



FAMILY SERVICE &
GUIDANCE CENTER

**APA Accredited
Pre-Doctoral Internship in
Professional Psychology**

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INTERN HANDBOOK

American Psychological Association (APA) Accredited Pre-Doctoral Internship in Professional Psychology

This handbook is a comprehensive document designed around the APA accreditation requirements. These standards were set forth by the Commission on Accreditation (CoA) and offer concrete domains ideal for structuring the description of our application, acceptance, orientation, training, and evaluation process. Thus, the handbook functions not only as an introduction and guide for the student, but also as a manual for its faculty. A set of the APA's Ethical Principles of Psychologists and Code of Conduct will be distributed separately from this manual.

About the FSGC

Family Service and Guidance Center (FSGC) of Topeka is a private, non-profit community mental health center located in Topeka, Kansas. The agency's origins go back to the turn of the century, when the "Associated Charities" were formed to meet the needs of victims of a disastrous flood in 1903. In 1904, Associated Charities merged with Social Settlement Works to form the Topeka Provident Association. Housed in downtown Topeka, services included a day care center, boys' gymnasium and girls' cooking school. In 1910, 8125 people were served, relief provided to 367 families, and 520 homeless people were provided with shelter.

The 1940s brought a shift from charitable and welfare works to the provision of social services. In 1951, the Topeka Provident Association became Family Service of Topeka. Seven years later Family Service merged with the Shawnee Guidance Center, to create FSGC. In 1968, FSGC entered into a formal alliance with Shawnee Community Mental Health Center (SCMHC) to develop a comprehensive community mental health delivery system for the citizens of Shawnee County. The new alliance established SCMHC (now known as Valeo Behavioral Health Care) as the clinical provider for adults and FSGC as the mental health provider for children and adolescents.

Agency Mission Statement: Family Service and Guidance Center provides quality behavioral health care to children and families.

Agency Vision Statement: Family Service and Guidance Center shall be a premier, outcomes-focused children and family behavioral healthcare center that provides training opportunities for behavioral health professionals.

Internship Mission statement: The Family Service and Guidance Center pre-doctoral internship prepares interns to function as professional psychologists capable of delivering ethical, comprehensive, and empirically informed treatment and effective mental health services to children and their families.

FSGC Internship History

From 1994 to 1997, FSGC hosted a pre-doctoral fellowship in psychology for advanced doctoral students from area universities. This program included training and supervision in assessment, diagnosis, testing, and psychotherapy. Live, one-way mirror supervision was also a part of the supervision process.

On August 1, 1996, FSGC opened three 12-month internships for doctoral candidates who have completed all other aspects of their doctoral training except dissertation. The program was listed with the Association of Psychology Postdoctoral and Internship Centers (APPIC) later that year. The internship was specifically designed for students interested in Strategic Family Therapy, while strongly emphasizing skills in the assessment, diagnosis, and treatment of children and adolescents. Thus, it allowed the intern to immerse himself/herself fully in a child and family oriented training experience. Interns received over 2000 hours on site, including approximately 1000 hours of client contact, 110 to 150 hours of individual supervision, and 250 hours of group supervision and didactic. This included the opportunity for live (one-way mirror) supervision in individual and family therapy.

In the fall of 1999, the internship underwent a change in administration prior to its first site visit for accreditation with APA. The focus of the internship training experience was broadened to encompass an array of clinical and therapeutic modalities and orientations. Relationships with professional training programs in the community were initiated with the Menninger Clinic and the Topeka Veterans Affairs Hospital. In 2001-2002, the Menninger Clinic closed its training programs and former staff members and supervisors set up a private practice which continued to maintain ties with FSGC, sharing didactic experiences and presentation opportunities.

Intern Licensure and Public Disclosure

Given the nature of licensure in Kansas at both the doctoral and masters level, and the potential for confusion that might result, the internship is especially sensitive to issues of professional identity. Although under Kansas law, the interns may hold themselves out to the public as licensed masters level psychologists (LMLPs) and use these initials in conjunction with their title. However, interns are required by the program to clearly define themselves as pre-doctoral psychology interns in all written and oral communication. During court proceedings both the LMLP status and the status as a supervised intern are provided during credentialing.

GOALS FOR INTERN TRAINING

- Interns will gain an understanding and appreciation of the problems faced by children and families from various cultural and diagnostic backgrounds.
- Interns will acquire an appreciation and understanding of the unique role and scope of services in an outpatient Community Mental Health Center (CMHC).

- Interns will become experienced in delivering a range of clinical services including individual, group, and family therapies, psychological assessment, school consultations, and crisis resolution.
- Interns will increase their knowledge base to work effectively with children and families. This knowledge base will include areas such as child development, developmental psychopathology, cultural and ethnic differences, legal and ethical issues, and various theoretical perspectives including empirically validated treatments.
- Interns will be encouraged to explore various professional roles as they develop their own unique identity as a clinical psychologist.

Component Descriptions, Goals and Objectives

Psychotherapy

Description: Doctoral psychologists are expected to provide therapeutic services to their clients, which are based upon solid rational and empirical suppositions and, where possible, supported empirically by the literature. To this end, FSGC pre-doctoral interns are provided training opportunities to enhance and refine their skills in psychotherapy during the course of their training year.

Goal: Interns will acquire and demonstrate understanding of and competence in psychotherapeutic interventions with families, children, and adolescents with particular emphasis on theory building and development.

Psychological Evaluation and Testing

Description: Doctoral psychologists are expected to provide psychological evaluation and testing services, as well as conduct admission assessments for their own caseloads and others. To this end, FSGC pre-doctoral interns are expected to develop increased skill as psychometricians, test interpreters, clinical interviewers, and diagnosticians during the course of their training year. Interns will receive test referral cases from the testing supervisor on an ongoing basis (as one is done, another will be assigned) and admission appointments from the admission coordinators.

Goal: Interns will acquire and demonstrate understanding of, and competence in diagnosing problems through psychological assessment, and formulation of intervention strategies based on assessment data gathered through both formal testing and clinical interviewing.

Case Management

Description: Doctoral psychologists are expected to intervene in many and various aspects of their clients' lives. Many models of therapy emphasize working with the client's greater social context, including family, school, community, church, etc. This is especially true for children, who are particularly vulnerable and reactive to their

environment. At FSGC, case management is an extension of the therapeutic process into the many facets of the client's life. Case management is targeted toward children identified as Severely Emotionally Disturbed (SED). The goal of the case manager is to assess the needs of the child and family and to develop a plan to help meet these needs. Children who need case management are typically those with multiple needs in more than one life domain, or those having treatment relationships with multiple agencies or settings.

Interns will be involved in working with case managers on a number of client cases. This will involve developing a collaborative alliance with the child or family's case manager to effect treatment goals and outcomes. Most cases receiving case management are discussed in multidisciplinary teams as well as in one-to-one supervision with the clinician of record. FSGC is unique in offering this team approach to case management and interns.

Goal: Interns will learn how to identify clients who could benefit from the use of a case manager. Interns will learn how to deploy case management as an effective adjunct to other treatment processes that the client is receiving.

Relationship between goals, objectives, and outcomes

Part I. Training Goals

Training Goal 1: Proficiency in Interventions

Training Objective 1.1: All graduating interns will demonstrate competence in individual psychotherapy with children and adolescents.

