



Doctoral Psychology Internship Manual

Child Guidance Center of Southern Connecticut

2021-2022

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CGC Doctoral Internship Program Aim

The aim of the doctoral psychology internship program at CGC is to produce professional psychologists equipped with the essential intervention and assessment skills requisite to improving the mental and behavioral health of children and families who present with a broad range of psychosocial configurations. Upon graduation, interns will be capable of providing the full range of services needed to work within a community based mental health setting, and in particular, the skills to engage and work with the various systems that impact each child. The overarching training objective of the doctoral internship program at the CGC is to enhance professional skills under supervision and to provide a means for the intern to develop and mature in their professional identity as a clinician and a functioning member of a clinical team.

CGC Doctoral Internship Program Competencies

The doctoral psychology internship program at the CGC provides training in nine profession-wide competencies. By the completion of internship, interns are expected to have achieved intermediate to advanced level of competence in each of the nine areas and all associated elements outlined below. The Competencies and Behavioral Elements are as follows:

1. Research
 - a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly material via professional publication or presentation
 - b. Utilizes scholarly literature and other resources to inform practice with diverse clients
2. Ethical and Legal Standards
 - a. Demonstrates knowledge of and acts in accordance with each of the following:
 - i. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - ii. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, state, local, regional, and federal levels; and
 - iii. relevant professional standards and guidelines
 - b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve dilemmas
 - c. Conducts self in an ethical manner in all professional activities
3. Individual and Cultural Diversity
 - a. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with others
 - b. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities
 - c. Integrates knowledge of individual and cultural differences in the conduct of professional roles

- d. Demonstrates the ability to independently apply his/her knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the internship
- 4. Professional Values, Attitudes, and Behaviors
 - a. Behaves in ways that reflect the values and attitudes of psychology, including integrity, accountability, curiosity, openness, and concern for the welfare of others
 - b. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness
 - c. Actively seeks and demonstrates openness and responsiveness to feedback and supervision
 - d. Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of functioning
 - e. Actively participates in scheduled appointments, training activities, and meetings consistently and on time
 - f. Maintains appropriate boundaries in professional and clinical relationships
 - g. Completes documentation in a timely and professional manner
- 5. Communication and Interpersonal Skills
 - a. Develops and maintains effective relationships with a wide range of individuals (e.g., colleagues, supervisors, clients, organizations, community providers)
 - b. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts
 - c. Demonstrates effective interpersonal skills and the ability to manage difficult communication well
- 6. Assessment
 - a. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
 - b. Demonstrates understanding of human behavior within its context (e.g.: family social, societal, and cultural)
 - c. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
 - d. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
 - e. Interprets assessment results, follows current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective
 - f. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences
- 7. Intervention

- a. Establishes and maintains effective relationship with the recipients of psychological services
 - b. Develops evidence-based intervention plans specific to the service delivery goals
 - c. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
 - d. Demonstrates the ability to apply the relevant research literature to clinical decision making
 - e. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
 - f. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation
 - g. Demonstrates ability to manage high-risk clinical situations effectively and ethically
 - h. Appropriately uses and responds to non-verbal communication, including engaging in and utilizing play therapy
8. Supervision
- a. Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals. Examples of direct simulated practice of supervision include, but are not limited to, role-played supervision with others and peer supervision with other trainees
 - b. Demonstrates an increasing ability to guide exploration of case material to better formulate a solid case conceptualization through peer consultation, case collaboration and team meetings.
9. Consultation and Interprofessional/Interdisciplinary Skills
- a. Demonstrates knowledge and respect for the roles and perspectives of other professions
 - b. Applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

APPIC Membership and APA Accreditation Status

The Doctoral Psychology Internship (Child and Adolescent) Program at CGC is an APPIC-member program (number **1605**), and abide by the policies set forth by APPIC.

The CGC Doctoral Internship Program is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
 American Psychological Association
 750 1st Street, NE, Washington, DC 20002
 Phone: (202) 336-5979
 E-mail: apaaccred@apa.org
 Web: www.apa.org/ed/accreditation

Overview of the Child Guidance Center of Southern Connecticut, an affiliate of Community Health Center, Inc.

In January, 2020, CGC formed an alliance with Community Health Center, Inc. (CHC). Founded in 1972, CHC shares CGC's ultimate mission: to make health care services available to everyone, regardless of ability to pay. CHC has offices throughout Connecticut and provides medical, dental, and behavioral health services to the most vulnerable populations, including both children and adults. Currently, CHC sites include health clinics, school-based service sites, and mobile service locations. Since their inception, CHC has maintained the mission that "health care is a right, not a privilege."

