

JCFS Chicago
INTERNSHIP IN CLINICAL PSYCHOLOGY – APA Accredited*
Elaine Kersten Children’s Center 255 Revere Dr. Suite 200
Northbrook, Illinois 60062

Department of Psychological Services

**INTERNSHIP IN CLINICAL PSYCHOLOGY:
PROGRAM DESCRIPTION & OVERVIEW**

Program Purpose

JCFS Chicago offers an 1850-hour (minimum), one-year, internship in professional psychology to qualified graduate students from clinical, school, or counseling psychology programs. The primary aim of the JCFS Chicago internship program is to prepare interns for future clinical practice as entry-level professional psychologists who can work competently with children, adolescents, and families.

Agency Overview

The mission of Jewish Child and Family Services is to enable individuals, children and families to grow and develop positively throughout their lives, by providing a continuum of quality services and resources that assist and support them and the community in the context of Jewish tradition calling upon us to care for those in need regardless of religion or heritage.

Programs and services of JCFS Chicago can be described as follows:

Therapeutic Services -- are geared toward helping children, adults, families and couples reach their fullest potential. Through application of theory and evidence-based practices, this array of services engages clients through compassion and care.

Individual, Family and Group Counseling is available for clients of all ages struggling with a variety of lifecycle, mental health or personal crises. Our *Psychological Services* provide high quality, individualized assessments and consultations including autism spectrum consultations, and psychological evaluations. The *Response Center* gives adolescents and their families the educational and psychological services needed to enable them to make healthy life choices. In addition, we have specialized services such as the Divorce Specialty Center and Disruptive Behavior Clinic.

Therapeutic Education Services -- combine the latest innovative educational and therapeutic methods. Our programs enhance each child’s ability to communicate and learn effectively and to build each child’s sense of independence. Our highly trained

professional staff include speech pathologists, occupational therapists, social workers, special education teachers and teachers that work together to give each child the most integrated and comprehensive treatment possible. The *Therapeutic Day School & Yeshiva* serves students in Grades 1-12 with emotional and behavioral disorders who have difficulties thriving in traditional education settings. The *Virginia Frank Child Development Center* provides a network of preventive and therapeutic services to parents and their young children, including, counseling, workshops and groups addressing developmental issues and parenting.

Community Services -- promote awareness, support and education regarding emotional, psychological and developmental issues among community members. Services include: The Jewish Healing Network for those dealing with illness or loss, Addiction Services, Abuse Prevention, Adoption and Infertility Support, Suicide Prevention and Support, Community Education, Referral and Information Services, and The Early Childhood Training Institute.

Caregiving Services -- provide short-term relief, residential support and substitute parenting for children and adults in the form of residential group homes and foster care, childcare services and community respite support.

JCFS Chicago is a partner in serving the community, supported by the Jewish United Fund/Jewish Federation, United Way, direct contributions, grants, bequests, income from legacies, and fees for services from individuals and government agencies. JCFS Chicago is a charter member of the Child Welfare League of America, licensed by the Illinois Department of Children and Family Services, approved by the Illinois State Board of Education and the Illinois Department of Mental Health, and accredited by the Council of Accreditation of Services for Families and Children (COA). In addition, JCFS Chicago is a member of the Child Care Association of Illinois, and the Illinois Foster Parent Association. Serving over 3000 children, adolescents, and families annually, JCFS Chicago has an annual budget of over \$30 million dollars and a staff of approximately 500.

Historically, JCFS Chicago has demonstrated a budgetary commitment to the psychology program. Over the past several years JCFS Chicago has maintained a successful psychology practicum program, supported the psychology staff and current interns in attending in- service trainings and workshops, and a budgetary allowance to purchase the supplies and professional materials needed to deliver high quality services. Additionally, JCFS Chicago has made a budgetary commitment to fund two paid intern positions. The budget also includes a benefit package, necessary supplies, time allotment for staff to supervise interns and facilitate seminars, time allotment for intern and supervisor training, and necessary space/administrative/office support. JCFS Chicago is also committed to providing the necessary financial support to obtain and maintain relevant accreditation status with APPIC and APA.

One-Year Full Time Requirement

The JCFS Chicago internship is a full-time (40 hours per week), 12-month program. To successfully complete the program, interns are required to complete a minimum of 1850 hours of work. The program begins and ends in mid-July of each year, as close to July 15th as possible (with necessary adjustments made if these days fall on a weekend). If an intern is unable to complete the required program hours due to illness or some other unexpected circumstance, he or she may petition for an extension of the training experience beyond the scheduled completion date. The training committee will make decisions regarding extensions of the training year on a case-by-case basis.

Respect for Cultural and Individual Differences

JCFS Chicago is committed to a policy of equal opportunity for all applicants for employment and/or training in a manner that is consistent with applicable local, state, and federal laws. In addition, the JCFS Chicago Internship Program is committed to promoting respect for and understanding of cultural and individual diversity. This is achieved through the agency's personnel policies, the internship and agency's didactic programming, the issues discussed and processed in supervision and training seminars, and the experience of working with the agency's client population which represents a diverse population. In addition, JCFS Chicago offers several employee resource groups to support diversity, equity and inclusion, including Qmmunity (LGBTQIA+ community), BIPOC (Black, Indigenous and People of Color) and AVID (Awareness of Visible and Invisible Disabilities) that interns and staff may join.

JCFS Chicago makes every effort to recruit intern candidates, graduate trainees, and staff from a diverse background. Position openings are posted at local graduate programs that have a diverse student body. Intern candidates do not need to be Jewish to work at JCFS Chicago nor do clients need to be Jewish in order to receive services at JCFS Chicago. In addition, JCFS Chicago has budgetary allowances for outside clinical consultation on cases that may require additional information on a range of topics including diversity issues. Understanding human diversity issues is an integral part of the training program provided to interns. Competency in this area is one of the core goals of the internship program.

Program Aims

Our program's specific aims are anchored in the profession-wide competencies expected of a health service psychologist and around which our training program is structured. Our aims align with these competencies which in turn guide the development and implementation of our program, the expectations for our interns, and evaluation of our program's outcomes. Our program aims to:

Generalist Health Service Psychologist

To recruit and train ethical, skilled, and culturally sensitive health service psychologists

who will be prepared for entry level practice and postdoctoral practice working with children, adolescents, and families in a clinical setting. Our intern selection process, experiential training activities tied to service delivery, supervision, and didactic training experiences support this aim. The clinical population served by JCFS Chicago also supports this aim. As a community mental health agency, JCFS Chicago serves clients across the developmental lifespan who present with a wide range of presenting problems and psychiatric diagnoses. Additionally, as an agency that services clients with private insurance and those with Medicaid, interns will be provided with the opportunity to work with clients from a wide range of socio-economic, cultural, and racial backgrounds.

Integration of Practice and Science

To provide training in the practice of taking an evidence-based practice approach to assessment, intervention, and consultation with diverse populations. We strive to support interns in developing the skills to apply clinical theory and empirical research into case conceptualizations, treatment planning, and clinical interventions. This is accomplished through seminars, individual supervision, consultation, group supervision, readings, and familiarizing interns with an evidence-based practice approach that balances available research, clinician expertise, client's presentation, and the overall system in which one is practicing.

Professional Identity

To facilitate intern's professional identity as health service psychologists by providing a training experience whereby the intern balances the many roles a generalist practitioner may have (ex. therapist, evaluator, consultant, and supervisor). Psychology supervisors serve as role models for this type of practice and Intern Seminar time is devoted to discussions of professional issues for entry-level psychologists such as licensure requirements, continuing education opportunities, career development, and work/life balance.