Operationalization:

- Interns will carry caseload of 35-50 clients at any given time.
- Interns will receive 2-3 hours of individual supervision per week.
- Interns will read theoretical and empirical literature about intervention strategies.
- Interns attend seminars on psychotherapy, theory, and practice. In these seminars interns will become familiar with empirically supported treatments.

Assessment:

- Supervisors provide occasional live supervision and videotape review along with intern reports of sessions.
- Supervisor ratings of the following Child Psychology Intern Competency Assessment Form (CPICAF) items:

- Competency goal: The intern understands the importance of the therapeutic relationship. The intern establishes a good rapport with clients and is able to use the therapist-client relationship as an agent of change.
- Competency goal: The intern has a solid understanding of several psychotherapeutic theoretical orientations. The intern is able to apply theory to clinical practice. The intern employs interventions from different theoretical perspectives that are well timed and effective. The intern is capable of interviewing with empirically validated methods.
- Competency goal: The intern formulates useful case conceptualizations. The intern combines multiple sources of data, client symptomatology, and theoretical perspectives into a coherent understanding of the client. The intern works with the client to devise appropriate treatment goals and objectives.
- Competency goal: The intern understands how countertransference impacts the work. The intern is alert to such issues as overidentification, boundaries, and exploitation. The intern uses personal reactions to benefit the treatment process.

Outcome: 100% of interns will meet the required graduation rating of competence on relevant items on the CPICAF.

Training Objective 1.2: All graduating interns will demonstrate competence in group therapy.

Operationalization:

- Interns will conduct at least one group therapy process throughout the internship year.
- Interns receive supervision related to group therapy delivery as needed with their primary supervisor.
- Interns attend seminars regarding group psychotherapy.
- Interns read scholarly articles about group psychotherapy.

Assessment:

- Interns' group therapy work will be evaluated by intern verbal reports, videotapes, and direct observation from the supervisors. Interns may also serve directly with their supervisor as a co-therapist.
- Supervisor ratings of the following CPICAF items:
 - Competency goal: The intern demonstrates an understanding and ability to work with a range of group modalities. The intern works effectively with group

dynamics and processes. The intern effectively handles complicated issues such as conflict, scapegoating, and challenges to leadership.

Outcome: 100% of interns graduating will meet the required rating of competence on the relevant items on the CPICAF.

Training Objective 1.3: All graduating interns will demonstrate competence in family therapy.

Operationalization:

- Interns will carry at least 10-15 family therapy cases at any given time.
- Interns will receive 1-2 hours of family therapy supervision per week.
- Interns will attend seminars on family therapy.
- Interns will read scholarly articles on family therapy.

Assessment:

- Supervisors review interns' verbal and written reports, videotapes, and conduct periodic live supervision.
- Supervisor ratings of the following CPICAF items:
 - Competency goal: The intern possesses knowledge of different theories and methods of family therapy.
 - Competency goal: The intern utilizes well-timed and effective interventions.
 - Competency goal: The intern handles complicated issues such as scapegoating, conflict, noncompliance, and premature termination.

Outcome: 100% of interns will meet the required graduation rating of competence on relevant items on the CPICAF.

Training Goal 2: Proficiency in Assessment

Training Objective 2.1 All graduating interns will exhibit competence in psychological assessments.

Operationalization:

- Interns will complete 7 psychological evaluations.
- Interns discuss theories and methods of testing with a testing supervisor.
- Interns read scholarly articles about theories and methods of testing.

- Interns attend seminars pertaining to testing and evaluation. Topics in seminars include report writing, administration, and interpretation, as well as ethical issues in psychological testing.
- Interns receive one hour per week of testing supervision.

Assessment:

- All raw data is reviewed together by the intern and testing supervisor.
- Test reports are supervised and co-signed by the testing supervisor.
- Supervisor ratings of the following CPICAF items:
 - Competency goal: The intern chooses appropriate instruments to answer referral questions. The intern competently administers and scores instruments.
 - Competency goal: The intern accurately interprets test data.
 - Competency goal: The intern writes a timely and well integrated coherent report answering referral questions and providing helpful and specific recommendations for client care.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF.

Training Objective 2.2: All graduating interns will demonstrate competence in performing admission evaluations.

Operationalization:

- Interns will be available conduct 2 to 4 admissions per week.
- Interns will discuss theories and methods of admission evaluations and diagnosis with supervisors.
- Interns will read scholarly articles about theories and methods on diagnostic issues and formulations.
- Information on diagnosis and evaluation are presented in seminars and clinical treatment teams.

Assessment:

- Primary supervisors will read, approve, and co-sign all admission reports completed by interns.
- Supervisor ratings on the following CPICAF items:

- Competency goal: The intern works competently with clients to gather relevant information, assess client functioning, make appropriate DSM diagnosis, and delineate treatment needs.
- Competency goal: The intern accurately assesses complex issues such as suicidality, ability to manage aggression, suspected abuse, and other safety issues. The intern works well with clients in crisis intervention and assists in the development of safety plans.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF.

Training Goal 3: Familiarity and Exposure to Crisis Consultation

Training Objective 3.1: All graduating interns will demonstrate competence in assessing and implementing interventions related to crisis situations with clients.

Operationalization:

- Interns shadow members of FSGC's crisis team to develop an understanding of how that team works.
- Interns attend didactic presentation on suicide assessment.
- Interns receive consultation and support as needed when clients are in crisis situations.

Assessment:

- Supervisor ratings on the following CPICAF items:
 - Competency goal: The intern accurately assesses emergencies and works with the client to develop solutions and provide referrals as needed.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF.

Training Goal 4: Clinical Responsibility

Training Objective 4.1: All graduating interns will be competent to apply APA's Ethical Principles of Psychologists and Code of Conduct and adhere to Kansas mental health statutes and regulations.

Operationalization:

- Interns will be provided with a copy of the APA's Ethical Principles of Psychologists and Code of Conduct.
- Interns attend seminars on ethical and legal issues.
- Interns discuss pertinent legal and ethical issues with clients and families.
- Interns and supervisors monitor issues brought up in interns' clinical work.

Assessment:

- Supervisors will review clinical case material with the intern and discuss ethical and/or legal issues and concerns.
- Supervisor ratings of the following CPICAF item:
 - Competency goal: The intern will identify legal/ethical issues in his/her clinical work. The intern resolves these concerns in accordance with appropriate laws and ethical principles. The intern seeks consultation as needed.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF.

Training Objective 4.2: All graduating interns will achieve competence and self-direction to ensure appropriate documentation is completed promptly and accurately.

Operationalization:

- During orientation, documentation requirements at FSGC are reviewed.
- Interns receive examples of requirements for documentation.
- Supervisors review documentation adherence with interns.

Assessment:

- Supervisors monitor and review intern documentation as well as modify and co-sign documentation as needed.
- Supervisor ratings of the following CPICAF item:
 - Competency goal: The intern completes documentation (e.g., test reports, client notes, utilization reviews, and correspondence) promptly and accurately.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant CPICAF item

Training Goal 5: Professional Identity Development.

Training Objective 5.1: All graduating interns will be competent to work collaboratively with colleagues including peers and multidisciplinary support staff within the agency and professionals outside of the agency

Operationalization:

- Interns work with supervisors on multidisciplinary teams. Supervisors observe interns' interactions with other professionals in vivo.
- Interns will work with other staff members to assess client needs.
- Clinical supervisors will observe intern's interactions with peers and professional colleagues.