Under the auspices of CHC, The Child Guidance Center of Southern Connecticut (CGC) is an independent not-for-profit agency that has served southwestern Fairfield County for 65 years. Located in Stamford, Connecticut, CGC provides care to children and families in the form of Crisis Services, Specialized Treatment Programs, and Prevention Programs. ***Our mission is to improve the mental and behavioral health of children and teens through treatment, education, and community support.***

CGC offers a broad range of individualized mental health diagnostic, assessment and treatment services to aid children in overcoming psychological, behavioral, developmental, social and familial problems in conveniently located clinics, homes, schools and other community locations. We provide 1) crisis services 2) specialized treatment services, 3) prevention services, 4) testing and assessments, and 5) consultation services.

CGC is committed to providing the highest quality mental health services regardless of a family's financial circumstances. Our services are:

- Individualized for each child
- Grounded in the active engagement of families
- Based on current research and best practice
- Culturally respectful and responsive
- Strengths-based, promoting resilience and independence

As employees of CGC, we demonstrate the following core values in our interactions with clients, colleagues and community partners:

- Integrity- Show devotion to what is right, honest, and just
- Respect- Treat others with dignity
- Caring- Be kind and helpful
- Excellence- Strive for professional distinction and growth
- Diversity- Respect individual and group differences

CGC serves a diverse population and provides face-to-face services in three languages: English, Spanish, and Haitian-Creole. All other languages are interpreted through a call-in phone translation service. Interns who are fluently Spanish-speaking have the opportunity to provide services in Spanish and English, as well as to be supervised in both languages. Agency-wide, approximately 49% of our patients

are Hispanic/Latino, 23% Caucasian, 18% African American, 3% Asian, and 7% Bi-racial/other. We treat children between the ages of 0 and 19 years, and receive referrals through schools, pediatricians, courts, Children's Services, hospitals, and day treatment programs, as well as self-referred patients brought in by their parents.

Typical presenting problems include behavioral dysregulation, trauma, suicidality, self-injurious behaviors, depression, anxiety, poor school performance, disrupted attachment, and substance use. Twenty-two percent are between 0 and 5 years of age, 27% between 6 and 11, 48% between 12 and 17, and 3% over 18 years of age. Congruent with our mission, CGC is committed to providing the highest quality mental health services regardless of a family's financial circumstances. As such, 88% of the families we serve are considered low income, and 99% of families require CGC subsidies to cover the cost of care.

Internship Experience

Since 2020, the internship experience at CGC has utilized both in-person and remote treatment modalities. For the 2021-2022 training year, interns are expected to be on-site a minimum of two days per week. All interns are provided with a HIPAA compliant zoom account to provide telehealth services. Expectations about in-person versus remote care are subject to change as policies around COVID-19 develop.

Mobile Crisis

Interns function as a member of the Mobile Crisis Intervention Service team, providing risk assessments, outreach, and consultation in the community. Interns spend approximately 5 hours per week in this service. Interns progress through the rotation in three stages, and graduate from one stage to the next phase based on supervisor evaluation of intern preparedness. Follow-up visits may continue to occur by the mobile crisis team for up to 45 days after the initial evaluation. The three stages of progression are:

- Shadowing- Interns observe a Mobile Crisis Clinician and shadow all elements of a crisis intervention including parent interviews, assessment, and clinical documentation.
- Observation- Interns conduct a crisis assessment with a Mobile Crisis Clinician present. Interns are responsible for documentation and follow-up.
- Independent Assessment- Interns respond to mobile crisis calls independently with supervisor support over the phone.

Interns are expected to progress through the first two stages of shadowing and observation. Due to Intern's work in our Mobile Crisis Unit, a car is strongly recommended during the internship year.

Mileage is reimbursed for all work-related travel; however, interns who do not have a car will be required to provide their own transportation to and from mobile crisis calls.

Mobile Crisis provides in-person services within the community. Interns will be expected to be on site for Mobile Crisis shifts.

Child and Family Therapy

Interns participate for the full year in the Child and Family Program, providing individual, family, and group therapy, as well as parent guidance sessions. Interns work with the full range of ages, races/ethnicities, and diagnostic concerns of families who request services at CGC. Interns are expected to spend approximately 40% of their time providing direct face-to-face services. Of that time, approximately 70% is spent in intervention, with about 20% of time reserved for assessment and 10% of time reserved for consultation. ***In order to accommodate our children and families with ample after school appointment times, interns are required to work at least 3 evenings per week within the operating hours of the agency.***

Intake

Interns provide one psychosocial and diagnostic assessment (Intake) per week for patients new the clinic, via in-person or telehealth services. Interns are responsible for completing the psychosocial evaluation as well as completing paperwork in a timely manner.

Psychological Testing

Interns will complete a minimum of two comprehensive psychological batteries primarily to assess neuropsychological, emotional, and personality functioning. Interns will engage in all aspects of psychological testing including test selection, administration, report writing, integration, and feedback.

Developmental Assessment

Interns conduct developmental assessments for patients and their families one morning per week. Each battery is tailored to the referral question for each child, and may include parent interviews, school observation, diagnostic play sessions, and structured measures (e.g.: ADOS-2, WPPSI-IV, Mullen, etc.). Interns who come with prior training in ADOS-2 will be able to administer that particular measure; if there is no prior training, interns will observe the ADOS-2, but administer all other measures. All testing is done with live supervision.

