunities are limited to employment in an agency or a solo clinical private practice. This seminar will present options for creating unique opportunities to build a career as an independent assessment specialist and/or consultant in the forensic world.	1. Understand options for career opportunities in Forensic Psychological Assessments. 2. Learn strategies for marketing yourself as an assessment psychologist. 3. Learn how to develop a niche market for yourself as a psychologist, rather than work in a traditional structured position or private clinical practice. 4. Learn about the process to become board certified with Psy Pact and be able to practice across state lines.		2
12/9/2022 3:30 - 5:00	organizer: Dr. Glover	intern racial identify caucusing 3/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve well being, communication, and inclusion among interns and		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
				faculty		
12/15/2022 2:30 - 4:30	Tiffany Shelton, Ph.D.	Leadership Seminar: Vulnerability in Leadership	This seminar explores the facets of how vulnerability can aid one's leadership style and development. Discussion of related concerns, fears, and professional expression of vulnerability will help interns develop how they incorporate vulnerability into their own leadership style.	1. Interns will reflect upon their own world view related to the importance of vulnerability when leading. 2. Interns will determine how various leadership styles conflict with the prescription for vulnerability such as authoritarian styles, and brainstorm how to reconcile these conflicts. 3. Interns will identify areas where they can begin practicing vulnerability within their own leadership development.	Coaching for Leaders Podcast: Lois Frankel: How to Say No Without Saying No	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
	Computer based Training	TF-CBT	TF-CBT addresses the multiple domains of trauma impact including but not limited to Posttraumatic Stress Disorder (PTSD), depression, anxiety, externalizing behavior problems, relationship and attachment problems, school problems and cognitive problems. TF-CBT includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication.	1. Complete online training to be certified in TF-CBT.	TFCBT-Web (musc.edu)	3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
	Computer based Training	CPT	CPT is a manualized therapy used by clinicians to help people recover from posttraumatic stress disorder (PTSD) and related conditions. It includes elements of cognitive behavioral therapy (CBT) treatments. CPT has proven effective in treating PTSD across a variety of populations, including combat veterans, sexual assault victims, and refugees. CPT can be provided in individual and group treatment formats. CPT incorporates trauma-specific cognitive techniques to help individuals with PTSD more accurately appraise these "stuck points" and progress toward recovery.	1. Complete online training to be certified in CPT	https://cpt2.musc.edu/	3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
12/26/22 through 12/29/22	Lane Pederson, PhD	2 Day DBT Intensive	This intensive training explores DBT's theoretical basis, specific DBT interventions, and how to teach skills in individual and group settings. Familiarity with these skills and techniques along with experiential exercises will enhance your clinical skills and professional development.	1. Understand clinical process and content of DBT 2. Learn essentials such as validation, dialectical strategies, & communication styles 3. Apply DBT skills to assist clients in the change process		11
1/12/2023 2:30 - 4:30	Kirsten Kloock, PsyD	Equity in Psychological Testing	Review of psych assessment examining issues of current norms and test development with diverse populations	1. Develop understanding of inherent bias in testing 2. Explore how to address test biases when developing test batteries and taking a more contextual approach to assessment		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
1/19/2023 2:30 - 4:30	Tiffany Shelton, Ph.D.	The Infinite Game	This leadership seminar will explore the differences between an infinite mindset in leadership versus a finite mindset. This seminar will focus on identifying ways in which an infinite mindset can build stronger, more innovative, more inspiring organizations. This seminar will also begin discussing the leadership skills that help a team promote trust and cooperation.	1. The interns will learn to identify the difference between finite and infinite games. 2. The interns will identify their own finite games and infinite games (values/passions). 3. Interns will identify opportunities where they can cultivate their leadership skills and incorporate some of these techniques that promote trust and cooperation in the organization.	1)Infinite game: https://www.youtube.com/watch?v=tye525dkfi8&t=252s 2) Empathy: https://www.youtube.com/watch?v=IJyNoJCAuzA	2
1/26/2023 2:30p 4:30p	Elizabeth Shumann, MD	Psychopharmacology for children and adolescents	This class is an overview of psychopharmacology for adolescents and children with behavioral health disorders. Basic classes of medications will be reviewed along with the research supporting their use on and special concerns for younger populations.	1. Understand the different classes of medication for behavioral health disorders. 2. Learn the basic mechanisms by which these medications work, their contraindications, and special concerns with youth.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/2/2023 2:30 - 4:30	Sharon Stremel, PsyD	Careers in Community Mental Health	Discuss traditional and non-traditional career paths within CMHCs. Discuss how flexibility and initiative can lead to roles one might not have previously considered.	1. Learn about the different types of clients served and community collaborations that exist in the CMHC setting. 2. Learn about different professional opportunities and roles available to psychologists across different settings and populations in CMHCs. 3. Learn ways psychologists can develop new opportunities for themselves and their communities through a CMHC setting.		2
2/9/2023 2:30 - 4:30 pm	Tonya Grieb, MA Emily Turinas, MA	Dissertation presentation	Presentation of Dissertations by the Psychology Interns			
2/17/2023 12 - 1pm		A Social Justice Approach to Black Mental Health	The purpose of this training is to provide an overview of how inequity, implicit bias, and systemic racism has influenced the development of mental health disparities in the Black/African American community. Basic strategies for moving beyond cultural competency will be introduced.	1. Understand how implicit bias and systemic racism impact Black/African American communities and your clients. 2. Learn strategies to acknowledge and address these factors in your work and world		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/16/2023 2:30 - 4:30	Tiffany Shelton, PhD	Leadership Seminar - Leadership and World Change	This leadership seminar examines the impact of leadership on world change. Discussion will focus on how psychologists can lead in a way than affects needed world change through micro and macro efforts. Interns are asked to explore their own perspective of psychologist leadership within the domain of world change and consider professional psychologist ethics and values that support their perspective.	1. Interns will identify leadership activities on a micro level through their client work as well as through a macro lens through efforts such as advocacy that can affect value driven world change. 2. Interns will evaluate which psychologist ethics, codes of conduct, and professional values support psychologist leadership affecting positive world change. 3. Interns will identify areas of opportunity to utilize leadership skills in their current positions to begin practicing professional development and leadership in the arena of affecting world change.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/24/2023 3:30 - 5 p	organizer: Dr. Glover	intern racial identify caucusing 4/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty	https://brenebrown.com/podcast/brene-with-ibram-x-kendi-on-how-to-be-an-antiracist/ Recovering from Mistakes: Race and medicine	1.5
3/2/2023 2:30p - 4:30p	Sharon Stremel, PsyD Harlan Austin, PhD (tentative)	Professional Development Early Career Psychologist: Planning for a successful career	Discuss how a broad training background and creative thinking can contribute to increased career options.	1. Examine how generalist training can benefit the post doc search . 2. Explore post doc strategies as part of career development strategies		2
3/9/2023 2:30 - 4:30 p	Esther Weiner, PsyD	White Racial Identity in the Therapy Room	This training will allow participants to further explore their racial identity, learn research on White normativity, discuss implications of and ways to navigate White clinician-White client dyads, and identify tools to use in continuously building an antiracist lens in their professional and personal practice.	1. Participants will be able to define White normativity and identify 3 ways it impacts the field of psychology. 2. Participants will be able to apply concepts and tools to a clinical vignette. 3. Participants will be able to describe one goal for applying knowledge and tools in their clinical work.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
3/16/2023 2:30 - 4:30 pm	Allyson Drayton, LPC	Assessing Racial Trauma	In 2020, The Center for the Study of Hate and Extremism found that hate crimes are at their highest level in a decade with Black/African Americans being the most targeted group. However, while Post-Traumatic Stress Disorder (PTSD) is commonly assessed and treated, the ambiguous nature of race-based trauma has meant that mental health professionals often lack appropriate tools to assess and treat racial trauma in their clients.	1. Become familiar with clinical tools used for the assessment of racial trauma 2. Learn how to differentiate between racial trauma and PTSD 3. Become familiar with biopsychosocial factors that influence the development of racial trauma		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
3/23/2023 2:30 - 4:30	Tiffany Shelton, Ph.D.	Leadership Seminar: How to lead in a divided world	This leadership seminar examines how to navigate leadership in a polarized world. Discussion will focus on leading amongst a myriad of different political opinions, personal values, visions for the future, and religious beliefs. Interns will be asked to explore how they can show up with integrity and incongruence with who they are while also respecting others	1. Interns will learn strategies for leading with tolerance and authenticity to their own values 2. Interns will evaluate how they can lead with integrity in polarized world 3. Interns will identify growth areas for leading with authenticity amongst a myriad of opinions.	Interview with Barack Obama: https://www.youtube.com/watch?v=9buDC32fKw0 OR https://www.youtube.com/watch?v=iKsz9pd3Kqs	2
3/30/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Control Therapy 1	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session 1 we will be reviewing theory and data supporting the use of PCT with clts who experience panic	1. Understand underlying theory and research behind PCT 2. Learn relationship between diathesis stress model and panic disorder 3. Learn protocol procedures and important therapist behaviors 4. Review of tracking procedures	Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic Therapist Guide (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic: Workbook (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
April Online Training	Relias	Best Practices in Suicide Screening and Assessments	Suicide remains a leading cause of death in the US and across age groups it is the 10th leading cause of death. It is the first leading cause of death in individuals ages 10 - 34. From 2006 to the present time, suicide rates have increased by 2% a year underlining the importance of practicing effective assessment for suicide when working with clinical populations.	1.Recognize risk and protective factors in suicide 2. Learn how to effectively screen and identify individuals at risk of suicide 3. Summarize major components of a comprehensive suicide assessment		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
4/6/2023	Sharon Stremel, PsyD Kiara Kuenzler, PsyD	Opportunities for Psychologists to Impact Policy and Legislation in Mental Health.	Learn about the importance of working with state and local leaders to improve the impact of community mental health.	1. Interns will understand the impact that decisions made on state and local levels affect the ability of CMHCs to function and provide the services needed by our communities. 2. Interns will understand the importance of collaborating with community organizations, lobbying groups, advocacy groups, and state and local officials to effectively impact funding and legislation for CMHCs. 3. Interns will learn about ways psychologists at any level can have an impact or policy and legislation.		1.5
4/13/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Control Therapy 2	PCT session 2 training focus on reviewing structuring sessions and teaching	1. Learn how to structure sessions over the course of the protocol 2. Strategize how to support clients in tracking requirement 3. Practice teaching breathing and cognitive skills to clients	Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic Therapist Guide (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic: Workbook (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
4/21/2023 3:30p- 5 p	organizer: Dr. Glover	intern racial identify caucusing 5/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
4/20/2023 2:30 - 4:30 pm	Tiffany Shelton, Ph.D.	Leadership Seminar: Authentic Leadership	This leadership seminar examines how to navigate leadership with authenticity. Discussion will focus on how authenticity can help lower stress as a leader and lead to more impact. Interns will be asked to continue to explore how they can show up authentically as a leader.	1. Interns will learn strategies for leading with authenticity. 2. Interns will evaluate their own comfort levels with authentically leading. 3. Interns will identify strategies to further their authentic leadership skills.		2
4/27/2023 2:30p - 4:30 p	Tonya Grieb MA & Emily Turinas MA	Case presentation	Interns' presentation of an assessment case in partial fulfillment of internship requirements			

