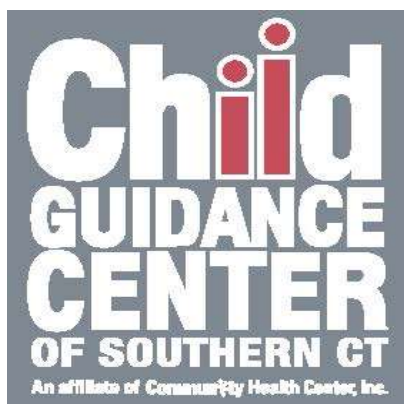




Doctoral Psychology Internship Manual

Child Guidance Center of Southern Connecticut

2026-2027

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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 advanced intermediate to advanced level of competence in each of the nine areas 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 activities (e.g., case conference, presentation, publications) at the local (including at CGC), regional, or national level.
 - b. Disseminates research or other scholarly activities (e.g.: case conference, presentation, publications at the local (including the host institution), regional, or national level
 - c. Utilizes scholarly literature and other resources to inform practice with diverse clients (e.g.: applying learned material from didactics/readings/research to clinical situations)
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 they understand and interact with people different from themselves.
 - b. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

- c. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
 - d. Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity
 - e. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldview create conflict with their own.
4. Professional Values, Attitudes, and Behaviors
- a. Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
 - b. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
 - 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 they progress across levels of training
 - e. Actively and consistently participates in scheduled appointments, training activities, and meetings
 - f. Demonstrates awareness of boundaries between self and other in clinical and professional relationships
 - g. Submits documentation with complete clinical information within the timeframe outlined in the program expectations
5. Communication and Interpersonal Skills
- a. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - b. Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.
 - 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 relationships 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. Evaluate intervention effectiveness, and adapt 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 in the therapeutic relationship (e.g.: use of silence, play therapy, art therapy, movement based interventions)
- i. Utilizes and engages the direct network of caregivers in treatment as appropriate (e.g.: caregiver guidance, family therapy, dyadic therapy)

8. Supervision

- a. Applies supervision knowledge 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. Apply the supervisory skill of observing in direct or simulated practice.
- c. Apply the supervisory skill of evaluating in direct or simulated practice.
- d. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

9. Consultation and Interprofessional/Interdisciplinary Skills

- a. Demonstrates knowledge and respect for the roles and perspectives of other professions.
- b. Apply the knowledge of consultation models and practices 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 (CHC) and the Moses Weitzman Health System (MWHS)

In January, 2020, CGC formed an alliance with Community Health Centers, Inc. (CHC), a CT based Federally Qualified Health Center. In a recent expansion and reorganization, in January of 2023, CHC created the Moses Weitzman Health System (MWHS) as an umbrella organization delivering primary care to more than 150,000 patients in Connecticut (through CHC), and extending access to specialty care for more than 2.5 million individuals across the U.S. It is a national accrediting body for organizations training advanced practice providers, and offers accredited education and training for Medical Assistants in multiple states. Structurally, CGC is an affiliate of CHC and CHC is now an affiliate of the MWHS.

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 a community mental health agency that has served southwestern Fairfield County for almost 70 years. With its primary location 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 primarily provides services in two languages: English and Spanish. CGC has also employed Haitian Creole-speaking staff and provides services in Haitian Creole when staffing permits. In addition, CGC clinicians and interns use a virtual translation platform to ensure treatment and case management are available to every child and family in their native language. Interns who are fluent in Spanish have the opportunity to provide services in Spanish and English, as well as to receive supplemental supervision in both languages. Agency-wide, approximately 45% of our patients are Hispanic/Latino, 29% Caucasian, 20% African American, 2% Asian, and 4% Bi-racial/other. We treat children between the ages of 0 years and 18 years, 11 months, and recent statistics identify 22% of our patient population is between 0 and 5 years of age, 27% between 6 and 11, 48% between 12 and 17, and 3% over 18 years of age. Since CGC began providing specialized gender-affirming care through the Gender Diversity and Resilience program in 2021, there has been an increase in CGC patients who identify as LGBTQ+. According to SOGI data collected in 2022, 6% of CGC's pediatric patients identified as LGBTQI+, and that number increased to 9.5% in the first half of 2023. However, this is likely lower than the actual percentage due to a high number of patients who have not yet reported SOGI data.

