



Doctoral Internship in Health Service Psychology

**Johns Hopkins All Children's Hospital
Saint Petersburg, Florida**

**Training Handbook
2026-2027**



JOHNS HOPKINS
M E D I C I N E

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ALL CHILDREN'S HOSPITAL**



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INTRODUCTION

Welcome to the Johns Hopkins All Children's Doctoral Internship in Health Service Psychology training program. This handbook is intended to provide trainees with the information needed to navigate the program comfortably and facilitate the process of your professional training and development. This document begins with a review of two pertinent Johns Hopkins All Children's Hospital employment policies, then moves to a discussion of the purposes, and aims of the training program, expectations and supervision guidelines, evaluation procedures, and grievance policies.

After you review this document and discuss the contents with the Psychology Internship Director, Lauren Gardner, PhD, ABPP, you will sign a form indicating that you have been provided information regarding program policies and procedures, as well as your commitment to abide by the guidelines of the program.

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL EMPLOYMENT POLICIES

Equal Employment Opportunity and Anti-Harassment

Johns Hopkins All Children's Hospital (JHACH) seeks to provide a workplace free of harassment and discrimination. It is the policy of JHACH to provide equal job opportunities to all people without regard to race, color, religion, creed, gender, gender identity, or expression, age, national origin, ancestry, citizenship, mental or physical ability, sexual orientation, marital status, family status, veteran status, genetic information, or any other basis protected by federal, state or local law. Johns Hopkins All Children's Hospital maintains a written Affirmative Action Plan designed to ensure employment opportunities for qualified women and minorities. JHACH takes claims of unlawful discrimination and harassment seriously, will respond promptly to complaints, and will impose immediate and appropriate corrective action as necessary. For a thorough description of JHACH's commitment to diversity and inclusion please visit:

<https://www.hopkinsallchildrens.org/About-Us/Diversity-and-Inclusion>

Relevant employment policies for review also include the following, which can be found on HPO on Connect:

HR941: Substance Use Policy

HR927: Corrective Action Policy

HR913: Performance Management

HR915: Reasonable Accommodations for Individuals with Disability

HR918: Social Media

HR923 Equal Employment Opportunity Policy and Harassment and Complaint Procedures

CULTURE STATEMENT

Our Past and Future

Founded in 1926 by compassionate community volunteers helping children in need, over time JHACH has evolved into an essential statewide provider and referral center committed to advancing child health through treatment, education, advocacy and research. Our latest transformation to become a national academic institution reflects our ongoing dedication to being top leaders in pediatric health. In so doing, we value and embrace change in health care to

deliver the most advanced care, while never losing sight of our goals to foster inspiration and hope among children and families. We drive change by seeking opportunities for improvement, identifying new needs and exploring new solutions.

Our Commitment to Excellence & Respect

Quality and safety are our highest priorities—our patients deserve no less. We demonstrate excellent service to patients, families and to each other. A long tradition of putting patients first, respecting each other and striving to improve further is inherent to JHACH.

We approach our work with a positive attitude and professional manner. Taking responsibility to get the job done and holding ourselves—and each other—accountable is a vital part of “who we are.” We respond promptly to situations with honesty and integrity. We not only follow best practices and standards of care; we redefine them by looking for ways to increase efficiency and innovation while always keeping patient safety first.

Our work is too important to be slowed down by gossip, negativity, bullying or avoiding responsibility. These types of behaviors have no place in our organization. We respect and celebrate different perspectives, lifestyles, cultures, ethnicities and religions of our colleagues, patients and families. We treat others as we hope to be treated ourselves.

We are here to touch lives, save lives and create healthy futures. Whether we deliver frontline clinical care or maintain behind-the-scenes operations, we each play an important role in children’s health. When we have questions, we inquire and seek clarity.

We admire our colleagues who face challenges with confidence, and learn positive lessons from setbacks. We strive to be the best.

Our Drive to Collaborate

Collaboration and teamwork are critical to our success. We, the Johns Hopkins All Children’s family, work together to support our organization’s strategic direction, to solve problems, to accomplish tasks and to sustain ourselves financially. We consider patients and families valued partners in the diagnosis, treatment and care of ill children, the creation of new knowledge, and training of future leaders in health care.

Partnering with community leaders, academic institutions and other health care providers shapes our identity and creates channels for growth. We have a duty to engage with our communities to help ensure local, regional, national and global access to our quality care and to create healthier and safer neighborhoods for children and their families.

Land Acknowledgement

Diversity and inclusion are important parts of caring for patients and fostering lasting employee relationships.

In April 2011, Johns Hopkins All Children's Hospital became the first U.S. hospital outside the Baltimore/Washington, D.C. region to join Johns Hopkins Medicine. As we work together in many areas of treatment, education and research, Johns Hopkins All Children’s Hospital and Johns Hopkins Medicine share an institutional commitment to understand and support the needs of diverse patients and colleagues.

Johns Hopkins All Children's Hospital cares for local children, as well as those that travel from across the state of Florida and beyond. A diverse staff plays a key role in understanding how to provide satisfying care for patients from all walks of life, including those from underserved and vulnerable populations. By fostering inclusion among our employees, we are building a space where contributions are valued and people are more likely to choose to stay at Johns Hopkins All Children's Hospital to pursue their professional development and goals.

Johns Hopkins All Children's welcomes employees, patients and families of all religions. Our staff will work with families to provide their child with the best care possible in a way that respects their religious beliefs. Additionally, our Pastoral Care program can provide spiritual support to patients, families and employees while honoring personal traditions. We also respect and celebrate different perspectives, lifestyles, cultures, ethnicities and religions of our colleagues, patients and families. We treat others as we hope to be treated ourselves.

Our main campus in St. Petersburg, Florida, wishes to acknowledge and honor the Indigenous communities who lived and took stewardship of this land, including the Seminole, Miccosukee and Tocobaga people and other historical groups and ancestors. We honor and respect the enduring relationship that exists between these peoples and communities and this land, which serves as a foundation for our belief that everyone has a role in promoting diversity, inclusion and equity in health care, research and education.

CORE VALUES

The Psychology and Neuropsychology department operates under, and is dedicated to, the core values embraced by JHACH. These core values include:

- Excellence and Discovery
- Leadership and Integrity
- Diversity and Inclusion
- Respect and Collegiality

TRAINING PROGRAM ACCREDITATION STATUS

The internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC-www.appic.org) and participates in the APPIC match process. The internship program is accredited by the American Psychological Association (APA-apa.org).

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

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

All other questions about the internship program may be directed to the Psychology Internship Director, Lauren Gardner PhD, ABPP at ach-psychologyintern@jhmi.edu or 727-767-7124.

TRAINING

Internship Training Committee

The internship training committee consists of all full-time psychology faculty that supervise interns. The internship training committee is committed to the training and preparation of psychologists who can function effectively in a clinical setting. The internship training program has been specifically developed by the training committee for students enrolled in doctoral-level psychology programs who have completed all requirements for their doctoral degree except for internship and dissertation. While the internship training committee is responsible for participating in the selection, training, and evaluation of doctoral interns; work groups or committees are established to address specific issues.

Staff bios of the JHACH psychology team may be found on JHACH's website:

<https://www.hopkinsmedicine.org/all-childrens-hospital/services/institute-brain-protection-sciences/programs-and-services/center-for-behavioral-health/psychology/psychology-team>

Training Director

The Internship Director has the following responsibilities:

1. Suggest training policy for review by the staff at JHACH. The Internship Director, in consultation with the Director of Psychology, Neuropsychology and Social Work, remains responsible for all final policy decisions.
2. Coordinates the overall training program of postdoctoral and doctoral level students in conjunction with the Director of Postdoctoral Fellowship Training.
3. Coordinates training activities (including didactic, cohort meetings, etc.) and evaluations.
4. Integrates input from training staff, interns/postdoctoral fellows, and other professionals to develop and modify the training program.
5. Reviews, revises, and implements training procedures.
6. Arranges all supervisory assignments and coordinates JHACH staff to provide training program activities.
7. Coordinates the evaluation and feedback process.
8. Coordinates intern application and selection process.
9. Maintains connections with appropriate faculty from the students' academic programs.
10. Serves as a liaison between trainees and staff, providing feedback, and processing grievances.
11. Creates a positive and supportive environment for trainees and training program staff.
12. Helps support the development of senior staff in their roles as clinical supervisors and contributors to the overall training program.

Training Philosophy

In keeping with a Scientist-Practitioner model of education, interns are viewed as scholars, active consumers of research, and progressively, highly trained professional practitioners who apply evidence-based knowledge and techniques in patient care. As such, interns are expected to gain competency in clinical assessment and intervention skills as well as in general research skills, and the ability to apply these skills to investigating problems of interest to pediatric psychologists. This emphasis on integrating research and clinical skills produces a scientist-practitioner who is able to incorporate these domains. It is the expectation that interns will become leaders and innovators in the field of pediatric psychology in clinical, research, and/or

academic settings. Key training elements to achieve this aim include training with psychologists who integrate science and practice, and active learning from the presentation of didactic material that is informed by current research. Interns' participation in practical clinical training, and didactic/seminar experiences will facilitate effective integration of science and practice, with increasing autonomy as the intern progresses, as appropriate to the intern's developmental level.

AIMS, COMPETENCIES AND ELEMENTS OF THE TRAINING PROGRAM

Aim of the Program

The overall aim of the internship program is to prepare interns for entry level practice in health service psychology. This aim is accomplished by providing training in generalist clinical skills in psychology, diversity, collaborative skills for operating within an interprofessional and interdisciplinary team, and overall professional development as a psychologist.

Competencies and Elements of the Program

The Doctoral Internship in Health Service Psychology at JHACH provides education and training designed to promote intern development according to APA's required Profession Wide Competencies for internship programs as listed in the Standards of Accreditation for Health Service Psychology. These competencies and the according elements are summarized below. Specific, expected behavioral elements of each competency area, as well as the minimal level of achievement needed for successful completion of the program, are defined in our program's Psychology Trainee Competency Evaluation Form (Appendix A).

1. Research:

Interns are expected to demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge, and to disseminate research.

2. Ethical and Legal Standards:

Interns are expected to be knowledgeable of and act in accordance with 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; and relevant professional standards and guidelines. Further, interns are expected to recognize ethical dilemmas as they arise and engage in ethical decision making to resolve such concerns. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence over the course of the training year.

3. Individual and Cultural Diversity:

Interns are expected to demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves; knowledge of current theoretical and empirical bases as it relates to addressing diversity in all professional activities; and the ability to integrate awareness and knowledge of individual and cultural differences into the conduct of professional roles. Interns are expected to respond professionally in increasingly complex

situations with a greater degree of independence over the course of the training year.

4. Professional Values and Attitudes:

Interns are expected to behave in ways that reflect the values and attitudes of psychology (i.e., integrity, deportment, identity, accountability, lifelong learning, concern for the welfare of others); engage in self-reflection regarding one's personal and professional functioning and in activities to maintain and improve performance, actively seek and demonstrate openness and responsiveness to feedback, and to respond professionally in increasingly complex situations with a greater degree of independence over the course of the training year.

5. Communication and Interpersonal Skills:

Interns are expected to develop and maintain effective relationships with a wide range of individuals (e.g., colleagues, supervisors, supervisees, recipients of care); produce comprehensive oral, nonverbal, and written communications that are informative and well-integrated (including a grasp of professional language and concepts); and to demonstrate effective interpersonal skills including the ability to manage difficult communications well.

6. Assessment:

Interns are expected to demonstrate the ability to select and apply assessment methods that draw from the best available empirical literature, collect relevant data using multiple sources and methods appropriate to the goal of the assessment; interpret assessment results, following current research and professional standards, to inform case conceptualization, classification, and recommendations; and to communicate orally and in writing the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

7. Intervention:

Interns are expected to demonstrate the ability to implement evidence-based interventions at the individual, family, group, community, population, or systems level. Interns are expected to demonstrate the ability to establish and maintain effective relationships with recipients of psychological services; develop evidence-based intervention plans, implement interventions informed by research, assessment findings, patient diversity characteristics, and contextual variables; the ability to apply relevant research to clinical decision making; to modify and adapt evidence-based approaches as needed; and to evaluate intervention effectiveness.

8. Supervision:

Interns are expected to demonstrate their knowledge and skills related to mentoring and monitoring trainees and others in the development of competence and skills in professional practice.

9. Consultation and Interprofessional/Interdisciplinary Skills:

Interns are expected to demonstrate intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Required Training/Experiential Activities for Elements

The Doctoral Internship in Health Service Psychology at JHACH is a full-time, 2000-hour program that is designed to be completed in 12 consecutive months of training. The training program strives to provide interns with the opportunity (in terms of setting, experience, and supervision) to begin assuming the professional role of a psychologist through a structured program of study. This entails the integration of interns' previous training with further development of the knowledge, skills, abilities and attitudes related to the professional practice of psychology.

