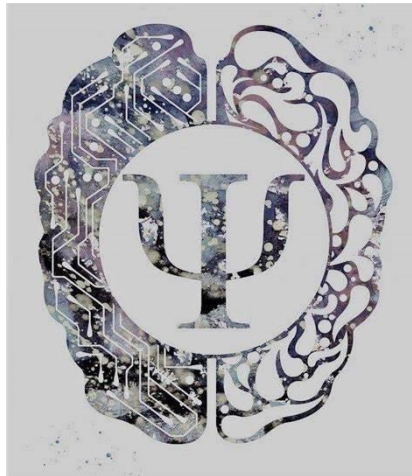


# **McGady & Associates Psychological Services, P.L.C.**



## **Doctoral Internship in Clinical Psychology**

**2024-2025**

## **Introduction to Internship Training Site**

Hello and welcome to McGady & Associates Psychological Services, P.L.C. (MAPS). We are pleased to have you join the site for your Internship and congratulations on making this far and getting through your coursework!

The agency is primarily a forensic site where Interns will get the chance to learn various psychological batteries utilized in the field today. In addition, the site also provides the opportunity to hone in on those therapeutic skills as the site includes individual, couples, and family therapy ranging from ages 3 and up. The agency is open between Monday-Friday from 8am to 7pm. There are three main suites that the agency currently occupies: 151, 155, 124.

**Suite 151:** Is where the main services are provided with 8 offices utilized for therapy and testing. There is a waiting room where patients can watch TV seating up to 12-15 patients. The suite offers water/snacks for individuals and/or families waiting for lengthy periods of time. There is a bathroom that is located near the front desk where there are two full-time receptionists checking patients in. In the back of the suite, personnel will find testing materials such as protocols/kits as well as testing computers.

**Suite 155:** Suite 155 (i.e., Case Conference Room) is where all of the group supervision and didactic training are held. Within the suite are three rooms. The first room is occupied by the agency's Billing specialist and Human Resources. The second room is the conference room where all of group supervision/didactics takes place seating up to 15 personnel. The third room is primarily for doctoral students/Interns that can seat up to 15 personnel not including the couch. Students can utilize the room to write reports, eat lunch, or relax. There are two separate bathrooms located in the suite only accessible by staff.

**Suite 124:** Is the administration suite, which is also licensed to provide services as needed. This suite consists of the CEO, Clinical Director, support

staff, and Interns/post-docs. The suite comes with 5 offices and a waiting area where patients can watch TV.

The supervisors at this site can provide clinical training in a wide range of supervised experiences to further develop and enhance professional competence. Training and clinical work will include psychological assessments (e.g., cognitive, personality, neuropsychological, etc.) and therapeutic treatment under supervision.

Internship training opportunities include community mental health, supervising doctoral student counselors, prison/jail evaluations, psychological assessments/reports and a broad range of inpatient or outpatient programs serving adults, adolescents, children and families. Intern placements must be approved by the Director of Clinical Training at McGady & Associates Psychological Services (MAPS) P.L.C. to ensure the highest quality in training experience for each learner.

Interns are expected to be on site 40 hours per week. Interns will be provided with a caseload of 8-10 patients with at least one psychological assessment per week. During supervision the Intern will be provided feedback and recommendations by their primary supervisor to incorporate into practice. Supervisors are required to monitor the Intern's development over the course of the year based on competency benchmarks in professional psychology.

Each Intern will be provided with an **Engagement roster** that helps the Intern keep track of patient quality care as well as documentation. Audio and video taping equipment are available for recording sessions as an aid to supervision.

An Intern's clinical training may begin after the completion of their program. It is the Intern's responsibility to check with the Board of Psychology in their respective state to assure that all requirements are met and that these Internship hours will be accepted and approved by their regional licensing board.

ADMINISTRATIVE STAFF

Chief Executive Officer (CEO)/Primary Supervisor  
(Michael David McGady, Psy.D.)

Secondary Supervisor  
(Alex Levitan, Psy.D.)

Office Manager/Human Resources  
(Alisha McGady, MA)

Clinical Director of Psychological Services  
(Zackery Olson, Psy.D.)

Clinical Quality Management Analyst  
(Megan McCarthy, Ph.D.)

THERAPISTS STAFF

Psychotherapist (Ages B-Late Adulthood)  
(Briana Allen, Psy.D.)

Psychotherapist (Ages 13-Late Adulthood)  
(Julio Martinez, MA)

Psychotherapist (Ages 10-Middle Age)  
(Lyana Sanchez, MS)

Forensic Restoration Specialist  
(Meshawn Law, MS, FRS Psychometric CHS)

OFFICE ADMINISTRATION

Head Office Administrator/Supervisor/CPC  
(Marelen Durran)

Executive Compliance Officer/Administrative Assistant to CEO

(Michelle C. Rivera)

Administrative Assistant to the Compliance Officer  
(Connor Brock & Anthony Brock)

Administrative Assistant for Psychological Evaluations  
(Michelle Doty)

Receptionist  
(Rachel Barela)

**Director of Clinical Training/Primary Supervisor, Michael D. McGady, Psy.D.**

The Director of Clinical Training (DCT) provides leadership for all aspects of the agency's operations with an emphasis on long-term goals, growth, profit, and return on investment. He is one of the primary supervisors for all students, interns, post-docs, non-independent licensed staff, and volunteers that may serve at this agency. This includes, but is not limited to, oversight of all practitioners. The DCT can be responsible for employee and student performance evaluations. Dr. McGady further provides direct supervision to students, interns, post-docs, and volunteers in accordance with the Arizona Board of Behavioral Health, Arizona Board of Psychologist Examiners, as well as graduate school requirements. He provides and organizes/schedules didactic trainings that informs the job duties and license requirements for students, staff, and additional in-office providers to attend and participate in.

*Supervisory Responsibilities:*

- Oversees the ongoing operations of all divisions in the company.
- Manages and directs the company toward its primary goals and objectives.
- Oversees employment decisions at the executive level of the company.
- Leads a team of executives to consider major decisions including acquisitions, mergers, joint ventures, or large-scale expansion.
- Promotes communication and cooperation among divisions to create a spirit of unity in the organization.

**Supervisor, Alex Levitan, Psy.D.**

Dr. Levitan is a licensed clinical psychologist seasoned in forensic work. He oversees the quality and editing of psychological reports written by students and clinicians. He provides valuable feedback to all the evaluators completing psychological reports. Dr. Levitan further provides direct supervision to students, interns, post-docs, and volunteers in accordance with the Arizona Board of Behavioral Health, Arizona Board of Psychologist Examiners, as well as graduate school requirements. He provides and organizes/schedules didactic trainings that informs the job duties and license requirements for students, staff, and additional in-office providers to attend and participate in.