Head Start Consultation

Interns provide monthly observations of up to three head start classrooms, and provide reflective consultation with teachers.

Evidence-Based Treatment (ARC)

Interns will be trained in Attachment Regulation and Competency (ARC). ARC is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. Training in ARC includes weekly group supervision on the ARC team, approximately 3 days of intensive training at the start of the internship year, as well as utilizing ARC with a portion of the outpatient caseload.

Group Therapy

Interns provide at least one psychotherapy group for the majority of the training year. Interns will have the opportunity to engage in all elements of group including planning, screening, and maintenance with a staff or postdoctoral co-leader. For the 2021-2022 training year, all groups are being conducted over Zoom.

Supervision of Behavioral Health Students

CGC is committed to training across mental health disciplines. Interns will have the opportunity to provide both group and individual consultation to masters-level behavioral health students who are training at CGC.

Supervision Requirements

CGC prides itself in offering comprehensive, in-depth supervision to trainees and staff. All interns receive reflective supervision, which emphasizes collaborative reflection that builds on the Intern's use of thoughts, feelings, and values within a clinical activity. Particular attention is given to the Intern's personal history and identity as relevant to developing their capacity to work effectively with issues of

diversity and individual difference. Supervisors utilize an integrative approach, with backgrounds in psychoanalytic, systems, cognitive behavioral and humanistic/existential theories.

The supervision meetings occur on a weekly basis and are as follows:

- Two hours of individual supervision with two licensed psychologists
- One hour of Group Testing Supervision
- One hour of Group Supervision of Group Therapy
- One hour of Crisis Supervision
- One hour of Intake Group Supervision (occurs for the first 3 months only)
- One hour of ARC Group Supervision
- One to three hours of live supervision for Developmental Evaluations

Supervisors are available beyond the four hours of minimum supervision as needed. In addition, post-doctoral fellows at the CGC are available to provide a peer-consultation model of supervision to the interns as needed.

All individual supervisory hours are done with licensed psychologists and focus on individual and family treatment for interns' ongoing cases. In order to ensure quality of supervision, interns complete evaluations of their supervisors twice per year and review them directly with supervisors. The supervisor evaluations also are reviewed by the Director of Training, and any concerns are noted and addressed as soon as possible.

Didactic Seminars and Educational Requirements

Interns participate in approximately 4 hours of structured learning experiences each week, in addition to a minimum of 4 hours of supervision each week. The learning experiences are designed to supplement the experiential curriculum and provide training in the nine profession-wide competencies. A description of the educational requirements follows.

Treatment Team Meeting

Interns participate in an agency-wide weekly multidisciplinary Treatment Team. Meetings are one hour in length and are utilized to review intakes and cases new to the clinic. Interns have the opportunity to present cases and provide feedback to other staff members throughout the year.

Grand-Rounds Seminar and All-Agency Staff Meeting

Interns attend an agency-wide weekly Grand-Rounds style seminar which occurs three weeks out of each month for one hour. These seminars include speakers from within the agency as well as guest lecturers and expert consultants from the community.

On the first week of each month, interns participate in an all-agency staff meeting for one hour. Staff meetings are utilized to review agency health and status, provide a format to give feedback among

different programs within the agency, and engage in activities to review institutional goals, mission, and clinic policies.

Didactic Seminars

Didactics run weekly for one hour, and go in-depth on various topics. Each topic runs for 4-12 weeks to allow for sufficient exploration and training in each area. These seminars meet weekly for one hour and are provided to psychology interns for 12 months. Topics vary slightly from year to year. Some of the topics include:

- Working with High Acuity Populations
- Art Interventions through Telehealth
- Play Therapy
- Family Therapy
- Dyadic Therapy
- ARC (Attachment, Regulation, and Competency)

Meeting with the Director of Training (Intern Meeting)

Interns also participate in a group meeting with the Training Director and/or training team on a weekly basis to review any issues or agenda items that may come up for the interns. During this one-hour meeting, we address topics including professional development, diversity, and multiculturalism. One week of each month is utilized for a book/journal discussion group.

Code of Ethics

CGC and its staff abide by the APA Ethical Principles and Code of Conduct as well as Connecticut State Regulations governing the field of psychology. As staff members at the CGC and psychologists-in-training, doctoral interns too are expected to abide by these principles and regulations. Further information may be found at the following links:

- APA Ethical Principles and Code of Conduct: <http://www.apa.org/ethics/code/>
- Connecticut State Regulations: <https://portal.ct.gov/DPH/Public-Health-Hearing-Office/Board-of-Examiners-of-Psychologists/Board-of-Examiners-of-Psychologists>

Internship Policies and Procedures

Diversity and Non-Discrimination Policy

The Child Guidance Center of Southern Connecticut (CGC) Internship in Psychology strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. As such, CGC strives to create a climate in which all staff and trainees feel respected and where success is possible and obtainable. Furthermore, CGC makes every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. The internship training program at CGC includes an expected competency in diversity training, and multiple experiences are provided throughout the year to be sure that interns are both personally supported and well-trained in this area. These experiences include, but are not limited to, didactic seminars, clinical training experiences with a diverse population, and multiculturally aware supervision.