At the beginning of the training year, interns are provided with structured orientation to acclimate them to the site and the staff, as well as intern expectations/policies. During this period, they meet with individual supervisors to identify specific core training needs, such as core readings on neuropsychological assessment and clinical practice in psychology. Interns also begin to receive training on legal and ethical professional practice. The interns work with their individual supervisors, who monitor the developmental level of the intern. After the initial orientation period, interns initially shadow individual supervisors during patient contact, adding patient responsibilities as they and their supervisors agree is appropriate.

Over the course of the training year, interns continue to gain autonomy and independence while maintaining close supervision on clinical tasks in the context of intern-specific needs and program-specific expectations. On a weekly basis, each intern will receive at least 2 hours of individual supervision with a doctoral level psychologist, as well as at least 2 hours of additional supervision.

In addition, interns are expected to prepare several professional presentations over the course of the internship year. Interns initially attend presentations given by faculty, either through the departmental didactic series or through other means such as Grand Rounds. Interns develop presentations under the supervision of faculty members over the course of the year. Each intern presents on a topic of their choice at the departmental didactics in the spring/summer. Interns are encouraged to engage in research with training faculty, and present on research at a professional meeting once their dissertation is completed.

Each intern will obtain significant experience providing clinical services for children and adolescents with a wide variety of medical conditions.

Training Tracks

The internship program offers three separate training tracks which include: Autism Spectrum Disorder/Neurodevelopmental Disabilities, Neuropsychology, and Pediatric Psychology. Descriptions for training opportunities for each track are provided below. Interns across all three

tracks will participate in didactics for two hours weekly. Didactic topics are selected to be appropriate for interns and cover issues with regard to assessment, treatment, ethics, professionalism, and diversity, equality, and inclusion issues.

Interns may also choose to select from additional training experiences, which include Grand Rounds, research, and a variety of medical specialty teams within the hospital depending on interest and the feasibility of scheduling.

Clinical Training Activities

Training tracks available for the 2025-2026 internship training year:

- Autism Spectrum Disorders/Neurodevelopmental Disabilities Internship Track
- Neuropsychology Internship Track
- Pediatric Psychology Internship Track

Autism Spectrum Disorder/Neurodevelopmental Disabilities Internship Track

The Autism Spectrum Disorder/Neurodevelopmental Disabilities (ASD/NDD) Internship Track trains interns to provide high-quality, family-centered care with a specialization in autism/neurodevelopmental disabilities. Interns who complete the ASD/NDD track are those seeking a career providing evidence-based assessment and intervention services for children and adolescents with ASD/NDD.

The ASD/NDD Internship Track includes year-long training experiences in interdisciplinary assessment for young children, psychological evaluations for school-age children and adolescents, psychology referral clinic and outpatient therapy. In addition, this track is divided into three 4-month rotations. These training rotations include consultation-liaison services, parent training groups for behavior management, and integrated care clinic. Based on intern training and background, opportunities may be available for participation in ongoing research within the Autism Program.

Interns progress from initially shadowing the supervising psychologist to increasing levels of independence. Over the course of the rotations and training year, interns continue to gain independence while maintaining close supervision on tasks including reviewing referral/intake documents, conducting diagnostic interviews, test administration, interpretation of evaluation results, as well as oral and written report of findings, and provision of evidence-based outpatient therapy services.

Training Rotations (4 months)

Interns complete three rotations during their training year. The intern spends four months obtaining in-depth experience in the three specialty areas described below.

Consultation-Liaison Service

Primary Supervisor: Marissa Feldman, PhD, ABPP

Training/Experiential Activities: Interns receive breadth of experience working with a variety of medical diagnoses on the consultation and liaison service. Patients seen range in age from newborns to the mid-twenties and are located in the PICU, CVICU, 7N (Neurology/Surgery), 8N, and 8S (General Pediatrics). Referrals come from physicians, nurse practitioners or other hospital care providers and cover a wide range of psychological and medical conditions. Close

communication and collaboration with the medical team and supportive services (e.g., Child Life, Social Work, and Rehabilitation Services) is imperative, and the intern has the opportunity to participate in medical and discharge rounds to facilitate family-centered care. The intern learns to conduct brief evaluations, formulate clinical impressions and recommendations, and communicate findings effectively to families and medical providers. Interns also participate in care conference meetings and have the opportunity provide formal (or informal) teaching on the biopsychosocial model and psychosocial concomitants through collaborative learning experiences with our medical colleagues.

Helping Our Toddlers, Developing Our Children's Skills (HOTDOCS®)

Primary Supervisor: Jason Hangauer, PhD

Training/Experiential Activities: Interns co-facilitate a group-based behavioral parent training program entitled Helping Our Toddlers, Developing our Children's Skills (HOTDOCS®).

HOTDOCS is a 6-session behavioral parent training program designed to teach parents/caregivers evidence-based strategies for common early childhood behavioral and developmental problems in a supportive group-based format where participants are encouraged to share ideas, process successes, and support one another. Participants also learn to identify the function of a child's behavior and then implement preventions or teach new skills to decrease disruptive behaviors across home, school, and community settings. There may also be an opportunity for interns to provide individualized caregiver coaching for caregivers of children with autism spectrum disorder in order to facilitate language and functional play acquisition. Trainees who complete this rotation may also be eligible for certification as a HOTDOCS trainer.

Integrated Care Clinic

Primary Supervisor: Callie King, PhD, HSP

Training/Experiential Activities: Interns will be integrated into the General Pediatrics Clinic one day per week during their rotation. Serving as a behavioral health consultant, interns will receive consult requests from pediatricians and residents in the clinic and engage in a warm handoff with patients. Interns will conduct a brief diagnostic interview to assess for patient needs, engage in brief evidence-based intervention, and provide appropriate resources to the patient/family during the clinic encounter. Brief evaluations for ASD and ADHD on a case-by-case basis may be scheduled as a follow-up visit with intern as well. Common reasons for consults include difficulty coping or adjusting to illness or life circumstances, behavior difficulties (disruptive/oppositional, developmental delays, sleeping, toileting, feeding, habits impacting health), academic struggles, mood concerns, substance abuse, caregiver support or education, treatment or medication adherence, support with somatic symptoms, or rule out of underlying mental health conditions. Interns will work as an integral part of the primary care team and collaborate on case conceptualization and treatment planning with the medical providers, as well as collaborating with the clinic social worker and administrative care coordinator to ensure patients have access to appropriate resources and/or referrals.

Year-Long Training Experiences

Early Childhood Evaluation Clinic

Primary Supervisors: Lauren Gardner, PhD, ABPP

Training/Experiential Activities: The intern participates in evaluations for children aged 4

years, 11 months and younger through the Autism Program. Interns gain competency in completing diagnostic evaluations as a member of an interdisciplinary team by conducting evidence-based assessments of cognition, language, social-emotional, behavioral, and adaptive development. The rotation focuses on review of referral information and medical record, clinical interviewing, and comprehensive diagnostic evaluations with same-day feedback for caregivers.

Psychological Evaluation

Primary Supervisor: Brooke Carey, PhD; Jason Hangauer, PhD

Training/Experiential Activities: Interns complete comprehensive psychological evaluations for patients with neurodevelopmental disorders ranging from age five through adolescence. The Psychological Evaluation training experience focuses on comprehensive diagnostic evaluations assessing for a wide range of neurodevelopmental as well as co-occurring behavioral and emotional disorders using validated assessment measures. Interns gain increasing independence completing all necessary steps of a comprehensive psychological evaluation including diagnostic interview, selection of assessment measures, administering and scoring measures, completing child/adolescent individual interview, mental status examination, and conducting a feedback session with individualized recommendations for the child/adolescent based on assessment findings and areas of need. Interns gain experience in the preparation of written reports conceptualizing the overall assessment process and findings with individualized treatment recommendations.

Psychology Referral Clinic

Primary Supervisor: Alaina Miller, PsyD

Training/Experiential Activities: The Psychology Referral Clinic training experience focuses on initial evaluation of patients to assist with diagnostic clarification, treatment planning, and triaging to the appropriate Center for Behavioral Health service or community referral, as needed. Interns progress from initially shadowing the supervising psychologist to increasing levels of independence in clinical interviewing, conducting mental status examinations, administering and scoring assessment measures, and providing oral and written feedback and recommendations to families. Over the course of the training year, interns gain independence while maintaining close supervision on these clinical tasks.

Child and Adolescent Therapy Clinic

Primary Supervisor: Lauren Gardner, PhD, ABPP

Training/Experiential Activities: The Child and Adolescent Therapy Clinic focuses on providing evidence-based interventions for children and adolescents presenting with neurodiversity. Rotation experiences include conducting clinical interviews, assessment measures to inform clinical decision making, individual therapy, parent training, consultation, and outreach as available. Interns are expected to carry an approximate caseload of 2-3 patients to be seen weekly in clinic.

Autism/NDD Track Schedule by Rotation 2026-2027

First Rotation (4 months) – ICC				
Monday	Tuesday	Wednesday	Thursday	Friday
Early Childhood CDE 1 ST week of month DIs 9, 11, and 1pm w/Dr. Gardner	ICC w/Dr. King	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	Psychological Eval w/Dr. Hangauer	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
2-4 th weeks of month 9:00am - 3:00pm CDE eval w/Dr. Gardner		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Drs. Feldman/Gardner		Group Supervision 1:00-2:00pm w/Dr. Miller
				Administrative Time/Supervision
Second Rotation (4 months) – HOTDOCS/DOCS				
Monday	Tuesday	Wednesday	Thursday	Friday
Early Childhood CDE 1 ST week of month DIs 9, 11, and 1pm w/Dr. Gardner	HOTDOCS/DOCS w/Dr. Hangauer	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	Psychological Eval w/Dr. Hangauer	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
2-4 th weeks of month 9:00am - 3:00pm CDE eval w/Dr. Gardner		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. Gardner		Group Supervision 1:00-2:00pm w/Dr. Miller
				Administrative Time/Supervision
Third Rotation (4 months) – C/L				
Monday	Tuesday	Wednesday	Thursday	Friday
Early Childhood CDE 1 ST week of month DIs 9, 11, and 1pm w/Dr. Gardner	C/L w/Dr. Feldman	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	Psychological Eval w/Dr. Hangauer	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
2-4 th weeks of month 9:00am - 3:00pm CDE eval w/Dr. Gardner		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. Gardner		Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Follow-up/Administrative Time/Supervision

Neuropsychology Internship Track

The Neuropsychology Internship Track aims to prepare interns for postdoctoral specialization in pediatric neuropsychology. Training conforms to Houston Conference Guidelines and Minnesota Conference Guidelines. Interns gain competency in completing neuropsychological evaluations for children, adolescents, and young adults.

Interns who match to the Neuropsychology Track complete three training rotations, with each rotation lasting 4 months in duration. The rotation offerings include specialty areas of mTBI, oncology, epilepsy/epilepsy surgery, and neurodevelopment. Interns also complete one outpatient clinical evaluation per week for general medical referrals including hematology/stroke, cardiac/congenital heart disease, genetic disorders, and other acquired illness such as encephalitis. There are opportunities to participate in multidisciplinary team meetings, coordinate care with medical providers and provide follow-up and education to school systems and educators. Neuropsychology interns also complete year-long training focused on initial diagnostic assessment, triaging services, inpatient neuropsychology consultation, and intervention (see full description of each below).

Interns progress from initially shadowing the supervising neuropsychologist to increasing levels of independence in interviewing, test selection, administration of assessment measures, scoring and providing feedback to families and the medical team. Over the course of the year, interns continue to gain independence while maintaining close supervision on tasks including chart review, conducting clinical interviews, test administration, interpretation of neuropsychological evaluation results, as well as oral and written report of findings. Based on intern training and background, opportunities may be available to participate in ongoing research within the Neuropsychology Clinic in collaboration with other departments throughout JHACH.

Training Rotations (4-months)

Interns complete three neuropsychology rotations during their training year. The intern spends four months obtaining in-depth experience in three of the specialty areas described below.

mTBI

Primary Supervisor: Danielle Ransom, PsyD, ABPP-CN

Training/Experiential Activities: The mTBI specialty rotation involves inpatient consultation as well as outpatient evaluation and follow-up of patients with acute and remote acquired brain injury such as concussion, accidental trauma, and nonaccidental trauma. The rotation focuses on review of referral information and medical record, clinical interviewing, and neuropsychological evaluations (standard and/or abbreviated) to address concerns related to acquired injury and provide appropriate recommendations (e.g., return to school and/or play).

Epilepsy/ Epilepsy Surgery

Primary Supervisor: Kyle Srnka, PhD

Training/Experiential Activities: This specialty rotation involves inpatient consultation/evaluation within an epilepsy presurgical context, outpatient postsurgical evaluation and follow-up, as well as evaluation of general seizure/epilepsy referral questions. The rotation focuses on reviewing referral information/medical record, clinical interviewing, and comprehensive neuropsychological evaluation for children, adolescents, and young adults.

Interns gain competency in using data from neuropsychological evaluations to inform localization, lateralization and surgical considerations. Rotation experience also includes participation in multidisciplinary epilepsy team meetings where patient surgical candidacy is reviewed and presented to the team.