**Clinical Director of McGady & Assoc., Zackery Olson, Psy.D.**

Dr. Olson is the Clinical Director of McGady & Associates Psychological Services. Dr. Olson oversees all aspects of daily operations of the agency. This includes, but is not limited to, oversight of all practitioners. The Clinical Director can be responsible for employee performance evaluations. Dr. Olson further provides layered supervision to students, interns, post-docs, and volunteers in accordance with the Arizona Board of Behavioral Health, Arizona Board of Psychologist Examiners, as well as graduate school requirements.

The primary goal of the Clinical Director is to foster a safe, relaxed, spirited work environment, where all have opportunities to thrive, grow, and learn. Dr. Olson can be contacted for consultation, work-related questions, therapy/evaluation-related questions, and for any other issues that may arise. Dr. Olson performs thorough Agency Audits utilized to measure agency and staff performance. These audits are also utilized to provide continued training and development to all providers/staff to maximize the quality of care to Patients served.

**Office Manager/Human Resources, Alisha McGady, MA**

Alisha McGady is the front office manager, office administrator, custodian of records and patient rights advocate. Provides in-bound and out-bound phone support to staff as needed. Has oversight of scheduling Patients and maintaining said schedule. Accepts payments for services. Is generally maintaining patient files, and the proper storage thereof.

### **Clinical Quality Management Analyst, Megan McCarthy, Ph.D.**

As the Quality Management Analyst for the agency, Dr. McCarthy oversees the agency's compliance with the Arizona Department of Health Services, Arizona AHCCCS, and the Department of Child Services. Dr. McCarthy oversees the Policy and Procedures compliance, charting compliance, evaluation compliance, administration compliance (i.e., ensuring personnel files are in order and didactic/CEU trainings are completed), and ensures all providers are held accountable to outlined Agency Policies.

Dr. McCarthy performs thorough Agency Audits utilized to measure agency and provider/staff performance. These audits are also utilized to provide continued training and development to all providers/staff to maximize the quality of care to Patients served. Dr. McCarthy brings with her an extensive level of expertise in assessments (neurological, developmental, psychosexual, and psychological), forensically informed treatment and assessment, trauma-informed care, child play therapy, and the development of clinical programs. Dr. McCarthy also oversees the quality and editing of all psychological reports written by students and Clinicians. She also provides valuable feedback to all the evaluators. Dr. McCarthy further provides consultation on behalf of the agency to the Arizona Psychological Training Consortium as part of the Agency's Post-Doctoral Training Program. She is also one of the supervisors for the agency and acts as student and employee liaison to the CEO, managing and mitigating complaint issues as they arise.

### **Head Office Administrator/Supervisor/CPC, Marlene Duran**

Oversees clerical and support services ensuring tasks are completed in a timely manner. Assists clerical and support staff with assigned duties such as scheduling intakes for therapy and evaluations. Audits Patient's charts as needed to complete billing. To ensure a timely completion of services prepares and distributes various forms and reports. Properly coding services and procedures, diagnosis, and treatments to ensure billing. Preparing and sending invoices or claims for payment.

### **Executive Compliance Officer/Administrative Assistant to DCT, Michelle Rivera**

Michelle Rivera oversees writing and editing emails, records management, Relias training for the entire agency and scheduling. In addition to being the

executive compliance officer, Mrs. Rivera assists the DCT via calendar reminders, making/scheduling appointments, and receiving phone calls for the DCT.

### **Administrative Assistant to the Compliance Officer, Connor & Anthony Brock**

Connor and Anthony are responsible for various clerical tasks to ensure the staff can communicate and work efficiently. Their job involves answering phone calls, greeting visitors, distributing mail, and preparing communications, scanning documents, and most importantly assisting the Executive Compliance Officer.

### **Psychotherapist, Lyana Sanchez, M.S.**

Lyana Sanchez is a Clinician with a Master's in Forensic Psychology, who provides counseling services that specialize in Dialectical Behavior Therapy (DBT). Lyana currently works under the supervision of Dr. McGady, Psy.D. Lyana helps patients obtain and implement coping skills, stress management techniques, relaxation methods, and other strategies to improve overall well-being. Lyana provides treatment to adults, children age 10+, adolescents, and their families. Lyana's services consist of intakes, treatment planning, individual therapy, as well as collaboration with case managers and treatment team when necessary.

### **Psychotherapist, Julio Martinez, MA**

Julio Martinez has a Master's in Psychology, who provides counseling services that specialize in psychotherapy. Julio currently works under the supervision of Dr. McGady, Psy.D. Julio helps Patients obtain and implement coping skills, stress management techniques, relaxation methods, and other strategies to improve overall well-being. Julio provides treatment to adults, children age 10+, adolescents, and their families. Julio's services consist of intakes, treatment planning, individual therapy, as well as collaboration with case managers and treatment team when necessary.

### **Psychotherapist, Briana Allen, Psy.D.**

Dr. Allen is a Clinician with a Doctorate in Clinical Psychology, who provides counseling services that specialize in Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy, Child and Play therapy, Sand Tray-table, etc. Dr.



Allen currently works under the supervision of Dr. McGady, Psy.D. Dr. Allen helps Patients obtain and implement coping skills, stress management techniques, relaxation methods, and other strategies to improve overall well-being. Dr. Allen provides treatment to children age 3+, adolescents, and their families. Dr. Allen's services consist of intakes, treatment planning, individual therapy, as well as collaboration with case managers and treatment team when necessary.

### **Forensic Restoration Specialist, Meshawn Law, MS, FRS Psychometric CHS**

Mrs. Law conducts psychological testing and psychological evaluations generally and, specifically, evaluations for fitness to stand trial and for fitness restoration treatment planning. Mrs. Law makes recommendations regarding appropriate levels of treatment (e.g., hospitalization vs. outpatient), and provides ongoing assessments of fitness restoration progress and risk in the community. This includes providing clinical interventions and fitness restoration treatment.

**Administrative assistant for Psychological Evaluations, Michelle Doty**  
Referral Coordinator coordinating referral appointments, creating Patient charts, answering phone calls, setting up translation services and verifying insurance information.

### **Receptionist, Rachel Barela**

A Receptionist's duties and responsibilities include greeting visitors, helping them navigate through an office, and supplying them with refreshments as they wait. In addition, they maintain calendars for appointments, sort mail, make copies, and plan travel arrangements.