Assessment:

- Supervisor ratings of the following CPICAF items:
 - Competency goal: The intern interacts professionally with peers, staff, and professionals outside of the agency.

Outcome: 100% of interns will meet the required graduation rating of competence under relevant items on the CPICAF.

Training Objective 5.2: All graduating interns will be encouraged to develop their confidence and identity as professional psychologists.

Operationalization:

- Interns discuss professional development and identity issues with clinical supervisors.
- Interns make at least one professional presentation to peers, staff, and the director of training during the internship year.
- Supervisors assist interns to identify professional competency and aid in the development of professional Identity.

Assessment:

- Supervisor ratings of the following CPICAF items:
 - Competency goal: The intern displays increasing confidence and awareness of his/her clinical skills and abilities as a professional psychologist.
 - Competency goal: The intern is able to cope with professional challenges and stressors.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF.

Training Goal 6: Sensitivity and Awareness of Individual Differences

Training Objective 6.1 Interns will be competent to work with issues of ethnic and cultural diversity in clinical practice.

Operationalization:

- Interns treat children and families from diverse backgrounds.
- Interns and supervisors discuss ethnic and cultural issues as needed.
- Interns attend seminars and discussions on ethnic and cultural diversity.
- Interns will read relevant literature on topics pertaining to ethnic and cultural diversity issues.

Assessment:

- Supervisor will observe the intern's professional interactions with diverse clientele through videotape and live supervision, when available.
- Supervisor ratings of the following CPICAF items.
 - Competency goal: The intern maintains sensitivity to cultural and individual differences.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF

Training Goal 7: Competency in Consultation and Supervision

Training Objective 7.1: All graduating interns will be competent in consulting with other providers in the delivery of therapeutic services to clients.

Operationalization:

- Interns work on multidisciplinary teams to provide therapeutic services to clients
- Interns and supervisors discuss approaches to consultation with other FSGC staff and with providers outside of the agency.
- Interns attend seminars related to other social service agencies from the community to gain an understanding of services available to clients.

Assessment:

- Supervisors observe interns in interactions with other FSGC providers.
- Supervisor ratings of the following CPICAF items.

Competency goal: The intern conducts consultation in an effective and professional manner.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF

Training Objective 7.2: Interns will develop an understanding of basic clinical supervision skills.

Operationalization:

- Interns will provide clinical supervision to masters and bachelors level students (as available), under the supervision of one of the clinical supervisor.
- Interns will receive one hour of supervision of supervision per week.
- Interns will read relevant articles related to models of supervision.

Assessment:

- Supervisor will observe the interns' interactions with supervisory students.
- Supervisor ratings of the following CPICAF items.
 - Competency goal: The intern demonstrates effective and competent knowledge of theories and methods of clinical supervision or if applicable supervision skills such as helping supervisee develop treatment plans, develop and maintain therapeutic alliance, and employ appropriate treatment strategies.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF

Training Goal 8: Scholarly Activities

Training Objective 8.1: All graduating interns will give back to the field of psychology in scholarly activities/pursuits.

Operationalization:

- Interns will read assigned professional articles and attend didactics/seminars and engage in relevant discussion of those topics.

- Interns will present at least one professional presentation during the internship year, either in-house, or in the community on the topic of their choice.

Assessment:

- Supervisors will engage the intern in discussions of assigned readings and presentation topics.
- Supervisors will attend intern's presentation.
- Supervisor ratings of the following CPICAF items:
 - Competency Goal: The intern demonstrates professional scholarly competence through such means as presentations, writing, and knowledge of the literature as it relates to clinical work.

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF

Training Objective 9: Competency in Play Therapy

Training Objective 9.1: All graduating interns will be competent in basic play therapy skills.

Operationalization:

- Interns will conduct directive and non-directive play therapy activities with children of various ages.
- Interns read scholarly articles about theories and methods of play therapy.
- Interns receive at least 90 minutes of play therapy supervision per week with their intern class and additional play therapy supervision as needed in individual supervision.

Assessment:

- Supervisors will provide videotape review along with intern reports of sessions.
- Supervisor ratings of the following CPICAF items:
 - Competency Goal: The intern understands basic play therapy skills (e.g., rapport building, structuring, tracking, reflection of content and process, returning responsibility, and limit setting).

Outcome: 100% of interns will meet the required graduation rating of competence on the relevant items of the CPICAF

Training Goal 10: Competency in Anxiety Treatment

Training Objective 10.1: All graduating interns will be competent in providing cognitive behavioral treatment (e.g., exposure with response prevention) with clients who suffer from anxiety disorders.

Operationalization:

- Interns will be a part of FSGC's Anxiety Treatment Program (ATP), which includes specific training in the treatment of anxiety disorders using a cognitive behavioral approach, including exposure with response prevention.
- Interns will carry a caseload of 2-3 ATP clients at a time.
- Interns will receive one hour of supervision per week in a group setting provided by the Coordinator of the ATP.

Assessment:

- Supervisors will work closely with interns initially in the delivery of ATP services.
- Supervisors will review interns' documentation and cases with interns in supervision.
- Supervisor ratings of the following CPICAF items:
 - Competency Goal: The intern understands the basic tenets of anxiety treatment, including exposure and response prevention, anxiety reduction or management techniques, coping skills and appropriate behavioral planning.
 - Competency Goal: The intern has a solid understanding of when to use a particular anxiety treatment technique and can adequately demonstrate the ability to devise and actively use an exposure and response prevention protocol in treatment (including the creation of an anxiety treatment hierarchy).

Value on Diversity and Individual Differences

The hiring practices of FSGC and the internship program's selection procedures stringently adhere to federal equal employment opportunity (EEO) laws prohibiting discrimination based on race, color, religion, sex, national origin, age, or disability. FSGC does not restrict application or admission/hiring of employees or trainees. FSGC highly values multicultural diversity and respect for individual differences. This can be observed in its hiring practices of employees and selection and acceptance patterns for interns and trainees. Presentations oriented toward enhancing knowledge and

understanding of cultural and individual differences are regularly provided to staff and trainees. These issues are also integrated into the individual supervision processes that trainees receive. FSGC serves patients from highly varied backgrounds, which provide a rich opportunity for clinical experience with diverse populations and exposure to a wide range of individual differences.

FSGC, Inc. is an Equal Opportunity Employer. All internship applications reviewed are based on the qualifications of each individual. Further, the agency does not discriminate in the areas of working conditions, physical facilities or any other terms, conditions or privileges of employment.

To this end, it is the policy and practice of FSGC to:

1. Recruit, hire and promote personnel in all positions without regard to race, religion, color, sex, national origin, ancestry, age, marital status, status as a disabled veteran or disability.
2. Base personnel decisions for employment/promotion only upon an individual's performance and qualifications for the position vacancy.
3. Apply personnel procedures, policies, and actions such as compensation, benefits, transfers, dismissals and training programs without regard to race, religion, color, sex, national origin, ancestry, age, marital status, status as a disabled veteran or disability.
4. No standards of hiring, placement, promotion or position classification may draw a distinction based upon race, color, creed, sex, national origin, ancestry, age, duration of residence, marital status, handicap, or political affiliation unless such a bona fide occupational qualification.
5. All payment of wages, work assignment, work schedules, promotions, granting leaves of absence, enforcement of discipline, and other actions affecting the conditions of employment with the Agency shall be made without regard to race, color, creed, sex, national origin, ancestry, age, duration of residence, marital status, handicap, or political affiliation.