Oncology

Primary Supervisor: Colleen Hess, PhD

Training/Experiential Activities: This specialty rotation involves neuropsychological assessment of patients with oncologic disease (e.g., leukemia/lymphoma, CNS tumor, etc.) across different time points of the treatment continuum and within multiple care settings. Training opportunities include (1) inpatient consultation/evaluation to obtain baseline and/or pre-surgical data for patients with newly diagnosed leukemia or brain tumor, (2) targeted neurocognitive evaluations prior to initiation of radiation therapy, bone marrow transplant, or CAR-T therapy, and (3) comprehensive outpatient evaluations to assess for cognitive late effects associated with treatment (i.e., chemotherapy, radiation therapy, tumor resection, etc.). This rotation also involves brief neurocognitive screenings embedded within the long-term survivorship medical clinic as part of an effort to provide neuropsychological consultation and triage patients in need of more comprehensive assessment. Interns will gain competency in clinical interviewing, flexible assessment modalities, complex case conceptualization, and dissemination of findings to both patient/family and the medical team via oral feedback and written evaluation reports. Rotation experience also includes participation in multidisciplinary oncology team meetings such as Neuro-Oncology Tumor Board and Hematology-Oncology Tumor Board.

Neurodevelopment

Primary Supervisor: Sakina Butt, PsyD, ABPP-CN

Training/Experiential Activities: The neurodevelopment specialty rotation involves evaluation and follow-up of children at the younger age of the spectrum (ages 1-5 years) with complex congenital and/or neonatal histories including prematurity/low birth weight, neonatal hypoxic ischemic encephalopathy, neonatal abstinence syndrome, congenital heart disease, congenital diaphragmatic hernia, genetic disorders, and cerebral palsy. Through this rotation, interns gain competency in completing evaluations and determining risk for developmental challenges across areas including cognition, language, motor, social-emotional, behavioral, and adaptive development. The rotation focuses on review of referral information and medical record, clinical interviewing, and evaluations to address concerns related to development for early identification and intervention. Interns also gain experience collaborating with multidisciplinary teams (neonatology, general pediatrics, audiology, speech/language therapy, occupational therapy, and physical therapy).

Year-Long Training Experiences

Psychology Referral Clinic

Primary Supervisor: Alaina Miller, PsyD

Training/Experiential Activities: The Psychology Referral Clinic training experience focuses on initial evaluation of patients to assist with diagnostic clarification, treatment planning, and triaging to the appropriate Center for Behavioral Health service or community referral, as needed. Interns progress from initially shadowing the supervising psychologist to increasing levels of independence in clinical interviewing, conducting mental status examinations, administering and scoring assessment measures, and providing oral and written feedback and

recommendations to families. Over the course of the training year, interns gain independence while maintaining close supervision on these clinical tasks.

Child and Adolescent Therapy Clinic

Primary Supervisor: Callie King, PhD, HSP

Training/Experiential Activities: The Child Therapy Clinic focuses on providing evidence-based interventions for children presenting with a wide variety of concerns including adjustment disorders, depression, ADHD, disruptive behavior disorders, and anxiety disorders. Through this rotation, interns gain competency as a generalist practitioner to assess, diagnose, and treat a wide range of psychological problems among children. Rotation experiences include conducting clinical interviews, individual therapy, consultation, and outreach as available. Interns are expected to carry an approximate caseload of 2-3 patients to be seen weekly in clinic.

Inpatient Neuropsychology Consults

Supervisors: Drs. Butt, Hess, Katzenstein, Ransom, and Srnka

Training/Experiential Activities: Inpatient consultation services include those related to both neuropsychological and pediatric psychology issues. Adjustment to medical condition, pain management, and assistance with coping skills are common referral questions, and the fellow is expected to follow patients while inpatient and/or assist with coordination of outpatient care. Neuropsychological evaluations while inpatient include those of baseline functioning prior to chemotherapy/radiation therapy, baseline functioning prior to surgical removal of brain tumor, neuropsychological functioning on the epilepsy monitoring unit, and evaluation prior to discharge for patients who have experienced a change in mental status due to acute injury and/or disease process. Neuropsychological evaluations are completed on the PICU, Epilepsy Monitoring Unit and Hem/Onc Unit. Neuropsychology is integrated into a number of other inpatient service lines as well and consultations occur weekly. Consideration and balance will be given based upon clinical demands of the week and number of referrals received.

Outpatient Neuropsychology Evaluations

Supervisors: Drs. Butt, Hess, Katzenstein, Ransom, and Srnka

Training/Experiential Activities: Outpatient neuropsychology evaluations throughout the training year provide training in pediatric neuropsychology across a wide variety of childhood medical conditions, as described above. The intern is expected to participate in outpatient clinical evaluations, outpatient multi-disciplinary team clinics as a shadow experience (including neuro-cutaneous disorders clinic, stroke clinic), and inpatient consultations, as requested. Evaluations are tailored to patient and team needs involving both brief and comprehensive assessments.

Neuropsychology Track Schedule by Rotation 2026-2027

First Rotation (4 months) – Oncology				
Monday	Tuesday	Wednesday	Thursday	Friday
Outpatient Neuropsychology Eval w/ Dr. Hess e/o week Multidisciplinary CanSurvive clinic	(Inpatient Neuropsychology Consults/Supervision/Administrative Time *1-2 inpatient consults per week*	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller	Outpatient Neuropsychology Eval (Fellow Case – Tiered supervision w/Dr. Butt or Dr. Katzenstein)	Neuropsych Rounds 8:00-9:00am *Occurs two-three times per month*
				Psychology Didactic 10:00-11:00am
				Neuropsych Seminar 11:00-Noon
		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. King		Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Neuropsychology Consults/Supervision/Administrative Time
Second Rotation (4 months) – TBI				
Monday	Tuesday	Wednesday	Thursday	Friday
Outpatient Neuropsychology Eval w/ Dr. Ransom	Inpatient Neuropsychology Consults/Supervision/Administrative Time *1-2 inpatient consults per week*	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller	Outpatient Neuropsychology Eval (Fellow Case – Tiered supervision w/Dr. Butt or Dr. Katzenstein)	Neuropsych Rounds 8:00-9:00am *Occurs two-three times per month*
				Psychology Didactic 10:00-11:00am
				Neuropsych Seminar 11:00-Noon
		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. King		Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Neuropsychology Consults/Supervision/Administrative Time
Third Rotation (4 months) – Epilepsy				
Monday	Tuesday	Wednesday	Thursday	Friday
Outpatient Neuropsychology Eval w/ Dr. Srnka	Inpatient Neuropsychology Consults/Supervision/Administrative Time *1-2 inpatient consults per week*	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller	Outpatient Neuropsychology Eval (Fellow Case – Tiered supervision w/Dr. Butt or Dr. Katzenstein)	Neuropsych Rounds 8:00-9:00am *Occurs two-three times per month*
				Psychology Didactic 10:00-11:00am
				Neuropsych Seminar 11:00-Noon
		Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. King		Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Neuropsychology Consults/Supervision/Administrative Time

Pediatric Psychology Internship Track

The pediatric psychology track provides interns the opportunity to gain competencies working with patients with diverse medical conditions, as well as more in-depth training with specific illness populations to help facilitate specialization. The training year is comprised of several core clinical activities/learning experiences that are year-long; including participation on the consultation-liaison service and engagement in Psychology Referral Clinic and outpatient therapy. Additionally, interns gain specialized training through three 4-month long rotations within several multidisciplinary medical clinics. Finally, the training year is rounded out by monthly opportunities for psychological and/or neuropsychological assessment. These core training opportunities help interns solidify skills in evidence-based practice addressing the psychological aspects of illness, while also gaining crucial experience with interdisciplinary collaboration and coordination for enhanced patient- and family-centered care.

Supervision follows a developmental model whereby interns will progress from shadowing the attending psychologist to increasing levels of independence in review of the electronic medical record, communication with primary and supporting services, direct clinical interview, delivery of feedback and recommendations, and identification and implementation of evidence-based intervention over the course of the rotation. Research and program development opportunities are available within each area for the prepared intern.

Training Rotations (4 months)

Each intern will spend four months obtaining in-depth experience in three of the specialty areas below. Supervision for these rotations follows a developmental model whereby interns will progress from shadowing the attending psychologist to increasing levels of independence in direct service delivery and interprofessional/interdisciplinary communication/collaboration over the course of the rotations.

Pain Rotation

Primary Supervisor: Will Frye, PhD, ABPP

Training/Experiential Activities: Interns in the pain rotation have the opportunity to work with patients presenting with a variety of chronic pain conditions including amplified musculoskeletal pain, chronic daily headaches, juvenile idiopathic arthritis, disorders of the brain-gut interaction, and complex regional pain syndrome. Patients with chronic pain seen by an intern during clinic or consultation/liaison services may be followed by the intern for outpatient therapy services, using an evidence-based approach. Interns will be able to conduct diagnostic assessments of youth with chronic pain within outpatient psychology or multidisciplinary pain clinics. Interns may also choose the option of becoming involved in our inpatient rehabilitation program for Complex Regional Pain syndrome or outpatient pain programming. Interns rotating with pain will receive training in biofeedback with multiple biofeedback systems.

Hematology/Oncology/Bone Marrow Transplant Rotation

Primary Supervisor: Melissa Faith, PhD, ABPP

Training/Experiential Activities: The hematology/oncology/bone marrow transplant (“hem/onc/BMT”) rotation offers a unique experience of multidisciplinary clinics as well as the potential for evidence-based outpatient therapy and inpatient consultation/liaison shadowing.

Multidisciplinary clinics in which the intern may participate include long-term cancer survivorship clinic, sickle cell disease clinic, hemophilia clinic, brain tumor clinic, or other specialty hematology/oncology clinics as available. During multidisciplinary clinics, if time permits between patients, interns will be encouraged to accompany the attending psychologist or a postdoctoral fellow for hem/onc/BMT inpatient consultation/liaison work. Inpatient work in hem/onc/BMT can include meeting with patients, medical team members, and psychosocial team members for routine consultation requests (e.g., for new oncology diagnoses) or can reflect consultations to address acute concerns. Interns on this rotation will be expected to attend Hem/Onc/BMT Family Support Team rounds once per month, as the intern's schedule allows, with the option of six multidisciplinary oncology board meetings (e.g., Brain Tumor Board).

Diabetes Rotation

Primary Supervisor: Marissa Feldman, PhD, ABPP

Training/Experiential Activities: Interns electing to complete a diabetes rotation have the opportunity to be integrated into a multidisciplinary team consisting of physicians, nurses, diabetes educators, dietitians and social workers who work closely with patients and families to provide state of the art care. The intern participates in routine psychosocial screening and provide brief evidence-based behavioral interventions targeting diabetes-related management issues (including concerns for adherence and coping). The intern follows some patients for outpatient psychotherapy, when appropriate. Additionally, interns on this rotation follow-up with patients seen on C/L for new onset diabetes during the first post discharge clinic visit. This provides the unique opportunity to assess adaptation to newly diagnosed diabetes following return home and engage in collaborative problem-solving with patients and families to promote positive coping and adherence behaviors. Rotation offering is dependent on appropriate staffing of this multidisciplinary clinic.

Eating Disorder Rotation

Primary Supervisor: Sarah Sobalvarro, PhD, ABPP

Training/Experiential Activities: The eating disorder rotation focuses on providing evidence-based assessment, consultation, and intervention for children and adolescents with eating disorders (e.g., anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, avoidant/restrictive food intake disorder, binge eating disorder). The intern will participate in our interdisciplinary eating disorder clinic that includes a physician, dietitian, social worker, and psychologist. Interns will have an opportunity to work closely with the team to provide gold-standard care for children and adolescents with eating disorders. The intern will learn and utilize treatments specifically for eating disorders, including Family Based Treatment (FBT), an evidence-based intervention for anorexia nervosa. The rotation will also include outpatient therapy focused on using evidence-based interventions to treat patients with eating disorders.

Year-Long Training Experiences

Consultation-Liaison Service

Primary Supervisor: Marissa Feldman, PhD, ABPP

Training/Experiential Activities: Interns will receive breadth of experience working with a variety of medical diagnoses from the year-long rotation on the consultation and liaison service. Patients seen range in age from newborns to the mid-twenties and are located in the Intensive Care Units (PICU, CVICU), 7N (Neurology/Surgery), 8N, and 8S (General Pediatrics).

Referrals come from physicians, nurse practitioners or other hospital care providers and cover a wide range of psychological and medical conditions. Close communication and collaboration with the medical team and supportive services (e.g., Child Life, Social Work, and Rehabilitation Services) is imperative, and the intern will have the opportunity to participate in medical and discharge rounds to facilitate family-centered care. The intern will learn to conduct brief evaluations, formulate clinical impressions and recommendations, and communicate findings effectively to families and medical providers. Ongoing evidence-based intervention may be indicated, with the frequency of services determined by clinical need. Interns will also participate in care conference meetings and have the opportunity provide formal (or informal) teaching on the biopsychosocial model and psychosocial concomitants through collaborative learning experiences with our medical colleagues. Based on intern training and background, opportunities may be available for participation in ongoing research projects and program development. Interns dedicate three half-days per week to the major rotation.