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/4/2023 2:30p - 4:30 p	Jody Lovejoy, PsyD, LCSW	Careers in Private Practice and Assessment in clinical practice.	Creating an Operational Business Plan, Pricing, Consent and Agency, Malpractice, Marketing and Financial Planning	1. Students will be able verbalize what they need to set up a private practice and what resources they must employ to guard against malpractice claims. 2. Students will understand logistical considerations as well as the importance of a sound clinical assessment (in terms of treatment planning as well as documentation and risk management).		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/11/2023 2:30p - 4:30p	Kathy Baur, PhD	Panic Control Therapy 3	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session 3 we will be focusing on principles of exposure and interoceptive exposure.	1.Review research of PCT with diverse populations 2.Review principles of exposure 3.Learn interoceptive exposure protocol 4.Practice interoceptive exercises	Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic Therapist Guide (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic: Workbook (Fifth). Oxford Press. Sanderson, W. C., Raue, P. J., & Wetzler, S. (1998). The generalizability of cognitive behavior therapy for panic disorder. Journal of Cognitive Psychotherapy, 12(4), 323–330. https://doi.org/10.1891/0889-8391.12.4.323 Mendoza DB, Williams MT, Chapman LK, Powers M. Minority inclusion in randomized clinical trials of panic disorder. J Anxiety Discord. 2012 Jun;26(5):574-82. doi: 10.1016/j.janxdis.2012.02.011. Epub 2012 Feb 13. PMID: 22445317.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/18/2023 2:30p - 4:30p	Tiffany Shelton, Ph.D.	Leading Without Authority	This seminar explores the skills a leader can incorporate in order to help those around him/her cooperate and collaborate to reach their full potential. It will discuss how changing your mindset towards what Mr. Ferrazzi calls "co-elevation" (working to elevate those around you) can help everyone on the team. Drawing on emerging research in organizational and behavioral psychology, this seminar will discuss important components of leadership which include building trust, creating candor, and driving transparency and purpose.	1. Interns will discuss and identify the difference between leadership that uses authority versus co-elevation. 2. Interns will examine components of their own leadership style that they would like to improve upon in order to lead without authority.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/19/2023 3:30 - 5pm	organizer: Dr. Glover	intern racial identify caucusing 6/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
5/25/2023 2:30 - 4:30	Kirsten Kloock, Psy.D.	Setting up a Private Practice for Success	This seminar will focus on creating, building, and maintaining a private practice.	1. Discuss the pros and cons of private practice 2. understanding business models and revenue streams 3. Discuss self-pay vs. insurance		2
6/1/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Part 4	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session we will be focusing on in vivo exposure for agoraphobia and ongoing maintenance after protocol completion.	1.Learn in vivo exposure protocol for agoraphobia 2.Practice creating in vivo exercises for agoraphobia 3.Review process for assisting clients to maintain gains	Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic Therapist Guide (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic: Workbook (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
6/15/2023 2:30-4:30	Tiffany Shelton, Ph.D.	Inspiring Action	As a psychologist, an essential component of leading is the ability to inspire change within clients, communities, and professional settings. This leadership seminar will explore tools, mechanisms, and values associated with enacting leadership to inspire action that changes lives for the better. Interns will reflect upon their own education and experience related to being a catalyst for positive action, and evaluate leadership skills that are most effective in doing so.	1. Interns will discuss and identify the difference between leadership that uses authority versus co-elevation. 2. Interns will examine components of their own leadership style that they would like to improve upon in order to lead without authority.	Coaching for Leaders Podcast: Keith Ferrazzi - Leading Without Authority	2
6/29/2022		Fourth of July break				
7/13/2023 12:00 - 12:15p	Tonya Grieb and Emily Turinas		Intern research presentation	Final project for the research rotation		