Services Offered

FSGC is an outpatient community mental health center that offers a comprehensive array of mental health services aimed specifically at children and their families. Parents and other adults requiring individual treatment receive services from other community mental health agencies. Family therapy and family interventions are provided when the identified or primary client is a child or adolescent.

Diagnostic and treatment services include:

- Individual and family therapy (In-home family therapy available)

- Group therapy
- Parent guidance and support
- Admission, diagnosis and treatment plan development
- Psychosocial groups (Full day, half-day and after-school available)
- Trauma focused treatment
- Therapeutic preschool treatment programs
- Psychiatric consultation and medication management
- After-hours emergency services and crisis screening
- Psychological assessment
- Center for Learning Disorders
- Anxiety Treatment Program
- Targeted case management services
- Community psychiatric supportive treatment
- Attendant care
- Respite care

In addition, FSGC provides public education including presentations on mental health issues for children and families, including Mental Health First Aid classes.

Patient Population

The patient population is comprised of children and adolescents, and their families. More than half of the families served, 52%, are below the poverty level; another 15% are just above the poverty level. Approximately 55% of our clients are severely emotionally disturbed and require multiple services and support . The racial demographics of our client population are approximately 60% Caucasian, 13% African American, 8% Hispanic, 2.4% Native American, and the remainder is classified as Asian and other. The racial demographics of Shawnee County are approximately, 89% Caucasian, 9% African American, 6.5% Hispanic, 1% Native American, and 1% Asian and other.

Common diagnostic categories include Attention-Deficit/Hyperactivity Disorder, trauma related disorders, Adjustment Disorders, Oppositional Defiant Disorder, Conduct Disorder, Mood Disorders, Anxiety Disorders, Pervasive Developmental Disorders and Psychotic Disorders.

Staffing and Facilities

FSGC is particularly proud of its facilities. The centralized campus, made up of three interconnected buildings, enables FSGC staff members to provide outstanding service to our children and families thanks to close proximity and a high level of collaboration and communication among staff members.

The 40,000-square foot Youth Development Center (opened in 2004) and the 22,000-square foot Child and Family Academy (opened in 2008) feature therapy suites, therapeutic preschool classrooms, meeting rooms, offices, a courtyard-style playground, observation rooms, a half-court gymnasium, a full-service cafeteria, and a state-of-the-

art multimedia training and education theater. The campus sits on a large green space along with a small duck pond perfect for fishing.

The Youth Development Center building was featured in the “Facility Design Showcase” of “Behavioral Healthcare” magazine (August 2006).

Clinical staff include: attendant care workers, mental health specialists, case managers, marriage and family therapists, social workers, masters and doctoral level psychologists, psychiatrists, and nurse practitioners.

Pre-doctoral Internship Program: The pre-doctoral internship training program at FSGC is a 12-month program starting on August 1 (or the first Monday closest to August 1) and concluding the following year on July 31 (or the last Friday closest to July 31). There are 3 paid positions for pre-doctoral psychology interns. The training opportunity provides extensive experience in the treatment of children, adolescents, and their families in a community mental health setting. The program has been an APPIC member since 1997 and has been APA accredited since May 2000. The internship had a scheduled site visit in January 2014.

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Clinical Experience

Interns will develop and enhance a range of clinical skills related to the assessment and treatment of children and their families. Upon successful completion of the internship, interns will have developed a solid skill base that prepares them to enter the field and function competently as an entry level professional in the delivery of child and adolescent psychological services. Increased competency will be developed in individual and family therapy, assessment, diagnosis, treatment planning, psychological testing, and consultation/collaboration with community-based agencies. Additionally, upon the successful completion of the internship, the intern will be well versed in multicultural and professional issues as they relate to the professional psychologist’s work in a community mental health setting.

Training Model

The pre-doctoral training program at FSGC views the internship year as an opportunity for interns to further their integration of psychological theory and knowledge through clinical application. The internship’s training model is best described as a practitioner-scholar model. In this regard, the internship year is seen as a pivotal point in professional growth when the interns develop clinical skills and critical thinking that aid in their progression from student to scholar and from trainee to a clinician, capable of independent and autonomous functioning as a professional psychologist.

The training experience at FSGC provides interns with the opportunity to integrate observation, diagnosis, and application of community and therapeutic interventions while appreciating the idiographic differences and needs of our client population. We believe the professional clinical psychologist, upon graduation from internship at FSGC, should be able to critically examine and apply relevant theoretical and empirical literature to various clinical populations. Importantly, whether clinical intervention is based on evidence-based research, clinical theory, or empathetic understanding, it necessarily must be tempered with the exigencies of the setting, population, and community in which it is employed in order to enhance effectiveness and meet client needs.

The integration of science with practice in the internship program is accomplished through the development of the interns' abilities and knowledge in the following areas:

1. Exposure to a variety of clinical interventions, including individual, group, family and play therapy modalities.
2. Increased familiarity with a number of psychotherapeutic interventions.
3. Modeling and supervision in the development of critical thinking in the clinical situation using multiple sources of data, which yield a coherent and respectful understanding of the client.
4. The use of this understanding to develop relevant treatment goals and plans.
5. Didactics and supervision in a variety of therapeutic interventions supported by theoretically informed and empirically based treatments.
6. Enhancement of interpersonal skills that facilitate both professional collaboration and clinical intervention.
7. Development of a respectful and sensitive understanding of diverse populations, cultures, and individual differences
8. Legal and ethical issues.
9. Development of professional identity.
10. Knowledge about the community's resources and their use in treatment planning.
11. Professional collaboration and treatment coordination.

The clinical experience is regarded as the medium through which the professional psychologist's creativity, intuition, and empirical observation may serve as the genesis for innovations in the area of applied psychology. The training program at FSGC facilitates the interns' development as professional psychologists through modeling, supervision, professional collaboration, clinical application, and didactic presentation by professional psychology staff

Specific Clinical Opportunities and Requirements:

Individual therapy: Interns typically see 15-18 psychotherapy clients a week. Interns may elect to develop experience with one age group during the training year but will be expected to have a range within their overall caseload in an effort to develop familiarity with developmental differences across the age ranges. Individual therapy clients vary

diagnostically and the training year is designed to aid interns in developing advanced clinical skills in the psychotherapeutic work with a variety of diagnostic groups. Individual therapy approaches may involve a number of theoretical orientations including different versions of play therapy, behavior therapy, cognitive behavioral therapy, humanistic approaches, and psychodynamic therapy.

Group therapy: The range of group experiences include anger management groups, grief and loss groups, groups for children experiencing the separation or divorce of parents, and Dialectical Behavior Therapy groups. Interns may elect to work with specific age groups. Interns are encouraged to develop groups in which they have special interest or expertise. We also encourage interns to work with groups that they have had little previous experience with in addition to enhancing skills with previously established or familiar group approaches.

Admission, diagnosis, and treatment planning: Each client presented for treatment at FSGC first receives a thorough assessment to determine needs and diagnosis. Treatment plans are then developed with the child and guardian to provide the direction for treatment. This is a core training experience and receives a heavy emphasis in didactics and supervision. The interns will develop and enhance their skills in observation, history taking, and clinical thinking through this clinical activity, as well as increase their abilities in developing treatment plans and recommendations for clients and their families.