Psychology Referral Clinic

Primary Supervisor: Alaina Miller, PsyD

Training/Experiential Activities: The Psychology Referral Clinic training experience focuses on initial evaluation of patients to assist with diagnostic clarification, treatment planning, and triaging to the appropriate Center for Behavioral Health service or community referral, as needed. Interns progress from initially shadowing the supervising psychologist to increasing levels of independence in clinical interviewing, conducting mental status examinations, administering and scoring assessment measures, and providing oral and written feedback and recommendations to families. Over the course of the training year, interns gain independence while maintaining close supervision on these clinical tasks.

Child and Adolescent Therapy Clinic

Primary Supervisor: Sarah Sobalvarro, PhD ABPP

Training/Experiential Activities: The Pediatric Psychology Outpatient Clinic focuses on providing evidence-based assessment and interventions for children and adolescents experiencing psychological, social, and/or family functioning problems as they relate to a child's medical illness (e.g., cancer/blood disorders, diabetes, obesity, GI disorders, seizure disorders, cranio-facial conditions, transplant). The intern will be expected to carry an approximate caseload of 3-4 pediatric psychology patients to be seen in the psychology clinic. Referral reasons for outpatient therapy include adjustment/coping with illness, pain, anxiety related to illness/medical procedures, treatment adherence, somatic complaints, or family functioning in the context of medical illness/trauma. Interns will see cases with a range of diagnoses and presenting concerns, and work with two supervisors to achieve breadth, and specialization, of experience working with pediatric chronic illness.

Psychology Evaluations

Interns will complete approximately 7 neuropsychology or psychology evaluations during the course of the training year. The opportunity for both inpatient brief neuropsychological evaluations, as well as outpatient general psychological assessment exists.

Pediatric Psychology Track Schedule by Rotation 2026-2027

First Rotation (4 months) – Pain				
Monday	Tuesday*	Wednesday	Thursday	Friday
Pain w/Dr. Frye	Inpatient Follow-up/Administrative Time/Supervision	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	C/L w/Dr. Feldman	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
C/L w/Dr. Feldman	C/L w/Dr. Feldman	Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. Sobalvarro	Pain w/Dr. Frye	Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Follow-up/Administrative Time/Supervision
Second Rotation (4 months) – Diabetes				
Monday	Tuesday*	Wednesday	Thursday	Friday
Diabetes Clinic w/Dr. Feldman	Inpatient Follow-up/Administrative Time/Supervision	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	C/L w/Dr. Feldman	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
C/L w/Dr. Feldman	C/L w/Dr. Feldman	Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. Sobalvarro	Diabetes Outpatient w/Dr. Feldman	Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Follow-up/Administrative Time/Supervision
Third Rotation (4 months) – Eating Disorders				
Monday	Tuesday*	Wednesday	Thursday	Friday
C/L w/Dr. Feldman	Inpatient Follow-up/Administrative Time/Supervision	Psychology Referral Clinic 8:30-12:00pm w/Dr. Miller and Matt Cooke, LCSW	C/L w/Dr. Feldman	Peds Table Rounds 9:00-10:00am
				Psychology Didactic 10:00-11:00am
Eating Disorder Clinic w/Dr. Sobalvarro	C/L w/Dr. Feldman	Child and Adolescent Therapy Clinic 1:00-5:00pm w/Dr. Sobalvarro	Eating Disorder Clinic w/Dr. Sobalvarro	Group Supervision 1:00-2:00pm w/Dr. Miller
				Inpatient Follow-up/Administrative Time/Supervision

*Psychological evaluation training will take place the 2nd Tuesday of the month, with no more than 7 per year

TRAINING POLICIES AND PROCEDURES

Program Responsibilities

In accordance with the learning elements described above, the training program assumes a number of general responsibilities as described below:

- Interns will be closely supervised. The training program will provide a minimum of four hours of supervision weekly, at least two of which will be individual and provided by a licensed psychologist on staff at JHACH.
- The training program will provide 2,000 clinical hours over the course of the full-time, 12-month training year.
- The training program will provide interns with information regarding relevant professional standards and guidelines, as well as offer appropriate forums to discuss the implementation of such standards.
- The training program will provide interns with information regarding relevant legal regulations that govern the practice of psychology, as well as offer appropriate forums to discuss the implementation of such regulations.
- The training program faculty will provide informal verbal feedback to interns in an ongoing fashion (formative feedback).
- The training program faculty will provide written evaluations of interns' progress during the training year at 3, 6, 9 and 12 months. Feedback from the assessments will facilitate trainee change and growth as professionals by acknowledging strengths and identifying any performance or conduct areas that need improvement.
- In accepting the above responsibilities, the training program will provide appropriate mechanisms by which behavior that negatively affects professional functioning is brought to the attention of interns. The training program also will maintain 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. At the beginning of the training year, all trainees receive the Due Process in Action: The Identification and Management of Trainee Problems/Grievances included in Appendix B of this handbook, which describe the process that will be followed in the event of a grievance. These procedures work in parallel with HR policy (JHM-HR-0927).

Rights of Interns

The Doctoral Internship in Health Service Psychology at JHACH acknowledges and ensures the following rights of all trainees:

- The right to be trained by licensed professionals who behave in accordance with the ethical guidelines of the American Psychological Association.
- The right to be treated with professional respect that recognizes the training and experience interns bring.
- The right to ongoing evaluation that is specific, respectful, and pertinent.
- The right to engage in an ongoing evaluation of the training program experience.
- The right to initiate an informal resolution of problems that might arise in the training experience through discussion, or written communication, to the faculty member concerned and/or the Psychology Internship Director.
- The right to due process and appeal.

As part of the formal written evaluation, the supervisor completes the internship program's competency evaluation, rating the intern on core clinical and professional skills, including ethical standards and legal professional guidelines, technical skills and competence, utilization of and approach to supervision, approach to professional growth, ability to function independently, and understanding of time management issues. The intern receives the completed evaluations, reviewing and discussing them with the supervisor and with the Psychology Internship Director. Any rating below the expected minimum is reviewed by the internship training committee. In the event that an intern is not meeting the expectations of the program, the internship training committee will develop a remediation plan/Performance Improvement Plan and the Psychology Internship Director will contact the Director of Clinical Training at the intern's graduate program, as well as JHACH Human Resources department. At mid-year, the Psychology Internship Director summarizes the intern's progress for the Training Committee, to ensure that the intern is meeting the program's competency criteria. The Psychology Internship Director also completes a mid-year and final evaluation letter, both of which are provided to the Director of Clinical Training at the intern's graduate program. At each formal written evaluative feedback session during the training year, the interns will have the opportunity to provide their supervisors and the Psychology Internship Director formal written feedback on the training program and supervision.

Once exiting the program, intern graduates will be contacted at six months, 18 months, and an ongoing annual basis following the internship in order to provide feedback on the effectiveness of the training program and updates on professional practice. The Doctoral Internship in Health Service Psychology will be revised based on the intern's response regarding his/her preparation for the practice of psychology.

Intern Responsibilities

- The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence.
- The responsibility to maintain behavior within the scope of the APA ethical guidelines. These principles are set forth in the APA pamphlet entitled, "Ethical Principles of Psychologists and Code of Conduct."
- The responsibility to follow the policies and procedures of the internship program as well as the policies and procedures of JHACH.
- The responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.
- The responsibility to behave in a manner that promotes professional interactions.
- The responsibility to give constructive feedback that evaluates the training experience or other experiences at JHACH.
- The responsibility to meet training expectations by developing competency in all areas delineated in the internship plan.

Accessibility of Staff to Interns

It is important for staff to facilitate ongoing communication with interns regarding their training experience. As an aid to learning, the program faculty encourages interns to discuss their training experiences; faculty encourages discussion of issues with mentors, supervisors, and/or the

Psychology Internship Director. Trainees can also utilize their performance evaluations as a time to discuss concerns, problems or needs with their supervisors. At each performance evaluation, the intern will provide verbal and written feedback about their training experiences to their supervisors and the Psychology Internship Director.

Intern Supervision

The licensed doctoral-level psychologists who comprise the training committee for the Doctoral Internship in Health Service Psychology at JHACH provide each intern with direct supervision for all patient care activities. At a minimum, interns will be provided with four hours of weekly supervision, two hours of which will be individual supervision. The level of supervision and responsibility will vary based on the level of training and the individual's ability and experience. Each trainee will know and understand that there is a supervising faculty member who is available and responsible for patient care activities. If an intern is unclear of which faculty is assigned to supervise their patient care activities, it is expected that interns will seek clarification immediately. If supervision is not provided or a trainee is concerned about supervision, they should immediately report this to the Psychology Internship Director, or should the concern be with the Psychology Internship Director, immediately report this to the Director of Psychology, Neuropsychology, and Social Work, Jennifer Katzenstein, PhD, ABPP-CN.

Johns Hopkins All Children's Hospital policy mandates that faculty are clinically responsible for patient care and patient contact. Interns will look to the named faculty as the person responsible for the care provided and the supervision related to this patient. All patients will be notified by faculty that the intern is practicing under the license and direct supervision of the licensed doctoral-level psychologist. If an instance occurs when there is no responsible faculty, the trainee is instructed to notify the Psychology Training Director immediately. With the exception of an emergency situation, policy states that interns without a teaching faculty of record on hand will never assume responsibility for direct patient care.

All training service lines include a designated faculty responsible for the education of the interns and supervision during that course of study. A trainee will never assume responsibility for patient service if the supervising faculty is away from the department or is not readily available to the trainee if needed. In the case that the supervising faculty is away from the department, the faculty will designate an alternative supervisor as appropriate, and the intern will be informed accordingly, most frequently in line with the psychology on-call schedule.

Questions or problems relating to supervision should be directed to the Psychology Internship Director, or in her absence, the Director of Psychology, Neuropsychology, and Social Work. If none of the aforementioned faculty members are present, the trainee should contact the JHACH Medical Director of Pediatric Psychiatry Services, Mark Cavitt, MD. The JHACH Grievance Committee serves as the final step in the resolution process, should an earlier communication not resolve the supervision issue. This procedure is described in detail in Appendix B: Due Process in Action: The Identification and Management of Trainee Problems/Grievances.

Training Program Communication

The internship training committee meets on a monthly basis to discuss interns' current level of functioning and to evaluate progress toward training competencies. While interns receive

ongoing verbal feedback from supervisors, formal written evaluative feedback is provided four times during the training year first at 3 months, and again at 6 months and 9 months. Final formal written evaluative feedback occurs at the 12-month time point. As part of the formal written evaluation the supervisor completes the internship program's competency evaluation, rating the intern on profession-wide competencies. The intern receives the completed evaluations, reviewing and discussing them with the supervisor and with the Psychology Internship Director. Any rating below the expected minimum is reviewed by the internship training committee. In the event that an intern is not meeting the expectations of the program, the internship training committee will develop a remediation plan/Performance Improvement Plan and the Psychology Internship Director will contact the Director of Clinical Training at the intern's doctoral program as well as JHACH Human Resources department. At mid-year, the Psychology Internship Director summarizes the intern's progress for the internship training committee, to ensure that the intern is meeting the program's competency criteria. The Psychology Internship Director also completes a final evaluation letter at the end of the internship year. Copies of both the mid-year and final evaluations are provided to the Director of Clinical Training at the intern's doctoral program.

Trainee Duty Hours

The Psychology Service will limit interns to forty (40) hours per week, averaged over a four-week period. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

EVALUATION, DUE PROCESS, & GREIVANCE PROCEDURES

Evaluation of intern performance occurs during the training year at 3 months, 6 months, 9 months and 12 months. The Minimum Level of Achievement is outlined to interns at the outset of training. If an intern's performance is judged unsatisfactory or requiring remedial work, a meeting will occur between the trainee and the Psychology Internship Director. From this meeting a formal program of study should occur that will remedy the problem. If there is no change in the intern's performance, this constitutes an academic problem, and the policy and procedure for academic due process is then instituted.

All completed intern evaluation forms are the property of the training program. Trainees can obtain copies of these evaluations by requesting them from the program office and/or making copies as they receive each evaluation. Trainees will not have the right to change or remove any evaluation from program files, but will have the right to add to the evaluation by providing other evaluations or information from those who observed intern's performance. Only the program's Director of Psychology, Neuropsychology, and Social Work, in association with the Psychology Internship Director and JHACH Human Resource, can remove or correct an evaluation form at the trainee's request with cause.

Process of Intern Evaluation

At the time of orientation, interns will receive a list of the program's aims, training, competencies, and outcomes for the training year. They will also receive a copy of the rotation evaluation form. **The Minimum Level of Performance is reviewed with trainees at the time of orientation and is also outlined on the evaluation forms.** Competency goals for written evaluation are completed at 3, 6, 9 and 12 months. At 12 months, all competency areas will be

rated at a level of competence rating of a 3 or higher. No competency areas will be rated as a 1 at any time during the internship year.