## **INFORMATION FOR APPLICANTS**

### **Eligibility Requirements:**

Applicants must be enrolled in an APA-, CPA-, or PCSAS-accredited doctoral program in Clinical Psychology (preferred), Counseling Psychology, or School Psychology and must have completed the required years equivalent of a full-time graduate-level study by the start of the Internship. In addition, applicants must have the approval of their graduate

program Director of Clinical Training, **completed 500 direct practicum hours (minimum of 300 intervention/therapy hours and 200 assessment hours preferred)** at the time of application, completed all doctoral coursework as required, passed the academic program's comprehensive exams (if applicable), and have defended their dissertation project by their graduate program before the beginning of the Internship.

Applicants who are well-suited to this program have demonstrated a commitment to working with diverse individuals through clinical and research activities, have written at least **10 integrated psychological evaluation reports**, have a theoretical orientation consistent with the program's (i.e., cognitive behavioral, behavioral), and have experience with assessment and/or evidence-based treatments (cognitive behavioral therapy, parent-child interaction therapy, trauma focused cognitive behavioral therapy, etc.) with youth with a range of clinical diagnoses.

Additional attributes that have been determined to contribute to Intern success at our site include: (1) a high degree of cultural humility and self-awareness/self-reflection around issues of diversity and equity; (2) experience providing services to individuals from a range of diverse backgrounds; (3) the ability to provide assessment or therapy services in a language other than English (**not required**); (4) prior involvement in research related to diversity, equity, and inclusion; and (5) documented involvement in/commitment to diversity, equity, and inclusion (e.g., through professional memberships, extracurricular activities, research focused on diversity).

The agency is mindful of the ways in which COVID-19 has impacted the accrual of supervised clinical experiences (intervention and assessment hours and number of psychological reports). Thus, the site may consider applicants who are close to meeting these requirements and include in their cover letter how their hours have been impacted and what they have done to supplement their clinical experiences.

**Stipend:** Doctoral Interns receive a gross stipend of \$45,000 per year. Applicable taxes, social security deductions, and benefits-related costs are withheld at the Interns discretion.

**Application Process:** The MAPS Psychology Training Program is not a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). When approved, the Doctoral Internship program utilizes the uniform application developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). The agency does not yet have a National Matching Service (NMS) number, but upon being approved the program will make the information available to Interns. The internship training program agrees to abide by the recruitment and ranking policies. More specifically, no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant.

**Application Submission:** Please submit only the APPI online application located on the APPIC website ([www.appic.org](http://www.appic.org)). Follow the directions detailed on the APPIC website for submitting your application and uploading additional documents requested below. Interested applicants must submit their applications using the APPI by December 1st, 2023. If you have any questions, please contact the Training Director at the office line 602-456-4817 or email: [david@mcgadypsych.com](mailto:david@mcgadypsych.com).

**Selection Procedures:** Intern selection is made by a committee comprised of the Training Director, training supervisors, and training staff. Applicants are rated based on their clinical training (including assessment and psychotherapy), academic coursework, letters of recommendation, clinical and research interests, demonstrated commitment to equity and diversity, and stated goals for Internship.

Prospective candidates are assessed by the Director of Clinical Training to hold interests and goals most closely matching those opportunities offered by our program. Those candidates selected will be asked to participate in interviews. Applicants will receive notification as to whether they are invited for an interview via email. These interviews help both the program and the applicant to determine if there is a good fit between the applicant's experience and training goals and the program's needs and training objectives.

Interviews will be held virtually or in person depending on the candidates

availability. Please note that interview dates are tentative; finalized dates will be provided to prospective candidates upon being selected after review of your application. Interns matched to our site must meet employment requirements prior to formal appointment, including:

- Documentation of identity and employment authorization
- Completion of an online background check
- Completing pre-employment health screening (additional details here)
- Providing documentation that doctoral program's requirements for starting an Internship program have been completed prior to the start of the training year (by June 30).

**Non-Discrimination Statement:** It is the policy of MAPS, to abide by all provisions of the Americans with Disabilities Act. We will not discriminate against any individual who demonstrates the qualifications necessary to perform the duties of a particular position in the agency. No medical or physical disabilities will be considered as a factor in satisfactorily performing a job/task except for those that are critical to the performance of such task.

The Agency understands the need for disabled and handicapped individuals to achieve independence through their work and contribution to society. In supporting the provisions of the Americans with Disabilities Act, the Agency will make reasonable accommodations for those individuals who qualify for and request in writing or through their spokesperson a need for an accommodation. Our agency has been updated to meet building code requirements for the handicapped and disabled. Other agency and workplace accommodation(s) will also be made if feasible on an as needed basis.

It is the continuing policy of MAPS, to provide equal-opportunity employment to all applicants, without regard to race, creed, color, sex, religion, national origin, citizenship, age, veteran status, disability, pregnancy, [any other protected categories, (e.g., marital status, sexual orientation, or sexual identification)]. This policy relates to all employment decisions, including those in connection with recruitment, hiring, training, promotion, compensation, benefits, termination, and all other terms and conditions. All our policies are in accordance with federal, state and local equal employment opportunity principles and other related laws.

**Support:** Interns are provided with appropriate shared office space, computer access, and a phone line. Assessment and therapy materials required to carry out learning and clinical activities are provided as well. If an Intern is unable to obtain the necessary support, they are instructed to contact the Director of Clinical Training of the site, who will make every effort to meet all reasonable requests.

**Vacation Time:** Interns must discuss vacation and other requests for leave with their primary supervisor. Interns are allotted two-weeks of personal leave during internship with one week of sick time. Interns are expected to abide by the following guidelines when making leave/vacation time requests:

1. At least two weeks' advance notice of vacation or professional time off is required.
2. Vacation time cannot be taken in the first four weeks or last four weeks of the training year. If an Intern has an emergency that requires time away during these critical weeks, the Intern must consult with their primary supervisor and the Director of Clinical Training.
3. Interns should work with their supervisor(s) to arrange coverage as needed for clinical responsibilities.
4. The Time Away/Vacation Request form should be completed and signed by the Intern and supervisor and submitted by email to the Training Director and the Human Resource manager. **(A sample of the Time Away Form is included in Appendix B).**
5. Unused vacation, sick, or professional development hours cannot be paid for at the end of the year.

**Expected Professional Behavior:**

1. Interns can contribute to a stimulating learning environment by being engaged and active learners. This involves active participation including raising questions, sharing thoughts or ideas, or otherwise

demonstrating engagement in learning opportunities.

2. Interns have a wide range of clinical expertise. While an individualized training plan will be generated for each Intern, the program may not be able to account for all variability in experience. Interns who are particularly advanced in their knowledge and experience are expected to take active steps to elevate their training through active engagement, knowledge sharing, and working together with their supervisor to identify growth opportunities.