Family therapy: During the first few months, interns take part in the family therapy seminar where assigned readings on theory and technique are discussed and utilized to develop case conceptualizations in a group process. This time is used to help prepare the interns to deliver a variety of family interventions prior to actual clinical work with parents and families. Live supervision in family therapy is conducted in the evening. The family therapy seminar utilizes our observation rooms complete with audio and video equipment. Interns have the opportunity to benefit from seasoned therapists' supervision via live observation. Live supervision may be scheduled at other times with specific supervisors for other therapeutic modalities as well, depending on availability and scheduling.

Anxiety Treatment Program (ATP): Interns will be members of a specialized anxiety treatment program offered at FSGC. The treatment of anxiety disorders by clinicians who are part of the ATP is an evidence based model focused on the use of CBT and exposure and response prevention (E/RP) to effectively treat a wide range of anxiety disorders. Common diagnoses/symptoms include Obsessive-Compulsive Disorder, Tourette's Disorder, Generalized Anxiety Disorder, Separation Anxiety Disorder, Selective Mutism, school refusal, Panic Disorder, and a variety of Specific Phobias. Early in the internship year, the interns are provided with intense education related to this treatment approach. The interns receive ongoing weekly supervision specific to the treatment of clients from this program throughout the internship year.

Psychological testing: Interns are required to complete 7 full batteries during the training year; this may be lower if the number of referrals is not sufficient. Psychological testing and assessment receives heavy emphasis and is a core competency in the curriculum. Incoming interns are expected to have had sufficient prior experience in testing to enable them at the beginning of the training year to administer, score, and provide basic interpretations for the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II), Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV), Millon Adolescent Clinical Inventory (MACI), Rorschach (Exner system), and Thematic Apperception Test (TAT). Although we value the usefulness of projectives, our emphasis in teaching psychological testing is to help the trainee use multiple sources of data derived from the assessment process to provide an integrated and coherent understanding of individual clients and the difficulties they are struggling with. Data sources would include the client-examiner relationship, test scores from objective and projective materials, and information from referral sources. Familiarity and experience with other instruments is helpful. Interns will gain increased understanding of the uses and implementation of a full battery of testing with a special emphasis on diagnostic thinking and integration of test data.

At this writing, we are currently providing interns, trainees and new staff psychologists with a six week course on Rorschach scoring and interpretation.

Consultation: As the primary provider of a specific child, interns regularly consult with schools, teachers, and other clinical staff members regarding that child's clinical progress and decisions related to treatment. Interns attend formal Individual Education Plan (IEP) meetings at schools, as scheduling allows, to provide suggestions for the child's educational and behavioral treatment plan, clinical case conferences with ancillary treatment staff members and family, and Wrap-Around meetings for youth who require more intensive and comprehensive services. Interns may also serve in a consultative fashion by providing psychological testing for children in treatment with other agency staff members and providing feedback about diagnostic and treatment related issues.

Resources: Three full-time clinical psychologists staff the internship. Adjunct off-site licensed psychologists provide supervision only based on interns' need. Interns have their own offices and computers with Internet access and e-mail. Testing supplies are shared and kept in a central location for check out. Additionally, computerized testing is available for a wide variety of instruments including, but not limited to, the MACI, and MMPI-A. There are observation rooms available for live supervision. All staff members and trainees have library privileges at the Washburn University.

Supervision

Our model emphasizes the use and awareness of the self in the treatment process. Consequently, supervision deals with transference and countertransference related issues and the discussion of feelings and experiences generated in the client and therapist and supervisee and supervisor relationship.

Clinical supervision at FSGC is intended to provide both depth and breadth in clinical treatment and assessment. Interns receive training in a number of treatment modalities and assessment methods and are expected to develop a level of skill proficiency upon completion of the internship to enable them to practice with a minimal amount of supervision. Clinical supervision is a principal form of training and evaluation for the development and attainment of these skills. Interns will work closely with their supervisors at the beginning of the training year to identify clinical strengths and areas for further improvement. Additionally, interns will identify goals and objectives based on their clinical skills and professional interests.

Individual Supervision: Interns receive at least 2 hours of individual supervision from a licensed clinical psychologist on-site during the week. Interns are assigned a primary supervisor who is responsible for the interns' therapy and diagnostic intakes. Another supervisor is responsible for the interns' psychological testing and meeting time will likely average once a week, but supervision for testing will be conducted mainly when interns have a testing case in progress. During that time, interns will likely meet more frequently during the week to review test protocols and discuss report writing.

The training year is organized such that interns are provided with more intense supervision and direction early on in their case conceptualizations and methods used, but with growth in their experience and confidence, interns are encouraged to develop increased autonomy and decision-making in their therapeutic approaches.

Optional individual supervision: Interns have the opportunity to receive additional supervision from any licensed clinical staff psychologist. This time may be negotiated between intern and supervisor and may be used on either a time limited basis, for development of a specific skill, enhanced theoretical understanding, or focused on refining skills over a longer period of time. We have adjunct faculty who practice in the community who provide additional supervision to our interns and are available on request.

Anxiety Treatment Program (ATP) supervision: Interns receive 1 hour of supervision each week related directly to their ATP clients. They will meet as a group with the ATP coordinator to discuss ongoing cases and facilitate one another's learning related to the effective use of CBT and E/RP with those who have a primary anxiety diagnosis. This time will also be used to ensure an adequate understanding of the evidence based treatment materials, psychoeducation materials, and adequate ability to apply the principles of evidence based treatment with their clients. Prior to providing anxiety treatment within this program, the interns will receive a number of resource materials and training in the provision of these services.

Group therapy supervision: Interns receive supervision for group therapy from their primary supervisor on an as needed basis. In addition to serving as group therapists in ongoing groups, interns are encouraged to develop a therapy group during their training year that is based on their clinical interests and client needs. Some examples from

previous years include a girls journaling group, mother-daughter group, and cognitive behavior therapy for anger management. Interns are expected to conduct at least one group therapy process (approximately 10 hours) during the internship year. Groups range in level of structure from psychoeducational to problem or goal specific and process oriented.

Family therapy and parent counseling supervision: Work with families and parents is an important area of clinical focus for children brought to treatment. Interns will learn how to conceptualize family dynamics and systems issues as they relate to the identified client's clinical issues and how to determine the appropriate type of intervention. To enhance the intern's developing skill level in this area, live supervision is provided one night a week. Interns have the opportunity early in the training year to observe experienced staff members conducting family therapy and parent guidance sessions. After initial orientation, interns begin bringing family therapy cases to live supervision where they can receive direct feedback via telephone and observe others as they conduct family and parent interventions. Senior clinical staff members provide this supervision and are highly experienced family therapists.

Supervision of Supervision: Interns receive one hour of supervision on supervision each week. The interns will rotate the supervision of a masters student who is completing his/her own practicum experience in the ATP. This supervision includes use of reading materials on best practice in supervision along with general guidance in supervising another professional.

Clinical Supervisors

Connie Romig, Ph.D. is the Coordinator of Training and Education at FSGC. Dr. Romig is also a clinical Team Leader who specializes in treating and supervising the treatment of children ages 0-6 years. She obtained her doctorate in counseling psychology from the University of Pittsburgh in 2003 and completed her pre-doctoral internship at FSGC in 2002. Her clinical interests include use of play therapy in treating preschoolers, anxiety disorders in young girls, and parenting training.