The evaluation form is completed by the rotation supervisor and then discussed with the trainee. The evaluation utilizes a 9-point scale to measure specific areas; it also provides space for the supervisor(s) to note trainee strengths, concerns, and recommendations for improvement in narrative form. Both the supervisor and intern review and sign the form. The trainee is also afforded the opportunity to make narrative comments on the evaluation. Faculty will share concerns, suggestions, or recommendations regarding training and progress. Each supervisor will then share and discuss information relevant to the training they provide to the intern, in addition to feedback from the Psychology Internship Director.

Insufficient Professional Competence and Inadequate Performance

Insufficient professional competence is defined as interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.

It is a professional judgment when an intern's behavior becomes problematic rather than of concern. Interns may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically become identified when one or more of the following characteristics exist:

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, didactic training, or supervision.
3. The quality of services delivered by the trainee 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. A trainee's behavior is not consistent with the JHACH Core Values.

Inadequate performance can be differentiated from insufficient professional competence in that it merely reflects a skill deficit, while insufficient professional competence reflects behavior and/or attitudes that prevent an intern from reaching competent practice. Both are addressed by the remediation procedures which are provided in Appendix B: Due Process in Action: The Identification and Management of Trainee Problems/Grievances.

MAINTENANCE OF RECORDS

Records Maintained

The internship program maintains records pertaining to the intern training year. These records include the intern's online application for internship training, dates of internship, internship track and corresponding rotations, leave time during internship, written evaluation forms, correspondences with sponsoring institutions, and internship completion documentation. If applicable, records pertaining to management of performance problems, remediation, and/or grievance also are maintained.

Record Maintenance Duration

Intern records are maintained permanently for purposes of verifying completion of internship in instances where this is required for credentialing, licensure, or board certification.

PROGRAM COMPLETION REQUIREMENTS

To successfully complete the Doctoral Internship in Health Service Psychology at JHACH, interns must meet all of the following requirements by the end of the training year:

1. Achieve stated minimal levels of achievement by the end of internship (see Appendix A).
2. Be in good standing free from active remediation/Performance Improvement plan. If an intern was placed on remediation during the course of the training year, the issue(s) leading to remediation must be successfully resolved for program completion.
3. Complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.

Acknowledgement of Receipt and Agreement to Abide

By signing below, the trainee acknowledges receipt and agrees to abide by the policies and procedures within the:

Doctoral Internship in Health Service Psychology

**Johns Hopkins All Children's Hospital
Saint Petersburg, Florida**

**Training Handbook
2026-2027**

Signature

Printed Name

Date

Witness

A copy of this page will be kept in the trainee's personnel file with the Psychology Internship Director.



Appendix A

Trainee Competency Evaluation Form



Trainee Competency Evaluation Form

Trainee Name: _____

Date of Evaluation: ____/____/____

Supervisor: _____

Evaluation Period: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Assessment Methods used (check all that apply)

- | | | |
|---|---|---|
| ☐ Direct Observation (In person or Live video) | ☐ Case Presentation | ☐ Review of Clinical Notes |
| ☐ Review of Raw Test Data | ☐ Review of Written Work | ☐ Discussion of Clinical Interaction |
| ☐ Feedback from other staff | | |

Use the following scale to make ratings in all areas listed below that are applicable to the trainee's training. Note that the form offers check-off boxes between Levels, recognizing that a trainee might be best described at Level 2.5, for example, if he or she has met most of the Level 2 and some but not all of the Level 3 criteria.

*It is expected that **interns** will progress from 2-3 over the course of the trainee year and **fellows** will progress from 3-4 over the course of the training year.*

1 = Performance at the *Entry Level for an Extern*

1.5 = Performance at the *Mid-Year Level for and Extern*

2 = Performance at the *Entry Level for a doctoral Intern*

2.5 = Performance at the *Mid-Year Level for a doctoral Intern*

3 = Performance at the *Exit Level for a doctoral Intern and Entry Level for Post-Doctoral Fellow*

3.5 = Performance at the *Mid-Year Level for a Post-Doctoral Fellow*

4 = Performance at the *Exit Level for a Post-doctoral Fellow (1-year) and Entry Level for a 2nd Year Post-Doctoral Fellow*

4.5 = Performance at the *Mid-Year Level for a 2nd Year Post-Doctoral Fellow*

5 = Performance at the *Exit of a 2nd Year Post-Doctoral Fellow*

Competency I: Research: Trainees need to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (case conference, presentations, publications) at the local (including the host institution), regional, or national level.

COMPETENCY: RESEARCH ELEMENT: SCIENTIFIC THINKING				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates an understanding of the importance of scientific thinking Examples: - Discusses the need for evidence to support assertions - Presents own work for the scrutiny of others	Displays beginning critical scientific thinking Examples: With supervisor, formulates appropriate questions regarding case conceptualization	Demonstrates independent critical thinking skills Examples: - Questions assumptions of knowledge - Evaluates study methodology and scientific basis of findings - Formulates appropriate questions regarding case conceptualization	Values and applies scientific methods to professional practice Examples: - Cites literature to support ideas in case conferences and supervision - Generates hypotheses regarding own contribution to therapeutic process and outcome	Independently applies scientific methods to practice Examples: Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				
COMPETENCY: RESEARCH ELEMENT: SCIENTIFIC FOUNDATION				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic understanding of psychology as a science Examples: Articulates basic knowledge of the breadth of scientific psychology	Demonstrates interest in the science of psychology Examples: - Engages in assigned readings/supervision regarding scientific conceptualizations of human behavior - Reviews scholarly literature on a topic as needed	Demonstrates beginning level knowledge of core science (i.e., scientific bases of behavior) Examples: - Discusses the core scientific conceptualizations of human behavior - Cites scientific literature to support an argument when appropriate	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior) Examples: - Critically evaluates scientific literature - Describes intersections across core areas of psychological science	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) Examples: - Accurately evaluates scientific literature regarding clinical issues - Identifies multiple factors and interactions of those factors that underlie pathological behavior
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: RESEARCH ELEMENT: SCIENTIFIC FOUNDATION				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates awareness of scientific foundation of professional psychology Examples: Completes assigned readings/supervision regarding development of evidence-based practice in psychology (EBP) as defined by American Psychological Association (APA)	Understands the scientific foundation of professional practice Examples: - Articulates the development of EBP as defined by APA - Describes the scientific foundations of the competencies - Cites scientific literature to support an argument when appropriate - Evaluates scholarly literature on a practice-related topic	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice under supervision Examples: - Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment - Appropriately selects evidence-based treatment under supervision and incorporates evidence into psychoeducation with family	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice with minimal supervision Examples: - Applies EBP concepts to practice with minimal supervision - Reviews literature related to clinical work and applies knowledge to case conceptualization with minimal supervision	Independently applies knowledge and understanding of scientific foundations independently applied to practice Examples: - Independently reviews scholarly literature related to clinical work and applies knowledge to case conceptualization - Independently applies EBP concepts in practice
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: RESEARCH ELEMENT: SCIENTIFIC APPROACH				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates understanding of literature searches and systematic review methodology Examples: - Independently conducts a literature review - Writes literature review as part of supervision requirement	Participates effectively in scientific endeavors when available Examples: - Describes the basics of treatment of human subjects - Effectively organizes and implements participant recruitment and data collection with supervision	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology under supervision. Examples: Participates in research and scholarly activity, which may include presentations at local, regional, or national conferences; participation in research teams; submission of manuscripts for publication	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology with minimal supervision. Examples: - Articulates basic components and aspects of grant applications - Effectively handles ethics and safety issues that arise while carrying out research with minimal supervision	Independently generates research knowledge relevant to the practice of psychology. Examples: Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: RESEARCH ELEMENT: SCIENTIFIC APPLICATION TO CLINICAL PRACTICE				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates understanding of the need to evaluate practices, interventions, and programs Examples: - Acknowledges that psychologists evaluate the effectiveness of their professional activities - Engages in readings/supervision regarding methods of evaluating practices, interventions and programs	Understands the need to evaluate practices, interventions, and programs Examples: - Identifies possible methods of evaluating practices, interventions, and programs. - Identifies the utility of each practice activity.	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs under supervision Examples: Describes how outcomes are measured in each practice activity	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs with minimal supervision Examples: Participates in program evaluation	Independently 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
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

RESEARCH AVERAGE: _____
OVERALL RESEARCH COMMENTS:

Competency II: Ethical and Legal Standards: Trainees respond professionally in increasingly complex situation with greater degree of independence across levels of training, including knowledge and in accordance with APA Code and relevant laws, regulations, rules, policies, standards, and guidelines

COMPETENCY: ETHICAL AND LEGAL STANDARDS				
ELEMENT: KNOWLEDGE				
Level 1	Level 2	Level 3	Level 4	Level 5
Developing basic knowledge of APA Ethical Principles and Code of Conduct and of legal and regulatory issues Examples: • A beginning knowledge of typical legal issues • Recalls the content of APA Ethical Principles and Code of Conduct)	Demonstrates basic knowledge of the APA Ethical Principles and Code of Conduct and of legal and regulatory issues Examples: • Identifies potential conflicts between personal belief systems, APA ethics code and legal issues • Reviews and references local mental health law	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, and rules Examples: • Identifies ethical dilemmas • Actively consults with supervisor to act upon ethical and legal aspects • Recognizes and discusses limits of own ethical and legal knowledge	Demonstrates solid knowledge of the APA Ethical Principles and Code of Conduct and relevant legal standards Examples: • Examines possible conflicts in complex ethical issues • Raises questions with others regarding ethics	Demonstrates advanced knowledge of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards; Examples: • Independently seeks more knowledge • Teaches trainees about Ethical Principles and Code of Conduct and relevant law
☐	☐	☐	☐	☐
Comments:				Not yet achieved Level 1 ☐

COMPETENCY: ETHICAL AND LEGAL STANDARDS				
ELEMENT: CONDUCT				
Level 1	Level 2	Level 3	Level 4	Level 5
Conducts interactions in nearly all circumstances with a professional mindset, sense of duty, and accountability Examples: • Verbalizes a desire to help others • Acts ethically and professionally in the role	Demonstrates conduct that illustrates insight into own behavior and is able to use this information to remain professional Examples: • Discusses areas of strength and growth opportunities in ethical behavior during supervision	Integrates own moral principles/ethical values in professional conduct Examples: • Makes changes in patient care practices following supervision regarding ethical situations • Articulates knowledge of own moral principles and ethical values	Demonstrates high ethical standards across settings and circumstances Examples: • Spontaneously integrates awareness of a challenging situation related personal and professional ethical and moral issues in professional interactions	Demonstrates an in-depth understanding of ethical conduct and helps colleagues with issues of professionalism Examples: • Takes responsibility for continuing professional development in ethics • Models professional conduct
☐	☐	☐	☐	☐
Comments:				Not yet achieved Level 1 ☐

ETHICAL AND LEGAL STANDARDS AVERAGE: _____
OVERALL ETHICAL AND LEGAL STANDARDS COMMENTS:

Competency III: Individual and Cultural Diversity: Trainees must demonstrate the ability to conduct all professional activities with sensitivity to human diversity. They demonstrate knowledge, awareness, sensitivity and skill when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY									
ELEMENT: INTERACTION OF SELF AND OTHERS IN THE CONEXT OF CULTURAL DIVERSITY AND INDIVIDUAL FACTORS; (e.g., cultural, individual, and role differences, including age, gender, gender identity, race, ethnicity, culture, origin, religion, sexual orientation, disability, language, and SES)									
Level 1	Level 2	Level 3	Level 4	Level 5					
Recognizes the importance of knowledge, awareness, and understanding of own cultural identity in the context of interaction with diverse others Examples: • Completes assigned readings/activities to strengthen awareness of the impact of others’ cultural identities on own identity and interactions with others • Recognizes that interactions with others are impacted by multiple cultural factors • Recognizes basic ethical conflicts related to diversity that arise when interacting with others	Understands the role of culture in interactions with diverse others Examples: • Discusses in supervision own knowledge, awareness and understanding of the way culture and context shape human interactions • Understands the role of multiple cultural identities in interactions among individuals • Provides examples of the importance of attention to diversity when interacting with others	Independently applies knowledge of the role of culture in interactions with diverse others Examples: • Regularly uses knowledge about culture to monitor and improve effectiveness of self in interactions • Independently articulates and monitors multiple cultural identities in interactions with others • Seeks consultation or supervision when uncertain about issues diversity in interactions with others	Seeks out opportunities to strengthen knowledge, awareness, and understanding about how individuals have unique dimensions of diversity and attitudes towards diverse others Examples: • Critically evaluates feedback and initiates supervision regularly about diversity issues • Initiates supervision about diversity issues with as they relate to interactions others • Seeks out resources, training, and/or education on individual and cultural differences	Models how to apply knowledge of individuals as cultural beings in assessment, treatment, and consultation Examples: • Models ongoing self-reflective practice and skills regarding culturally attentive interactions with others • Supervises or teaches trainees about the importance of, and skills for, interacting with individuals in a culturally attentive manner					
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:									
Not yet achieved Level 1 ☐									