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
7/12/2023 11:30 - 1pm	Sharon Stremel, PsyD Laurie Ivey, PsyD	Professional Development creating Community and Networking	Professional networking is important for all aspects of a psychologist's career. Networking not only helps individuals with obtaining jobs and building practices, but also ensures a network for professional consultation and personal support. We will discuss all aspects of networking and professional community building, with the goal of helping interns begin to vision how they will build their own networks over the next 3-5 years.	1. Interns will understand importance of building and sustaining a professional network 2. Interns will garner ideas about networking on local, state, and national level 3. Interns will gain understanding of academic track/promotion track and how to manage professional accomplishments 4. Interns will begin to think about their own future path and what building blocks they will develop/implement in the next 3-5 years		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
7/20/2023 2:30-4:30PM	Tiffany Shelton, Ph.D.	Leadership Seminar: Advancing your career	This seminar explores how to advance your career as a leader in psychology. Discussion will focus on how to navigate next steps in their psychology careers and how to begin to establish themselves as leaders in our field. Interns will be asked to create a working plan of how they will achieve their career aspirations, foster strong relationships, and lay the foundation as an impactful leader.	1. Interns will learn strategies to support their career aspirations 2. Interns will gain leadership consultation for their specific working career plan.	https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en	2
8/3/2023 2:30 - 4:30 pm	Sharon Stremel, PsyD; Stephanie Johnson, LMFT	Professional Development	Discuss what couples therapy work looks like in outpatient practices. Discuss goals of couples therapy and the role of the couples therapist. Discuss contraindications to couples therapy.	1. Learn different modalities of couples therapy and the benefits/drawbacks of each 2. Learn how one would get trained in these modalities. 3. Learn difficulties and joys of working with this population		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
8/10/2023 2:30 - 4:30p	Tiffany Shelton, Ph.D.	Reflection	This seminar is intended to help the interns reflect on what they have learned about themselves and the meaning of leadership in general. This seminar will be a reflective exercise that will allow the interns to identify how they have improved as a leader and how they can continue to grow as a leader within the field.	1. Interns will reflect on what they have learned about themselves and the meaning of leadership in general. 2. Interns will identify how they have improved as a leader and how they can continue to grow as a leader within the field.		2
					Total Hours	**128**

Appendix D

A Revision of the Multicultural Counseling Awareness Scale (MCKAS)

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

1. I believe all clients should maintain direct eye contact during counseling.

1 2 3 4 5 6 7

2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.

1 2 3 4 5 6 7

3. I am aware some research indicates that minority clients receive “less preferred” forms of counseling treatment than majority clients.

1 2 3 4 5 6 7

4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.

1 2 3 4 5 6 7

5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.

1 2 3 4 5 6 7

6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

1 2 3 4 5 6 7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

1 2 3 4 5 6 7

8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.

1 2 3 4 5 6 7

9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

1 2 3 4 5 6 7

10. I think that clients should perceive the nuclear family as the ideal social unit.

1 2 3 4 5 6 7

11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

1 2 3 4 5 6 7

12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

1 2 3 4 5 6 7

13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

1 2 3 4 5 6 7

14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

1 2 3 4 5 6 7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

1 2 3 4 5 6 7

16. I am knowledgeable of acculturation models for various ethnic minority groups.

1 2 3 4 5 6 7

17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.

1 2 3 4 5 6 7

18. I believe that it is important to emphasize objective and rational thinking in minority clients.

1 2 3 4 5 6 7

19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

1 2 3 4 5 6 7

20. I believe that my clients should view a patriarchal structure as the ideal.

1 2 3 4 5 6 7

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

1 2 3 4 5 6 7

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

1 2 3 4 5 6 7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

1 2 3 4 5 6 7

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

1 2 3 4 5 6 7

25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.

1 2 3 4 5 6 7

26. I am aware that being born a White person in this society carries with it certain advantages.

1 2 3 4 5 6 7

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

1 2 3 4 5 6 7

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

1 2 3 4 5 6 7

29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

1 2 3 4 5 6 7

30. I believe that all clients must view themselves as their number one responsibility.

1 2 3 4 5 6 7

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

1 2 3 4 5 6 7

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

1 2 3 4 5 6 7

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:

Appendix E

Psychology Intern Training Plan
(To be completed at the beginning of each rotation)

Intern:_____ Rotation:_____Date: _____
Individualized training plans are designed to assist supervisees in meeting their personal training objectives in addition to those of the training program.

Individualized Rotation-Specific Competencies:

1.

2.

3.

4.

5.

6.

Training Activities to Support Competencies:

1.

2.

3.

4.

5.

6.

Date for Reassessment of Progress: _____
I have read and understand this training plan and been provided opportunities to discuss it with my primary supervisor.