CGC receives referrals through schools, pediatricians, courts, the Department of Children and Family Services, hospitals, and day treatment programs, as well as self-referred patients. Typical presenting problems include behavioral dysregulation, trauma, suicidality, self-injurious behaviors, depression, anxiety, poor school performance, disrupted attachment, and substance use. Congruent with our mission, CGC is committed to providing the highest quality mental health services regardless of a family's financial circumstances. As such, 86% of the families we serve are considered low income according to Housing and Urban Development (HUD) criteria.

Internship Experience

Since 2020, the internship experience at CGC has utilized both in-person and remote treatment modalities. For the 2026-2027 training year, interns are expected to be on-site a minimum of three 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.

Core Curriculum

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 3-4 psychosocial and diagnostic assessments (intakes) per month for patients new to 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. One hour of additional group supervision with the Intake Director is provided weekly on intakes for the first 3-4 months of the internship experience, based on training needs.

Comprehensive Developmental Evaluations (CDEs)

Interns conduct developmental assessments as part of a developmental team two mornings per week (approximately 4 hours total including supervision). Developmental evaluations are completed for children 3-6 years of age when there are concerns about their ability to meet expected cognitive, social, emotional, language, and motor developmental milestones; or, for a child or adolescent of any age, to evaluate for autism. Each battery is tailored to the referral question and may include caregiver interviews, school observation, diagnostic play sessions, and structured measures (e.g.: ADOS-2, WPPSI-IV, Bayley-4, 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 can administer all other measures. All testing is completed with live supervision by a licensed psychologist.

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 didactic/consultation as part of 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 (minimum of three cases).

Group Therapy

Interns co-lead 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. Each training year, interns are given the opportunity to design a psychotherapy group with a clinical focus that is of interest to them if they are able to recruit enough group participants. Groups occur both virtually and in-person. One hour of group supervision with a licensed provider is provided each week for provision of group therapy services.

Supervision of Behavioral Health Students

CGC is committed to training across mental health disciplines. Interns will have the opportunity to provide consultation to masters-level behavioral health students who are in training at CHC for at least half of the internship year. Interns receive one hour of supervision with a licensed psychologist weekly focused on increasing their competency in providing supervision.

Mobile Crisis

Within the Mobile Crisis Intervention Service, interns provide assessments, safety plans, and follow-up crisis intervention and stabilization for children or teens having a psychiatric or behavioral emergency in the community. When working with the crisis team, all interns have the opportunity to provide short-term treatment to crisis cases for up to 45 days, including as many sessions as are needed in that time, until an appropriate level of care can be identified and secured for each case. Interns spend approximately 4 hours per week in this service. Interns provide follow-up services to no more than 2 Mobile Crisis patients at a time, providing visits and care coordination as needed. One additional hour of group supervision is provided each week for their work on Mobile Crisis.

Using a developmental approach, interns progress through the training experience in three stages and graduate from one stage to the next based on supervisor evaluation of intern preparedness. 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. Feedback is given after each assessment, and the cases are discussed.
- Independent Assessment- If the intern demonstrates the ability to consistently perform to the standards of the Mobile Crisis team, they may then respond to Mobile Crisis calls independently with phone consultation.

Interns are expected to progress through the first two stages of shadowing and observation.

Mobile Crisis provides in-person services within the community. Interns will be expected to be on site at CGC's secondary location at Shippan Avenue in Stamford for Mobile Crisis shifts. 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.

Elective Experiences

Interns are required to choose one elective to participate in for the duration of the training year. An effort is made to accommodate everyone's first choices. Interns may choose more than one elective if there is available caseload and supervisory support; however, supplemental meetings will be in addition to the standard internship requirements.

Due to CGC's commitment to increasing awareness and competency for working with marginalized and specialized populations, every intern participates in didactic training during the training year in Early Childhood Mental Health, Adolescence and Early Adulthood, Neurodiversity-Affirming Care, and Trauma-Informed Care, regardless of their elective choice.

Early Childhood Elective

Interns participate in conducting Early Head Start consultations for teachers as well as providing therapy to young children one morning per week within our local Childhood Learning Center (CLC). Monthly supervision is provided focused on early childhood consultation, and they receive individual supervision weekly for their therapy cases. A licensed CGC provider is on-site at the time services are provided.