Abby Callis, PsyD is the Coordinator of the Anxiety Treatment Program (ATP), supervises the interns' work in this program and also provides supervision of supervision within the context of the ATP. Dr. Callis obtained a doctorate of clinical psychology at the Florida School of Professional Psychology and completed her pre-doctoral internship at FSGC. Her clinical interests include the treatment of anxiety disorders, disseminating evidence based anxiety treatment methodologies for underserved populations, psychological assessment, and community presentations. She is an adjunct professor at Washburn University.

Evaluation of Intern Performance

Interns are evaluated by their supervisors at mid-year and at the end of the training year. Supervisors provide ongoing feedback about the intern's progress and performance during the course of training. Evaluations are conducted using The Child Psychology Intern Competency Assessment Form (CPICAF). This form contains objectives, competencies, and rating scales for all supervised activities that an intern will undertake during the training year. At the beginning of the training year, interns will be asked to evaluate their current level of clinical skill on a variety of dimensions using this form. This self-rating along with early observation by supervisors will serve as a baseline from which to evaluate intern growth and professional development during the training year. Interns are encouraged to develop professional goals for the year and for each supervision process based on their individual needs and preferences.

Internship Evaluation

Twice a year, at mid-year and the end of the year, the interns are asked to evaluate the internship program in terms of quality, substance, and learning obtained through the training experience.

Interns will also meet with a member of the executive management committee and complete an evaluation of the internship and their training experience at FSGC.

Didactic and Clinical Courses

FSGC provides a two-hour didactic once a week that interns are required to attend. The topics relate to one of four core areas; diagnosis/treatment, multicultural/diversity, ethics, and professional development. These presentations are geared for the intern's present educational level and are aimed at enhancing and adding to the intern's knowledge base. These presentations are open to agency staff members and select clinicians from the community. Presenters come from agency staff members and clinicians practicing in the community. Interns are required to give one presentation in this forum during the training year and may elect to present either a clinical case or a topic related to clinical issues. Many interns use this as an opportunity to share work from their dissertation or area of clinical interest.

A sampling of the previous year's topics include: transcultural issues for the psychotherapist, outpatient treatment of eating disorders, collaborative supervision, conducting a mental status exam with children and adolescents, ethics in clinical practice, developmental lines of trauma in children, overview of current psychotropic medications, normal child development, and diagnosis and treatment related issues for children with brain injuries.

Interns also participate in a one-hour intern seminar each week that is geared specifically to their training needs. In the early part of the training year, these courses prepare the intern for work at FSGC providing orientation to the agency, its paperwork,

and services available. Once orientation is complete, the interns are introduced to the basics of interviewing, intake, and diagnostic evaluation. This is followed by specific classes in diagnosis, psychological testing, individual, group, and family treatment approaches, outcome evaluation, ethics in clinical practice, issues in professional development, and multicultural and diversity issues. This series of courses differs from the agency wide didactic in several ways. 1) It is designed specifically for the intern and is a thoughtfully planned sequence of courses intended to provide an increasingly challenging degree of conceptual and clinical mastery. 2) It is taught almost exclusively by psychologists and aids in the development of professional identity. 3) The courses are attended only by pre-doctoral psychology interns and because of its small size offer greater opportunity for in-depth discussion and exploration. 4) Interns have the opportunity to bring in current clinical cases as relevant to the material being presented and integrate clinical practice with theory and research.

These course presentations are intended not only for the dissemination of clinical research and practice, but to enhance the intern's conceptual thinking and professional development. Interns will have the opportunity to discuss relevant clinical modalities, theories, and research and use this forum as a means of furthering their own perspectives, confidence, and clinical approaches.

Weekly Schedule

Interns are expected to work towards conducting 15 hours of clinical work a week. This includes admissions, individual therapy, group therapy, case consultation, psychological testing, and family therapy/parent guidance. Interns receive at least two hour of individual supervision, one hour of testing supervision (depending on availability of testing clients), and one or more hours of live family therapy supervision each week. In addition to the hours described above, interns attend a once a week two-hour agency wide didactic and a one hour seminar specific to pre doctoral interns. The remaining hours are for paperwork and clinically related activities. The work week is 40 hours and although there may be times when interns work more (particularly around the completion of test reports) interns are encouraged not to exceed the 40 hour week.

Stipend and Benefits

Interns receive an annual stipend and the following benefits (effective January 1, 2014):

Annual stipend of \$24,000.00

Nine paid holidays

Two weeks paid annual leave

Five days of educational leave (may be utilized for dissertation related work)

\$350.00 for workshop and conference expenses

One day of sick leave per month

Mileage reimbursement based on prevailing government approved standard a mile for required travel to clinical/ training related appointments (except to and from work) and team meetings.

Low cost medical and dental coverage is also available.

Application Requirements

To be an eligible applicant you must have a Masters degree in clinical psychology or equivalent and be licensable in the state of Kansas at the Masters level. It is a requirement that applicants be in good standing from an APA accredited program. Prospective applicants can review these requirements at <http://www.ksbsrb.org/>. A completed application includes the APPI (<http://www.appic.org>), one psychological test report, three letters of reference from supervisors who know your clinical work well, an official copy of your graduate transcripts and a letter from your training director attesting to your readiness for internship (the APPI form documentation is sufficient). We encourage an on-site interview, which is usually scheduled for a Friday in January, however interviews may be conducted via phone or Skype. All applicants should have completed their comprehensive examinations as required by their doctoral program. A background check is required upon acceptance into the internship training program. Please clarify any questions you have about this during the interview process.

Applicants should have a demonstrated interest in working with children as reflected by their practicum experiences. Although we do not require a specific type of practicum experience, those that are valued include experience in providing clinical services to children with diagnosable conditions in an outpatient, inpatient, community mental health center or a school setting for children with behavioral disturbances. Additionally, testing experience with children, especially using some form of full-battery is highly desired. We rank applicants according to experience and demonstrated interests.

Please feel free to visit our internship program. If you know you are going to be in the general vicinity and have an interest in our program, call the Coordinator of Training to set up a time to visit our facilities. Additionally, we strongly encourage applicants to contact our current interns or previous interns now on staff to get their perspectives. To obtain these numbers call the Coordinator of Training at (785)232-5005.

Application Deadline: November 15

We notify applicants by email and letter if they are accepted for an interview. We also notify applicants who are not invited for an interview via email.

Some Frequently Asked Questions

What qualities are you looking for in intern applicants?

Applicants should have a demonstrated interest in working with children and families and/or community mental health. Applicants should have some familiarity and exposure to individual and play therapy with children, basic knowledge of family therapy or parent effectiveness training techniques, and strong background/interest in psychological testing and assessment. Experience in administration and scoring of the Rorschach and other projectives (Exner method preferred) is valued. Excellent writing, organizational, and interpersonal skills are essential abilities. We value diversity and individual uniqueness. We look for applicants who share these values and have interpersonal skills and accepting attitudes that enable them to work with a wide variety of diverse people and disciplines. Other important qualities include the ability to be self-reflective, a desire to approach one's clinical work in a thoughtful way, and a love for learning. We prefer that applicants have their dissertation near completion, if not already completed, by the start of the internship year.

How is intern creativity valued?