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY				
ELMENT: APPLICATIONS				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the need to consider issues of cultural diversity in professional psychology work Examples: - Acknowledges how personal experiences and attitudes may play a role in clinical service delivery - Completes assigned readings/activities to strengthen awareness of culturally competence - Recognizes basic ethical conflicts related to diversity that arise when providing clinical care	Demonstrates basic knowledge of and sensitivity to scientific, theoretical, and contextual issues related to cultural diversity (as defined by APA policy) as they apply to professional psychology Examples: - Understands the need to consider cultural diversity issues in all aspects of professional psychology work - Assesses how cultural diversity may affect the delivery and receipt of healthcare services	Independently applies knowledge, sensitivity, and understanding regarding cultural diversity issues to work effectively with diverse others in assessment, treatment, and consultation Examples: - Applies knowledge of others as cultural beings and uses culturally relevant best practices - Engages in respectful interactions that reflect knowledge of literature on individual and cultural differences - Works effectively with diverse clients and families, as well as diverse professionals, in providing and coordinating care	Seeks out opportunities to strengthen the application of knowledge, sensitivity, and understanding regarding cultural diversity issues in order to work effectively with diverse others in assessment, treatment, and consultation Examples: - Adapts professional behavior and clinical approach in a manner that is sensitive and appropriate to the needs of diverse others - Seeks consultation and supervision to address individual and cultural diversity - Engages in self-reflection regarding personal experience, attitudes, and behaviors, and how these may affect clinical care	Models how to apply knowledge, skills, and attitudes regarding dimensions of diversity to professional work (consultation, assessment, diagnosis, treatment, and scholarly activities) Examples: - Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation - Educates others regarding the importance of attending to patient and family diversity factors when providing care - Serves as a role model of compassion, integrity, respect for others, and sensitivity to diverse patient populations
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

INDIVIDUAL AND CULTURAL DIVERSITY AVERAGE: _____
OVERALL INDIVIDUAL AND CULTURAL DIVERSITY COMMENTS: -

Competency IV: Professional Values and Attitudes: Trainees are expected to respond professionally in increasingly complex situations as evidenced in behavior that reflects the values and attitudes of psychology.

COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES ELEMENT: INTEGRITY				
Level 1	Level 2	Level 3	Level 4	Level 5
Understands professional values; behaves honestly Examples: - Communicates honestly - Takes responsibility for own actions - Discusses basic knowledge of APA Ethical Principles and CofC - Recognizes own responsibility to uphold professional values	Identifies and actively acquiring skills to manage professional situations that challenge values Examples: - Identifies situations that challenge professional values, and accepts faculty/supervisor guidance - Acquires and practices skills to manage situations which challenge professional values	Adherence to professional values more effortless; Able to work with supervisor to manage situations that are challenging Examples: - Seeks faculty/supervisor guidance for situations that challenge professional values - Demonstrates openness and responsiveness to supervisor - Discusses failures and lapses in adherence to professional values	Able to identify and manage situations that challenge adherence to professional values, consulting supervisor Examples: Monitors and resolves situations that challenge professional values and integrity, consulting with supervisor	Monitors and independently resolves situations that challenge professional values and integrity Examples: - Takes action to correct situations that are in conflict with professional values - Models integrity and professionalism in all situations
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Comments: Not yet achieved Level 1 ☐				

COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES ELEMENT: BEHAVIOR				
Level 1	Level 2	Level 3	Level 4	Level 5
Understands how to conduct oneself professionally Examples: - Engages in appropriate personal hygiene/attire - Distinguishes between appropriate and inappropriate language and demeanor	Conducts oneself in a professional manner in typical professional settings Examples: Conducts oneself in a professionally appropriate manner – including communication with others	Conducts oneself in a professional manner, across a variety of settings Examples: - Understands and accepts responsibility for how actions impact one's own professional identity, on clients and public - Utilizes appropriate language and demeanor	Adapts professional manner to the context at hand, flexibly and seamlessly Examples: Consistently conducts self in a professional manner across and settings and situations	Conducts self in a professional manner when challenged by clients, colleagues or community members Examples: Verbal and nonverbal communications are appropriate to the professional context
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES ELEMENT: ACCOUNTABILITY				
Level 1	Level 2	Level 3	Level 4	Level 5
Accountable and reliable for professional demands Examples: • Turns in assignments by deadlines • Discusses personal organization skills • Follows policies and procedures of institution • Follows through on commitments • Consistently keeps appointments with supervisors, patients, etc.	Beginning to take responsibility of own workload Examples: • Completes required case documentation promptly and accurately • Shows evidence of organization and time management • Schedules appropriate appointments with supervisors, patients and other professionals	Responsible for own actions and schedule with increased autonomy Examples: • Plans and organizes own workload, with supervisor oversight • Accepts responsibility for meeting deadlines • Uses supervision to improve effectiveness of practice • Manages time effectively	Independently accepts personal responsibility across settings and contexts Examples: • Independently accepts personal responsibility across settings and contexts • Flexible with scheduling and time management • Ability to complete tasks and goes beyond expectations in order to solve difficult problems/challenges	More productive and increased productivity and accountability of others Examples: • Enhances own professional productivity • Leads efforts to create systems to cover professional duties when appropriate
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Comments: Not yet achieved Level 1 ☐				

COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES ELEMENT: CONCERN FOR OTHERS				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates awareness of the need to uphold and protect the welfare of others (clients specifically) Examples: • Articulates the importance of confidentiality, privacy, and informed consent • Displays initiative to help others	Demonstrates awareness of the need to uphold and protect the welfare of others (expanding to professionals and team members) Examples: • Identifies challenging professional situations and articulates the need for compassion for other professionals in these difficult situations	Acts to understand and safeguard the welfare of others Examples: • Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds • Is responsive in demonstrating kindness and compassion	Anticipates needs of clients in order to proactively advocate on their behalf Examples: • Proactively advocates on behalf of individual patients, families, and groups of children in need	Independently acts to safeguard the welfare of others¹ Examples: • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Compassionate with others who are dissimilar
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Comments: Not yet achieved Level 1 ☐				

COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES				
ELEMENT: PROFESSIONAL IDENTITY				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates beginning understanding of self as a professional psychologist Examples: • Discusses accurately the program and profession (training model, core competencies) • Discusses the importance of practicing within one's competence	Beginning to assess and formulate one's growth in the role of professional psychologist Examples: • Responds to supervisor feedback and questions around developing psychologist identity	Displays emerging professional identity as psychologist; self-reflection regarding personal and professional functioning; acquiring information for how to continue to develop professional identity as a professional psychologist Examples: • Takes responsibility for ensuring that the client receives the best possible care • Attends colloquia, workshops, conferences • Identifies self as an emerging professional psychologist • Uses resources (e.g., supervision, literature) for professional development	Displays consolidation of professional identity as a psychologist Examples: • Embraces the responsibilities inherent in the psychologist role • Participates in the professional community to maintain competence and for growth	Models and encourages others to formulate identity as a professional psychologist; seeks knowledge about issues central to the field; integrates science and practice Examples: • Keeps up with advances in profession • Supports the growth and development of others defining themselves as psychologists
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

PROFESSIONAL VALUES AND ATTITUDES AVERAGE: _____
OVERALL PROFESSIONAL VALUES AND ATTITUDES COMMENTS:

Competency V: Communication and Interpersonal Skills: Develop effective communication oral, nonverbal, and written communication skills and the ability to perform and maintain successful professional relationship

COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS ELEMENT: INTERPERSONAL RELATIONSHIPS				
Level 1	Level 2	Level 3	Level 4	Level 5
Displays awareness of and ability to perform basic interpersonal skills Examples: • Listens to and is empathic with others • Demonstrates interpersonal skills verbally and non-verbally • Describes and respects cultural and linguistic diversity in communicating with people of different backgrounds	Forms relationships with clients, peers/colleagues, supervisors Examples: • Works cooperatively and collaboratively with peers • Forms effective working alliances with most clients • Engages with supervisors to work effectively • Develops working relationships across specialties and systems	Maintains productive and respectful relationships with clients, peers/colleagues, supervisors Examples: • Coordinates respectful and collegial interactions with those who have different professional models or perspectives • Maintains satisfactory and effective interpersonal relationships with clients, peers, faculty, supervisors • Participates actively in multidisciplinary care team • Develops therapeutic relationships with patients and families in complicated situations	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines Examples: • Develops and maintains relationships with patients, their families, other professionals, communities • Integrates knowledge of team organization, relevant systems and policies and relationship-building principles to promoting effective relationships among teams • Tailors communication strategies to different patients, families, professionals and across situations • Provides consultation to patients, families and others tailored to their needs and understanding	<i>Manages effective relationships with a wide range of clients, colleagues, organizations and communities</i> Examples: • Negotiates challenging, difficult and complex relationships • Develops enriching interpersonal relationships • Models effective relationships with clients, peers, other professionals • Assists/supervises others to maintain effective working relationships
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS
ELEMENT: EXPRESSIVE SKILLS

Level 1	Level 2	Level 3	Level 4	Level 5
Communicates ideas, feelings, and info clearly using verbal, nonverbal, and written skills Examples: - Writes in a way that is organized, easy to understand, and conveys the main point - Uses verbal language that is organized, easy to understand and conveys main points - Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media	Communicates ideas, feelings, and info clearly using verbal, nonverbal, and written skills- applied to clinical situations Examples: - Understands terms and concepts used in professional texts and in others' case reports - Prepares clearly written assessment reports - Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc. - Documents clinical encounters in the medical record in an accurate and timely way consistent with institutional policies	Communicates clearly using verbal, nonverbal, and written skills in a professional context Examples: - Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand in challenging situations - Presents to supervisor in a succinct, organized, well-summarized way for typical cases - Effectively facilitates communication with patients, families and other professionals - Demonstrates written communication with patients, families, colleagues and other health care providers that is appropriate, efficient, and pertinent - Appropriately balances patient confidentiality and the family's right to know - Appropriately balances patient confidentiality and communication with the treatment team - Consistently engages patients and families in shared decision making	Demonstrates clear understanding and use of professional language across care providers under complicated circumstances Examples: - Seeks out supervisor support to enhance skills related to communication for increasingly complex clinical and professional situations - Ensures transitions of care are optimally completed - Demonstrates skillful communication that is appropriate, efficient, concise and pertinent with patients, families, and colleagues - Recruits appropriate assistance from supervisors and external sources when cultural differences create barriers - Documents thoroughly and efficiently patient encounters - Uses discretion and judgment in electronic communication with families, patients, and colleagues	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated Examples: - Demonstrates descriptive, understandable command of language, both written and verbal - Prepares sophisticated and compelling case reports - Treatment summaries are concise, yet comprehensive
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMMUNICATION AND INTERPERSONAL SKILLS AVERAGE: _____

OVERALL COMMUNICATION AND INTERPERSONAL SKILLS COMMENTS:

Competency VI: Assessment: Trainees develop competence in evidence-based psychological and/or neuropsychological assessment with a variety of diagnoses, problems and needs

COMPETENCY: ASSESSMENT ELEMENT: DIAGNOSTIC INTERVIEWING				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of techniques for basic clinical interviewing and mental status exam Examples: - Discusses in supervision different interviewing strategies - Discusses in supervision which data to collect and from whom	Demonstrates ability under moderate supervision to implement basic knowledge of clinical interviewing & mental status exam Examples: - Extracts the relevant data from observing others' interview - Begins to acquire basic data relevant to referral questions	Uses appropriate interview strategies to gather information with supervision Examples: - Acquires accurate and relevant data from interviews and mental status exams - Assesses patient safety and considers the potential for trauma, abuse, aggression, and high-risk behaviors - Conducts a comprehensive biopsychosocial interview with moderate supervision	Uses appropriate interview question strategies to efficiently gather more nuanced information, with minimal supervision Examples: - Conducts comprehensive biopsychosocial interview - Obtains sensitive data not readily offered - Matches interview to patient's cognitive level	Independently conducts complex diagnostic interviews and teaches interviewing Examples: - Conducts comprehensive biopsychosocial interview - Teaches others to effectively gather information
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: ASSESSMENT ELEMENT: EVALUATION/MEASUREMENT/ASSESSMENT TOOLS				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates awareness of need to utilize appropriate measurement tools. Demonstrates basic knowledge of administration and scoring of traditional assessment measures	Compares measurement methods across domains of functioning under supervision Accurately administers and scores measures, with knowledge of psychometrics Demonstrates awareness of importance of observation in conducting assessment	Selects assessment measures based on psychometrics and appropriateness with moderate supervision Demonstrates awareness of the strengths/weaknesses of administration, scoring and interpretation of measures as they relate to cultural diversity under moderate supervision	Selects assessment measures appropriately with minimal supervision Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of assessment measures as related to diversity factors under minimal supervision Conducts evaluation in ways that are responsive to diversity	Flexibly determines assessments needed, with ability to shift to alternative strategies in response to additional information Stays updated as new measures are developed
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: ASSESSMENT
ELEMENT: CASE CONCEPTUALIZATION