_____ _____
Signature of Supervisee Signature of Supervisor

Appendix F

JEFFERSON CENTER
PSYCHOLOGY INTERN EVALUATION

Intern Name:
Primary Supervisor:
Date of Review:
Pre, Mid or End Review:

1 = Performance at the Entry Level for a psychology intern
2 = Performance at the Mid-Year for a psychology intern
3 = Performance at the Exit Level for a Psychology Intern and Entry Level for Post-Doctoral Fellow
4 = Performance at the Exit Level for a Post-Doctoral Fellow
5 = Performance at Independent Professional Practice
NO - Not observed
N/A – No longer applicable

Please evaluate this student's overall performance based on the above rating scale to including a written summary of the intern's skill level including areas of strength and areas for improvement.

Competency 1	**Intervention Competency: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in intervention.**	
Element 1.1 Interns show ability to effectively form case conceptualization and create appropriate treatment planning.		
1.1.1	Uses appropriate elements of evidence-based theory in presenting case conceptualizations	
1.1.2	Creates effective treatment plans that are appropriate to the diagnosis and problem	
1.1.3	Incorporates knowledge of relevant outcome research and evidence-based practice in treatment plans	
1.1.4	Creates treatment planning that is contextual, maintaining sensitivity to and knowledge of client's diversity factors and needs	
1.1.5	Collaborates effectively with client in development of therapeutic goals and treatment plan	
1.1.6	Assess independently the treatment effectiveness through measurable and achievable objectives	
Element 1.2 Interns show the ability to implement therapeutic interventions.		
1.2.1	Uses appropriate EBP based on the client's diagnosis, presenting problems, and contextual factors	
1.2.2	Articulates theoretical bases for use of interventions used in sessions	

1.2.3	Formulates evidence-based interventions based on treatment plan goals and objectives	
Element 1.3 Interns show the ability to implement crisis interventions.		
1.3.1	Assesses danger to self and/or others	
1.3.2	Takes a more directive role with client when necessary in crisis situations	
1.3.3	Responds with professional demeanor in crisis situations	
1.3.4	Consults appropriately in crisis situations	
1.3.5	Integrates knowledge of contextual and diversity factors in assessing and intervening in crisis situations	
1.3.6	Mobilizes resources and responds effectively to clients' needs while in crisis	
1.3.7	Conducts evaluations independently as requested by local hospitals' emergency departments	N/A
Element 1.4 Interns demonstrate fundamental Therapeutic skills.		
1.4.1	Establishes rapport with a diverse clientele	
1.4.2	Provides emotional containment and structure when needed in session	
1.4.3	Makes timely adjustments in session based on material the client presents	
1.4.4	Demonstrates professional awareness and management of therapist reaction to client (counter-transference)	
1.4.5	Displays professional awareness and management of clients' reactions to therapist (transference)	
1.4.6	Implements effective interventions with attention to evidence-based models and flexibility to adapt when needed	
1.4.7	Plans for and addresses termination with sensitivity	
1.4.8	Includes collateral participants and ongoing resources when appropriate	

Comments:

Competency 2	Assessment Competency: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in assessment.	
Element 2.1 Interns demonstrate diagnostic skill and clinical formulation.		
2.1.1	Assess with accuracy the presenting issues taking into account the client's larger life context, including diversity factors	
2.1.2	Integrates new information into conceptual understanding of client	
2.1.3	Utilize appropriate diagnostic criteria to make differential diagnoses	
Element 2.2 Interns demonstrate skill at instrument selection, administration, and scoring.		
2.2.1	Selects and implements multiple methods and means of evaluation independently and with awareness of instrument psychometrics and current research psychometrics and current research	
2.2.2	Selects and implements multiple methods and means of evaluation independently and in ways that are responsive to and respectful of diverse individuals	
2.2.3	Uses appropriate inquiries when administering the Rorschach	N/A
2.2.4	Scores Rorschach responses from client's protocol accurately	N/A
2.2.5	Administers and scores Wechsler Intelligence scales with accuracy	
2.2.6	Administers and scores objective measures of personality accurately	
Element 2.3 Interns demonstrate ability to accurately interpret assessment data.		
2.3.1	Accurately evaluates the validity of assessment data based on validity scales, population norms, diversity issues and test behavior	
2.3.2	Accurately interprets the Rorschach structural summary	N/A
2.3.3	Articulates the use of T-scores to interpret MMPI and Millon protocols	
2.3.4	Synthesizes data accounting for any	

	conflicting data	
Element 2.4 Interns demonstrate ability to write cogent reports which communicate the salient aspects of the assessment.		
2.4.1	Reports use appropriate language (recognition of scope and limitation of results, interpretation of findings into meaningful client centered narrative, and using results to support statements)	
2.4.2	Reports are comprehensive and answer the referral questions within the context of presenting complaints, history, and larger social, cultural, environmental factors, and instrument limitations	
2.4.3	Generates recommendations consistent with assessment findings	
Element 2.5 Intern accurately communicates assessment findings to the referring party and client(s).		
2.5.1	Schedules and provides feedback process for psychological assessments in a timely manner	
2.5.2	Demonstrates knowledge of and sensitivity to cultural and diversity issues in feedback session	
2.5.3	Explains the test results in terms the patient and/or caregiver can understand, responding to issues raised by patient or caregiver	

Comments:

Competency 3	**Ethics and Legal Competency: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and legal standards.**	
Element 3.1: Interns show knowledge of ethical, legal and professional standards as it relates to the practice of psychology.		
3.1.1	Demonstrates knowledge of APA Ethical Principles and other relevant ethical, legal, and professional standards and guidelines	
3.1.2	Demonstrates knowledge of Federal and State laws for psychologists	

3.1.3	Consults with supervisor on ethical issues or potential issues in clinical work	
Element 3.2 Interns adhere to ethical principles and guidelines.		
3.2.1	Demonstrates ethical conduct with clients, co-workers, and others	
3.2.2	Demonstrates the ability to use a systemized approach in dealing with ethical concerns	

Comments:

Competency 4	**Individual and Cultural Diversity Competency: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and cultural diversity.**	
Element 4.1: Interns show awareness of self and others as cultural beings within the larger context of diversity.		
4.1.1	Demonstrates awareness of own background and its impact on clients	
4.1.2	Demonstrates commitment to continuing to explore own cultural identity issues and relationship to clinical work	
4.1.3	Identifies cultural and diversity aspects when reviewing cases	
Element 4.2: Interns take into consideration the effects of culture on clinical activities.		
4.2.1	Independently monitors and applies knowledge of self and others as a cultural being and applies knowledge of diversity of others in assessment, treatment, and consultation	
Element 4.3: Interns use evidence-informed approach to cultural considerations.		
4.3.1	Cites research used when reviewing cultural variables in clinical work	
4.3.2	Applies information to self and others as cultural being when formulating case conceptualizations	
4.3.3	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	

Comments:

Competency 5	Research Competency: Interns will achieve competence appropriate to their professional developmental level in the area of Research.	
Element 5.1: Interns demonstrate ability to apply scientific knowledge to practice.		
5.1.1	Applies scientific methods of evaluating clinical practices, interventions and programs	
5.1.2	Displays necessary self-direction in gathering clinical and research information independently and competently	
5.1.3	Engages in practices such as reading books and journal articles, and attending seminars, workshops, conferences, and presentations at internship meetings on a regular basis	
5.1.4	Seeks out current scientific literature as needed to enhance knowledge about clinical practice and other relevant areas	
5.1.5	Utilizes knowledge of statistical research techniques and standards to evaluate research articles' conclusions	
Element 5.2: Interns can apply scientific knowledge to the process of program evaluation.		
5.2.1	Articulates the components of effective program evaluation	
5.2.2	Interprets and effectively communicates results of program evaluation via presentation or other scholarly activity	

Comments:

Competency 6	Professional values and attitude competency: Interns will achieve competence appropriate to their professional developmental level in the area of Professional values and attitudes.	
Element 6.1: Interns show professional awareness as evidenced by their behaviors across settings.		
6.1.1	Accepts personal responsibility across settings and context	
6.1.2	Shows concern for the welfare of others	

6.1.3	Displays consolidation of professional identity as a psychologist, by demonstrating knowledge about issues central to the field	
Element 6.2 Interns show self-awareness and engage in reflective practice.		
6.2.1	Demonstrates reflectivity in context of professional practice (reflection in action), acts upon reflection, uses self as a therapeutic tool	
6.2.2	Self-assesses independently competence in all competency domains, integrates self-assessment in practice, recognizes limits of knowledge/skills	
6.2.3	Self-monitors issues related to self-care and promptly intervenes when disruptions occur	
6.2.4	Seeks supervision independently when needed	

Comments:

Competency 7	**Communications and Interpersonal Skills competency: Interns will achieve competence appropriate to their professional developmental level in the area of communications and interpersonal skills.**	
Element 7.1 Interns show professionalism in interpersonal relationships and communications with others.		
7.1.1	Develops and maintains effective relationships with a wide range of clients, colleagues, organization, and communities	
7.1.2	Manages difficult communications, possesses advanced interpersonal skills	
7.1.3	Demonstrates thorough grasp of professional language and concepts through verbal, nonverbal and written communications that are informative, articulate, succinct, sophisticated, and well-integrated	
Element 7.2 Interns demonstrate appropriate skills in clinical documentation.		
7.2.1	Documents within the records all patient contacts, including scheduled and unscheduled appointments including all crucial information and reflects the larger context of the client's experience	

7.2.2	Completes documentation accurately and in a timely manner as assessed by supervisor audit	

Comments:

Competency 8	**Consultation/inter-professional/interdisciplinary Interns will achieve competence appropriate to their professional developmental level in the area of Consultation/inter-professional/Interdisciplinary.**	
Element 8.1 Interns display knowledge of and appropriate use multidisciplinary collaboration.		
8.1.1	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across context and systems	
8.1.2	Demonstrates intermediate level knowledge of common and distinctive roles of other professionals	
8.1.3	Develops and maintains collaborative relationships over time	
Element 8.2 Interns display knowledge of and appropriate use of Inter-professional collaboration.		
8.2.1	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	
8.2.2	Participates and initiates interdisciplinary collaboration/consultation directed towards shared goals	
Element 8.3 Interns display knowledge of theories and methods of consultation.		
8.3.1	Articulates a general framework for understanding and practicing consultation in a community mental health center setting	
8.3.2	Applies literature to provide effective consultation services in most routine and some complex cases	
Element 8.4 Interns displays knowledge of and appropriate use of case management skills.		
8.4.1	Accesses appropriate services and resources based on the client's diagnosis, presenting problems, and contextual factors	

Comments:

Competency 9	Supervision competency: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision.	
Element 9.1 Interns demonstrate knowledge of theories and methods of supervision.		
9.1.1	Understands the ethical, legal, and contextual issues of the supervisor role	
9.1.2	Demonstrates knowledge of supervision models and practices	
Element 9.2 Interns demonstrate effective use of supervision.		
9.2.1	Comes to supervision prepared with openness and a willingness to learn	
9.2.2	Uses self-reflection in the supervision process to gain a better understanding of self as a clinician	
9.2.3	Seeks supervision independently when needed	
Element 9.3 Interns demonstrate effective provision of supervision.		
9.3.1	Demonstrates knowledge of and effectively addresses limits of competency to supervise	
9.3.2	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationship with their clients	
9.3.3	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	

Comments:
Strengths and Needs Further Development:

Intern Signature **Date**

Primary Supervisor Signature **Date**

Assessment Supervisor Signature **Date**

Training Director Signature **Date**

Appendix G

SUPERVISOR EVALUATION FORM

Supervisee Name_____

Supervision Period- From _____to_____

Supervisor Name_____ Date of Evaluation_____

Purpose: To provide the supervisor with an understanding of his/her job performance in relation to the supervisee, to suggest areas for improvement, to permit the student to offer feedback to the supervisor in a written form that is based on a set of clearly and previously-established criteria, and to increase the supervisor's competence as a supervisor.

Performance Level Rating Scale: Based on current assessment and progress of supervision and expectations of supervisee:

3 – this area is satisfactory
2 – it would be desirable to have a little more
1 – it would be desirable to have somewhat more
0 – much more of this is needed

Directions: Utilizing the Rating Scale above, place the appropriate number on the line provided at the end of each item.

Evaluation Items

Supervisor is able to:

1. Be flexible and responsive to your changing needs _____
2. Establish an atmosphere of acceptance and psychological safety _____
3. Call attention to errors in a tactful manner _____
4. Recognize and accommodate to your level of experience and style of learning _____
5. Refrain from indiscriminate use of praise _____
6. Provide opportunities for you to question, challenge or doubt _____
7. Encourage you to explore the implications of your interventions _____
8. Encourage you to formulate your understanding of the case material _____
9. Make specific suggestions when you need them _____
10. Not foster undue dependence on your part _____
11. When asked, present a clear, theoretical rationale for suggestions _____