Late Adolescence and Young Adulthood Elective

Interns will carry at least 3 cases as part of their outpatient caseload who fall in the late adolescence/young adulthood age range, as well as co-lead a group for this age range. Interns receive individual supervision weekly for their therapy cases.

Neurodiversity-Affirming Elective

Interns will carry 3 cases as part of their outpatient caseload who identify as neurodivergent or Autistic. Interns will provide 1 hour every other week of consultation for staff or brief assessments for clients focused on neurodivergence. Interns receive individual supervision weekly for their therapy cases and consultation experience.

Trauma-Focused Elective

Interns will carry 2-3 outpatient cases, in addition to their ARC cases, who are referred due to experiencing trauma. Interns will also participate in every other week Multi-Disciplinary Team (MDT) meetings for the Child Advocacy Center (CAC). Interns receive individual supervision weekly for their therapy cases and consultation experience.

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 psychodynamic, systems, cognitive behavioral, and humanistic/existential theories.

All supervisors at CGC use a developmental approach to supervision; skills are built upon an intern's existing knowledge base guiding them to take the "next steps" in their clinical development. This is a supervision structure that evolves from being more concrete, with specific recommendations or suggestions by the supervisor, and moves toward collaboration and increased independence as the year progresses.

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

- Two hours of individual supervision with licensed psychologists
- One hour of group supervision with a licensed psychologist for Comprehensive Developmental Evaluations
- One hour of group supervision for group therapy with a licensed master's level clinician or licensed psychologist
- One hour of group supervision focused on increasing competency in provision of supervision with a licensed psychologist
- One hour of Crisis Supervision with a licensed master's level clinician
- One hour of Intake Group Supervision with a licensed master's level clinician (occurs for the first 3-4 months only)

Supervisors are available beyond the above hours of minimum supervision 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.

Supervisors are available for additional meetings with interns to discuss emergent and non-emergent issues that arise, and interns have access to supervisor's cell phones in case of emergency. All supervisors have an "open door" policy, meaning that interns are always welcome to knock on doors, call, or inquire should they have questions.

If a supervisor is unavailable (e.g., is on vacation), a backup supervisor is assigned. This is usually the interns' secondary supervisor so they have an existing close professional/supervisory relationship. If the secondary supervisor is unavailable, the interns are directed to forward their questions to the non-supervising psychologist. A licensed clinician is always on site during clinical hours so that an intern is never in the building without an available supervisor. At the start of the academic year, interns establish a "text chain" which includes all licensed supervisors within the agency. Therefore, should an emergency or need for consultation arise, the intern can send just one text and the first available supervisor will respond to assist.

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 present cases and provide feedback to a multidisciplinary team of staff members (e.g., clinicians, psychiatry, case managers) throughout the year.

Grand-Rounds Seminar and Staff Meetings

Interns attend an agency-wide weekly Grand-Rounds style seminar which occurs 1-2 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. On the third week of each month, interns participate in Child and Family Therapy (CFT) Meeting, which is a meeting for all outpatient clinicians focused on training needs, program updates, and staff support.

ARC Consultation

As mentioned in the core curriculum section, all interns will be trained in Attachment Regulation and Competency (ARC) model. ARC is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. At the beginning of the training year, three days of didactic training are provided in the ARC model (approximately 18 hours). Following the initial training, 1 hour of weekly group didactic/consultation is provided in ARC.

Didactic Seminars

Didactics run weekly for one hour, and go in-depth on various topics. These seminars meet weekly for one hour and are provided to psychology interns throughout the internship year. Topics vary slightly from year to year. Some of the topics include:

- Working with High Acuity Populations
- Art Therapy
- Play Therapy
- Working with Caregivers in Therapy
- Dyadic Therapy

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, ethics, diversity, and multiculturalism.

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. If a trainee experiences concerns with how an aspect of their or others identities are addressed, they are encouraged to discuss this with their supervisor, the training director, or the Chief Clinical Excellence and Patient Experience Officer. We value creating an environment of learning and growth where trainees are welcome to respectfully share their opinions and contribute to the process.