We think this is an important personal asset and welcome individual originality and imagination. Each year we have had one or more interns develop or propose something unique. In the 2003-2004 year, one intern with a background in animal assisted therapy and animal handling proposed to use her service dog in conducting individual therapy. Another intern suggested a study using palm pilots as a delivery method for parent education and intervention with difficult childhood behaviors. In previous years, we have had interns explore other clinical interventions such as a mother daughter group, education with teenage fathers, and a girls journaling group to name just a few. Creativity and curiosity is an important part of the clinical enterprise that can lead to new developments or approaches and we encourage this with our staff members and trainees. All ideas or proposals are submitted and reviewed by the clinical oversight committee.

What if I should become pregnant or contract a serious illness that requires considerable time off?

The intern would resume the training year when medically cleared to return and complete the time necessary to obtain the required training hours.

What is the possibility for employment with FSGC after completion of the internship year?

We cannot guarantee that positions will be available, but interns are encouraged to apply for staff clinician positions. At this writing, many of our former interns have been hired as staff clinicians after the intern year. The biggest dilemma facing interns wanting to remain at FSGC is that they typically start looking for opportunities in March or April. FSGC, however, cannot hold a position open until the intern graduates so it means that the intern has to take a chance that there will be an opening in June or July and that he/she will be selected from a competitive applicant pool.

How have previous interns fared when it comes to employment after completion of the internship year?

All of our interns have been employed at the doctoral level either at the completion or shortly after completion of the intern year. Positions have included positions in academics/teaching, community mental health centers, state hospitals, private non-profit/for profit outpatient agencies, private practice groups and school or school based settings.

Would I be an acceptable candidate for an FSGC internship even though my future career plans are in academia or research?

Yes, we believe that the clinical experience received during the internship year adds an important dimension that serves to inform and enliven one's teaching or research career. The applicant's clinical experience, skills/abilities, and professional interests are more important features in the application review process.

My graduate program is in school psychology. Would this be acceptable for your internship site?

We do not distinguish between programs, but instead look at clinical experience, interests, skills and abilities. Additionally, the applicant's educational background must allow for licensure at the Masters level in Kansas.

How many applications do you receive in a year?

Historically, we averaged approximately 50 applications each year. However, more recently we are averaging 90 to 100 applications each year.

Are phone/Skype interviews possible?

We strongly encourage an on-site interview. We think it is important for you to see our campus and make the best informed decision about your internship year. However, we know that there can be any number of scheduling or financial difficulties that make this complicated and are willing to offer phone/Skype interviews in those circumstances.

How many applicants do you interview?

We typically offer interviews to about 30% of our applicant pool.

If I am not offered an interview may I call and get an understanding as to why I did not qualify?

Yes, we are happy to provide feedback. Contact us any time with further questions. It should be noted that the vast majority of our applicants are exceptional in many ways

and that the only differences often tend to be the amount of experience with children or psychological testing over other well qualified applicants.

Clinical Service Provider Accountability

Family Service and Guidance Center (FSGC) is primarily engaged in providing a wide range of assessment and treatment services to children and families in the community. All clinical staff and trainees are responsible for ensuring that the rights of service consumers are preserved and maintained and that the highest quality of efficacious treatment available is employed. All clinical decisions and treatment interventions undertaken by the treater or treatment team will be based on ensuring that the psychological and emotional welfare of the consumer takes precedence over all other considerations.

All clinical staff, trainees, and volunteers assume the responsibility for providing services in a professional and ethical manner that uphold the personal dignity and value of human beings, respect individual differences, avoid misconduct, and convey quality and integrity on FSGC and themselves.

FSGC is a multidisciplinary mental health service provider. Each discipline and its respective trainees are expected to uphold the highest standards of quality and professionalism. It is the responsibility of each discipline and its trainees to know and abide by the respective discipline's ethical standards and policies, in addition to the policies and procedures outlined by FSGC. It is the responsibility of each discipline member to seek solutions to ethical dilemmas and questions as they arise.

Policy: Impairment Policy for Psychology Trainees and Interns

The psychology intern faculty has a dual responsibility. First, faculty members have a primary commitment to those we provide services, ensuring that they receive quality care and that the treatment and services we render conform to the Ethical Principles of Psychologists and Code of Conduct as set forth by the APA. Second, faculty members provide quality training to our interns and trainees in an environment that enhances the learning process and is characterized by the same degree of mutual respect and recognition of each individual's worth and personal dignity that is extended to those we treat.

The intern faculty acknowledges its responsibility in providing a comprehensive and quality training experience that prepares interns for functioning as autonomous competent professional psychologists. As such, we strive for a careful balance between that of support and education and evaluation and monitoring of an intern's competencies and capabilities to perform in this capacity. The internship year is a time of personal and professional growth that can be both exciting and stressful. It is recognized and understood that some forms of stress are inherent in professional development and that appropriate amounts stimulate professional growth, but beyond this it may result in reduced or impaired functioning and have potentially deleterious effects on the delivery of treatment and thus violate ethical guidelines.

Impairment is defined as an inability or unwillingness to perform at a level in keeping with the standards and policies of FSGC and the Ethical Principles of Psychologists and

Code of Conduct as set forth by the APA. Although not all-inclusive, the violations of these standards have been behaviorally presented and listed below according to level of seriousness and subsequent disciplinary action. A distinction is made by the psychology staff and training faculty between issues of professional development and skill improvement, which is seen as part of the supervisory and educational/training process and behaviors, and conduct that violate patients' rights, ethical standards, and FSGC policy. For instance, some level I violations may be on a continuum, such as late paperwork and tardiness. These will be addressed in the supervision process before they reach serious levels and may be the product of a wide variety of issues that the supervisor will help the trainee to address fairly and with respect. If these cannot be resolved with individual supervision then a remediation plan with specific action steps, objectives, and goals will be initiated. Additionally, we recognize that interns and trainees are completing internship to receive advanced training and improve their clinical skills. The deficits and lack of skill or knowledge is not seen as impairment, unless ongoing supervision and training fail to remediate clinical skills and decision making that result in substandard service delivery and violates ethical standards.

Remediation

Remediation plans will be developed by the coordinator of training and education in collaboration with the intern or trainee's supervisor(s). Training objectives for the intern/trainee will be clearly delineated and operationally defined. Successful completion of the training objectives will be clearly defined and a time line for completion will be determined and described in the remediation plan. At due date of completion, the intern/trainee will be evaluated on his/her level of success or need for further improvement by the coordinator of training and all appropriate supervisors. If further improvement is required, additional completion time may be granted if there is evidence to suggest that progress has been made, but is incomplete. This will be determined by the coordinator of training and education and appropriate clinical supervisors. If the intern successfully completes the remediation plan within the allotted time, the remediation plan will be discontinued. All files related to the intern/trainee's remediation are confidential with only the coordinator of training and education, supervising psychologists and the program's administrative assistant having access.

Violations of Accountability and Ethical Standards

Level I violations: Substandard work performance that may directly or indirectly impact service delivery to clients.

- 1) Unacceptable quality or quantity of work.
- 2) Frequent and excessive lateness in the completion of reports and clinical documentation.
- 3) Frequent tardiness and absenteeism.
- 4) Excessive use of sick leave without medical documentation.
- 5) Inability or unwillingness to cooperate with supervisors and employees.
- 6) Unprofessional behavior that diminishes the standards of the agency or one's profession.

Level I violations will result in one or more of the following actions.