CGC welcomes internship applicants from all backgrounds, and does not discriminate in selection, training, retention, or evaluation on the basis of any individual characteristics which are not relevant to success as a psychology intern such as age, ethnicity, race, sex, gender, sexual orientation, religious or philosophical affiliation, class, disability, nationality, citizenship, language, etc. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. If an applicant or intern requires accommodations, he or she should contact the training director to initiate this process. The internship program values diversity amongst staff, interns, and clients, and seeks to promote a high level of multicultural awareness in all training and service activities.

Parenting Leave Policy

Following a birth, or during a pregnancy, an intern may request a period of time working at a reduced schedule including the normal weekly or daily work schedule. Decisions regarding reasonable accommodations are made at the discretion of the Training Director, CEO, and Human Resources department. The intern is expected to maintain communication with the Training Director, notifying her in advance of the expected leave, as well as responsibly planning their leave and return.

During pregnancy, or following the birth of a child, an employee may be eligible to use paid sick leave or short term disability benefits (up to 16 weeks), or may be eligible for unpaid medical leave (up to 90 days). The agency will continue to provide coverage once the intern returns to work without any additional waiting periods or cost to the intern.

Interns who require parenting leave during their training year will be expected to complete all requirements in order to successfully complete internship, including the requirement of completing a minimum of 2000 hours of employment as a psychology doctoral intern. The intern may be required to extend the length of their internship in order to achieve all requirements, with the approval of the Training Director.

Intern Evaluation, Retention, and Termination Policy

Evaluation is an essential element in the learning process. Through mutual reflection and feedback, staff and interns offer each other perspectives that can inform professional practice and professional development in meaningful ways. Given this, CGC's training program seeks to be a feedback-rich program.

CGC's training program approaches evaluation from a developmental perspective. This includes:

- a. recognizing and building upon specific strengths and interests;
- b. identifying specific areas for growth and strategies for cultivating such growth;
- c. encouraging frequent and recurrent feedback in all directions;
- d. viewing evaluation and feedback as part of a larger learning process;
- e. whenever appropriate and feasible, approaching difficulties as learning opportunities; and,
- f. viewing professional development as an ongoing process.

We acknowledge that formal evaluation also serves other important functions such as confirming required levels of competence, identifying problems which require attention, and/or identifying failure to meet expectations or standards. These functions highlight the importance of well-grounded assessments and due process.

Evaluation at CGC is both a formal (written) and informal process. Informal feedback occurs throughout the year as interns and staff share perspectives, concerns, and suggestions. Feedback mechanisms include discussions of individual learning goals in supervision and weekly intern meetings. Formal, written evaluations of interns occur two times each academic year: at midyear and near the end of the training year. These evaluation cycles include feedback to interns from the training staff and feedback from interns to the staff. During these cycles, CGC staff evaluates interns in relation to our training program competencies and behavioral elements as well as any unique or particular learning goals which have been identified. In order to provide direct feedback, interns are observed by their supervisor at least once during each evaluation cycle.

In order to familiarize interns with the competencies and elements on which they will be rated, interns are asked to complete an informal self-evaluation at the quarter-year mark. Self-evaluations are intended to facilitate reflection, open deeper conversation about growth edges, and build understanding of the evaluation criterion. Self-evaluation may be again utilized as needed at the $\frac{3}{4}$ year mark.

During formal evaluation cycles, supervisors and supervisees review and discuss their respective evaluations. Each party has an opportunity to add written comments or responses to the evaluation form. As with any professional interaction, staff and interns are expected to consider feedback and make adjustments as appropriate. If difficulties or problems emerge and are not resolved through these interactions, then either party may refer the matter for problem resolution or administrative review (see Due Process and Grievance Procedures). Once the forms have been reviewed and signed, copies are

distributed to the supervisee, supervisor, and Training Director. The Training Director reviews all evaluations. Other clinic administrators, e.g., the Clinical Director or Behavioral Health Director, may review evaluations for quality assurance.

At midyear, a minimum level of achievement on each intern evaluation is defined as the majority of competency elements being rated at a level of 3 or higher. At end of year, a minimum level of achievement is defined as “no competency elements will be rated as ‘1’ or ‘2’.” The average summary rating for each competency will be at least 3 across all applicable raters.” Failure to achieve the above stated minimum levels of achievement will initiate Due Process. The rating scale for each evaluation is a 5-point scale, with the following rating values:

- 1= Needs Remedial Work (Requires remedial work if trainee is in internship or postdoc),
- 2= Entry Level/ Continued intensive supervision is needed- Practicum level; routine, but intensive, supervision is needed
- 3= Intermediate Skill/ Should remain a focus of supervision--Common rating throughout internship and practicum. Routine supervision of each activity
- 4= 4 High Intermediate/Occasional supervision needed--A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- 5= Advanced/ Skills comparable to autonomous practice at the licensure level--Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.