3. Interns work alongside a wide range of staff, providers, and other trainees with different personalities, worldviews, and communication styles. If differences or conflicts arise, Interns are expected to demonstrate communication and conflict resolution skills that will allow them to work effectively and collaboratively despite these differences. Significant conflicts or concerns about interactions are to be handled in a manner consistent with our grievance policy, the MAPS Code of Conduct, and the APA Ethical Principles of Psychologists and Code of Conduct.

4. Interns will accurately represent their title, training status, and credentials in interactions with patients, staff, and the public. For instance, an Intern cannot refer to themselves as “Doctor” as this would be a violation of the APA Ethical Principles of Psychologists.

5. Interns must maintain confidentiality and integrity of records. Records or patient information shall not leave the premises. Reports or other forms of PHI should not be emailed outside the Health System.

6. The training program strives to ensure that expectations, requirements, and deadlines for activities are clear. Interns are responsible for seeking clarification if they are unclear and to ensure that they respond to all expected deadlines for projects across the various aspects of the training program.

7. Interns are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-

clinical.

General expectations for Interns while completing all training related activities are as follows (list is illustrative, not exhaustive):

- Demonstrate respect for patients and their families, colleagues, supervisors, staff.
- Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents).
- Adhere to all MAPS policies and procedures regarding confidentiality.
- Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association (i.e., Ethical Principles of Psychologists and Code of Conduct) and MAPS Code of Conduct.

MAPS maintains a **Professional Appearance Policy** to which all employees and trainees (including Interns) are expected to adhere. Specific details are located here. Highlights include:

- We strive to maintain a sensory friendly environment for our patients and staff. No colognes, perfumes, or strong body lotions are allowed, particularly in patient care areas.
- Trainees and staff are expected to wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, ripped jeans, or other similar casual clothing. Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others.

**Privacy and Security of PHI:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that created national standards to protect sensitive patient health information from being disclosed or discovered without the patient’s consent or knowledge. In compliance with MAPS privacy practices, Interns have the responsibility to protect PHI information that they encounter over the course of their training, including in their direct patient care, case consultations, observations, documentation, and record keeping practices.

- Interns are not permitted to take original or copies of administered assessment protocols, patient records, or any other form of PHI outside of the MAPS site.
- Interns will work with their supervisors to follow established HIPAA compliant procedures for scoring, report writing, and report sharing (e.g., MAPS One Drive, secure internal emails, etc.).
- Interns have access to MAPS computers with security features and technology to prevent unauthorized access of PHI. When working on reports or other documentation containing PHI, Interns should only use MAPS issued computers/laptops. Evaluation reports or patient documentation containing PHI should not be stored on personal computers.
- Interns who wish to keep work samples (not to exceed 10) should work in collaboration with their supervisors to create a deidentified evaluation for final approval by their supervisor.
- Case presentations outside of the MAPS site require prior review and approval by the supervisor or DCT. This guideline applies to presentations in didactics and oral presentations at conferences, as well as any written work for publication. If in doubt, please request consultation with your direct supervisor.

**Policy on Social Media:** This policy provides guidance for Interns’ use of social media, which should be understood for purposes of this policy to include social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat), YouTube, wikis, blogs, message boards, chat rooms, electronic newsletters, online forums, and other sites and services that permit users to share information with others in a contemporaneous manner. Social media use should not interfere with the Intern’s responsibilities while onsite. MAPS issued computers, iPads, or tablets are to be used for business purposes only.

Interns should be aware of the effect their actions may have on their image, as well as MAPS and its training program’s image. Information that is posted or published may be public for a long time. Interns should use their best judgment when using social media to ensure that material available to the public is appropriate for a professional psychologist in training and not harmful to the MAPS site, our training program, our employees, or our



patients.

Interns are not to publish, post, or release any information that is considered confidential or privileged including names, images, or other identifying information. It is recommended that Interns set security settings on all social media accounts to “private.” It is also important for Interns to maintain appropriate professional boundaries. Initiating contact with patients or families through social media sites is not permitted. Accepting invitations to join social media sites of patients is not recommended and Interns are encouraged to decline invitations from patients/families to view or participate in their online social networks. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for additional guidance: <https://www.apa.org/about/social-media-policy>.

**Policy on Maintenance of Records:** Our program has a robust system for maintaining Intern records. Intern records are electronically stored in a secured folder that is only accessible by the DCT or Associate Training Director (i.e., Secondary Supervisor), and necessary administrative/clerical staff who assist in organizing both hard copy and electronic files. Hard copies of certain documents that require signatures are stored in a confidential, locked filing cabinet located in the Training Director’s locked office and scanned into the electronic folder when all required signatures have been obtained and the document has been finalized.

The following documents are stored in a secured electronic folder as part of the **Intern file**: Certificates of Completion; Intern Evaluations (3 per year for each Intern); and Individual Training Plan, which provides a description of the training experiences for each Intern. Documentation of Due Process proceedings, including remediation plans and progress monitoring, are also maintained in the Intern file. The Training Director is responsible for storing and maintaining Intern records. An electronic copy of the entire Intern file is maintained indefinitely. Additionally, records of any formal grievances received by the program are stored in a separate electronic folder for at least 10 years.

**Policy on Moonlighting:** Clinical moonlighting is not permitted. The Internship is a full-time commitment. Interns are expected to refrain from

providing clinical services outside of the Internship context.

***\*\*\*Registration with your state Board of Psychology may be required as well. Please note that you must receive approval for your registration with the Association of Psychology Postdoctoral Internship Center (APPIC) matching program prior to collecting Internship hours\*\*\****

**\*\*\*PLEASE NOTE: MAPS is not accredited by the American Psychological Association (APA). It is the Intern's responsibility to find alternate Internship opportunities that will meet their respective state licensure requirements for supervised professional experience. For any questions related to this, please contact the Director of Clinical Training from the institution you are currently enrolled\*\*\***

### **Internship Expectations**

This course is designed for Interns who wish to participate in a one-year doctoral Internship for a minimum of (1,500-2,000 clinical hours). The program provides an advanced and concentrated clinical training experience under the supervision of two licensed psychologists (i.e., Dr. McGady & Dr. Levitan). **A sample of Weekly Schedule is in Appendix H**

Upon acceptance, Interns will be given a start date with the agency's orientation packet to be submitted before engaging with patients. During the first three days Interns go through an orientation process, which includes required documents by the state health department as well as going over the policy and procedures of the site.

Each Intern will be provided with a PowerPoint presentation guiding them on how to utilize the agency's EHR in order to develop proficiency in documentation and record keeping. Interns will also be given their didactic training schedule for the year which provides detailed training for each week that didactics is held.