CHC's Commitment Statement to Clinical Excellence & Patient Experience is the following: Moses/Weitzman Health System and its Board of Directors are committed to advancing the value of clinical excellence across the organization. We acknowledge, embrace, and value the individual uniqueness of all our patients, employees, students, and external partners. MWHS strives to foster a culture of equity that recognizes and respects the diverse experiences and contributions of each member of our community. We prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Our commitment is reflected in the high-quality health care we provide to our patients, our dedication to fostering an inclusive and supportive environment for our employees, the enriching learning experiences we create for our students, and our focus on equitable and inclusive policies and practices throughout the organization.

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.

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.

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.

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 ¾ year mark.

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 – Intermediate - or higher. At end of year, a minimum level of achievement is defined as “no competency elements will be rated as a 1- Novice or 2- Emerging. The average summary rating for each competency will be at least 4 - Advanced Intermediate - across all applicable raters.” Failure to achieve the above stated minimum levels of achievement will initiate a remediation plan. The rating scale for each evaluation is a 5-point scale, with the following rating values:

- 5 - Advanced - Competent to proceed to post internship training or independent practice and reflect areas of strength. The intern routinely and habitually demonstrates skills and knowledge of what is expected in this domain. Supervision can be approached in a more collegial, consultative manner.
- 4 - Advanced Intermediate - Competent to proceed to post internship training or independent practice. The intern can function independently and recognizes when they need additional supervision/consultation in new or complex situations. Supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- 3 - Intermediate - The intern demonstrates growth and development, characterized by an increasing level of competence and confidence. Competent with routine supervision with more intensive supervision needed for novel or complex situations. A common rating at midyear.
- 2 - Emerging - Intern has limited experience or training in this area. Routine, but intensive, supervision is required.
- 1 - Novice - Remediation required.
- N/A--Not Applicable/Not Observed/Cannot Say

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.

If an intern does not achieve the minimum level of achievement during the mid-year evaluation, a remediation meeting will be scheduled. Furthermore, a remediation meeting can be scheduled at any point during the internship year if the successful completion of the internship comes into question based on observed concerns related to the intern's performance on any competency element or in achieving minimum internship requirements. During the remediation meeting, the intern will meet with both individual supervisors to create a remediation plan to focus on how to improve the areas in which they are not meeting the minimum level of achievement. The intern will receive ongoing feedback from supervisors regarding their progress in the remediation plan within weekly supervisions. The intern will additionally meet every 30 days with their supervisors to formally review the plan and address ways to improve their score in the specific domains and revise the plan as needed. If by the final evaluation period, the intern's ratings still fall below the minimum level of achievement or they have not successfully completed the hours requirement, they will not be able to successfully complete and graduate the internship program.

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into a remediation plan, 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 intern's 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 progress towards goals and revisions of any created remediation plans at the time of review. Additionally, the home doctoral program is notified of any further action that may be taken by CGC as a result of failure to achieve internship requirements, up to and including termination from the program.

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. Intern evaluations and copies of each intern's certificate of completion are maintained indefinitely by the Training Director in a secure digital file.

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.

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 a socioeconomically diverse population with a wide range of clinical presentations in an outpatient setting (with supervisory support);
2. Demonstrate interest and ability in our core domains, e.g., practicum experiences in outpatient child/family therapy; psychodynamic, cognitive-behavioral, and systemic approaches; psychological assessment; child and adolescent group therapy; and professional identity and development;
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; 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 or developmental 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, neuropsychological, or developmental assessment report, preferably for a child or adolescent patient
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.

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 \$38,000 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 flu vaccination), 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 nationally observed holidays and one floating holiday; and the ability to purchase insurance for themselves and, if desired, family members, at the same rate as other employees. This includes medical, dental, vision, life, long and short term disability, HSA, FSA, and EAP. Mileage is reimbursed by the agency for any staff or student who drives to the trainings or who travels for our mobile crisis service. Interns receive \$250 of continuing education reimbursement and 8 hours of paid continuing education leave. All benefits, including the holiday schedule and policy manuals are maintained on the CHC intranet homepage, Sharepoint.