Interns are expected to complete 2000 hours of training during the internship year, with a goal of 40% of intern's time being spent in direct service provision, and a minimum of 25% direct client contact. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and copies of each intern's certificate of completion are maintained indefinitely by the Training Director in a secure digital file.

Feedback to the interns' home doctoral program is provided at minimum at the midpoint and culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program also will be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by CGC as a result of the Due Process procedures, up to and including termination from the program.

Program evaluations and supervisor evaluations are required from all interns twice yearly, concurrent with the evaluation of the interns. These forms solicit input on various components of the training program. Program evaluations are reviewed by clinic staff, and ratings/comments may be shared and discussed in monthly clinical supervisor's meetings. Supervisor evaluations are reviewed by psychology faculty to assist with program evaluation.

Requirements for Successful Completion of Internship

In order to provide a robust training experience sufficient to prepare interns to be professional psychologists, interns must complete a minimum of 2000 hours of employment as a psychology doctoral intern over the course of one year and must meet the minimum level of achievement as indicated on the evaluation. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Interns' home doctoral programs are contacted within 30 days of July 31 and informed that the intern has completed the internship successfully.

Maintenance of Records

A personnel file, including hire letters, pre-employment background checks, copies of midyear and final evaluations, and any formal disciplinary action is kept as part of the records within the Human Resources Department of CHC.

Additionally, an electronic file is maintained in a secure digital location for each intern at CGC. Documents including the intern's application, match letter, evaluations, grievances, disciplinary action, and any formal correspondence with the intern's graduate program are included. Other correspondence, such as letters of recommendation and internship offer letters also may be stored in this file. Upon completion of the internship, a copy of each intern's certificate of completion is kept in their respective file. Records are maintained on a secure server utilized by CGC. Records are kept indefinitely. The secure digital file can be accessed only by the leadership team, a group comprised of the Director of Training and two full-time direct supervisors.

Documentation of supervision, case consultation, and any other client-specific activity is maintained in a separate system, managed by the Training Director or assigned administrator at CGC.

Minutes and attendance for each monthly Psychology Team Meeting are maintained in a separate electronic file that includes attendance at said meeting, topics addressed, and outcomes.

Stipend, Benefits, and Resources

Interns are offered a one year full-time position with a stipend of \$36,000 plus benefits. Employment is dependent on verification of academic credentials and successful clearance of Department of Children and Families and police background checks, as well as a physician's letter indicating physical fitness, vaccinations (including COVID-19 and flu vaccinations), and tuberculosis test, as required by state regulations.

Interns are offered benefits commensurate with other full-time professionals at the agency. Interns are entitled to participate in our tax-deferred annuity or 403(b) plan. Benefits include paid time off of 21 days plus six holidays, the ability to purchase insurance for themselves and, if desired, family members, at the same rate as other employee. (This includes medical, dental, life, long and short term disability, HSA, FSA, and EAP.) All benefits, including the holiday schedule and policy manuals are maintained on the CHC intranet homepage.

CGC provides interns with a wide breadth of resources. Interns have their own office which includes a laptop computer, docking station, monitor, wireless mouse and keyboard, phone with confidential voicemail, and a confidential personal Zoom account. Toys for working with children, basic office supplies, and a high-speed internet connection are also provided. Interns' offices are fully furnished to function as therapy rooms and include a desk, patient chairs, a built-in play desk, a private closet, shelves to store toys, and chairs for patients and parents. The main office provides other office resources, e.g., a copier/scanner, fax machine, etc. The clinic has a secure server on which interns can write and store clinical documents. Interns have access to all CGC and CHC Policies and Procedures in addition to this Internship Manual; they also have access to our testing library which includes all materials needed for psychological assessments at CGC. There are various group rooms available for special meetings, including a conference room equipped with a large screen for teleconferencing, and a kitchen for storing and preparing food.

The Stamford offices are home to teams of administrative and support staff. Comprised of bilingual (Spanish/English) individuals, the administrative teams assist with patient check-ins, reception, billing and registration, scheduling support, and answering phones. Furthermore, the teams notify clinicians of any issues with compliance in administrative paperwork and help to administer standardized self-report measures to patients. The administrative teams call families when an intern needs to reschedule appointments.

Application Process and Selection Criteria

The Child Guidance Center of Southern Connecticut (CGC) seeks to identify and select diverse interns who will benefit from the particular strengths and emphases of our program. There are a few firm prerequisites for applying to our internship program:

1. Applicants must have completed coursework and comprehensive exams towards a doctoral degree in psychology from an accredited institution;
2. Candidates must have accrued at least 500 clinical contact hours prior to applying for internship; and,
3. Applicants must confirm formal approval of their dissertation proposal by the ranking deadline.