### **Counseling/Assessment Experience and Supervision**

Each Intern shall engage in an average of 30-40 hours of clinical work per week---inclusive of direct services, supervision, and indirect services including record-keeping, training seminars, etc.---for 52 weeks (total = 1,500-2,000 clinical hours). The expectation is that each Intern will likely have face-to-face contact with a patient 15-20 hours per week. More specifically, each Intern shall be involved in: (a) counseling individuals, families, couples, and/or psychological assessments/evaluations, (b) a minimum of 4 hours of face-to-face supervision by the primary/secondary supervisor each week.

The goal of the agency is to provide a wide range of supervised experiences to develop and enhance professional competence. The agency offers training in a variety of psychological assessments such as psychosexual, neuropsychological, Autism, comprehensive, rule 11, disability, and psychotherapy for individuals, couples, and families ranging from ages from 3-

up. Interns will be afforded the opportunity to work with interdisciplinary teams on a case-by-case basis depending on the referral. Interactions with multidisciplinary teams will include case management, child family therapy teams, crisis management, consultation, and legal/ethical issues. Interns will have the opportunity to attend court proceedings with an Expert Witness to become familiarized with the process of presenting information to the court.

**Supervision:** Interns will receive a **minimum of 4 hours** of weekly supervision from their primary/secondary supervisors. Supervision typically consists of two hours of individual to discuss psychotherapy cases/forensic evaluations and two hours of group supervision. If an Intern needs more supervision, please let your primary and/or secondary supervisor know of the need. **Supervision is scheduled** with both independent licensed supervisors during the three-day orientation to the site.

### **Internship Goals, Competencies, & Learning Elements**

The overarching aim of the Internship program is to promote professional development and prepare doctoral Interns for independent practice as clinical child, adolescent, and adult psychologists. In the context of a clinical and forensic site, Interns build core skills throughout the year and demonstrate readiness to provide clinical services at an elevated level of independence. They achieve this through direct supervised experiences in assessment, therapy (individual and group), consultation, and exposure to clinical research with a patient population that is diverse in age and clinical presentation.

Clinical practices are grounded in science and help shape future professionals' clinical work. The training program includes didactics and training experiences which, together with close supervision, shape the Interns' professional development and ability to practice at the highest level of ethical decision making and professionalism to effectively work with patients from diverse backgrounds and life experiences.

Through these activities over the course of the one-year Doctoral Internship Program, Interns develop skills in each of APA's nine Profession-Wide Competencies:

## 1. Assessment

(a). Demonstrate proficiency in collecting relevant data using multiple sources and methods (i.e., structured/unstructured clinical interview, behavioral observations, mental status exams, collateral information, and test results) to understand the referral questions, presenting problem, and differential diagnoses.

(b). Describe evidence-based rationale for selecting/applying appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.

(c). Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

(d). Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, and distinguishing the aspects of assessment that are subjective from those that are objective.

(e). Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).

(f). Demonstrate current knowledge of, and ability to apply, diagnostic classification systems and functional and dysfunctional behaviors, including in the context of the assessment and/or diagnostic process while considering patients' strengths and needs.

(g). Demonstrate increasing proficiency in communicating orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

(h). Produce well-integrated reports that demonstrate the ability to synthesize the patient's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.

(i). Demonstrate increasing proficiency in using best practice measures in the assessment and diagnosis (for example, administration and scoring of the ADOS-2, etc.), and independently administer these tools with fidelity.

## 2. Intervention

(a). Establish and maintain effective relationships with the recipients of psychological services including establishing rapport, eliciting participation and

engagement with the therapeutic process, and maintaining therapeutic boundaries.

(b). Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.

(c). Demonstrate the ability to implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables.

(d). Demonstrate increasing independence using evidence-based techniques in various forms of therapy.

(e). Demonstrate the ability to seek out and apply the relevant research literature to inform clinical decision making to optimize mental health outcomes and achieve treatment goals.

(f). Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

(g). Develop the ability to the effectiveness of the treatment and adapt intervention methods and goals in line with ongoing evaluation.

(h). Develop the ability to generalize skills (e.g., teaching, assessment, behavior management) across patients, settings, and scenarios when appropriate.

### **3. Research & Scholarly Activities**

(a). Seek out scholarly articles to support the implementation of evidence in guiding clinical decision making, test selection, therapeutic tools and strategies, and case conceptualization.

(b). Demonstrate increasing ability to adapt and apply research principles with a diverse community population.

(c). Demonstrate substantial independence in critically evaluating research or other scholarly activities.

(d). Demonstrate ability to disseminate research or other scholarly activities (e.g., clinical case studies, case conference, presentation, publications, program development projects).

### **4. Ethical and Legal Standards**

(a). Demonstrate knowledge of, and ability to, apply APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines (at the state, regional and federal level.)

(b). Recognize ethical dilemmas as they arise, describe any competing interests, and apply knowledge of ethical principles to resolve ethical/legal

dilemmas.

(c). Demonstrate knowledge of specific and appropriate procedures for assessing harm or danger to self or others, and ability to implement this knowledge or take required steps to safeguard the welfare of others; this includes taking appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.

(d). Conduct self in an ethical manner in all professional activities.

## **5. Individual and Cultural Diversity**

(a). Demonstrate self-awareness of one's own culture, personal history, attitudes, and biases and their potential impact on clinical work with patients and families.

(b). Demonstrate awareness of the impact of culture and worldview on patients' perspectives and attitudes toward clinical services including assessments and therapy.

(c). Demonstrate the ability to integrate awareness/knowledge of individual and cultural differences while providing clinical services or serving in a professional role.

(d). Demonstrate an ability to work effectively with diverse individuals or groups encountered during the training year, including those whose identities, demographic characteristics, or worldviews may conflict with one's own.

(e). Demonstrate the ability to consider diversity (race, ethnicity, gender, education, economic status, language, immigration status, disability status, etc.) when selecting, administering, and interpreting psychological instrumentation, conceptualizing cases, generating diagnostic formulations, and making treatment recommendations and referrals.

(f). Demonstrate increasing current theoretical and empirical knowledge as it relates to diversity across professional activities including research, training, supervision/consultation, and service; this includes the ability to apply a framework for working effectively within areas of individual and cultural diversity not previously encountered over the course of prior training.

## **6. Professional Values, Attitudes, and Behaviors**

(a). Behave in ways that reflect the values and attitudes of the institution and the field of psychology, including concern for the welfare of others, respect, integrity, accountability, and excellence.

(b). Seek out opportunities to engage in self-care and self-reflection

leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).

(c). Demonstrate awareness of their own competencies, skills, strengths, and needs and seek out timely supervision in response to clinical risks and challenging cases.

(d). Respond professionally to increasingly complex situations with increasing independence.

(e). Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.