Collaboration and Openness to Learning

As an agency comprised of psychologists, social workers, speech and language pathologist, occupational therapists, substance abuse specialist, grief & loss specialists, educators, community resource specialist, and career counselors, we value the role collaboration plays in service delivery and ongoing learning. We aim to develop the intern's capacity to work collaboratively with psychology colleagues and professionals from other disciplines both within and outside our organization. Throughout internship, interns are given opportunities to meet one on one with Directors of the Community Counseling Center (LCSWs) during orientation, they attend the bi-weekly Community Counseling Center staff meetings along with psychology supervisors, social workers, and trainees from other disciplines. A key component of the training year is serving as a consultant to the Integrative Pediatric Therapies program, providing regular access to a multi-disciplinary team for their own cases, in addition to providing consultation. Interns are consistently linked to agency specialists for input and resources related to their clients. Lastly, interns are encouraged by supervisors to pursue learning on their own as it relates to their clients.

Program Philosophy, Objectives, and Training Model

Educational Philosophy and Training Model

The educational philosophy of the JCFS Chicago psychology internship program is based on a Practitioner-Developmental-Apprentice model. This model is based on a training mission emphasizing direct clinical practice consistent with the tradition of professional psychology training in the United States (practitioner), facilitating the transition from intern to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as personal and professional growth (apprentice). Taken together, each of these categories builds upon an intern's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity.

As a social service agency that provides services across the lifespan, JCFS Chicago provides a natural setting for a developmental framework for clinical training. The primary mission of JCFS Chicago is to provide children, adolescents, adults, and their families with a range of individualized services that are based on assessed needs and strengths. In order to do this, all agency staff must share an appreciation of individual development, recognizing both typical and expected developmental patterns, as well as patterns that appear developmentally off course. This philosophy permeates into the psychology internship training as well. Interns are viewed in terms of their individually assessed needs and strengths, they are provided with training experiences that facilitate the transition from student to professional, and they are evaluated in terms of what would be expected of someone at their level of training. Goals and expectations for the interns change over the course of the training year, as they acquire new clinical skills and professional competencies. The interns' areas of needs and strengths are formally evaluated three times a year in addition to in ongoing supervision. Appropriate and realistic goals are then established for the next review period. Expectations for clinical practice may change over the course of the year. For example, the first few times an intern provides testing feedback to a client she may do so with the assistance of a supervisor. As the year progresses, the intern may facilitate the feedback session on her own. Each intern is assigned either therapy or diagnostic externs that the intern is responsible for providing weekly supplemental supervision. This type of training opportunity allows the intern to experience work with trainees at an earlier developmental stage thereby providing the intern with a new perspective on her professional abilities. The intern receives supervision on this supervision that further aids the transition from student to professional. The interns are also active members of the internship selection committee by participating in the interview process alongside the Internship Faculty members. Overall, an intern's level of professional autonomy is hoped to increase as one's confidence level with newly acquired or enhanced skills develops.

Strong and consistent relationships established between the intern and their supervisors serve to establish the apprentice aspect of the JCFS Chicago internship program. The apprentice relationships become the vehicle to develop clinical and related professional skills in a supportive training environment. Interns sit side-by-side with primary supervisors in case-staffings and case reviews. The interns are able to

observe firsthand how a professional psychologist conducts herself in such an environment.

Interns participate in the Psychology Seminar. Throughout this seminar, the interns are given the opportunity to hear supervisors present their own cases. Interns are given opportunities to observe supervisors engaged in providing therapy or testing. Depending on work setting and case assignments, an intern may also have the opportunity to be a co-therapist with a supervisor or agency clinician.

The integration of scientific research and clinical practice is emphasized within the psychology department, as well as within the overall training philosophy of the agency as a whole. The agency has a large CQI department that focusses on program planning, development, and outcome measures for all programs, as well as keeping up to date on public policy issues. Lastly, the agency has a Development Department to assist with grant proposal writing. The interns are exposed to the integration of research and practice through individual and group supervision, assigned case presentations, didactic seminars, assigned readings in professional journals, access to reference materials from area university libraries and online databases, and agency sponsored and co-sponsored professional workshops and seminars.

Education and Competencies

By the end of the internship-training year, each intern will be able to demonstrate an intermediate to advanced level of knowledge and competence with children, adolescents, adults, and families in each of the following profession wide competency areas:

- **RESEARCH:** This competency relates to the intern's ability to critically pursue, integrate and disseminate research from the literature relevant to their clinical cases and work at JCFS Chicago.
- **ETHICAL AND LEGAL STANDARDS:** This competency relates to the intern's knowledge and application of the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations and rules governing health service psychology and relevant professional standards and guidelines.
- **INDIVIDUAL AND CULTURAL DIVERSITY:** Diversity competencies relate to the interns' ability to show respect, appreciation, and understanding for the cultural and/or individual differences of clients, colleagues, and peers.
- **PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR:** Professional values, attitudes and behavior competencies relate to the interns' ability to conduct oneself in a manner conducive to forming and maintaining meaningful working alliances with colleagues, peers, supervisors, service providers within the community, and professionals from other disciplines. In addition, these competencies relate to the interns' ability to conduct oneself in a manner that promotes personal and professional growth.
- **COMMUNICATION AND INTERPERSONAL SKILLS:** This competency relates to an intern's ability to develop and maintain effective relationships with other

professionals and those receiving professional services and effectively manage interpersonal challenges. It also relates to an intern's ability to produce and comprehend oral, nonverbal, and written communication.

- **ASSESSMENT:** Assessment and evaluation competencies involve the ability to provide ongoing client assessment throughout each phase of the treatment process (initial assessment, quarterly case reviews, and termination summaries), as well as the ability to conduct formal psychological evaluations.
- **INTERVENTION:** Intervention competencies relate to demonstrated skills and proficiency in those activities related to direct clinical service for the purpose of treatment for clients and their families. These interventions involve activities that improve client functioning through psychoeducation, case management, psychotherapy, and coordination with other service providers.
- **SUPERVISION:** This competency relates to the interns' commitment to JCFS Chicago's ongoing clinical training services to practicum students and developing introductory level supervision skills by providing regularly scheduled supplemental supervision to an assigned practicum student.
- **CONSULTATION:** This competency the intern's ability to relates used planned collaborative interactions with agency colleagues, as well as professionals in the community for the purpose of imparting knowledge and expertise on an identified problem area, topic, or clinical issue. Consultation is considered an intervention process for either identified individual(s) or an organization in which the intern does not have direct responsibility for the outcome or process of change.

Interns will be evaluated on these specific competencies along lines of the specific Intern Evaluation Form that follows.

JCFS CHICAGO PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM

Intern Name: _____

Supervisor(s): _____

Select one: __ July-December __ January-June Training Year _____

ASSESSMENT METHOD(S) USED (CHECK ALL THAT APPLY)

_____ Direct Observation
 _____ Videotape
 _____ Audiotape
 _____ Case Presentation

_____ Review of Written Work
 _____ Review of Raw Test Data
 _____ Discussion of Clinical Interaction
 _____ Comments from Other Staff

For each of the 9 profession-wide competency areas below, please assign a rating (1-5) that best describes the intern's level of competency at this point in the training year. A behaviorally anchored rating scale is provided for each of the 9 profession-wide competency areas. Space is provided for narrative description of the trainee's level of functioning, as well as for noting direct observations of intern competency. Please remember that all ratings should be made relative to the level of performance expected given the point of year at which the evaluation is conducted. Specifically, it is expected that during the beginning of the training year, most interns demonstrate minimal to basic knowledge, skills and abilities (corresponding to ratings of 3 or 4). As the year progresses, interns' knowledge, skills and abilities are expected to increase, so that by the end of the training year, they are expected to demonstrate intermediate to advanced levels of competency (corresponding to ratings of 1 or 2). In the event that an intern is performing below what would be expected given the point of the year at which the evaluation is conducted, they should be rated as "5" and a remediation plan should be developed to assist them with improving their competency to the level expected.