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. They are provided a HIPAA compliant zoom account with their own phone number and ability to have phone and video virtual sessions with clients. Toys for working with children, basic office supplies, and a high-speed internet connection on site 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 caregivers. They also have access to our testing library which includes all materials needed for psychological and developmental assessments at CGC. Each of CGC's locations has a copier/scanner, fax machine, shredder, and other general office support tools. Interns are able to obtain basic office supplies from each location's supply closet or request an order for any needed materials. 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.

CGC has a designated full-time IT staff member from the CHCI IT department who provides intern and staff onboarding, troubleshooting technology issues, and maintaining the servers. An IT Help Line and ongoing general tech support are also available. The clinic gives interns access to write and store clinical documents via secure software and servers. Interns must use a VPN connection to access those servers if working remotely. Interns are trained in CGC's EMR system (eCW). Telephone-based translation service is provided to all interns and staff, giving access to clinicians, clients, and families in over 100 languages.

CGC has a full-time team of bilingual (Spanish/English) administrative Client Service Associates (CSAs) who manage our reception desk and client check-ins. Each intern is paired with a CSA at the start of their internship to assist them with administrative duties such as scheduling/changing treatment sessions and making appointment reminder phone calls as needed. Each intern is also paired with a Case Manager to assist with issues of care coordination and community resource connection that may arise.

Finally, interns are supported by the CHCI Accounts Payable Department and therefore have no direct responsibilities regarding insurance issues, billing, and account payments.

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.

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. An intern can initiate or discontinue this process at any point.

II. Definition

A grievance is understood to be a dispute involving a psychology intern during employment by the agency. This dispute may relate to disagreements or complaints by an intern about a staff member (supervisory or otherwise) or another intern's adverse personal behavior or professional performance.

III. Philosophy

Open Door Problem Solving at Community Health Center Inc, strives to ensure fair and honest treatment of all employees and trainees. Supervisors, managers, employees and trainees are expected to treat one other with mutual respect. CGC's Doctoral Internship program encourages an open atmosphere in which interns' problems, complaints, suggestions, or questions receive a timely response from their supervisors. The Doctoral Internship program follows CHC's **Open Door Policy, located on Sharepoint**, which is a problem-solving process that encourages employees and trainees to openly discuss work-related problems and to attempt to solve problems constructively.

If a psychology intern disagrees with established rules of conduct, policies, or practices, they can express concern through the open door problem-solving procedure. No intern will be penalized, for voicing a complaint to CGC or CHC, or for using the open door problem-solving procedure.

The program's open door problem-solving process incorporates several principles:

- Confidentiality: If an intern requests the opportunity to discuss a matter confidentially, CGC will endeavor to keep the matter private. However, the law and other circumstances may require CGC to take specific actions when certain issues are raised, so confidentiality cannot be guaranteed in every instance. If confidentiality needs to be breached, the intern will be informed as to the reason and with whom information will be communicated.
- Freedom from retaliation: An intern will not be punished for appropriate use of CHC's open door problem-solving procedure.
- Timeliness: An intern will receive a timely response from each person contacted in the process of using CHC's problem-solving procedure. All responses by the program should occur as soon as possible, but no later than 10 business days. When a grievance process is initiated, it will be documented in writing and kept in the intern's file.

IV. 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 intern should discuss the problem with the Training Director. The Training Director will work with the intern to try to resolve the problem. If the intern feels uncomfortable going to the Training Director, they should approach the Clinical Director. If appropriate, a meeting of all involved parties and the Training Director can take place. If it involves another professional discipline, others may be invited to participate in the mediation as appropriate.
- c. **Step 3:** If the resident is not satisfied after working with the Training Director, they should discuss the problem with the CGC Clinical Director.
- d. **Step 4:** At any point during the open door problem-solving process, they are free to talk with any member of the Psychology Faculty about the problem. There may be points in the process where consultation with specific departments or leadership officials may be advised (e.g.: Human Resources, Chief Behavioral Health Officer, Clinical Excellence office, Legal).

Formal Due Process Procedures for Psychology Interns

Purpose: The purpose of these policies are to establish the key psychology intern performance improvement guidelines for addressing trainee performance gaps in regards to their employment and training at CGC/CHCI. In regards to internship performance within the expectations of the program, please see the Intern Evaluation, Retention, and Termination Policy.

Scope: This policy is applicable to all CGC doctoral psychology interns.