(f). Demonstrate ability to explore and refine time management skills in order to prioritize clinical, administrative, and training duties.

(g). Actively seek, and demonstrate openness and responsiveness to, feedback and supervision to improve clinical practice.

(h). Demonstrate initiative in supervision and arrive prepared with discussion topics, questions, case presentations, and related documentation (e.g., notes, chart review, report draft, protocols).

## **7. Consultation and Interdisciplinary skills**

(a). Demonstrate knowledge and respect for the roles and perspectives of other professions involved in consultation or interdisciplinary team, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).

(b). Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

(c). Demonstrate the ability to establish and maintain productive working relationships with members of the interdisciplinary team including clinicians, physicians, psychiatrists, consultants, trainees, educational staff, interpreter services, and other community partners.

(d). Educate other disciplines on issues that help improve care and positive outcomes for patients with neurodevelopmental disorders and their families, including behavioral management strategies, community resources, evaluation practices, and treatment recommendations.

## **8. Supervision**

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(a). Demonstrate the ability to apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. This may include, but is not limited to, role-played supervision with others and peer supervision with other trainees.

(b). Apply supervisory skills of observing in direct or simulated practice.

(c). Apply supervisory skills of evaluating in direct or simulated practice.

(d). Apply supervisory skills of giving guidance and feedback in direct or simulated practice.

(e). Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.

(f). Understand and appropriately verbalize the primary model(s) that guide one's provision of supervision.

## **9. Communication and Interpersonal Skills**

(a). Demonstrate the ability to establish and maintain positive rapport and effective communication with those receiving professional services, supervisors, trainees, colleagues, and community partners.

(b). Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.

(c). Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.

(d). With increased independence, produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.

### **Before Enrolling in Internship**

Prior to enrolling, the Intern must have successfully completed all academic coursework, comprehensive examination(s) and all elective courses required to graduate from a degree-granting program in psychology. In addition, the Intern must have successfully defended their dissertation, which must be verified from their institution of education by their Director of Clinical Training.

The Intern is to complete and submit the three *Initial Required Forms* (see below) to their Academic Advisor at least 2 weeks before the Internship

start date. The start date for Internship begins August 1<sup>st</sup>, 2024. The end of training will be one calendar year from the start date. Upon being matched with the site, each Intern will coordinate times and dates of when supervision will be held.

- 1) Proof of Professional Liability Insurance
- 2) Arizona (AZ) Board of Psychology (BOP) Supervision Agreement for Supervised Professional Experience (SPE)
- 3) Official Transcript of Academic course work completion from degree granting program in psychology.
- 4) The Intern has signed the MAPS Internship Site Agreement

### **Insurance**

MAPS does not provide medical, health or non-travel accident insurance for Interns. MAPS requires its Interns to purchase professional liability insurance prior to providing any counseling services.

### **Services Responsibility**

MAPS retains professional and administrative responsibility for the services rendered at the Agency.

### **Intern Safety and Personal Risk**

The Agency shall inform the participating student of any potential health or safety risks associated with the agency.

### **Term of Agreement**

The term of this Agreement shall be operative from date of full execution until the end date of the course. However, either party may cancel this Agreement at any time.

### **Communication between Interns University and Agency**

By signing this Agreement, Intern and MAPS acknowledge that each party will communicate as needed with governing bodies (i.e., Graduate training director) regarding the Intern(s) performance and conduct while participating in supervision, and consent to such communication.

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Intern Print/Signature

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Date

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Training Director/Signature

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Date

### Initial Required Forms:

1. Proof of Professional Liability Insurance with \$2,000,000/\$4,000,000 minimum coverage. A few suggested sites include:

- CPH & Associates - <http://www.cphins.com/>
- HPSO - <http://www.hpsso.com/>
- The Trust - <https://www.trustinsurance.com/>

2. Arizona Board of Psychology (BOP) Supervision Agreement for Supervised Professional Experience

- [https://psychboard.az.gov/sites/default/files/documents/files/PreInternship%20Verification\\_2.pdf](https://psychboard.az.gov/sites/default/files/documents/files/PreInternship%20Verification_2.pdf)
- Please review AZ BOP Supervision Checklist with your supervisor to understand the requirements regarding supervised professional experience (SPE). To review all of the requirements relating to SPE, the *Laws and Regulations* book is available at the BOP website (<https://psychboard.az.gov>).
- Please note that all Interns and clinical supervisors (regardless of which state or region they reside in) are required to complete this document, as it is the document that dictates the rules for clinical supervision and supervised professional experience (SPE) for Arizona. It is the learner's responsibility to ensure that they are meeting any additional requirements dictated by their own respective state board of psychology.

3. MAPS Internship Site Agreement (**See Appendix A**)

4. TB & HB TEST POLICY

- Interns are required to obtain a Tuberculosis (TB) skin test before the start of Internship. Interns will have to provide the results of their TB

test with a copy of the test results being given to Human Resources (HR) to be placed in their file. Hepatitis B (HB) is not required by staff or students; however, if any staff member or student does have results from an HB test those results will be emailed to HR and placed in their file.

\*Once approved, Interns are required to provide all (4) documents to the DCT who will submit the forms to Human Resources to be upload and stored in your created chart within the agency secure online system\*

## **Tracking Hours/Trainings**

It is required that Interns upload Weekly hours to your chart within the Electronic Health Record (EHR) system using Time2Track, which is located at (<https://time2track.com/solutions/students>)

Once enrolled, you are required to complete a Weekly Log of Activities **each week** for the duration of your Internship. Completion of the form requires supervisor certification and signature. Interns are required to upload the weekly log of activities directly into their chart.

Interns are required to participate once per/week in the agency's Clinical Case Conference room for group supervision as well as Didactics (located in Suite 155). Interns are required to engage in didactic training once per/week for a total of 2 hours each week.

Didactics offer an opportunity for learners to interact with one another, share their clinical experiences, and engage in open dialogue with fellow learners as well as with Licensed Mental Health Practitioners (i.e., Supervisors). The first hour of didactics is geared towards learning theoretical orientations with additional readings and case conceptualizations. The second hour of didactics will be focusing on various psychological assessments/batteries utilized at the site. **Assignments of each presentation will be provided to Interns during the first week of orientation to the site.**

First Hour of Didactics: Over the course of your training, you are required to present (4) active client cases during didactics. Each case presentation will include the following: Case conceptualization (using a Major theoretical orientation), diagnostic impressions, treatment planning (based on the theoretical orientation chosen by the Intern), Objective psychological measurements utilized (if applicable).

Second Hour of Didactics: Interns will learn more about how to utilize, interpret, administer, conceptualize, make treat recommendations, and summaries various psychological measurements within a forensic report.