12. Clearly inform you of legal issues _____
13. Clearly inform you of ethical issues _____
14. Be sensitive to the requirements placed on you by your agency _____
15. Admit errors and/or limitations without undue defensiveness _____
16. Be concrete and specific in comments _____
17. Facilitate your understanding of countertransference reactions to your clients _____
18. Seek consultation when it is needed _____
19. Summarize and/or highlight major points of supervisory session _____
20. Be reached in case of emergencies _____
21. Help you formulate the dynamics of the client _____
22. Listen sensitively to you _____
23. Help clarify and define the nature of problem(s) you are having in your work _____
24. Be clear about the limits of the supervisory relationship _____
25. Deal explicitly with the formal evaluation process _____
26. Through role-playing or other suitable techniques, to help you more effectively intervene with your client _____
27. Be straightforward with you regarding areas in which you need improvement _____
28. Be clear with you about the differences between supervision and psychotherapy _____
29. Maintain an appropriate focus in your sessions _____
30. “Be there” to meet your needs and not impose his/her issues on you _____
31. Be open to discussing any difficulties between the two of you which are hindering your learning _____
32. Clearly define the nature, structure, expectations, and limitations of the supervisory relationship _____
33. Make decisions and take responsibility when appropriate _____
34. Make you feel s/he genuinely wants to help you learn
35. Be a good role model for you _____
36. Provide you with general knowledge about professional psychology _____
37. Be sensitive and adaptive to the stresses you are experiencing as a student _____

Summarize the supervisor's strengths and weaknesses as you currently view them and make suggestions for ways in which your supervisor could further facilitate your learning.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Hall-Marley (2001) developed this Supervisor Feedback form as an instrument to provide feedback to supervisors on the trainee's experience of supervision. The form consists of sections including atmosphere for learning, supervision style, supervision conduct, and supervision impact. It is recommended a supervisor feedback form be used a minimum of four times during the training year and ideally, more frequently. It is a tool in establishing a dialogue and a feedback loop which should enhance the supervisory alliance.

(Also included in Appendices of Falender, C.A., & Shafranske, E.P. (2004). *Clinical Supervision: A Competency-based Approach*. Washington, D.C.: APA.

Appendix H

Jefferson Center for Mental Health
Mid-Year / End of Year
Doctoral Psychology Internship Evaluation Form

We would greatly appreciate your honest evaluation and comments about your internship experience at Jefferson Center for Mental Health. Your feedback will directly impact future program changes and improvements. We encourage as many written comments as possible, especially in areas where room for improvement is noted. Many thanks for your help in our on-going efforts to improve our internship program.

Intern Name: Training Period:

Overall evaluation

A. How would you rate the internship as a whole?

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Comments:

B. Would you recommend this internship to your peers?

Most definitely NOT	Definitely NOT	Neutral	Definitely YES	Most definitely YES
1	2	3	4	5

Comments:

C. Did the internship provide what you expected, based on the brochure, application process, and interviews?

Most definitely NOT	Definitely NOT	Neutral	Definitely YES	Most definitely YES
1	2	3	4	5

Comments:

II. Evaluation of overall training in each of the program's main competencies

Please rate the effectiveness of the training you have received (e.g., didactic, supervision, and experiential training, variety of training options, etc.) toward reaching competency using the following likert scale to rate each competency and element:

Poor	***Needs Improvement***	***Average***	***Good***	***Excellent***
1	2	3	4	5

<u>Competency 1</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in intervention

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 1.1

Interns show ability to effectively form case conceptualization and create appropriate treatment planning.

Element 1.2

Interns show the ability to implement therapeutic interventions.

Element 1.3

Interns show the ability to implement crisis interventions.

Element 1.4

Interns demonstrate fundamental therapeutic skills.

<u>Competency 2</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in assessment

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 2.1

Interns demonstrate diagnostic skill and clinical formulation.

Element 2.2

Interns demonstrate skill at instrument selection, administration, and scoring.

Element 2.3

Interns demonstrate ability to accurately interpret assessment data.

Element 2.4

Interns demonstrate ability to write cogent reports which communicate the salient aspects of the assessment.

Element 2.5

Interns accurately communicate assessment findings to the referring party and client(s).

<u>Competency 3</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and legal standards

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 3.1

Interns show knowledge of ethical, legal and professional standards as it relates to the practice of psychology.

Element 3.2

Interns adhere to ethical principles and guidelines.

<u>Competency 4</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and cultural diversity

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 4.1

Interns show awareness of self and others as cultural beings within the larger context of diversity.

Element 4.2

Interns take into consideration the effects of culture on clinical activities.

Element 4.3

Interns use evidence-informed approach to cultural considerations.

<u>Competency 5</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Research

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 5.1

Interns demonstrate ability to apply scientific knowledge to practice.

Element 5.2

Interns can apply scientific knowledge to the process of program evaluation.

<u>Competency 6</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Professional values and attitudes

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 6.1

Interns show professional awareness as evidence by their behaviors across settings.

Element 6.2

Interns demonstrate self-awareness and engage in reflective practice.

<u>Competency 7</u>: Interns will achieve competence appropriate to their professional developmental level in the area of communications and interpersonal skills.

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 7.1

Interns show professionalism in interpersonal relationships and communications with others.

Element 7.2

Interns demonstrate appropriate skills in clinical documentation.

<u>Competency 8</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation/interprofessional/interdisciplinary

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 8.1

Interns display knowledge of and appropriate use of multidisciplinary collaboration.

Element 8.2

Interns display knowledge of and appropriate use of inter-professional collaboration.

Element 8.3

Interns display knowledge of theories and methods of consultation

Element 8.4

Interns display knowledge of and appropriate use of case management skills.

<u>Competency 9</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 9.1

Interns demonstrate knowledge of theories and methods of supervision.

Element 9.2

Interns demonstrate effective use of supervision.

Element 9.3

Interns demonstrate effective provision of supervision.

III. In addressing the following aspects of your internship experience, please write the name of the rotation and rate each area on the following scale:

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

	Maj Rotation 1 _____	Maj Rotation 2 _____	Innovation Research	Crisis	Psych Assess
The supervision I received was of good quality.					
I received a sufficient amount of supervision.					
The content of training seminars was relevant.					
I found sufficient opportunity for professional development.					
The internship provided sufficient education in professional Ethics.					
The internship provided sufficient education in diversity.					

	Maj Rotation 1 _____	Maj Rotation 2 _____	Innovation Research	Crisis	Psych Assess
I had the opportunity to develop my supervisory skills.					
The breadth of the experiences supported by growth.					
My caseload was sufficient					
Good role models were available to me.					
I found the internship environment to be generally supportive.					
The internship was sufficiently challenging to me.					
I felt that I was respected by supervisors.					
My professional growth was encouraged.					
I received educational and emotional support in my job search.					
There was adequate support for my graduate research.					
Training took priority over the Center's needs.					
I felt welcomed in the training site.					
The teaching/training I received was effective.					