Policy: CGC interns are expected to fulfill core job/trainee requirements and accept personal responsibility for adhering to performance standards and personal conduct that are consistent with CHC's standards and values, and noted in CHC's **Standards of Professional Behavior Policy, located on Sharepoint**. CHC generally attempts to address performance difficulties and misconduct through coaching and corrective action to help psychology interns and all employees to achieve the expected performance standards. Degrees of coaching and corrective action are generally progressive and are used to ensure the CHC trainee has the opportunity to correct their performance. The corrective action process is designed to keep safety, high reliability, and accountability a top priority and to help psychology interns maximize their performance and promote a healthy work environment for all.

Disciplinary Action Documents

Copies of any documented disciplinary action or employment termination will be provided to psychology interns.

Psychology Intern Written Statement

Any psychology intern who disagrees with any or all of the contents of any CHC disciplinary document may submit a written statement explaining their position. A copy of the intern's written statement will be placed in their personnel file.

Procedure for Coaching and Corrective action

If a psychology intern's performance, including attendance, falls below the expectations of their position and corrective action is appropriate, the intern will be informed of the concern, and a collaboration as to ways to improve the concern will occur. CHC often uses a progressive approach to corrective action, beginning with coaching and counseling and continuing with a performance improvement plan.

Depending on the nature of the offense, however, CHC reserves the right to commence the corrective action at any level it deems appropriate under the circumstances. When determining corrective action, multiple factors are taken into consideration including, but not limited to:

- The nature of the offense
- The doctoral psychology intern's employment history
- The seriousness of the offense
- The impact, if any, on patient or co-worker safety
- Whether the act was deliberate
- Whether the act was malicious or determined to be willful misconduct
- The impact on any stakeholders and/or CHC
- Any mitigating or aggravating circumstances
- The length of time since the doctoral psychology intern's last corrective action

At the discretion of the doctoral psychology training director, CGC Clinical Director/CEO, and/or Chief Behavioral Health officer, Human Resources can be consulted at any stage of the process for coaching, support, or development of a plan, and is required upon use of a final Performance Improvement Plan. When a doctoral psychology intern engages in any behavior that requires correction and follow up monitoring, the following procedure will be followed.

1. A verbal discussion will occur with the intern and their supervisor(s).
2. A written **Performance Improvement Plan** is developed by the intern and their supervisor(s). This plan includes, at a minimum, concrete steps to be taken with target dates for completion, review criteria and review dates identifying who will be reviewing the intern's response to the plan, and next steps in the case of successful compliance, partial compliance, and noncompliance. The Director of Clinical Training at the student's home doctoral program will be contacted by the intern's supervisor at the initiation of a written Performance Improvement Plan to ensure ongoing collaboration and support.
3. Following the meeting, the plan is reviewed by the Training Director. Upon approval, a copy is sent to the intern.
4. Upon review of the performance improvement document, the intern confirms in writing that this is an accurate summary of the agreed upon plan.

5. The intern, their supervisor(s) and, as requested by the intern or supervisors, the Training Director, meet at the time agreed upon in the plan and discuss the trainee's progress in meeting the goals.
6. A written summary of the discussion is sent to the intern, supervisors, and Training Director by the supervisor running the meeting. If all goals are met, no further meetings are scheduled other than the regularly planned evaluations. If goals are unmet or partially met, then a new plan is made which may include further goals for the intern and/or the internship program. Further, the Director of Clinical Training at the student's home doctoral program will be contacted by the intern's supervisor to discuss either the successful achievement of the plan or the creation of a new plan.
7. Depending on the circumstances of the behavior(s), a verbal, then written, then final written **Performance Improvement Plan** may be implemented, in conjunction with involvement with CHCI's human resources department. 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.

Investigative Suspension

In cases where alleged serious misconduct occurs, particularly that directly affects patient care (e.g., allegations of abuse or sexual misconduct), the doctoral psychology intern may be placed on investigative suspension when it is necessary to make a full investigation to determine the facts of the case. 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. Dependent upon the outcome of the investigation, 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 CGC and knowledge of the intern's school Director of Clinical Training and APPIC.

Unacceptable Behaviors

While it is not possible to list all forms of behavior that are considered unacceptable in the workplace, CHC's **Unacceptable Employee Behavior List, located on Sharepoint**, provides examples of such behavior.