**\*\* When presenting it is the Interns responsibility to make sure that**

**there is no identifiable information regarding the client. Failure to ensure PHI will result in a meeting with your primary supervisor and/or secondary supervisor. If deemed necessary, the Intern's Director of Clinical Trainings (DCT) from their institution of higher learning will be notified and possible grounds for dismissal from the site may be warranted. \*\***

**\*\* If such an issue was to occur where PHI has been disclosed and the Intern does not agree with the decision made by their supervisor and/or DCT, there is a process to refute the decision made by your supervisor and/or DCT. (The process is later described in the handbook under Due Process/Grievance Policy on pg. 35)**

Didactics schedule is as follows:

Meeting Dates and Times:

Every Friday at 1pm-3pm (Suite 155)

*\*\*Clinical Case Conference room is **locked** by facilitators after 10 minutes has passed since the start\*\* (See Appendix F for more details)*

**Side Note:** If an Intern is late to didactics more than twice during the year, a review of the Interns behavior will be conducted by the Intern's supervisor and/or DCT. This process can lead to disciplinary action if warranted.

Contacts:

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Dr. Zackery Olson, Training Staff, PsyD Program –  
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Dr. Megan Ford-McCarthy, Training Staff, PsyD Program –  
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[602-425-9569](tel:602-425-9569)

Attendance: Required

\*\* Didactics that fall on holidays are cancelled. All other schedule modifications will be announced the week prior during group supervision and/or emailed. \*\*

**Relias Trainings:** It is mandatory that all Interns keep up with training courses at 100 percent. The Compliance Officer (i.e., Michelle Rivera) oversees training, informing Interns when training is overdue. Upon being informed, if the Intern has not rectified the issue in 48 hours the Intern may be subject to disciplinary action.



### *Methods of Evaluation*

(See Appendix C for more details)

Written Evaluations of the Intern and expected Levels of Achievement throughout the training year, supervisors engage in open, ongoing dialogue with Interns regarding their progress and the degree to which competencies are being met. Supervisors also monitor the Intern's progress and provide professional development guidance. Interns receive formal written evaluations of their progress every four months (i.e., three times per year). The evaluation process involves completion of standardized evaluation forms and a face-to-face evaluation meeting between the Intern and primary supervisor. The primary supervisor gathers input and feedback from all other supervisors and/or mentors related to the Intern's performance and their progress toward their individual learning goals to incorporate this in their completion of the evaluation and their verbal feedback to the Intern during the evaluation meeting.

Written evaluations are due by the last business day of **October, February, and June**. The evaluation's focus is on the Intern's strengths and areas for improvement across the nine profession-wide competencies, including intervention; assessment; professional attitudes and behaviors; ethical and legal issues; individual and cultural diversity; communication and interpersonal skills; consultation and interprofessional skills; research; and supervision. At the first two evaluation points, this meeting also includes updating the Intern's Individualized Training Plan (ITP) to reflect learning activities and objectives that have been accomplished and allow for the addition of new learning objectives for the remainder of the training year. This evaluation, along with review of the Intern's ITP, helps to shape and refine learning goals as needed to maximize the Intern's ability to reach expected competencies by the end of the training year (June 30).

The Intern must meet the required minimum level of achievement across all elements of each competency area at each of the three evaluation periods. The minimum levels of achievement were established using a developmental approach to allow Interns to demonstrate increased competency over the course of the year. On the first evaluation which takes place at the end of October each year, Interns must receive ratings of at least Entry Level – 2 on all elements.

Interns must receive ratings of at least Developing Competence Level – 3 on the second evaluation, which takes place at the end of February.

At the end of the internship, Interns are expected to demonstrate competency to perform at the level of an entry-level psychologist as measured by receiving ratings of Competence – 4 on all elements of the Intern evaluation. Interns must meet the minimum level of achievement on all elements of the final evaluation in order to graduate from the internship.

Interns are determined to meet the minimum level of achievement standard if they have the ability to function independently in a broad range of professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation.

Due process will be initiated when the above minimum levels of achievement are not met as this is considered a significant performance issue (**see Due Process Procedures below**). Interns have the right to appeal any formal evaluation in which the minimum level of achievement has not been met.

Feedback to the Director of Clinical Training (DCT) at the Intern’s doctoral program is provided at the end of each of the first two evaluation periods and at the completion of the internship, including a brief summary of Intern performance and a copy of their completed Intern Evaluation. If successful completion of the program comes into question at any point during the internship year, or if an Intern enters into a remediation or probation plan as part of Due Process procedures due to a concern raised by a supervisor or an inadequate rating on an evaluation, the DCT at the Intern’s academic program will be notified in writing.

### **Written Evaluation of Supervisors:**

Interns also evaluate their supervisors three times per year and have opportunities to rate the degree to which a supervisor engages with respect and courtesy, presents as a positive professional role model, is committed to supervision, maintains appropriate interpersonal boundaries, maintains clear and reasonable expectations for the Intern, and supports the Intern’s successful

completion of the program.

### **Written Evaluations of the Training Program:**

Interns are asked to evaluate the Training Program annually. These evaluations are completed by Interns during the final week of their training year. Interns are asked to consider their overall experience with didactic seminars, professional development opportunities, supervision, direct clinical experiences, and other experiential training using a 5-point rating scale (1 = Bad; 2 = Poor; 3 = Fair; 4 = Good; 5 = Exceeds; 6 = Exceptional).

All responses are reviewed by the DCT and all feedback is carefully considered. Any ratings of "Poor" or "Fair" require action by the Interns primary or secondary supervisor to address the problematic item. Interns also have an exit interview with the DCT, providing another opportunity for Interns to provide informal feedback that can be used for quality improvement.

At the end of each quarter (i.e., October, February, and June), on-site supervisors review the evaluation process and outcomes with the Interns and submit an *On-Site Supervisor's Mid-Term Evaluation of Intern* to be scanned into the Intern's chart (See Appendix C).

### **Minimum Requirements for Completion of Internship Training Program:**

To successfully complete the doctoral internship, interns must meet the following requirements by the end of the training year:

1. Verification that the Intern has performed at a satisfactorily advanced level, as defined by a Level – 4 (Competence) or above across all elements of each competency area on the Intern Evaluation: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Professional Values, Attitudes, and Behaviors, Consultation and Interdisciplinary skills, Supervision, Communication, and Interpersonal Skills.
2. Licensure in the state of Arizona requires 1,500 hours of supervised practice experience at the internship level and a minimum of 1,500 hours of supervised practice experience at the postdoctoral level (in addition to the successful completion of qualifying examinations – the national EPPP). The

program offers approximately 2,000 hours over the course of the training year. Exceptions allowing completion of the program with a minimum of 1,500 hours may occur in rare instances when an Intern must take a leave of absence. **Details on this matter are in the Information for Applicants section.**

3. An Intern must be in good standing and free from active remediation or probation plan. If an Intern was placed on remediation or probation during the training year, the issue(s) resulting in remediation must be successfully resolved for program completion.