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity Examples: • Lists criteria for common DSM-5 diagnoses in infancy, childhood, and adolescence • Participates, with support from supervisors, in diagnostic formulation and case conceptualization	Discusses ways of applying concepts of normal/abnormal behavior to diagnosis in the context of stages of human development and diversity Examples: • Has a strong understanding of normative, adaptive, and maladaptive child emotional, cognitive, social, and behavioral development • Understands pediatric illness/injury and the effects of disease/treatment process on development • Describes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis • Begins to formulate appropriate diagnosis, demonstrating understanding of basic DSM-5 criteria, with significant supervision	With moderate supervision, applies concepts of normal/abnormal behavior to conceptualize and diagnosis in the context of stages of human development and diversity Examples: • Describes how development influences or interacts with the presentation of psychopathology • Demonstrates sufficient knowledge to include relevant medical and neurological conditions in the differential diagnoses • Organizes case formulation in a systematic manner that follows a conceptual model • Presents information to demonstrate how diagnosis is based on objective information • Under moderate supervision, formulates appropriate diagnosis and recommendations demonstrating understanding of DSM-5, and ICD-10	With minimal supervision applies concepts of normal/abnormal behavior to conceptualize and diagnosis in the context of stages of human development and diversity, with understanding of a variety of diagnoses both within and outside of area of specialty Examples: • Uses information regarding biological, psychosocial, and physical health functioning in making diagnosis (bio-psycho-social model/ neurodevelopmental systems model) • Shows knowledge sufficient to identify a wide range of psychiatric conditions in patients with medical disorders • Demonstrates understanding of developmental disorders within the context of medical diagnoses • Efficiently synthesizes all information into a concise but comprehensive formulation • Independently formulates appropriate diagnosis and recommendations, demonstrating understanding of rare or unique cases	Independently applies concepts of normal/abnormal behavior to conceptualize and diagnosis in the context of stages of human development and diversity, with understanding of a variety of diagnoses both within and outside of area of specialty Examples: • Demonstrates a sophisticated understanding of current controversies in diagnosis • Expands the differential diagnosis to include subtle or rare presentations or disorders
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: ASSESSMENT
ELEMENT: COMMUNICATION OF FINDINGS

Level 1	Level 2	Level 3	Level 4	Level 5
Aware of models of report writing and progress notes Examples: • Demonstrates knowledge of content of evaluation reports and progress notes • Writes select portions of psychological reports with significant supervision	Describes results of common measures in written reports and progress notes Examples: • Provides appropriate organization/structure to reports and progress notes • Writes partial psychological reports • Discusses with supervisor how findings will be related to parents/child • Verbally communicates some select portions of the assessment results to parents/child during feedback	Effectively writes assessment reports and progress notes and communicates assessment findings verbally to client/caregivers with moderate supervision Examples: • Writes complete psychological reports that includes accurate synthesis of results with moderate supervision • Works with supervisor to prepare and provide feedback regarding findings • Includes both strengths and weaknesses in written and verbal feedback • Communicates diagnostic information to client/caregivers in clear and direct language • Results are provided in an open and honest, yet supportive and sensitive manner • Answers questions appropriately with supervisor support	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner – for variety of diagnoses with minimal supervision Examples: • Reports reflect data that has been collected via interview and standardized measures • Effectively communicates the results of assessments in written with minimal supervision • Includes both strengths and weaknesses in written and verbal feedback • Flexibly communicates results based on family understanding with minimal supervision • Effectively answers questions with minimal supervision	Independently communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner – For a broad variety of diagnoses and concerns Examples: • Writes an effective, comprehensive report • Reports written for varied audiences • Efficiently communicates results while minimizing jargon • Effectively answers questions from client/caregivers – to include sensitive and potentially controversial topics, as well as being able to respond to novel questions/concerns • Effectively manages client/caregiver grief in feedback session
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

ASSESSMENT AVERAGE: _____

ASSESSMENT COMMENTS:

Competency VII: Intervention: Demonstrate competence in evidence-based practice (EBP) consistent with a variety of diagnoses, problems and needs and across a range of therapeutic orientations, techniques, and approaches

COMPETENCY: INTERVENTION ELEMENT: KNOWLEDGE OF EBP				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of the <u>value</u> of EBP Examples: - Discusses different interventions based on EBP - Selects an appropriate evidence-based information tool	Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, and intervention Examples: - Investigates literature with supervisor guidance - Identifies strength and weaknesses of different assessments and intervention - Selects EBP for different problems populations	Applies knowledge of EBP, including empirical bases, clinical expertise, and client preferences Examples: - Independently discriminates among evidence relevant to clinical practice - Creates treatment plan reflecting empirical findings, clinical judgment, and client preferences with supervisor - Applies knowledge of EBP with moderate supervision	Begins to self-monitor own process with evidence-based practice and uses EBP with little supervision Examples: - Writes a comprehensive case summary w/EBP - Presents rationale for intervention strategies - Identifies and meets self-directed learning goals with little guidance	Independently applies knowledge of evidence-based practice; models and disseminates EBP Examples: - Teaches others to efficiently incorporate evidence - Contributes to the knowledge base
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: INTERVENTION ELEMENT: TREATMENT PLANNING				
Level 1	Level 2	Level 3	Level 4	Level 5
Displays an emerging understanding of the relationship between assessment and intervention, conducts a rigid standardized interview Examples: Articulates a beginning understanding of how assessment guides intervention and uses a template to prompt all questions	Displays a growing understanding of using ongoing assessment, conducts a more flexible personalized interview, requires considerable supervision Examples: - Formulates basic case conceptualization and treatment plans - Identifies barriers to communication, but has difficulty managing them	Formulates and conceptualizes cases and plans interventions, requires anticipatory guidance for session planning and troubleshooting Examples: - Displays treatment planning and case conceptualization skills - Integrates best available research in the context of individual differences - Uses the interview template to effectively establish rapport	Demonstrates a solid case formulation grounded in EBP and theory, able to think through multiple case scenarios and treatment plan during supervision or in vivo Examples: - Writes case conceptualization and collaborative treatment plans using EBP and theory - Implements interventions with fidelity and adapts where appropriate	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context, others seek out their input Examples: - Conceptualizes cases independently and accurately considering diversity - Independently selects appropriate intervention(s)
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: INTERVENTION
ELEMENT: SKILLS

Level 1	Level 2	Level 3	Level 4	Level 5
Displays basic helping skills Examples: - Utilizes helping skills, such as empathic /reflective listening, framing problems - Uses non-verbal communication such as eye-contact and body positioning with clients to convey interest and concern	Displays basic clinical skills Examples: - Establishes rapport with uncomplicated clients/Develops rapport with most clients - Reports, mostly accurately, to the supervisor about how therapeutic relationships are being developed and potential areas of concern - Able to shift from relationship building to intervention delivery	Displays clinical skills within the context of a therapeutic relationship Examples: - Establishes and maintains rapport and a therapeutic relationship with typical clients - Independently seeks supervision in complicated treatment situations - Able to maintain therapeutic relationship while providing evidence-based intervention - Anticipates, reads, and reacts to emotions in with appropriate and professional behavior in nearly all typical situations	Displays clinical skills with a variety of clients, in consultative therapeutic relationships Examples: - Establishes and maintains rapport and a therapeutic relationship with complicated clients while providing effective, evidence-based intervention - Continues to seek supervision in complicated treatment situations	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations Examples: - Uses good judgment about unexpected issues, such as crises, use of supervision - Effectively delivers intervention despite ruptures in therapeutic relationship
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: INTERVENTION
ELEMENT: IMPLEMENTATION

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of intervention strategies Examples: - Articulates awareness of the concept of evidence-based practice - Articulates awareness of theoretical basis of one intervention and some general associated strategies	Demonstrates basic ability to establish a therapeutic relationship with clients Examples: - Discusses possible EBP and rational for techniques used - Uses communication to establish and maintain a therapeutic alliance; tailor communication to the individual - Collaboratively sets session goals and agenda	Displays clinical skills within the context of a therapeutic relationship Examples: - Case presentations demonstrate application of EBP - Ability to devise, implement and flexibly revise an EBP plan - Implements evidenced-based wellness, health promotion, and prevention interventions appropriate to the health concern - Terminates treatment successfully	Implements interventions with fidelity to empirical models Examples: - Independently and effectively implements intervention strategies - Effectively communicates about progress in written and verbal form appropriately tailored for different consumers	Flexibility to adapts empirical treatment models where appropriate Examples: Independently recognizes and manages special circumstances
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: INTERVENTION
ELEMENT: PROGRESS
MONITORING

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates beginning knowledge of the assessment of intervention progress and outcome Examples: Articulate an understanding of the use of repeated assessment to guide treatment	Treatment goals are created in a measurable and observable format; Treatment progress is monitored, but a measure of treatment progress is not identified Examples: - Identifies measures of treatment progress - Appropriately administers, scores and documents treatment progress and outcome measures	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures with the support of supervisor Examples: - Describes instances of lack of progress and actions taken in response - Demonstrates ability to evaluate treatment progress - Alters treatment plan accordingly with the support of supervisor	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures with minimal support from supervisor Examples: - Independently and accurately identifies actions needed to take response to lack of progress and implement them with minimal supervision - Alters treatment plan accordingly with minimal support of supervisor	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures Examples: - Critically evaluates own performance - Seeks consultation when necessary - Independently assesses treatment effectiveness & efficiency
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

INTERVENTION AVERAGE: _____

INTERVENTION COMMENTS:

Competency VIII: Supervision: Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

COMPETENCY: SUPERVISION				
ELEMENT: SUPERVISORY PROCEDURES				
Level 1	Level 2	Level 3	Level 4	Level 5
Awareness of basic understanding of supervision Examples: Identifies the basic tenets of a specific model of supervision	Demonstrates basic knowledge of supervision models and practices Examples: - Articulates supervisor role - Reviews the policies and procedures related to performance evaluations for supervisees - Describes one's expectations of the supervision relationship,	Identifies and tracks progress of one's goals and tasks of supervision while providing timely and relevant feedback Examples: - Emphasizes clear articulation of training goals - Identifies goals and tasks of supervision related to developmental progression - Tracks progress achieving goals and setting new goals - Appreciates normative developmental challenges vs. truly problematic behaviors	Demonstrates knowledge of effectively evaluating and addressing competency within a supervisee Examples: - Manages the power differential within the supervisory relationship so that collaboration of care is optimized - Balances amount and type of feedback given in any one session - Addresses problems directly - Supervisor remains sensitive to individual and cultural differences	Demonstrates knowledge of effectively evaluating and addressing competency within self as a supervisor Examples: - Demonstrates knowledge of the scholarly literature - Assesses one's own supervision competency
☐	☐	☐	☐	☐
Comments Not yet achieved Level 1 ☐				

COMPETENCY: SUPERVISION ELEMENT: SUPERVISORY PRACTICE				
Level 1	Level 2	Level 3	Level 4	Level 5
Basic knowledge of individual and cultural differences as they apply to the supervision Examples: - Respects the diversity of all members of the supervision triad, including the supervisor, the supervisee and the client(s) - Understands the power differential	Demonstrates ability to apply basic supervisory practices; Begins to provide helpful supervisory input Examples: - Provides comments that ensures the welfare of the client(s) being discussed in group rounds - Identifies core skills on which to provide feedback to peers - Demonstrates ability to provide constructive criticism to peers	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases with ongoing supervision; incorporating topics of diversity Examples: - Initiates collaborative discussion of the expectations, goals, and tasks of supervision - Attends to personal factors that may affect the supervisory relationship and process - Demonstrates knowledge of APA guidelines in supervision practice - Coordinates with other training professionals to coordination of goals	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases while integrating diversity topics consistently Examples - Modifies teaching strategies based on learner's needs - Helps develop evidence based treatment plans - Provides supervision input according to developmental level of supervisee	Provides culturally sensitive supervision independently to others in routine and increasingly difficult cases Examples: - Enhances supervisee reflection on clinical practice - Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

SUPERVISION AVERAGE: _____
SUPERVISION COMMENTS:

Competency IX: Consultation and interprofessional/interdisciplinary skills: Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS				
ELEMENT: REFERRAL QUESTIONS				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates exposure level awareness of referral questions Examples: Understands referral question as described by supervisor	Able to describe typical referral questions in a hypothetical professional activity Examples: Describes different referral questions under supervision	Demonstrates understanding of referral question, ability to select appropriate means of assessment with supervision Examples: - Describes referral question independently - Identifies sources and types of assessment tools with supervision - Selects appropriate means of assessment with supervision - Implements approach to data collection in a consultative role with supervision	Demonstrates knowledge of and ability to select appropriate and contextually sensitive assessments that answers consultation referral question Examples: - Answers referral question independently - Identifies sources and types of assessment tools independently - Implements systematic approach to data collection in a consultative role	Able to shape referral questions based on concerns of others, without clear referral Examples: - Creates guidelines/protocols for referral questions - Assists other providers in shaping referral questions
☐	☐	☐	☐	☐
Comments Not yet achieved Level 1 ☐				