Please be advised that respectful behavior and integrity are central to CHC's values, and that these are values which cannot be compromised. Disrespectful behavior, lack of honesty, lack of full disclosure or misleading behavior, are impermissible at CHC or in the performance of work.

Telesupervision Policy

Policy: Telesupervision Policy for Psychology Training

Department: Behavioral Health

Last updated: 05/01/2024

Telesupervision is clinical supervision provided via an electronic communication device, in real-time, via audio and/or video.

How and When Telesupervision is Used

Telesupervision is used in place of in-person supervision when it is more practical for the individuals, preferred by the individuals, or when meeting physically is not possible or is not safe (such as schedule conflicts, travel, life event, or public health emergencies). While telesupervision is considered as effective as in-person supervision based on current research, in person supervision is encouraged whenever possible to help bolster rapport and improved ability to observe non-verbal cues. CHCI supervisors conduct telesupervision through the HIPAA-compliant videoconferencing platform. Supervisors and trainees are required to access telesupervision from a secure and confidential space. Supervision hours towards licensure are defined as ***face to face***, as specified by in person, or by interactive virtual means. **Phone consultation can be provided across all licensures, however, it should not be counted towards direct supervision hours.**

In addition, the following disciplines include the additional considerations:

Psychology: At the doctoral internship level, out of the four hours of supervision, telesupervision is often employed for group supervision to increase access to training opportunities and can be employed for individual supervision depending on circumstances, with in person supervision provided based on training needs.

Licensed Marriage and Family Therapists: Students and interns must have an AAMFT approved supervisor on site with them. Post-graduation, they do not need an AAMFT approved supervisor but they still need to be on site. Supervision will be provided in person unless of the event that there is not an AAMFT approved supervisor or an LMFT on site (for postgrads), and then virtual supervision to contract for a supervisor is permitted. Telesupervision is permitted and it is up to the supervisor's discretion.

MD Psychiatry residents: *(For clients who are Medicare recipients)* Teaching physicians are allowed to have virtual presence only in instances when services are provided virtually. For clients who are treated in person, supervision must be provided in person.

At the beginning of the training year, the use of telesupervision appropriately is reviewed with all trainees. All supervisors receive training on the best practices of utilizing telesupervision.

Supervisee Participation

All supervisees may access telesupervision to receive supervision when in-person is not practical or not possible, for the aforementioned conditions.

Consistency with Training Aims and Outcomes

Telesupervision allows supervisors to engage with trainees regarding client care and trainee professional development when in person options are not available. Although telesupervision decreases non-verbal cues, supervisors and supervisees discuss their challenges with this format and strategies to mitigate them. This can include discussion of potential for miscommunication, environmental distractions or limitations, multitasking, technology failures, etc. Supervisors collaboratively set expectations at supervision outset that are revisited throughout the supervisory relationship. Supervisees will receive ongoing formative and summative feedback to ensure appropriate progress within core competency areas.

Evaluation of Trainee Outcomes and Trainee Satisfaction with Telesupervision

Trainees' outcomes will be routinely monitored both informally and through the formal assessment process and the need to change supervisory format will be addressed as needed to support improvement in outcomes. Trainee feedback related to the modality of telesupervision will be elicited by their supervisors as well as formally gathered at feedback intervals provided by their respective training programs.

Determination of Appropriateness of Trainee to Utilize Telesupervision

Trainees are granted the ability to engage in telesupervision unless it is determined that it is not an appropriate modality as assessed by their use of the modality and trainee performance in competency areas.

Trainees are provided with the materials required to conduct telesupervision and any accessibility issues are proactively addressed. As concerns arise related to diversity and equity of using telesupervision as a training modality, they are discussed and addressed in supervision, and as needed, in supervisor or leadership meetings.

Supervisory Relationship Development

In-person meetings between supervisor and trainee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. Supervisors are encouraged to check in regularly on how supervisees are experiencing telesupervision. Supervisees may consult and socialize with their supervisor or other available clinical staff via phone, email or Skype between supervision sessions. **Consults regarding safety concerns must be conducted synchronously.** Regular access to supervisory support serves to foster strong supervisory relationships.