In addition to these requirements, we generally seek interns who:

1. Have enough clinical experience and/or skill to work effectively with challenging clients in an outpatient setting (with supervisory support) using solid theoretical background (e.g.: psychodynamic, systemic, cognitive behavioral approaches);
2. Demonstrate interest and ability in our core domains, e.g., outpatient child/family therapy, psychological assessment, child and adolescent group therapy, and crisis intervention;
3. Demonstrate sustained and specific interest in, and readiness for, focused training in the treatment of children and families with particular emphasis on individually tailored treatments for each individual;
4. Have skills and sensitivity regarding multicultural issues and willingness to continue to grow in this area;
5. Have experience in psychological assessment with children, including experience with projective measures; and,
6. Demonstrate maturity, professionalism, and a commitment to ongoing development.

The selection process involves several stages. Applicants submit an APPIC Application for Psychology Internships (AAPI) as well as a de-identified case write up and psychological assessment report by the Application Deadline (**November 1**) via the APPIC website using APPIC code **1605**. All applications are carefully reviewed by the Director of Training and other clinical staff members. Applicants are notified by email on or before December 15 whether they have been selected for interview. Interviews take place in early January.

Interviews are conducted virtually over zoom and last approximately 4 hours. During that time, the Intern candidate will:

- Receive an orientation to the site
- Interview individually with a training supervisor for one hour
- Participate in a group case discussion
- Meet with current interns and discuss practical questions about living in Stamford and the day-to-day operations of the site

Following the interview day, the Director of Training and other clinical staff review all information from the AAPI and interviews and decide on the program's rankings. Ranks are submitted via the National Matching System in accordance with APPIC deadlines and processes.

Application Components

Applications are accepted using the AAPI online process, including the following components:

1. Cover letter, which should describe your interest and readiness to work within a community mental health setting with children and families
2. A current Curriculum Vitae
3. A graduate program transcript
4. A de-identified psychological or neuro-psychological assessment report, preferably for a child or adolescent patient, and preferably including both objective and projective measures
5. A written, de-identified case study
6. Three Standardized Reference Forms, with at least one from a clinical supervisor outside of your university and at least one from a supervisor or professor within your university

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.

Formal Grievance Procedures for Psychology Interns

I. Introduction

A dispute should be resolved quickly, equitably, and with a clear set of standards to which all involved parties are held accountable. The procedures below are to be implemented by the psychology interns, when relevant, during their tenure at Child Guidance Center of Southern Connecticut.

II. Definition

A grievance is understood to be a dispute involving a psychology intern during employment by the agency. A grievance can be filed after termination if it pertains to actions initiated which are continuing or have been unresolved by that time. This dispute may relate to disagreements or complaints by an intern about a staff member (supervisory or otherwise) or other intern's adverse personal behavior or professional performance.

III. Steps for grievance resolution

- a. **Step 1:** As it is felt that face-to-face discussion is the most effective way of handling differences, interns that have concerns about their training experience(s), supervision, or other work-related matters should, whenever possible, first discuss those concerns informally with the individual that is directly involved. If the intern does not feel comfortable doing so, they may seek guidance or raise the matter informally with their primary supervisor. If, after informal discussion and resolution, the problem continues, the intern should proceed to step 2.
- b. **Step 2:** If informal discussion and resolution proves unsatisfactory, the matter should be submitted in writing by both the intern and/or her/his supervisor (if the supervisor is not the object of the grievance) to the Training Director or Clinical Director of the Center who will act as mediator of the dispute. This matter may be settled in one or more meetings, as is necessary. A meeting of all involved parties and the mediator will take place within five business days of the matter being brought forward. If the dispute involves another professional discipline, that discipline supervisor will be requested to join in the process. The plan for resolution will be established in the meeting, and this plan will be implemented within 10 working days of the intern initially coming forward formally with a complaint. This step is intended to be more formal than Step 1, but serves as consultation with administration. It is not considered remediation.
- c. **Step 3:** If the intern feels that this matter still has not been addressed satisfactorily, s/he may issue a formal written explanation of the concerns and submit them to the Trainee Supervisors' Committee, which is a committee of all clinical training supervisors within the Agency. The Trainee Supervisors' Committee meets monthly. This issue will be given priority on the agenda at the earliest scheduled meeting, and therefore, will not exceed one month in being addressed. Upon submission of the formal grievance, the Director of Clinical Training at the intern's school officially will be notified of the issue in writing, and a discussion of the matter with that person

and the Clinical/Training Director of the Child Guidance Center will take place. Copies of all written materials relevant to the intern's concerns may be provided to the school.

The Training Supervisors' Committee will review the written materials submitted and schedule a time within 10 working days of receipt of the written complaint to hear the concerns of the intern directly. The input of the intern's home doctoral program's Director of Clinical Training will be included in the Committee's deliberation. The Committee's decision will be by majority vote. The supervisor(s) involved in the grievance will recuse themselves from any vote of the Committee. If the Training or Clinical Director is the supervisor in the grievance, the CEO of the Agency will oversee the grievance process and will function as a tie-breaker if need be. The intern will be informed, in writing, of the Committee's decision within 10 working days of the meeting.