IV. A. Which internship experiences did you find most beneficial and why?

_____

_____

_____

B. Which internship experiences did you find least beneficial and why?

_____

_____

_____

C. What suggestions do you have for improvement of the internship training program?

_____

_____

_____

_____

V. Additional Comments (attach a separate sheet if desired):

_____

_____

_____

Name_____

Appendix I

Completed Psych Assessments

_____

Clt EMR #	Type of Assessment	Completion Date

_____ _____

Intern signature/date Psych Assessment
supervisor

Appendix J

Completed Presentations

Presentation	**Completion Date**
Dissertation Presentation	
Case Presentation	
Research Presentation	

_____ _____

Signature / Date
Intern

Signature / Date
Training Director

Appendix K

Jefferson Center for Mental Health

Wheat Ridge, Colorado

This certifies that

Intern name

has successfully completed a 2,000-hour Internship in Clinical Psychology Accredited as a doctoral internship in health services psychology

August 23, 2022 through August 22, 2023

Kathy Baur, PhD LP
Doctoral Internship Training Director

Kiara Kuenzler, PsyD LP
President & Chief Executive Officer

Appendix L

Post-Internship Contact Information Form

Internship Training Year: _____

Name: _____

Address _____

_____

_____

City _____

State/Zip _____

Phones:

Mobile: _____

Home _____

Email: _____

I give permission for Jefferson Center to contact me after the internship year for the purpose of collecting data on the progress in my career.

_____ _____

Signature Date

Appendix M

Jefferson Center
Post-Internship Survey
Follow-up Questionnaire for Internship Graduates

Your name:

I. Internship:

A. Dates of internship: _____

B. Average hours per week: _____

II. Academic Program:

A. Graduate Program: _____

Institution: _____

B. Degree & Year Graduated: _____

C. Area of Specialization: _____

Minor: _____

D. Was your program APA accredited when you graduated: Yes___ No____

III. Employment and Professional Activities:

Please list all places and dates of employment since your internship. Include the title of the position and the appropriate percentage of time spent in your responsibilities.

A. Present place of employment: _____

Position held: _____

Percentage of time/duties: _____

B. First employment following internship: _____

Position held: _____

Percentage of time/duties: _____

C. Are you licensed to practice as a psychologist? Yes____ No____

If so, in what state(s)? _____

D. Please list all your professional achievements (e.g., fellow status, diplomat, professional presentations and publications, community service):

_____

_____

_____

_____

_____

IV. Internship Evaluation:

Please evaluate the quality of your internship on the following:

A. Overall quality of experience

1	2	3	4	5
Poor		Adequate		Excellent

B. Overall quality of supervision

1	2	3	4	5
Poor		Adequate		Excellent

C. Breadth of experience

1	2	3	4	5
Poor		Adequate		Excellent

D. Depth of experience

1	2	3	4	5
Poor		Adequate		Excellent

II. Evaluation of overall training in each of the program's main competencies

Please evaluate the degree to which your internship experience met the training competencies based on the Likert scale below:

Poor	***Needs Improvement***	***Average***	***Good***	***Excellent***
1	2	3	4	5

<u>Competency 1</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in intervention

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 1.1

Interns show ability to effectively form case conceptualization and create appropriate treatment planning.

Element 1.2

Interns show the ability to implement therapeutic interventions.

Element 1.3

Interns show the ability to implement crisis interventions.

Element 1.4

Interns demonstrate fundamental therapeutic skills.

<u>Competency 2</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based practice in assessment

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 2.1

Interns demonstrate diagnostic skill and clinical formulation.

Element 2.2

Interns demonstrate skill at instrument selection, administration, and scoring.

Element 2.3

Interns demonstrate ability to accurately interpret assessment data.

Element 2.4

Interns demonstrate ability to write cogent reports which communicate the salient aspects of the assessment.

Element 2.5

Interns accurately communicate assessment findings to the referring party and client(s).

<u>Competency 3</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and legal standards

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 3.1

Interns show knowledge of ethical, legal and professional standards as it relates to the practice of psychology.

Element 3.2

Interns adhere to ethical principles and guidelines.

<u>Competency 4</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and cultural diversity

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 4.1

Interns show awareness of self and others as cultural beings within the larger context of diversity.

Element 4.2

Interns take into consideration the effects of culture on clinical activities.

Element 4.3

Interns use evidence-informed approach to cultural considerations.

<u>Competency 5</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Research

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 5.1

Interns demonstrate ability to apply scientific knowledge to practice.

Element 5.2

Interns can apply scientific knowledge to the process of program evaluation.

<u>Competency 6</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Professional values and attitudes

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 6.1

Interns show professional awareness as evidence by their behaviors across settings.

Element 6.2

Interns demonstrate self-awareness and engage in reflective practice.

<u>Competency 7</u>: Interns will achieve competence appropriate to their professional developmental level in the area of communications and interpersonal skills.

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 7.1

Interns show professionalism in interpersonal relationships and communications with others.

Element 7.2

Interns demonstrate appropriate skills in clinical documentation.

<u>Competency 8</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation/interprofessional/interdisciplinary

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 8.1

Interns display knowledge of and appropriate use of multidisciplinary collaboration.

Element 8.2

Interns display knowledge of and appropriate use of inter-professional collaboration.

Element 8.3

Interns display knowledge of theories and methods of consultation

Element 8.4

Interns display knowledge of and appropriate use of case management skills.

<u>Competency 9</u>: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision

Poor	Needs Improvement	Average	Good	Excellent
1	2	3	4	5

Element 9.1

Interns demonstrate knowledge of theories and methods of supervision.

Element 9.2

Interns demonstrate effective use of supervision.

Element 9.3

Interns demonstrate effective provision of supervision.

V. What experiences in your internship specifically aided you in obtaining post-internship employment?

_____

_____

_____

_____

_____

IV. In addressing the following aspects of your internship experience, please write the appropriate numbers in the response column:

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

A. The primary <u>supervision</u> I received was of good <u>quality</u>. _____
B. I received a sufficient <u>amount of supervision</u>. _____
C. The content of <u>training seminars</u> was relevant. _____
D. I found sufficient opportunity for <u>professional development</u>. _____
E. Adequate <u>role models</u> were available to me. _____
F. The internship provided sufficient education in <u>professional ethics</u>. _____
G. I had the opportunity to develop my <u>clinical skills</u> in working with <u>individuals</u>. _____
H. I had the opportunity to develop my <u>clinical skills</u> in working with <u>groups</u>. _____

I. I had the opportunity to develop my supervisory skills. _____
J. I found the internship environment to be generally supportive. _____
K. Peer support was available throughout the internship. _____
L. The internship was sufficiently challenging to me. _____
M. Treatment of interns reflected respect. _____
N. My personal growth was encouraged. _____
O. I received educative and emotional support in my job search. _____
P. There was adequate support for my graduate research. _____
Q. Training did not seem subordinate to service delivery. _____
R. I found the Counseling Center supportive of my professional activities. _____

VII. A. Which internship experiences did you find *most* beneficial and why?

_____

_____

_____

_____

_____

B. Which internship experiences did you find *least* beneficial and why?

_____

_____

_____

_____

_____

C. What suggestions do you have for improvement of the internship training program?

_____

_____

_____

_____

_____

VIII. Additional Comments (attach a separate sheet if desired):

_____

_____

_____

Name _____ Date_____

Appendix N

Due Process:
Informal discussion of identified issue documentation template

Date and time of discussion:

People present:

Review of problem and competency expectations that are not being met (provide examples)

- problem definition
- expectations to remediate
- any support/resources needed by the student,
- schedule of check ins based on time frame to remediate, and
- time-frame to remediate the problem.