PROFESSION WIDE COMPETENCE 1: RESEARCH*N/A - INADEQUATE INFORMATION TO RATE INTERN***1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES*****Independently applies knowledge and understanding of scientific foundations independently applied to practice****Examples: Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization; Independently applies EBP concepts in practice; Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning****Generates knowledge****Examples: Engages in systematic efforts to increase the knowledge base of psychology through reviewing and/or implementing research; Uses methods appropriate to the research question, setting and/or community; Consults and partners with community stakeholders when conducting research in diverse communities****Applies scientific methods of evaluating practices, interventions, and programs****Examples: Evaluates practice activities using accepted techniques; Compiles and analyzes data on own clients (outcome measurement); Uses findings from outcome evaluation to alter intervention strategies as indicated; Participates in program evaluation***2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES*****Demonstrates knowledge, understanding, and application of the concept of evidence-based practice****Examples: Applies EBP concepts in case conceptualization, treatment planning, and interventions in*

consultation with supervisor; Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment

Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology

Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs

Examples: Describes how outcomes are measured in each practice activity; Demonstrates knowledge of program evaluation

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Understands the scientific foundation of professional practice

Examples: Understands the development of evidence-based practice in psychology (EBP) as defined by APA; Displays understanding of the scientific foundations of the competencies; Cites scientific literature to support an argument when appropriate; Evaluates scholarly literature on a practice-related topic as needed

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency rating(s):	
1. 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 the host institution), regional, or national level.	
2. Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.	
3. Reliably completes and utilizes client outcome measures for client engagement, treatment planning, and agency outcome evaluation purposes.	

PROFESSION WIDE COMPETENCE 2: ETHICAL AND LEGAL STANDARDS

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 - ADVANCED KNOWLEDGE, SKILLS AND ABILITIES

Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines

Examples: Addresses complex ethical and legal issues; Articulates potential conflicts in complex ethical and legal issues; Seeks to prevent problems and unprofessional conduct; Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent.

Independently utilizes an ethical decision-making model in professional work

Examples: Applies applicable ethical principles and standards in professional writings and presentations; Takes appropriate steps when others behave unprofessionally; Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice.

Independently integrates ethical and legal standards with all competencies

Examples: Demonstrates adherence to ethical and legal standards in professional activities; Takes responsibility for continuing professional development.

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations

Examples: Identifies ethical dilemmas effectively; Actively consults with supervisor to act upon ethical and legal aspects of practice; Addresses ethical and legal aspects within the case conceptualization; Discusses ethical implications of professional work; Recognizes and discusses limits of own ethical and legal knowledge; Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent.

Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma

Examples: Uses an ethical decision-making model when discussing cases in supervision; Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question; Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, practicum settings.

Integrates own moral principles/ethical values in professional conduct

Examples: Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues; Is able to spontaneously discuss intersection of personal and professional ethical and moral issues/

3- BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice

Examples: Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent; Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct).

Demonstrates awareness of the importance of applying an ethical decision model to practice

Examples: Recognizes the importance of basic ethical concepts applicable in initial practice (e.g., child abuse reporting, informed consent, confidentiality, multiple relationships, and competence)

Displays ethical attitudes and values

Examples: Evidences desire to help others; Shows honesty and integrity; values ethical behavior; Demonstrates personal courage consistent with ethical values of psychologists; Displays appropriate boundary management

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; Relevant professional standards and guidelines.	
2. Recognizes ethical dilemmas as they arise and apply ethical decision making processes in order to resolve the dilemmas.	
3. Conducts self in an ethical manner in all professional activities.	

4. Seeks consultation or supervision as needed and uses it productively.	
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PROFESSION WIDE COMPETENCE 3: INDIVIDUAL AND CULTURAL DIVERSITY

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

Examples: Uses knowledge of self to monitor and improve effectiveness as a professional; Seeks consultation or supervision when uncertain about diversity issues

Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation

Examples: Uses knowledge of others to monitor and improve effectiveness as a professional; Seeks consultation or supervision when uncertain about diversity issues with others

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

Examples: Uses knowledge of self to monitor effectiveness as a professional; Open to supervision about diversity issues

Applies knowledge of others as cultural beings in assessment, treatment, and consultation

Examples: Demonstrates understanding that others may have multiple cultural identities; Open to supervision about diversity issues with others

Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

Examples: Understands the role that diversity may play in interactions with others; Open to supervision about diversity issues in interactions with others

Applies knowledge, sensitivity, and understanding regarding individual and cultural difference {ICD} issues to work effectively with diverse others in assessment, treatment, and consultation

Examples: Demonstrates knowledge of /CD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities; Works effectively with diverse others in professional activities; Demonstrates awareness of effects of oppression and privilege on self and others

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others

Examples: Articulates how ethnic group values influence who one is and how one relates to other people; Articulates dimensions of diversity (e.g., race, gender, sexual orientation, age, disability, SES, etc.)

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings

Examples: Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals; Articulates beginning understanding of the way culture and context are a consideration in working with clients

Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others

Examples: Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals; Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship

Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to Individual and Cultural Differences (CD) as they apply to professional psychology.

Understands the need to consider CD issues in all aspects of professional psychology work (e.g., assessment, treatment, relationships with colleagues)

Examples: Demonstrates basic knowledge of literatures on individual and cultural differences and engages in

respectful interactions that reflect this knowledge; Seeks out literature on individual and cultural differences to inform interactions with diverse others

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Demonstrates an understanding of how their own personal/cultural history attitudes and biases may affect how they understand and interact with people different from themselves.	
2. Demonstrates the 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.	
3. Demonstrates the ability to integrate awareness and knowledge of individual cultural differences in the conduct of professional roles (e.g., research, services and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews, create conflict with their own.	
4. Demonstrates the ability to independently apply knowledge in working effectively with the range of diverse individuals and groups encountered during internship	
5. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.	

PROFESSION WIDE COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 - ADVANCED KNOWLEDGE, SKILLS AND ABILITIES

Monitors and independently resolves situation that challenge professional values and integrity; Conducts self in a professional manner across settings and situations; independently accepts personal responsibility across settings and contexts

Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice.

Demonstrates reflectivity (self-examination) in context of professional practice (reflection-in-action or “thinking on your feet” in-the-moment about personal feelings and professions theories in use); acts skillfully upon reflection; uses self as a therapeutic tool.

Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills

Self-monitors issues related to self-care and promptly intervenes when disruptions occur

Evaluates, negotiates, and implements feedback from others

Examples: engages supervisor in discussion of technique choice; raises questions and concerns about supervision and supervisor's approach as needed; acknowledges value of feedback even if incompatible with one's own views and discusses reasons for incompatibility non-defensively

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Adheres to professional values and infuses those values into work as psychologist-in-training; recognizes situations that challenge adherence to professional values; Communication and physical conduct (including attire) is professionally appropriate, across different settings; Accepts responsibility for own actions

Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development

Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity (self-examination) regarding professional practice; uses resources to enhance reflectivity; demonstrates elements of reflection-in-action ("thinking on your feet" in-the-moment about personal feelings and professional theories in use)

Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills

Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice

Accepts and implements feedback from others in a non-defensive manner

Examples: pursues understanding feedback and learning how to implement successfully rather than suggesting ways the feedback is not compatible with one's stance or other reasons feedback will not work; listens to suggestions from supervisor and adapts professional behavior in accord with supervisory feedback; welcomes feedback graciously

Provides feedback to others in an empathic, supportive, non-critical fashion

Examples: provides feedback to supervisor regarding supervisory process; provides thoughtful, helpful feedback to colleagues in case disposition meetings regarding case conceptualization and clinical technique; provides effective feedback to clients regarding outcome of assessment

3- BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Understands professional values; Shows honesty and integrity; Values ethical behavior; Responsible; Understands how to conduct oneself in a professional manner; Accountable and reliable

Examples: follows through on commitments; shows care in speaking about confidential client material; shows respect for whole client; does not label client pejoratively; is respectful and considerate in interactions with support staff

Demonstrates beginning understanding of self as professional; "thinking like a psychologist"

Displays basic self-awareness and basic reflectivity (self-examination) regarding professional practice

Demonstrates knowledge of profession-wide competencies; engages in initial self-assessment re: competencies

Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care

Listens to and acknowledges feedback from others

Examples: acknowledges potential challenges and ways to overcome challenges; does not demonstrate non-verbal rejection such as changing subjects or giving a cursory acknowledgement; attentive to others' ideas and perspectives on own ideas and work; open to feedback

Demonstrates willingness to admit errors

Examples: pursues correction of errors rather than shifting focus to errors of others; acknowledges mistakes forthrightly

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	
3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	
4 Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
5. Responsible for key patient care tasks (e.g., phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.	