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS				
ELEMENT: FINDINGS				
Level 1	Level 2	Level 3	Level 4	Level 5
No expectation regarding communication of consultation findings.	Able to observe communication of consultation findings and reflect in supervision on the experience Examples: Discusses supervisor's verbal/written communication in supervision	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations with supervision Examples: - Discusses with supervisor process of informing consultee of assessment findings - Informs consultee of assessment findings in written and verbal format with moderate supervision	Applies effective assessment feedback and to articulate appropriate recommendations with minimal supervision Examples: Prepares clear verbal feedback, reports and recommendations to all appropriate parties with minimal supervision	Applies knowledge to provide assessment feedback and appropriate recommendations independently Examples: - Prepares clear, useful verbal feedback, consultation reports and recommendations to all appropriate parties independently - Publishes/presents methods of providing consultation - Supervises consultation
☐	☐	☐	☐	☐
Comments: Not yet achieved Level 1 ☐				

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS				
ELEMENT: APPLICATION AS CONSULTANT				
Level 1	Level 2	Level 3	Level 4	Level 5
No expectation of ability to apply consultation methods	Observes different consultative methods and comments on their application Examples: Discusses application of different consultative methods for different settings in supervision	Demonstrates role of consultant with moderate supervision Examples: - Demonstrates ability to identify collaborative methods across systems, clients, or settings - Identifies appropriate interventions based on consultation assessment findings with moderate supervision - Accurately matches professional role function to situation with moderate supervision - Provides integrated care for patients and families through collaboration with other professionals with moderate supervision	Demonstrates role of consultant with minimal supervision Determines situations that require different role functions and shifts roles accordingly to meet referral needs Examples: - Identifies and implements consultation interventions based on assessment findings with minimal supervision - Accurately matches professional role function to situation with minimal supervision - Provides integrated care for patients and families through collaboration with other professionals with minimal supervision - Provides consultation to a variety of community-based systems (e.g., schools, courts), medical professionals, and mental health professionals with minimal supervision	Provides consultation to organizations to improve the health care team and patient safety <u>independently</u> Examples: - Provides integrated care for patients and families through collaboration with other professionals independently - Provides consultation to a variety of community-based systems, medical professionals, and mental health professionals independently - Supervises junior learners in providing consultation
☐	☐	☐	☐	☐
Comments:				
Not yet achieved Level 1 ☐				

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS AVERAGE: _____
CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS COMMENTS:

Supervisor's Overall Comments:

Summary of strengths:

Areas of additional development or remediation, including recommendations:

Conclusions

For Interns

Competency goals for evaluation done at 3 months: All competency areas will be rated at a level of competence of **2 or higher**. No competency areas will be rated at a 1.

Competency goals for written evaluation done at 6 months: 100% competency areas will be rated at a level of competence of **2.5 or higher**. No competency areas will be rated at a 1.

Competency goals for written evaluation done at 9 months: 100% of competency areas will be rated at a level of competence **rating of a 2.5** by primary supervisor and/or area of specialty. No competency areas will be rated as a 1. The intern is expected to show progression from the 6 month evaluation point.

Competency goals for written evaluation done at 11-12 months: 100% of competency areas will be rated at a level of competence **rating of a 3** by primary supervisor and/or area of specialty. No competency areas will be rated as a 1. The intern is at a competency level expected relative to other trainees at the same level. Note: exceptions may occur outside their practice area.

_____ The intern **has** successfully completed the above overall competency goal. We have reviewed this evaluation together.

_____ The intern **has not** successfully completed the above overall competency goal. We have made a joint written remedial plan, which follows, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, marked with a different color ink. We have reviewed this evaluation together.

Supervisor signature _____ Dated _____

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

Additional comments from the intern:

Intern signature _____ Dated _____

For Fellows

Competency goals for evaluation done at 3 months: All competency areas will be rated at a level of competence of **3 or higher**. No competency areas will be rated at a 2.

Competency goals for written evaluation done at 6 months: 100% competency areas will be rated at a level of competence of **3.5 or higher**. No competency areas will be rated at a 2.

Competency goals for written evaluation done at 12 months: 100% of competency areas will be rated at a level of competence **rating of a 4** by primary supervisor and/or area of specialty. No competency areas will be rated as a 2. The fellow is at a competency level expected relative to other trainees at the same level. Note: exceptions may occur outside their practice area.

_____The fellow **has** successfully completed the above overall competency goal. We have reviewed this evaluation together.

_____The fellow **has not** successfully completed the above overall competency goal. We have made a joint written remedial plan, which follows, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, marked with a different color ink. We have reviewed this evaluation together.

Supervisor signature_____Dated _____

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

Additional comments from fellow:

Fellow signature_____Dated _____



Appendix B

Due Process in Action: The Identification and Management of Trainee Problems/Grievances

**DUE PROCESS IN ACTION: THE IDENTIFICATION
AND MANAGEMENT OF TRAINEE PROBLEMS/GRIEVANCES**
Johns Hopkins All Children's Hospital
Psychology Services

Introduction

This document provides psychology trainees and training staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this cannot occur, this document was created to provide a formal mechanism for JHACH to respond to issues of concern. This Due Process Document is divided into the following sections:

I Definitions: Provides basic or general definitions of terms and phrases used throughout the document.

II Procedures for Responding to a Trainee's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

III Grievance Procedures: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by JHACH of the trainee.

I. Definitions

Trainee

Throughout this document, the term "trainee" is used to describe any person in training who is working in the agency including a practicum student, predoctoral intern or postdoctoral resident.

Training Director (TD)

Throughout this document the term Training Director (TD) is used to describe the staff member who oversees the predoctoral interns training activities.

Due Process

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees' complaints, concerns and appeals.

Due Process Guidelines

1. During the orientation period, trainees will receive in writing JHACH expectations related to professional functioning. The TD will discuss these expectations in both group and individual settings.

2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
4. The TD will communicate early and often with the trainee and when needed the trainee's home program if any suspected difficulties that are significantly interfering with performance are identified.
5. The TD will institute, when appropriate, a remediation/Performance Improvement plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program's action.
7. JHACH due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the program's implementation.
8. When evaluating or making decisions about a trainee's performance, JHACH staff will use input from multiple professional sources.
9. The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Problematic Behavior

Problematic Behavior 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, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.
4. Exhibiting behaviors inconsistent with the JHACH Core Values

It is a professional judgment when a trainee's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problematic behavior typically become identified when one or more of the following characteristics exist:

1. The trainee 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, didactic training, or supervision;
3. The quality of services delivered by the trainee 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; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TD will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.
2. Once the TD has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised. Consultation with JHACH Human Resources will also occur.
3. If the staff member who brings the concern to the TD is not the trainee's supervisor, the TD will discuss the concern with the supervisor(s).
4. If the TD and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint, in coordination with JHACH Human Resources
5. The TD will meet with the Internship Training Committee to discuss the concern.
6. The TD will meet with the Director of Psychology, Neuropsychology, and Social Work and when necessary the Clinical Director and Human Resources to discuss the concerns and possible courses of action to be taken to address the issues.
7. The TD, supervisor(s), Human Resources and Director of Psychology, Neuropsychology, and Social Work may meet to discuss possible course of actions, (as listed in II B below).

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee's training group, the training staff, other agency personnel, and the hospital community. All evaluative documentation will be maintained in the trainee's file. At the discretion of the Training Director (in consultation with the Director of Psychology, Neuropsychology, and Social Work) – the trainee's home academic program will be notified of any of the actions listed below.

1. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion. As per HR policy, a counseling may be completed at this time with the trainee given opportunity to appeal.
2. Written Notice to the trainee formally acknowledges:
 - a) that the TD is aware of and concerned with the behavior,
 - b) that the concern has been brought to the attention of the trainee,
 - c) that the TD will work with the trainee to rectify the problem or skill deficits, and
 - d) that the behaviors of concern are not significant enough to warrant more serious action.
3. Second Written Notice to the trainee will Identify Possible Sanction(s) and describe the remediation plan (see below). This plan will contain:

- a) a description of the trainee's unsatisfactory performance;
- b) actions needed by the trainee to correct the unsatisfactory behavior;
- c) the time line for correcting the problem;
- d) what sanction(s) may be implemented if the problem is not corrected; and
- e) notification that the trainee has the right to request an appeal of this action (*see Appeal Procedures - Section II D*).

At any time in the above process, a trainee may have a hearing whereby the intern is entitled to hear and respond to the concerns.

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (*see Appeal Procedures - Section II D*).

C. Remediation and Sanctions

The implementation of a remediation/Performance Improvement plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TD, relevant members of the internship training staff, JHACH Human Resources, and the Director of Psychology and Neuropsychology. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a) increasing the amount of supervision, either with the same or additional supervisors;
 - b) change in the format, emphasis, and/or focus of supervision;
 - c) recommending personal therapy (a list of community practitioners and other resources are available through CONNECT at JHACH and EAP).
 - d) reducing the trainee's clinical or other workload;
 - e) requiring specific academic coursework.

The length of a schedule modification period will be determined by TD, internship supervisor(s) and the Director of Psychology, Neuropsychology, and Social Work. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TD, internship supervisor(s) and the Director of Psychology and Neuropsychology.

2. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the TD systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating in conjunction with JHACH Human Resources. The trainee is informed of the probation in a written statement that includes:

- a) the specific behaviors associated with the unacceptable rating;
- b) the remediation plan for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the TD will discuss with the internship supervisor(s) and the Director of Psychology and Neuropsychology possible courses of action to be taken. The TD will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TD will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

3. Suspension of Direct Service Activities requires a determination that the welfare of the trainee's client(s) or the campus community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TD in consultation with the trainee's supervisor(s), JHACH leadership, JHACH Human Resources, and Director of Psychology and Neuropsychology. At the end of the suspension period, the trainee's supervisor(s) in consultation with the TD will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.
4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at JHACH. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The TD will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.
- 5a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the Director of Psychology and Neuropsychology the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, JHACH Policies, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The Director of Psychology, Neuropsychology, and Social Work will make the final decision about dismissal in collaboration with JHACH Human Resources and JHACH Leadership.

5b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, JHACH policies and procedures, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TD, the supervisor(s), or the Director of Psychology and Neuropsychology may immediately dismiss the trainee from JHACH in collaboration with JHACH Human Resources and JHACH leadership. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the Training Director will communicate to the trainee's academic department that the trainee has not successfully completed the training program. If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

D. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Director of Psychology, Neuropsychology, and Social Work and JHACH Human Resources. The trainee must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within three work days of receipt of a formal written appeal from a trainee, the Director of Psychology, Neuropsychology, and Social Work will consult with members of the JHACH HR/Leadership Management Team and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Director of Psychology, Neuropsychology, and Social Work then that appeal is reviewed by the Director of Psychology and Neuropsychology in consultation with the JHACH HR/Leadership Management Team. The Director of Psychology, Neuropsychology, and Social Work will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

III. Grievance Procedures

- A. In the event a trainee encounters difficulties or problems (e.g. evaluation, poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his/her training program, a trainee can:
1. Discuss the issue with the staff member(s) involved;
 2. If the issue cannot be resolved informally, the trainee should discuss the concern with the TD who may then consult with other staff members, or the Director of

Psychology and Neuropsychology if needed (if the concerns involve the TD, the trainee can consult directly with the Director of Psychology and Neuropsychology);

3. If the TD and/or Director cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance in writing with all supporting documents, with the Director, JHACH leadership, and JHACH Human Resources.

- B. When the Director has received a formal grievance, within three work days of receipt, the Director will implement Review Procedures as described below and inform the trainee of any action taken.

C. Review Procedures / Hearing

1. When needed, a Review Panel will be convened by the Director to make a recommendation to the Director about the appropriateness of a Remediation Plan/Sanction for a Trainee's Problematic Behavior OR to review a grievance filed by the trainee.
 - a. The Panel will consist of three staff members selected by the Director with recommendations from the TD, a representative of JHACH Human Resources, and the trainee who filed the appeal or grievance. The Director will appoint a Chair of the Review Panel.
 - b. In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
 - c. In response to a grievance, the trainee has a right to express concerns about the training program or JHACH staff member and the JHACH program or staff has the right and responsibility to respond.
2. Within five (5) work days, a Panel will meet to review the appeal or grievance and to examine the relevant material presented.
3. Within three (3) work days after the completion of the review the Panel will submit a written report to the Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
4. Within three (3) work days of receipt of the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Director rejects the recommendation, the Director may refer the matter back to the Panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the Panel, a report will be presented to the Director within five (5) work days of the receipt of the Director's request of further deliberation. The Director then makes a final decision regarding what action is to be taken and informs the TD.
6. The TD informs the trainee, staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.
7. If the trainee disputes the Director's final decision, the trainee has the right to appeal through following steps outlined in Appeal Procedures (Section IID).