Appendix O

Due Process:
Verbal warning documentation template

Date and time of verbal warning:

People present:

Date DCT notified:

Review of problem and competency expectations that are not being met (provide examples)

Review of competency expectations (provide examples)

Identified support/resources needed and how the intern is to access them

Time-frame for progress check-in(s) (what is to be done and by when)

Time-frame for complete competency expectations (measurable outcome and by when)

Appendix P

Due Process: Written Notice of Competency Concern

Date / Time: Date DCT notified: _____

Attendees:

Competency expectations that are not being met:(Examples are not exhaustive)

- ***This plan may be modified by supervisors and may exclude the intern's input at any time based on changes in the situation or due to intern behaviors.***
- ***List of examples is not exhaustive and is provided to help clarify the issues to be remediated.***

Competency/Element/Issue	Current performance	Remediation attempted to date

Remediation Plan

Competency/Element/Issue	Expected performance	Check in/ Completion by:

Resources to be provided:

Supervisor signature/date Intern signature/date

Appendix Q

Jefferson Center

Due Process: Psychology Intern Development Plan

Intern Name: _____Date Due Process began: _____

Supervisor Name: _____ Person Completing form: _____

Plan Date: _____ Review Date: _____

Date DCT notified: _____

- ***This plan may be modified by supervisors and may exclude the intern's input at any time based on changes in the situation or due to intern behaviors.***
- ***List of examples is not exhaustive and is provided to help clarify the issues to be remediated.***

Narrative of background of identified concern(s) requiring remediation:

Competency/Element/Issue	Current performance with examples	Remediation attempted to date

Development Plan (page __)

Competency/Element/Issue	Expected performance on competency with measurable outcomes	Check in dates/ Completion date:

Resources needed and who is to provide:

Intern's responsibilities:

Supervisor's responsibilities:

Consequence(s) for missing intermediate and/or final deadlines or not fully remediating the issue:

Intern Signature/Date

Supervisor/Rotation /Date

Training Director Signature/Date

Academic DCT signature / Date

Appendix R

Due Process: Appellate Panel Meeting
Final Decision Statement
Date / Location

Attendees

Chair
Committee Panel Member
Committee Panel Member
Intern's Panel Member
Intern's Panel Member

Other appeal process participants

Intern	5 minute statement either in person or written statement
CEO	Final adjudication of decision

Decision Process
Review of decision being appealed
Intern appeal statement
Hearing process used to arrive at the decision

Factors leading to the decision
What was the data used to make the decision
How the data informed the decision

Decision statement: (be specific)
Appellate Panel decision:
Any qualifiers

Signatures of all Appellate Panel members:

Date DCT notified:

Appendix S

Due Process: Adjudication Form
Decision Statement

Concurrence with the Appellate Panel findings:

- reasoning for this decision
- statement of consequence(s)

Disagree with the Appellate Panel findings:

- reasoning for this decision
- statement of modification

CEO signature / date

Date Intern notified:

Date DCT notified:

Appendix T

Psychology Intern Grievance Form

It is the purpose of the Grievance Procedure to establish a method whereby grievances of interns will be resolved fairly and effectively. The filing of a grievance will in no way prejudice the status of the intern. Please see the Doctoral Psychology Internship Intern Manual for a full description of the procedure.

Intern: _____ Date: _____

Program: _____ Supervisor: _____

Statement of Grievance (Background/activity leading to complaint, including dates):

_____

_____

_____

_____

_____

Remedy Requested:

_____

_____

_____

_____

_____

Intern's Signature: _____ Date: _____

Date the Immediate Supervisor was notified: _____
(Please attach response)

Date the Training Director was notified: _____
(Please attach response)

Meeting date/time: _____
Attendance: _____
Solutions tried to date_____

_____

_____

Results of the review _____

_____

_____

Section 4: References

References

American Psychological Association (APA). (2010, June 1). *Ethical Principles of Psychologists and Code of Conduct.* Retrieved May 7, 2015 from http://www.apa.org/ethics/code/

Communication Between Graduate Programs and Internship Programs (2007). Retrieved on September 30, 2014,from http://www.apa.org/ed/resources/comm-guideline.pdf

Falender, C.A., & Shafranske, E.P. (2004). *Clinical Supervision: A Competency-based Approach*. Washington, D.C.: APA.

Lamb, D.H., Baker, J.M., Jennings, M.I., & Yarris, E. (1983). Passages of an internship in professional psychology. Professional Psychology: Research and Practice. 18(6), 597-603.

Lamb, D. H., Presser, N. R., Pfost, K. S., Baum, M. C., Jackson, V. R., & Jarvis, R. A.(1987). Confronting professional impairment during the internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice, 18,* 597-603.

Ponterotto, J. (2010, January 21). Multicultural Counseling Knowledge and Awareness Scale (MCKAS): A Revision of the Multicultural Counseling Awareness Scale. Retrieved June 11, 2015.

Section 5: Ethical Principles of Psychologists and Code of Conduct

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

Effective June 1, 2003 (as amended 2010, 2016). Effective January 1, 2017

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

American Psychological Association. (1953). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist, 14,* 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist, 18,* 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist, 23,* 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor,* 22-23.

American Psychological Association. (1979). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist, 45,* 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47,* 1597-1611.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 *"Ethical Principles of Psychologists and Code of Conduct."* *American Psychologist, 65,* 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the *"Ethical Principles of Psychologists and Code of Conduct"* (2002, as amended 2010). *American Psychologist, 71,* 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (*e.g., reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.~~ Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and ~~to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.~~ take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

750 First Street, NE
Washington, DC 20002–4242

Printed in the United States of America

Section 6: Receipt of Intern Manual and Due Process/Grievance Procedure

Jefferson Center
Doctoral Psychology Internship Program
Receipt of Intern Manual and Due Process/Grievance Procedure

As part of my orientation to the internship I acknowledge receipt of the Psychology Intern Manual. I have read, understood, and acknowledge that as a Psychology Intern at Jefferson Center, I am expected to abide by the guidelines set forth in the Due Process Procedure document for the duration of my internship year. I understand that a copy will be placed in my personnel file.

Psychology Intern Name (printed)	Date
Psychology Intern Signature	Date