PROFESSION WIDE COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 - ADVANCED KNOWLEDGE, SKILLS AND ABILITIES

Demonstrates accurate empathy for feelings that are covertly expressed by others or are outside the awareness of others, as well as in complex, challenging and/or novel situations; Demonstrates compassion for others who are dissimilar from themselves who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness

Demonstrates appropriate and effective boundary management in complex, challenging, and or novel situations with others

Examples: maintains professional demeanor with clients who test the limits; proactively understands multiple roles of self and others and the boundary implications

Effectively negotiates conflictual, difficult, and complex professional relationships including those with individuals and groups that differ significantly from themselves

Examples: actively seeks others' opinions; generates constructive solutions even when others are defensive; initiates resolution strategies across a variety of settings; modulates approach to context rather than using the same skills across situations; knows how to consult about the process of a problematic interaction as opposed to just the content of the interaction

Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated, and demonstrate thorough grasp of professional language and concepts

Examples: uses appropriate professional language when dialoguing with other healthcare providers; prepares sophisticated and compelling case reports; treatment summaries are concise, yet comprehensive

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates accurate empathy for feelings that are overtly expressed by others, in a manner that furthers the goals of professional activities

Examples: empathy promotes a positive therapeutic relationship; clients express feeling supported

Establishes and maintains appropriate professional boundaries

Examples: begins and ends treatment sessions on time; establishes expectations regarding fee payment and addresses nonpayment with clients; establishes clear role expectations for client; can identify and appropriately respond to questions from clients, including typical conversational questions and intrusive questions

Actively addresses problematic interpersonal situations using verbal and nonverbal skills

Examples: addresses and works with patients to resolve strains or ruptures in the therapeutic alliance; initiates discussion regarding disagreements with colleagues or supervisors and does so in a timely manner; efforts to resolve disagreements do not escalate negative affect among the parties involved; effectively articulates differences and possible options to resolve; seeks guidance from appropriate persons

Communicates clearly using verbal, nonverbal, and written skills in a professional context

Examples: communication is understandable, consistent across expressive modalities; prepares clearly written assessment reports; presents clinical process to supervisor in a succinct, organized, well summarized way; provides verbal feedback to client regarding assessment and diagnosis using language the client can understand; presents clear, appropriately detailed clinical material

Demonstrates clear understanding and use of professional language

Examples: uses professional terms and concepts appropriately and clearly in discussions, case reports, etc.; understands terms and concepts used in professional texts and in others' case reports

3- BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Expresses desire to help others; Demonstrates compassion (awareness of suffering and the wish to relieve it) even for others who are dissimilar from oneself; Demonstrates empathic listening, behavior, and attitude

Examples: accurately reflects others' feelings

Demonstrates understanding of appropriate boundaries and displays general ability to manage boundaries

Examples: recognizes differences between personal and professional relationships; differentiates session content in the context of their own interests and the client's therapeutic interests

Addresses problematic interpersonal situations using verbal and nonverbal skills

Examples: verbally acknowledges and engages in discussion of disagreements with colleagues and instructors; does not deny or minimize problematic situations when raised; tolerates discussion of problematic situations without overly hostile or defensive stance; generates possible resolution strategies or ways to handle problematic encounters

Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills

Examples: written work is organized, easy to understand, and conveys the main points; shares opinions with others using language that others can understand; non-verbal behavior is consistent with verbal communications

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency rating(s):	
1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts	
3. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
4. Reliably completes required paperwork (i.e., outcome measures, treatment plans, progress notes) for client engagement, treatment planning and agency outcome evaluation purposes.	

PROFESSION WIDE COMPETENCY 6: ASSESSMENT

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups and context

Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning

Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate referral questions appropriate to the practice site and broad area of practice

Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity

Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment

Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Selects assessment measures with attention to issues of reliability and validity

Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances

Selects appropriate assessment measures to answer diagnostic questions

Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

Utilizes systematic approaches of gathering data to inform clinical decision-making

Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing

Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam

Demonstrates knowledge of measurement across domains of functioning and practice settings

Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity

Demonstrates basic knowledge of formulating diagnosis and case conceptualization Demonstrates awareness of models of report writing and progress notes

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency rating(s)	
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1. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
2. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).	
3. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
4. 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.	
5. Interprets assessment results, following 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.	
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	

PROFESSION WIDE COMPETENCY 7: INTERVENTION

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

Independently plans interventions; case conceptualizations and intervention plans are specific to case and context

Displays sensitive clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations

Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate; Independently applies knowledge of evidence-based practice, including intervention, and other psychological applications, clinical expertise, and client preferences

Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation

Displays sensitive clinical skills with clients and uses good judgement

Implements evidence-based interventions; Applies knowledge of evidence-based practice, including intervention, and other psychological applications, clinical expertise, and client preferences

Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

*Questions related to the program’s accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002
 Phone: (202) 336-5979 / E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Displays basic understanding of the relationship between assessment and intervention Displays basic helping skills

Demonstrates basic knowledge of intervention strategies

Demonstrates basic knowledge of scientific, theoretical, and contextual bases of intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in health service psychology

Demonstrates basic knowledge of the assessment of intervention progress and outcome

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Able to establish and maintain effective relationships with the recipients of psychological services.	
2. Develops evidence-based intervention plans specific to the service delivery goals.	
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.	
5. Modifies and adapts evidence-based approaches effectively when a clear evidence- base is lacking.	
6. Evaluates intervention effectiveness and adapts intervention goals and methods with ongoing evaluation	
7. Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.	
8. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.	
9. Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session’s goals and tasks.	

PROFESSION WIDE COMPETENCY 8: SUPERVISION

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

Understands the ethical, legal, and contextual issues of the supervisor role

Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise

Engages in professional reflection about their clinical relationships with supervisees, as well as

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supervisees' relationships with their clients

Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES
Demonstrates knowledge of purpose for, and roles in supervision

Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices

Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

Provides helpful supervisory input in peer and group supervision

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES
Demonstrates basic knowledge of expectations for supervision
Displays interpersonal skills of communication and openness to feedback

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
2. Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.	

PROFESSION WIDE COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL SKILLS/INTERDISCIPLINARY SKILLS

N/A - INADEQUATE INFORMATION TO RATE INTERN

1 -ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates advanced knowledge of common and distinctive roles of other professionals

Demonstrates advanced knowledge of and ability to display the skills that support effective interdisciplinary team functioning

Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
Develops and maintains collaborative relationships over time despite differences

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Determines situations that require different role functions and shifts roles accordingly to meet referral needs; Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question; Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations; Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

2 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates knowledge of the viewpoints and contributions of other professions/professionals

Demonstrates knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning

Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

Develops and maintains collaborative relationships and respect for other professionals

Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher); Identifies literature and knowledge about relevant consultation methods (assessment and intervention) within systems, clients, or settings and the process of informing consultee of assessment findings.

3 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Cooperates with others

Demonstrates awareness of the benefits of forming collaborative relationships with other professionals

4 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

5 – NEEDS REMEDIAL WORK

Competency Rating(s)	
1. Demonstrates knowledge and respect for the roles and perspectives of other professions.	
2. Applies knowledge of consultation models and practices consultation with individuals and other health care professionals, interprofessional groups, or system related to health and behavior.	

CONCLUSIONS

PLEASE NOTE, THAT ON THE EVALUATION FORM YOUR SUPERVISOR'S COMPLETE AT THE MID-YEAR AND END OF YEAR, THE FOLLOWING CRITERIA WILL BE USED FOR DETERMINING LEVEL OF COMPETENCY FOR EACH GOAL AND WHETHER OR NOT REMEDIAL WORK IS INDICATED.