- 1) Verbal warning and discussion of the violation with suggestions for education/improvement along with a time limit for which improvement or a trend of improvement should occur.
- 2) Written report signed by the trainee/intern and placed in the trainee/intern's file.
- 3) Administrative probation until the problem is corrected.
- 4) If reasonable progress toward correcting the problem is not made within a stated period of time the trainee/intern may be suspended (without pay) or terminated.

Level II violations: Serious violations of ethical standards and client rights.

- 1) Violations of confidentiality.
- 2) Sexual activity with clients, former clients, and their families.
- 3) Business relationships that exploit or take advantage of clients, former clients, and their families.
- 4) Selling or giving intoxicating substances to clients, their families, and other staff members.
- 5) Using intoxicants or illicit substances while at work.
- 6) Unauthorized removal of agency property from the work place.
- 7) Falsifying client records and agency documents.
- 8) Disobeying reasonable instructions from a supervisor.
- 9) Use of verbal threats, physical intimidation, or physical violence toward a client, their family, or a staff member.
- 10) Physical, sexual, or sadistic verbal abuse toward a client, their family, or a staff member.
- 11) Significant impairment in the ability to deliver competent and professional care.

Allegations of Level II violations may warrant suspension until they are sufficiently resolved. When an accusation of a serious violation has been made about a trainee/intern, it will immediately be communicated both verbally and in writing to the trainee/intern and will be immediately investigated by the trainee's/intern's primary supervisor and coordinator or training and education. All accusations of serious violations will be immediately reported to the clinical director and executive management council. Substantiated or admitted violations may be grounds for immediate termination by the executive management council.

Trainee/Intern Grievance Policy and Due process

If a trainee/intern feels that he/she has been treated unfairly, or victimized by discriminatory and arbitrary application of FSGC policy by a supervisor, staff member, or trainee/intern, there are two processes he/she may engage to seek fair and appropriate resolution. These are informal and formal methods of resolution.

The purpose of due process is to provide the intern with a timeline and step-by-step procedure for assuring the fair and just addressing of concerns and grievances.

If an intern observes or experiences any staff member or trainee engaging in harmful behavior toward another person, experiences or observes sexual harassment, experiences or witnesses discriminatory behavior that violates one's civil rights, he/she must fill out an agency incident report and submit this within 24 hours to the director of quality assurance. This will be processed and investigated in accordance with agency policy. The intern should report any such observed behavior to the primary supervisor and the coordinator of training and education within 24 hours. If the observed or experienced behavior involves the coordinator of training and education, this should be reported to the clinical director in addition to the completion of the agency incident report. If the intern has any doubt or question about the seriousness of the behavior experienced or witnessed, he/she should not hesitate to address it with his/her immediate supervisor. If it involves behavior on the part of the immediate supervisor, then it should be discussed within the 24 hour time period with the coordinator of training and education.

If an intern believes that he/she has been treated unfairly, received an evaluation he/she does not agree with, or has a concern about a supervisor, member of the faculty, staff member of FSGC, or another intern, he/she may elect to pursue a resolution to this through an informal or formal process. This should be undertaken within five working days.

Informal

- If pursuing an informal response, the intern is requested to address the issue with the person or persons involved.
- If the intern is uncomfortable with this or deems this inappropriate, he/she may request that the coordinator of training and education aid in addressing the issue by contacting the individual directly.
- If the concern is with the coordinator of training and education, the intern may approach the clinical director to aid in addressing the concern.
- The intern may also make a verbal request to the coordinator of training and education to aid in mediating a dispute or concern between the parties involved.
- If the intern does not feel that this process is appropriate or that it does not produce a satisfactory resolution, the intern may initiate a formal process.
- A formal process must be initiated within five working days by written statement after experiencing the incident or after informal attempts have failed to produce a satisfactory resolution.

Formal Grievance Process

- No reprisal of any kind shall be taken against any participant in a grievance procedure by reason of proper participation in such procedure.
- The intern must submit any grievance in writing to the coordinator of training and education within five working days with all accompanying documents and information relevant to the situation.
- If the grievance is toward the coordinator of training and education, it should be submitted to the primary supervisor.
- The coordinator of training and education will convene a review panel within three days. The panel will consist of a member of the intern faculty selected by the coordinator of training and education, the director of quality assurance, and a staff member selected by the intern.
- If the grievance is directed toward the coordinator of training and education, the panel will be convened by the primary supervisor using the above described selection process.
- The panel will review all written materials, interview individuals associated with or involved in the written concern, and interview the intern submitting the grievance.
- The intern submitting the grievance will be able to present verbally to the committee, as well as, any other materials he/she feels are relevant.
- Within three working days of the conclusion of the review process the panel will submit its findings and recommendations to the coordinator of training and education.
- Within three working days following the receipt of the recommendations, the coordinator of training and education will accept, amend, or reject the panel's findings.
- If the recommendations are accepted or amended by the coordinator of training and education, the decision by the coordinator is final.
- The intern will be informed within 24 hours of the coordinator's decision and the panel's findings.
- In the event the grievance is directed toward the coordinator of training and education, the decision will rest with the primary supervisor following the same procedure and time lines.
- If the decision is rejected, it will be sent back to the panel for further review and discussion within three working days.
- The panel will complete a reevaluation of the findings and recommendations within five working days.
- The coordinator of training and education will make the final decision regarding the panel's findings and recommendations.
- The intern will be informed of the decision within 24 hours of receipt of the panel's reevaluation and the coordinator's final decision.
- If the intern is not satisfied with the final decision rendered by the coordinator of training and education, he/she may bring the matter to the director of human resources.
- In the event the complainant feels he/she has been discriminated against based

on race, color, sex, religion, national origin, disability, age or citizenship, he/she may file a complaint with the agency's Equal Employment Opportunity Commission (EEOC) officer.

**FAMILY SERVICE AND GUIDANCE CENTER
ACKNOWLEDGEMENT STATEMENT
(Copy to be placed in Intern's personnel file)**

This is to acknowledge that I have received the FAMILY SERVICE AND GUIDANCE CENTER'S (FSGC) INTERN HANDBOOK dated May 2014.

I will retain a copy of the Intern Handbook for my own reference. The Intern Handbook can also be viewed on FSGC's website.

Further, I acknowledge that I have thoroughly read the following policies of FSGC:

- _____ Intern Licensure and Public Disclosure
- _____ Goals for Intern Training
- _____ Evaluation of Intern Performance
- _____ Clinical Service Provider Accountability
- _____ Impairment Policy for Psychology Trainees and Interns
- _____ Trainee/Intern Grievance Policy and Due Process

I have asked for and received to my satisfaction an explanation of anything I did not understand. I further understand that THIS INTERN HANDBOOK IS A GUIDE, AND NOT AN EMPLOYMENT CONTRACT and that from time to time, changes, both oral and written, can be made by an officer of FSGC to update or clarify these guidelines. In addition, I understand that FSGC maintains the exclusive right to alter, amend, modify, eliminate, add to, interpret and apply the guidelines outline in this handbook, as well as all of FSGC's business, operational and employment practices as Leadership believes is necessary or expedient to promote FSGC's overall best interests.

I understand that my employment is "at will" and that I can be terminated at any time for any reason with or without cause.

Finally, I understand that regardless of the statements made in this booklet, FSGC reserves the right, consistent with applicable laws, and based on the best interests of FSGC, to terminate employees at FSGC's discretion.

Date: _____

Pre-doctoral Intern Printed Name: _____

Pre-doctoral Intern Signature: _____

Employee Social Security Number: _____