All trainees are socialized to the profession from orientation onward by meeting a diverse array of staff members across levels of training and disciplines. Trainees have the opportunity to connect with these

individuals as well as staff members at their sites both virtually and in person throughout the training year.

Professional Responsibility for Clinical Cases

The supervisor conducting telesupervision has full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely working clinical staff are also available to trainees for additional support. These individuals will disclose to the trainee's direct supervisor if they provide assistance to a supervisee or their client.

Management of Non-scheduled Consultation and Crisis Coverage

Supervisors are available by email, text, phone, or Skype in the event of need for consultation between sessions. Identified clinical staff are also available via such forms of communication if a direct supervisor is unavailable. Supervisors or identified clinical staff can be invited to virtual client sessions with a trainee to assist in co-facilitation of an intervention from a senior staff member.

Privacy/Confidentiality of Clients and Trainees

Supervisors and trainees conduct telesupervision using a videoconferencing platform, which provides end-to-end encryption and meets HIPAA standards. This ensures the protection of client information. Both trainee and supervisor are required to conduct telesupervision in a confidential space.

Technology Requirements and Education

CHCI provides supervisors and trainees with a laptop and a HIPAA-compliant videoconferencing account to conduct secure virtual sessions, including telesupervision. Both trainee and supervisor are expected to have a stable internet connection to conduct telesupervision. In the event of an internet outage, supervision may be conducted by phone, or rescheduled. All clinical employees receive telehealth training. Supervisors will review the telesupervision standards in the supervision contract that must be signed by all supervisees. CHCI staff receives ongoing education on providing virtual services.

Artificial Intelligence Policy

Policy: Artificial Intelligence Usage Policy in Behavioral Health Training

Effective Date: September 1, 2026

Revision Dates: None

Applies To: (Check all that apply)

- ☐ MWHS ☒ CHC ☐ NIMAA ☐ CeCN
☐ NNPRFTC ☐ Contingent Workers ☐ Vendors
☐ Other (List):

Please reference Moses Weitzman Health System's Policy on **Guidelines and Policies Governing the Use of Tools Powered by Artificial Intelligence** for acceptable use of artificial intelligence (AI) at the agency. Community Health Center, Inc.'s behavioral health training programs deem acceptable AI use as utilizing a tool to enhance training in a way that promotes individual skill development and does not delegate learning. AI exhibits bias, and may cite inaccurate sources, so trainees are expected to verify quality and veracity of sources when utilizing AI generated content. Trainees must disclose AI use including purpose and percentage used for the final version for training related projects.

Under NO circumstances should patient health information (PHI) be entered into a non-approved AI source. This is considered a breach of confidentiality with consequences as determined by CHC's and any regulatory policies.

Any use of AI outside of this policy should be reviewed by a direct supervisor and/or the Training Director.

MWHS and CHC Policies and Procedures

All policies related to employment at MWHS/CHC can be found in the MWHS Employee Handbook and on the CHC intranet homepage, Sharepoint (<https://chcsppr.chcntct.local/>).

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 8/19/2026

Program Disclosures

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

Internship Program Admissions

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

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 diverse children, adolescents, and their families 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, developmental 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;
- Exhibit cultural humility and a willingness for continued learning and reflection regarding identity and systems of power and privilege;
- Have skills and humility regarding diversity issues and willingness to continue to grow in this area;
- Have experience in assessment with children, particularly early childhood and autism assessment; 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	NO	Yes	Amount: 500
Total Direct Contact Assessment Hours	NO	Yes	Amount: 20

Describe any other required minimum criteria used to screen applicants:

We require a minimum of 500 clinical contact hours including both assessment and intervention with at least 20 assessment hours.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,000	
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)	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?	☒ Yes	☐ 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)

	2022-2025	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	PD = 0	EP = 0
Community mental health center	PD = 3	EP = 0
Consortium	PD = 0	EP = 0
University Counseling Center	PD = 0	EP = 0
Hospital/Medical Center	PD = 2	EP = 0
Veterans Affairs Health Care System	PD = 0	EP = 0
Psychiatric facility	PD = 0	EP = 0
Correctional facility	PD = 0	EP = 0
Health maintenance organization	PD = 0	EP = 0
School district/system	PD = 0	EP = 0
Independent practice setting	PD = 7	EP = 0
Other	PD = 0	EP = 0

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