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that an intern needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competency of 1-4. No competency areas will be rated as 5.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of 1-2. No competency areas will be rated as 4 or 5. Note: exceptions would be specialty area assignments that would take a more intensive course of study to achieve this level of competency and the primary supervisor, training director and trainee agree that a level of 3 is appropriate for that particular assignment, (examples of this would be one-time experiences for exposure to a specialized topic/population such as working with a child birth to 3 years old, which is not a population regularly seen in the internship program or an opportunity to work on a case in our Disruptive Behavior Clinic in order to be exposed to new assessment tools and a specific evidenced based model of treatment, these cases are limited in number so there are not enough cases for an intern to develop advanced skills).

The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Date evaluation reviewed with Intern: _____

Supervisor's Signature

Director of Training's Signature

Date

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____

Date _____

Program Structure and Training Methods

Sequence, Intensity, Duration, and Frequency of Training Activities

JCFS Chicago's Practitioner-Developmental-Apprentice model of training is accomplished through a variety of carefully planned and sequenced activities related to the practice of professional psychology. In order for each intern to experience a degree of depth and intensity in their time at JCFS Chicago, training activities run concurrently for the entire training year. Interns are oriented to JCFS Chicago during their first two weeks at JCFS Chicago. During this time, interns have: frequent orientation meetings with the Director of Training; initial meetings with each supervisor; meetings with various program directors and specialists within the agency; orientation with human resources; and training on agency documentation and forms. These meetings assist in the interns' assimilation into the agency. The mid-summer starting date for interns is intentionally scheduled to fall during a time of year when agency activities are "quieter." This allows for a gradual introduction into the agency, an increase in availability of staff agency-wide, and for the interns to become acclimated before the practicum students begin in the fall.

During the initial phase of the training year interns are oriented to the agency and are closely guided through their case assignments and activities. Throughout this phase, supervisors are available to observe through a one-way mirror, join live sessions, or review audio/videotapes of sessions. The interns' caseloads are built gradually during this period until at least 40% of their time is spent in direct service delivery. Program assignments are structured to provide direct clinical experiences that are graded in terms of case complexity, variety of presenting problems, and number of clients served. During the middle phase of the training year interns continue to be closely supervised through the use of audio and videotapes, written case reports, process notes, and verbal reports of clinical activity. As the year progresses, interns are expected to balance their need for close guidance with a developing sense of confidence and competence in the decisions they make and services they provide. Interns should come to feel integrated into the agency in a manner consistent with staff clinicians. During the final phase of internship, the interns' role at JCFS Chicago should be almost indistinguishable from that of a staff member. The input and feedback provided by interns on cases should be valued and respected enough by colleagues, that as the interns approach the end of the year, their absence will be noticed and presence missed.

Training Methods and Experiential Professional Activities

Each intern is assigned clinical and direct service responsibilities within the following areas at JCFS Chicago. Assignments are for 12 months and run concurrently.

Community Counseling Centers

The Community Counseling Centers of JCFS Chicago are community based offices that provide an array of outpatient services including: individual psychotherapy, play therapy, parent guidance, family therapy, group therapy, and consultation to organizations in the community. JCFS Chicago has three outpatient counseling centers in the Chicago metropolitan area. One intern is placed at the Chicago Community Counseling Office

located in the Rogers Park area of Chicago, and one intern is placed at the North Suburban Counseling Center located in Northbrook, a northern suburb of Chicago. The populations served by the Community Counseling Centers represent a wide range of cultures, presenting problems, diagnoses, family structures, and socio-economic levels. Each intern is assigned a caseload of at least eight cases. Depending upon the needs of each case, the intern may provide several modalities of treatment to the same case. For example, an intern may see the child in weekly play therapy, meet with the parents weekly for parent guidance, and do family therapy once every two weeks. Every effort is made to give each intern at least one experience as a group therapy co-therapist during the training year. JCFS Chicago offers a variety of time-limited groups for children and parents. **Intern activities in the Community Counseling Centers include but are not limited to: child/adolescent individual psychotherapy, parent guidance, family therapy, group therapy, psychoeducation, development of treatment plans, intake assessments, termination summaries, case reviews, staff meetings, consultation with colleagues, collaboration with service providers in the community, crisis intervention, and case management.**

Psychological Services: Testing and Evaluation

The Department of Psychological Services provides psychological testing, evaluation, and consultation agency wide. All requests for psychological services are directed to the Director of Psychological Services who in turn makes case assignments to interns, psychology staff members, or practicum students. Specific psychological services include: full battery psychological assessment, assessment of intellectual/cognitive functioning, assessment of emotional functioning, psycho-educational testing, early childhood assessment, differential diagnostic assessment, assessment of autism spectrum disorders, and consultation on assessments done previously by professionals in the community. Assessments are requested for clients who present with a wide range of presenting problems and symptoms. In addition, assessments are completed on clients referred through JCFS Chicago outpatient counseling centers, clients who are in foster care, and outpatient clients referred from the community. The interns are trained in the administration, scoring, and interpretation of a variety of testing instruments while at JCFS Chicago. Each evaluation is individualized based on the reason for referral. Interns are expected to write comprehensive reports and provide feedback to the client and/or family as a part of the evaluation process. Finally, interns may have the opportunity to be assessment team members for assessment of autism spectrum disorders. Given the highly specialized nature of these assessments, the interns would primarily be active observers on the assessment team. In some cases, they may be qualified to do a portion of the assessment. **Intern activities in this area include: the administration, scoring, and interpreting of psychological tests, report writing, and feedback sessions.**

Consultation

Interns are assigned as consultants to the Integrated Pediatric Therapies (IPT) program at JCFS Chicago. This program serves children from birth to age twelve with developmental delays. The IPT staff is comprised of speech, occupational and developmental therapists who, along with social workers and psychologists, assess and address each child's developmental needs. IPT's comprehensive services include

evaluations, developmental therapy, speech and language therapy, occupational therapy and social skills development. The interns assigned to IPT spend 3 hours biweekly in a formal consultation, wherein he/she attends staff meetings to discuss clinical cases. The role of the intern consultant is to bring a mental health perspective to the IPT team meetings.

Additionally, the intern provides individually scheduled consultations and observations of client sessions to provide feedback and guidance on treatment goals and progress. At times, an intern may be requested to do a topic-related presentation to the group in which they consult. Finally, interns provide consultation on psychology-related matters to colleagues within each of their assigned programs. These consultations may be formally requested or occur informally. Intern activities in this area include but are not limited to: providing input, feedback and guidance on identified client issues, reviewing previously completed evaluations, imparting knowledge and information, screening and/or observing children who have been identified as presenting with some type of concern, collaborating with other service providers and professionals, and doing topic-related presentations.

Supervision, Training Seminars, and Professional Activities

Individual Supervision

Each intern receives at least four hours of weekly scheduled supervision from a licensed clinical psychologist who is a member of the Internship Faculty. Two hours of supervision are for treatment cases and one hour is for assessment cases. An additional hour of group supervision is provided, for a minimum of 4 hours per week of supervision. Supplemental supervision may be provided by additional Internship Faculty members or other agency supervisors who are licensed clinical social workers.

Staff Meetings

Each intern attends the bi-weekly ninety-minute multi-disciplinary staff meeting held in the Community Counseling offices. These meetings are led by a licensed clinical social worker. One of the intern's primary supervisors is also in attendance at these meetings. The purpose of these meetings is to discuss and review outpatient treatment cases and discuss office and/or agency related agenda items.

Internship Seminar

The Internship seminar meets bi-weekly for one hour. Seminar leadership rotates approximately every 8-12 weeks between members of the Internship Faculty. The seminar is primarily didactic; however, a portion of seminar time is allotted for discussion and group supervision of cases as they pertain to the topic. The Internship Seminar is broken down into segments reflecting areas of expertise of each staff member within the Department of Psychological Services. Previous segments have included such areas as: Anxiety Disorders, Stress Management Techniques, and Clinician Self-Care; Trauma and Attachment Theory; Expressive Therapy with Children; Professional Development & Life Beyond Internship, Use of Evidence Based Practices, Consultation & Supervision, the Significance of Mindfulness in Psychotherapy, Complex Factors Underlying Resistance to Treatment, Family Therapy and Treating Disruptive Behavior Disorders, and Assessment and Treatment of Children with Medical

Health Needs.