- d. **Step 4:** If the intern remains dissatisfied with the decision of the Committee, s/he may issue a formal appeal in writing to the Agency CEO who will then read all materials relevant to the matter and make a final judgment within no more than 10 working days of receiving the appeal. A grievance that cannot be resolved internally or that the Training Director determines to be inappropriate to be resolved internally will be subject to the agency's grievance procedure.

Formal Due Process Procedures for Psychology Interns

Performance Issues, Probation, and Termination Procedures

Performance issues may relate to matters of competency, knowledge, or behavior that threaten the intern's ability to successfully meet the minimal acceptable standards and requirements of the internship program. When performance issues arise, these matters will first be addressed informally by the intern's primary supervisor in individual supervision in a timely manner. The supervisor may seek consultation with the Agency's Trainee Supervisors' Committee, as needed.

If a performance issue rises to a level that significantly affects the quality of patient care or jeopardizes the intern's capacity to successfully meet the minimal requirements established for the internship program (i.e., a rating of less than 3), or if the recommendations made by the Supervisors' Committee prove unsuccessful, the supervisor and supervisee will develop a formal written plan for remediating the issue, with a timeline for improvement. The written remediation plan will be developed within 10 business days of the issue being raised formally and will state:

- The nature of the problem;
- The previous attempts at resolving the issue;
- A clearly stated plan for assessing the desired improvement;
- The date by which these goals will be met; and,
- The consequences for not meeting these goals.

The Training Director may be called in to help the supervisor and supervisee develop the written remediation plan. This plan will be signed by both the intern and the supervisor, submitted to the Training or Clinical Director, and placed in the intern's personnel file. A copy of this signed plan will be provided to the intern.

A meeting will be held by the deadline of the written remediation plan to assess whether the goals have been met. If this plan is not adhered to or the goals are not met within the time period specified, the Director of Clinical Training at the student's home doctoral program will be contacted by the intern's supervisor within 10 business days of determining the remediation plan has not been successful. Discussion will include any possible further suggestions for remediation along with suggestions for potential disciplinary action. The issue under discussion also will be placed on the agenda for the next Trainee Supervisors' Committee meeting, and the intern will be notified of the date of this meeting. Disciplinary action may be taken as a result of the Trainee Supervisors' Committee meeting in the form of the intern being placed on probation. Such a decision will be made by majority vote of the Trainee Supervisors' Committee. If probation is determined to be warranted, the intern will be notified in writing within 10 working days of the Committee meeting as to the reasons for and conditions of said probation, along with the remedial actions needing to be taken in order for the probationary period to be successfully terminated and the time period by which the probationary status will be reviewed. The Director of Clinical Training of the intern's school will be notified of the outcome of the meeting within

10 working days of the Committee meeting. The home doctoral program may be provided a copy of written materials relevant to the matter.

The intern can be removed from probationary status by a majority vote of the Trainee Supervisors' Committee, once the intern is deemed to have made sufficient progress in meeting her/his goals in the remediation plan. Probationary status will be reviewed each month at the Trainee Supervisors' Committee meeting. If the intern is not making sufficient progress to anticipate successful completion of the internship program, the intern will be formally notified at the earliest possible time, as will the Director of Clinical Training at the intern's home doctoral program. Any decision regarding probationary status will be made following a period of ongoing discussion and feedback concerning progress on the remediation plan, between the supervisor, the intern, and that intern's school.

If the problem is not resolved after remediation and probation procedures are implemented, termination from the internship program is possible as determined by majority vote of the Trainee Supervisors' Committee. The Clinical/Training Director and the Committee may choose to seek counsel from the CEO, the Agency's counsel, the counsel of professional organizations (e.g., APA, APPIC), the student's Director of Clinical Training at their home doctoral program, and/or legal counsel. The intern will be notified in advance if termination is being considered by the Trainee Supervisors' Committee. The intern will be given a chance to provide a written statement to the Committee in advance of such discussion, as well as engage in the appeal procedures as outlined below. If a decision is made to terminate the intern from the internship program, the intern has a right to appeal that decision using the methods outlined below.

Appeal Procedures

The intern can appeal any decision of the Due Process Procedures. To initiate the appeal process, the intern must submit a written letter of appeal to the Training Director within 10 working days of the unsatisfactory outcome. Within 10 working days of submission of the appeal, a hearing will occur which would involve the Clinical/Training Director and the intern's primary supervisor, if other than the Clinical/Training Director. If the Clinical/Training Director is one of the intern's two supervisors, another senior supervisor will hear the appeal.

If the intern requests to appeal the decision again, he/she may do so in writing within 10 business days to the CEO of the organization, whose decision will be rendered final. The final decision will be delivered in writing within 10 business days of receipt of the appeal and will be entered into the intern's personnel file.