Psychology Seminar

This seminar meets at least every two weeks for 90 minutes. Psychology staff members, consultants, interns, and externs attend this seminar. This seminar focuses on case presentations, live clinical work, presentations of empirically supported treatments, experiential exercises, and relevant topic presentations. Interns are required to present at least one therapy case that reflects evidenced based practice, as well as one testing case. Externs are required to present either a testing case or therapy case. Staff members are expected to present either a testing case or a therapy case reflecting an evidenced based practice and/or a videotape of a therapy session.

All case presentations should have accompanying readings, including a piece of evidenced based practice that has been rated using the Quality of Study Rating Form (QSRF). Whenever possible, seminar participants are strongly encouraged to present live clinical work utilizing one-way mirrors, session transcripts, or audio/video samples of work. Finally, guest speakers from the community may be invited to present as indicated throughout the year. Facilitation of this seminar will rotate between the psychology staff members.

Open Case Consultation

Once per month, following Psychology Seminar an hour is set aside for all of the trainees and Psychology Staff to informally discuss any issues people are having with cases where input from others would be useful.

Diversity Seminar

All trainees in the Psychological Services program participate in our monthly Diversity Newsletter Seminar. This is a trainee led seminar in which interns and externs identify a topic within the area of diversity/multiculturalism that they are responsible for presenting on. Prior to the seminar, the student leading the seminar writes a newsletter for our A Moment in Multicultural Competence which they distribute to the team a week prior to the seminar meeting. On the day of the seminar, the student leads a presentation on the diversity topic chosen. Presentations range from watching and discussing video clips, experiential activities and question/discussion. In addition, students are required to make direct connections to how this topic is impacted by/could be addressed in a clinical setting. Topics chosen for Diversity Seminar presentations have been broad, ranging from issues such as breastfeeding, parenting practices, transgender community to diversity and the elderly and ageism. During the current training year students have been asked to select topics related to institutionalized racism to facilitate discussion of larger issues related to the civil unrest that occurred last year.

Supervision of Practicum Students

Each intern is assigned either a diagnostic or therapy practicum student in which to supervise. The intern is responsible for meeting weekly for one hour with her student. Supervision of this supervision is incorporated into the interns' individual supervision and group supervision with the Director of Training.

Agency Wide In-Service Training

JCFS Chicago places considerable value on in-service training and has a well-established ongoing in-service training program. Interns are invited and encouraged to attend agency-wide seminars, workshops, and conferences. These in-services are aimed to both enhance the skills and clinical understanding of staff and trainees and to benefit the clients that JCFS Chicago serves.

Director of Training (group supervision 30 min. per week)

The interns meet every other week for thirty minutes with the Director of Training to discuss training, administrative, research, and clinical issues of the interns' choosing. This time may be spent on group supervision of a particular case. In addition, this time is utilized to obtain feedback from the interns on their training experiences at JCFS Chicago. When indicated, the meeting time will be lengthened. During the first six weeks of the internship-training year, this meeting is ninety minutes long, and occurs more frequently, during which time the emphasis is acclimating and orienting the interns to JCFS Chicago.

Dissertation Time

Interns are allowed to schedule up to four hours per month of dissertation time. This is to be arranged with the Director of Training.

APPLICATION PROCESS

The following documents should be included in the application packet:

1. Resume/Curriculum Vitae
2. Two de-identified writing samples of psychological reports. These samples, if possible, should reflect at least one assessment completed on children and/or adolescents ages 4-18 years. Please be sure to change all identifying information.
3. Three letters of recommendation. These letters should reflect an applicant's clinical experience, and preferably be written by previous clinical supervisors.
4. Graduate transcripts.
5. APPIC Application Packet with match number.

Additional intern requirements include and can be found in the APPIC directory:

- Master's Degree by start of internship
- Comprehensive exams have been passed
- If not a U.S. citizen, must have authorization to work or engage in practical training
- A minimum of 3 years of graduate training
- A minimum of 575 intervention hours, and 150 assessment hours

APPLICATION PACKETS MUST BE RECEIVED BY November 1st.

Applicants will be notified by Email as to whether or not they will be invited to interview. Applicants will be notified of interview status by December 15th. The Intern Selection Committee will review application packets, and selected applicants will be contacted by email to schedule an interview.

In an effort to promote accessibility and reduce the risk of applicants incurring unnecessary costs of travel, the option for video-conference interviews are provided as an option.

Individuals with diverse backgrounds and experiences are encouraged to apply. Applicants are not required to be Jewish to work at JCFS Chicago. JCFS Chicago is committed to serving the needs of the diverse Chicago metropolitan area. JCFS Chicago is an Equal Opportunity Employer.

INTERVIEW PROCESS

JCFS Chicago will host at least 4 virtual interview days for intern candidates. The interview day will consist of rotating interviews with different members of the department, as well as current interns. The interview process will take approximately 2.5 - 3 hours. Once the interview process is complete, the Intern Selection Committee will rank order intern candidates.

Applicants will be ranked and notified of internship offers in accordance with the APPIC guidelines.

Stipend and Benefits

Stipend: \$30,030.00 annual + an additional one-time only payment is added to the intern's final paycheck for 12 days of Paid Personal Time which they are not allowed to use in order to meet the minimum number of hours worked for a full-time internship.

Overview of Benefits:

- 10 days Paid Personal Time
- up to 10 paid Sick Days
- 6 National Holidays, MLK Day, the Friday after Thanksgiving and up to 13 Jewish Holidays per year paid time off
- Medical/Health Insurance
- Tax Deferred Annuity Account 403-B plans available
- Direct Deposit
- Transit/Parking Voucher
- Flexible Dollars for Pre-tax Insurance Premiums, Dependent Child Care, and Medical Spending Account
- Dental Insurance (after 6 months)
- Vision Insurance (after 6 months)

Examples of Recent Agency-Wide In-Serving Training Presentations

Therapeutic Consultation for Intellectual and Developmental Disabilities, Instructor: Linda Sandman, LCSW

From Matzo to Challah: Jewish Laws, Traditions & Strategies for Working at a "J" Agency, Instructor: Ann Luban, MSW, MAJCS

Motivational Interviewing, Instructor: Nina Henry, LCSW, CADC

Acceptance and Commitment Therapy, Instructors: Patience Dennison, LCSW & Edie Sue Sutker, LCSW

Autism and Social Thinking, Instructors: Stephanie McConville, PhD & Maeghan Anderson, LCSW

Collaborative Problem Solving, Instructors: Allison Stevens, LCSW & Lisa Haber, LCSW

Harm Reduction, Instructor: Nina Henry, LCPC, CADC

Marijuana and Clinical Practice, Instructor: Nina Henry, LCPC, CADC

The Nervous System and Somatic Experience, Instructor: Dorie Silverman

Perinatal Mental Health for the NON Perinatal Specialist, Instructor: Amber Bond, NCC, LCPC, PMH-C

Visual Supports to Assist in Communication and Structure with Clients, Instructor: Jennie Marble, MA, CCC-SLP

Clinical Encounters with Culture: Migration, Transience, and Clinical Identity, Instructor: Gabriel Ruiz, LCPC, Institute for Clinical Social Work

Clinical Modalities for Divorcing Families, Panel includes: (1) Discernment Counseling, Karen Sliwicki, LMFT; (2) Custody Evaluations, Linda O'Connell, PhD; (3) Parenting Coordination, Rachel Levitsky, LCSW; and (4) Reunification Therapy, Beth Wilner, PhD

Maintenance of Intern Records

JCFS Chicago Human Resources maintains personnel records in paper form and in the HRIS system (UKG/Ultipro). All employee files are confidential. Employees may review, add, and correct personal information contained in their own file. The employee files are also available for review only by the employee's supervisors, JCFS Chicago Chief Executive Officer, the Agency's attorneys and other appropriate persons who have a need-to-know information contained therein for purposes of making decisions concerning the employee's employment and performance. JCFS Chicago complies with all applicable laws when an employee makes a request to inspect their personnel file.

In addition to the employee personnel records kept by Human Resources, the Director of Training keeps a paper file for each intern which includes documents specific to the internship program such as APPIC application materials, work samples, intern self-evaluations and supervisor evaluations, work samples, intern grievances (if any), remediation plans (if any), and direct service log sheets. These files are kept in a locked cabinet in the Director of Training's office.

Non-Discrimination Policies

JCFS Chicago embraces diversity. Our commitment to inclusivity is woven throughout our services, programs and welcoming workplace. Clients, employees, volunteers and community partners have a right to be treated fairly and with dignity and respect, free of all discrimination and harassment including that which is based on race, culture, religion, disability, age, marital status, sexual orientation, gender identity or expression, national origin, or any other classification protected by law.

As JCFS Chicago strives to fulfill our mission, we must examine the practices and strategies of the agency to ensure that equity and inclusion are consistently integrated across all levels of the agency. The Diversity, Equity, and Inclusion Committee exists to help JCFS take steps to address issues of equity and inclusion, ensuring these values are prioritized and championed to create an equitable and embracing agency that honors and respects the full spectrum of diverse identities.

Jewish Child and Family Services
INTERNSHIP IN CLINICAL PSYCHOLOGY
EVALUATION AND DUE PROCESS GUIDELINES

DEFINITION OF PROBLEM

For purposes of this document intern problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire professional skills in order to reach an acceptable level of competency, and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of this document a concern refers to a trainees' behaviors, attitudes, or characteristics which, while of concern and which may require remediation, are perceived to be not unexpected or excessive for professionals in training. Problems typically become identified as problems when they include one or more of the following characteristics:

- 1) the intern does not acknowledge, understand, or address the problem when it is identified,
- 2) the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
- 3) the quality of services delivered by the intern is sufficiently negatively affected,
- 4) the problem is not restricted to one area of professional functioning,
- 5) a disproportionate amount of attention by training personnel is required,
- 6) the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed,
- 8) the intern's behavior negatively impacts the public view of the agency,
- 9) the problematic behavior negatively impacts the intern class

General Guidelines for Intern and Training Program Expectations & Responsibilities

The Psychology Internship is designed as a General Internship and is seen as a component of the doctoral training process in Clinical Psychology. The goal of the JCFS Chicago internship program is to prepare interns for future independent practice. This internship assists interns in developing a variety of skills related to being a professional psychologist. These skills include clinical work, as well as consultation, supervision, and research. JCFS Chicago's goal is for each intern to complete internship with a sense of confidence and competence in each of these areas.

Expectations of Training Program

1. The training program will provide interns with information regarding relevant professional standards and guidelines as well as providing appropriate forums to discuss the implementations of such standards.
2. The training program will provide interns with information regarding relevant legal regulations which govern the practice of psychology as well as providing appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the intern's progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the internship program will maintain ongoing communications with the intern's graduate department regarding the trainee's progress during the internship year. The training program will provide appropriate mechanisms by which inappropriate intern behavior effecting professional functioning is brought to the attention of the intern. The training program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning.

General Responsibilities of the Intern Program

A major focus of internship is to assist interns in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to his/her

professional functioning. The training program assumes a number of general responsibilities. The responsibilities correspond to the three general expectation areas (Professional Standards, Professional Competency, Personal Functioning) and are described below:

Training Program's Expectation of Interns

The expectations of interns are divided into three areas:

- 1) knowledge of and conformity to relevant professional standards,
- 2) acquisition of appropriate professional skills, and
- 3) appropriate management of personal concerns and issues as they relate to professional functioning.

Each of these areas is described below:

A. Professional Conduct, Ethics, and Legal Matters

1. Be cognizant of and abide by the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct, Standards for Providers of Psychological Services, Specialty Guidelines, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities.
2. Be cognizant of and abide by the laws and regulations governing the practice of psychology in the state of Illinois as included in appropriate legal documents.

It is recognized by the training program that mere knowledge of and exposure to the above guidelines and standards are not sufficient. Interns need to demonstrate the ability to integrate relevant professional standards into their own repertoire of professional and personal behavior. Examples of such integration include a demonstrated awareness of ethical issues when they arise in work with clients, appropriate decision-making in other ethical situations, and awareness of ethical considerations in their own and other's professional work.

B. Professional Competency

By the time the internship is complete, interns are expected to have:

1. Demonstrate knowledge of mental health disorders and of developmental, psychosocial and psychological problems.
2. Demonstrate knowledge of the special issues involved in working with children, adolescents, and families.
3. Demonstrate comprehensive assessment skills including the ability to make appropriate diagnoses, utilize a range of assessment

- procedures, write thorough and “reader friendly” reports, and conduct sensitive feedback sessions with the client(s).
4. Demonstrate knowledge and skills in therapeutic treatment, including psychotherapy (various modalities), case management, family therapy, group psychotherapy, parent guidance, and crisis intervention.
 5. Demonstrate skills in the cooperation and collaboration with peers and professionals.

C. Personal Functioning

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of an intern's professional work. Such problems include but are not limited to a) educational or academic deficiencies, b) psychological adjustment problems and/or inappropriate emotional responses, c) inappropriate management of personal stress, d) inadequate level of self-directed professional development, and e) inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, such problems will be communicated in writing to the intern. The training program, in conjunction with the intern, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result.

I. The Evaluation Process

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Each supervisor evaluates the interns' performance every six months. Additionally, at the end of each review period, the staff evaluates interns' performance and makes recommendations for the next review period as well as future needs the intern may experience. Interns are provided a copy of the Psychology Intern Competency Assessment Form at the beginning of the internship year. A self-evaluation version of the form is completed by the intern at the beginning, middle, and end of the training year. The Psychology Intern Competency Assessment Form is completed by supervisors at the end of a 6 month and 12 month review period. Evaluations are discussed by the training team prior to being shared with the intern. Individual supervisors and the TD at the end of each review period, meet with the interns individually and give them an integrated report of the evaluations of their performance and makes those recommendations and suggestions which are relevant. A final copy of evaluation forms is given to the TD to place in the intern's file.

The TD receives information from all supervisors, her own impressions and those of others who have had significant contact with the intern. This process is viewed as an opportunity for the TD to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the review period that a problem is identified that the TD and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program.

It is important that in the course of the internship the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university at least twice a year regarding the intern's progress.

In the rare situation when it is recognized that an intern needs remedial work, a competency assessment form is completed immediately, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

Intern competency areas are rated along this scale:

- NA Inadequate information to rate intern**
- 1 Demonstrates Advanced Knowledge, skills, and abilities**
 - 2 Demonstrates Intermediate Knowledge, skills, and abilities /Occasional supervision needed.**
 - 3 Demonstrates Basic Knowledge, skills and abilities/Should remain a focus of supervision.**
 - 4 Demonstrate Entry level/Minimal knowledge, skills and abilities/Continued intensive supervision is needed.**
 - 5 Needs remediation**

Overall minimal levels of achievement for competencies are defined as:

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competency of 1-4. No competency areas will be rated as 5.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of **1-2**. No competency areas will be rated as **4** or **5**. Note: exceptions would be specialty area assignments that would take a more intensive course of study to achieve this level of competency and the primary supervisor, training director and trainee agree that a level of **3** is appropriate for that particular assignment, (examples of this would be one-time experiences for exposure to a specialized topic/population such as working with a child birth to 3 years old, which is not a population regularly seen in the internship program or an opportunity to work on a case in our Disruptive Behavior Clinic in order to be exposed to new assessment tools and a specific evidenced based model of treatment, these cases are limited in number so there are not enough cases for an intern to develop advanced skills).