Unethical or Illegal Behavior

If an intern is found to be engaging in unethical or illegal behavior, the matter is to be reported to the Clinical/Training Director immediately. This is to be the professional responsibility of any person in the workplace making such a finding.

If the infraction is thought to be minor or does not affect patient care, the matter may be handled in the form of a discussion between the intern, her/his supervisor(s), and the Clinical/Training Director. If the infraction is thought to be of a more serious nature, the matter will be heard before an emergency meeting of the Training Supervisors' Committee. The Clinical/Training Director and the Committee may choose to seek counsel from the CEO, the Agency's counsel, the counsel of professional organizations (e.g., APA, APPIC), the student's Director of Training of their home doctoral program, and/or legal counsel. That Committee, hearing and reading all relative information, will recommend a remedial course of action to be put in writing by the Clinical/Training Director. The document is to include the consequences for appropriate corrective action not taking place and will be provided to the intern within 10 working days of the Committee meeting. The document will be signed by the Clinical/Training Director and the intern in question, and become part of the intern's personnel file.

If the intern is found to be involved in illegal or unethical behavior that directly affects patient care (e.g., physically abusive or inappropriate sexual behavior), the matter will be brought immediately to the attention of the Clinical/Training Director, the CEO, and the President of the Board of Directors of this Agency. Provision of direct patient care by the intern will be suspended immediately until a full investigation and resolution of the matter are concluded. The Clinical/Training Director will immediately convene a meeting of the Supervisors' Committee for review of the matter, with all members present either in-person or remotely, in accordance with procedures cited above. If the allegations are of an egregious nature, the intern may be barred from access to the Center until an investigation has been concluded. The Director of Clinical Training at the intern's home doctoral program will be notified as will the appropriate party within APPIC. Similarly, if child abuse is suspected, the Clinical/Training Director will be required to report the matter immediately to the Connecticut Department of Children and Families, and if thought to be necessary, the local police. All of these notifications will occur both verbally and in writing. If the Trainee Supervisors' Committee, in consultation with the Clinical/Training Director, the CEO, the Board President and Child Protective Services, if relevant, rules that the charges are founded, a majority vote will determine the course of action to be taken. Such action may include probation, suspension, or immediate termination of the internship. In extreme cases, the ruling of child protective services may hold sway. No final decision will be made without the full knowledge and approval of the CEO of the Center, and knowledge of the intern's school Director of Clinical Training and APPIC.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 1, 2021

Program Disclosures

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

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

Applications are accepted via the online APPIC Application for Psychology Internships (AAPI) online. All applications are screened to ensure that prospective interns have accrued at least 500 clinical hours. Preference is given to applicants who:

- Have enough clinical experience and/or skill to work effectively with challenging clients in an outpatient setting (with supervisory support) using solid theoretical background (e.g.: psychodynamic, systemic, cognitive behavioral approaches);
- Demonstrate interest and ability in our core domains, e.g., practicum experiences in outpatient child/family therapy, psychological assessment, child and adolescent group therapy, and professional identity and development
- Demonstrate sustained and specific interest in, and readiness for, focused training in the treatment of children and families with particular emphasis on individually tailored treatments for each individual;
- Have skills and sensitivity regarding multicultural issues and willingness to continue to grow in this area;

- Have experience in psychological assessment with children, including experience with objective and projective measures; and,
- Demonstrate maturity, professionalism, and a commitment to ongoing development

As such, interns who come to CGC will have the experience needed to achieve the program's aim of producing professional psychologists equipped with the essential intervention and assessment skills requisite to improving the mental and behavioral health of children and families who present with a broad range of psychosocial configurations and to provide therapy, assessment, and crisis services to the diverse population we serve.

The interview process is utilized to ensure that the candidate has appropriate experience to prepare them for the clinical work and professional competencies expected of them on internship at CGC. For example, students are asked to conceptualize cases and provided supervision to assess their level of proficiency in theory and intervention, as well as assess how they utilize and incorporate supervisory feedback. Application materials are reviewed thoroughly to ensure that the intern has completed appropriate coursework needed prior to internship (e.g., a course in lifespan development, diagnosis, psychopathology, assessment, etc.) In addition, if the doctoral program is not APA-accredited, psychology staff research the student's program to ensure that they are in the process of seeking accreditation, so that the program is modeled after APA guidelines.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	<u>NO</u>	Yes	Amount:
Total Direct Contact Assessment Hours	<u>NO</u>	Yes	Amount:

Describe any other required minimum criteria used to screen applicants:

We require a minimum of 500 clinical contact hours including both assessment and intervention.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$36000
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Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	<u>Yes</u>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	21	
Hours of Annual Paid Sick Leave	Included in PTO	
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?	<u>Yes</u>	No
Other Benefits (please describe): Option to participate in a 403(b) 8 hours of paid continuing education leave \$250 toward continuing education reimbursement		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Academic teaching		1
Community mental health center	2	
Consortium		
University Counseling Center		
Hospital/Medical Center	1	
Veterans Affairs Health Care System		
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	4	
Other		1

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