Exit Criteria for Successful Completion of Internship

In order to successfully complete the internship, each intern must meet the following criteria:

- Successful completion of a minimum of 1850 hours of supervised experience over a 12- month period
- Interns are responsible for completing administrative paperwork, direct service logs, clinical documentation, and relevant work samples for their intern file.
- No significant ethical violations were committed by the intern.
- Supervisor evaluations indicate that the intern's performance is consistent with the expected level of performance for completion of the internship.
- Clinical documentation has been completed and signed by their supervisor(s).
- The intern has completed all required self-evaluations.

II. Initial Procedures for Responding to Inadequate Performance by an Intern
(i.e.: Intern Problem)

If an intern receives rating of 4 (Entry Level) or 5 (Remedial) in a competency area, from any of the evaluation sources, the following procedures will be initiated:

- A. The intern's supervisor will meet with the TD to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
- B. The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
- C. In discussing the inadequate rating and the intern's response, (if available) the TD may adopt any one or more of the following methods or may take any other appropriate action. She may issue a:
 - 1) "Acknowledge Notice" which formally acknowledges a) that the faculty is aware of and concerned with the rating, b) that the rating has been brought to the attention of the intern, c) that the staff will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the rating, and d) that the behaviors associated with the rating are not significant enough to warrant serious action.
 - 2) "Probation" which defines a relationship such that the staff members, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the intern and includes:
 - a) The actual behaviors associated with the inadequate rating,
 - b) The specific recommendations for rectifying the problem,,
 - c) The time frame for the probation during which the problem is expected to be ameliorated, and
 - d) The procedures designed to ascertain whether the problem has been appropriately rectified, or
 - 3) Take no further action.
- D. The TD will then meet with the intern to review the action taken. If "Probation," the intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in section III of this document.
- E. If either the Acknowledgment Notice or the Probation Action occurs, the TD will inform the intern's sponsoring university, indicating the

nature of the inadequate rating, the rationale for the action, and the action taken by the staff. The intern shall receive a copy of the letter to the sponsoring university.

- F. Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the staff, the intern, sponsoring university and other appropriate individuals will be informed and no further action will be taken.

III. Situations in which Grievance Procedures are Initiated

There are three situations in which grievance procedures can be initiated:

- A. When the intern challenges the action taken by the staff (Intern Challenge),
- B. When the staff is not satisfied with the intern's action in response to the action (Continuation of the Inadequate Rating), or
- C. When a member of the staff initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying them, is described below.

- A. Intern Challenge. If the intern challenges the action taken by the staff as described in II above, s/he must, within 10 days of receipt of the decision, inform the TD, in writing, of such a challenge.
 - 1) The TD will then convene a Review Panel consisting of two staff members selected by the TD and two staff members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.
 - 2) A review hearing will be conducted, chaired by the TD, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the Chief Operations Officer (COO), including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The intern is informed of the recommendations.
 - 3) Within 5 days of receipt of the recommendations, the COO will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the

matter back to the Review Panel for further deliberation. The Panel then reports back to the COO within 10 days of the receipt of the COO's request for further deliberation. The COO then makes a decision regarding what action is to be taken and that decision is final.

- 4) Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.

B. Continuation of Inadequate Rating. If the staff determines that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation, then a formal Review Panel will be convened.

- 1) The TD will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The staff may then adopt any one of the following methods or take any other appropriate action. It may issue a:
 - a) continuation of the probation for a specific time period,
 - b) suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved,
 - c) communication which informs the intern the TD is recommending to the COO that the intern will not if the behavior does not change, successfully complete the internship, and/or
 - d) communication which informs the intern that the TD is recommending to the COO that the intern be terminated immediately from the internship program.
- 2) Within 5 working days of receipt of this determination, the intern may respond to the action by a) accepting the action or b) challenging the action.
- 3) If a challenge is made, the intern must provide the TD, within 10 days, with information as to why the intern believes the action is unwarranted. A lack of reasons by the intern will be interpreted as complying with the sanction.
- 4) If the intern challenges the action, a Review Panel will be formed consisting of the TD, two staff members selected by the TD, and two staff members selected by the intern.
- 5) A Review Panel hearing will be conducted chaired by the TD, in which the challenge is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the COO. Decisions by the Review Panel will be made by majority vote.

- 6) Within 5 days of receipt of the recommendations, the COO will either accept the Review Panel's action, reject the Review Panel's action and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the COO within 10 days of the receipt of the COO's request for further deliberation. The COO then makes a decision regarding what action is to be taken and that decision is final..
 - 7) Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.
- C. Intern Violation. Any staff member may file, in writing, a grievance against an intern for any of the following reasons: a) unethical or legal violation of professional standards or laws, b) professional incompetence, or c) infringement on the rights, privileges or responsibilities of others.
- 1) The TD will review the grievance with 2 members of the staff and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
 - 2) If the TD and other two members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the TD shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
 - 3) When a decision has been made by the TD and the other two staff members that there is probable cause for deliberation by the Review Panel, the TD shall notify the staff member and request permission to inform the intern. The staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 days or permission to inform the intern is denied, the TD and the two members shall decide whether to proceed with the matter.
 - 4) If the intern is informed, a Review Panel is convened consisting of the TD, two members selected by the staff member, and two members selected by the intern. The Review Panel receives any relevant information from both the intern or staff member as it bears on its deliberations.
 - 5) A review hearing will be conducted, chaired by the TD in which the complaint is heard and the evidence

presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the COO. Decisions by the Review Panel shall be made by majority vote.

- 6) Within 5 days of receipt of the recommendation, the COO will either accept the Review Panel's action, reject the Review Panel's recommendation and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the COO within 10 days of the receipt of the COO's request for further deliberation. The COO then makes a decision regarding what action is to be taken and that decision is final..
- 7) Once a decision has been made the intern, faculty member sponsoring university, and other appropriate individuals are informed in writing of the action taken.

IV. Situations where interns raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The intern should:

- A) Raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.
- B) If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the Training Director. If the Training Director is the object of the grievance, or unavailable, the issue should be raised with the COO.
- C) If the Training Director cannot resolve the matter, the Training Director will choose an agreeable staff member acceptable to the intern who will attempt to mediate the matter. Written material will be sought from both parties.
- D) If mediation fails, the Training Director will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the Training Director, the COO and two staff members of the interns choosing. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with

relevant information. The Review Panel has final discretion regarding outcome.

- E) Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

V. Situations where a client files a grievance about an intern. Given that the interns are employees of the agency, client grievances will be handled according to the policies and procedures outlined for JCFS Chicago employees.

REMIEDIATION CONSIDERATIONS

It is important to have meaningful ways to address a problem once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

- 1) increasing supervision, either with the same or other supervisors,
- 2) changing in the format, emphasis, and/or focus of supervision,
- 3) additional didactic or formal training on a content area or procedure,
- 4) recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process.
- 5) reducing the intern's clinical or other workload and/or requiring specific academic coursework, and/or
- 6) recommending, when appropriate, a leave of absence and/or a second internship.

When a combination of the above interventions do not, after a reasonable time period, rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

- 1) giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,
- 2) communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as a practicum placement.
- 3) recommending and assisting in implementing a career shift for the intern, and/or
- 4) terminating the intern from the training program.

All the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.

DUE PROCESS: GENERAL GUIDELINES

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include:

- 1) presenting interns in writing, with the program's expectations related to professional functioning,
- 2) stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
- 3) articulating the various procedures and actions involved in making decisions regarding problem,
- 4) communication, early and often, with graduate programs about any suspected difficulties with interns, seeking input from these academic programs about how to address such difficulties,
- 5) instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time for expected remediation and consequences of not rectifying the inadequacies,
- 6) providing a written procedure to the intern which describes how the intern may appeal the program's action,
- 7) ensuring that interns have sufficient time to respond to any action taken by the program,
- 8) using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and
- 9) documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

I have read and understand the Due Process, Evaluation, Intern/Training Program Responsibilities, and Grievance Procedures. I have also been given a copy of these documents to keep for ongoing reference, if necessary.

Intern's Name: _____

Intern's Signature: _____

Date: _____

Director of Training's Signature: _____ Date: _____