4. An Intern must complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.

5. An Intern must complete all necessary procedures including completion of all training program evaluations; completion of all required patient or program documentation; return of all keys, laptops; and providing the supervisor with all patient records, charts, test forms, etc.

### **Report Writing Guidelines**

APPIC or APA (Internship) applications often request a copy of an evaluation or treatment report. For Interns to fulfill this request, the agency has adopted the following policy. An Intern may submit a psychological report with the approval of the supervisor for that case after carefully deleting all Patient identifying information. This may include more than the name and disguising readily identifiable information (e.g., place of employment). The edited report must be approved by the supervisor AND the Clinical Director (or the Director of Clinical Training if the Clinical Director is the supervisor). The revised document should be clearly labeled "**Modified Sample Report**" in bold print on the first page.

Prior to leaving for Internship, Interns will schedule a checkout meeting with the DCT of the agency to ensure all paperwork requirements have been met, cases closed, and clinic materials properly disposed of. This should be scheduled at least **one month** prior to their departure. If an Intern has not completed all paperwork requirements of the agency, then the student's

educational institution will be notified of the infraction.

### **Due Process/Grievance Policy**

Definition: Due Process is a written procedure that comes into use when an Intern's behavior is problematic.

Definition: Grievance is a process that is invoked when an Intern has a complaint against the training program.

No discipline policy can be expected to address each situation requiring corrective action that may arise in the workplace. Therefore, the agency takes a comprehensive approach regarding discipline and will attempt to consider all relevant factors before making decisions regarding discipline.

Most often, conduct that warrants discipline results from unacceptable behavior, poor performance, or violation of the agency's policies, practices, or procedures. However, discipline may be issued for conduct that falls outside of those identified areas. Equally important, the agency need not resort to progressive discipline, but may take whatever action it deems necessary to address the issue at hand. This may mean that more or less severe discipline is imposed in a given situation.

Due process policies provide non-arbitrary and fair practices for identifying and managing problematic behavior or insufficient competence/performance in Interns. Due process procedures are implemented when a supervisor, faculty, or staff member becomes aware of an Intern's problem area or deficiency that does not appear resolvable by the usual supervisory support and intervention.

The training program's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. The information below provides clarification of the Intern's and the training program's responsibilities in due process, a definition of competence problems, discussion of the due process procedures, possible remediation and sanctions, and appeals procedures.

## **Rights and Responsibilities**

These procedures protect the rights of both the Intern and the training program; each has specific responsibilities in executing due process.

**Interns:** The Intern has the right to be afforded every reasonable opportunity to remediate problems. Due Process procedures are not intended to be punitive; rather, they are meant as a structured opportunity for an Intern to receive support and assistance to remediate concerns and successfully complete the training program. The Intern has the right to be treated in a manner that is respectful, professional, and ethical. The Intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The Intern has the right to appeal decisions with which they disagree, within the limits of this policy.

The responsibilities of the Intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical; making every reasonable attempt to remediate behavioral and competency concerns; and striving to meet the aims and objectives of the program.

The training site has the right to implement these Due Process procedures when called for as described below. The training site and its staff have the right to be treated in a manner that is respectful, professional, and ethical. The training site has a right to make decisions related to remediation for an Intern— including probation, suspension, and termination—within the limits of this policy. The responsibilities of the training site include engaging with the Intern in a manner that is respectful, professional, and ethical; making every reasonable attempt to support Interns to resolve the remediation of any behavioral and competency concerns; and supporting Interns to the extent possible in successfully completing the training program.

**Due Process Guidelines** Adapted from APPIC Due Process Guidelines  
General due process guidelines include the following:

1. During the orientation period, Interns receive, in writing, MAPS expectations related to professional functioning. The training directors (i.e., Training Director and Associate Training Director) and/or supervisors discuss these expectations in the context of the orientation to

the program or group/individual supervision.

2. The procedures for evaluation, including when and how evaluations are conducted, are described. Such evaluations occur at meaningful intervals and in a timely manner.
3. The procedures and actions involved in decision-making regarding the problem behavior or Intern concerns are described and included in the program's training handbook, which is provided to all Interns and reviewed during the orientation process.
4. The training program will communicate early and often with the Intern and, when needed, the Intern's academic program, if any suspected difficulties that are significantly interfering with performance are identified.
5. The training directors will institute, when appropriate, a remediation plan for identified inadequacies including a timeframe for expected remediation and consequences of not rectifying the concern.
6. An Intern may wish to initiate an appeals process; this handbook describes the steps of how an Intern may officially appeal the training program's action(s).
7. The training program's due process procedures ensure that Interns have sufficient time (as described in this due process document) to respond to any action taken by the program before implementation of such action.
8. When evaluating or making decisions about an Intern's performance, training directors and supervisors use input from multiple professional sources.
9. The DCT will document in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.  
Definition of Problematic Behavior and Competence/Performance Problems Professional judgement should be used to determine when an Intern's behavior, attitudes, or characteristics impede learning, competence, and professional development, thus extending beyond an

issue or concern to problematic behavior that requires remediation.

Such problematic behavior is identified when it includes one or more of the following characteristics:

- The Intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training or supervision.
- The quality of services delivered by an Intern is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention from training personnel is required.
- The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior potentially causes harm to a patient.
- The Intern's behavior has potential for ethical or legal ramifications if not addressed.
- The Intern's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts other Interns/staff or impedes appropriate communication.

For the purpose of this document, competence/performance problems are defined broadly as an 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 to reach an acceptable level of competency.
- An inability to control personal stress, interpersonal difficulties, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning.



## **Informal and Formal Due Process Procedures Review**

When a supervisor or other faculty/staff member believes that an Intern's behavior is becoming problematic or that an Intern is having difficulty consistently demonstrating an expected level of competence, the first step is to raise the issue with the Intern directly and as soon as possible to informally resolve the problem. This may include increased supervision and resources, didactic training, and/or structured readings. The supervisor of the Intern will monitor the outcome. If the problematic behavior persists, a consultation with the Training Director is initiated to determine if a second informal resolution is warranted or if the problematic behavior needs to be escalated to a formal review.

**Formal Review**: A formal review of the Intern's problematic behavior can be initiated for the following reasons:

- The Intern's problematic behavior has been addressed via an informal review (see above), but the behavior remains unresolved.
- The Intern does not achieve the specified minimum level of achievement in any of the major competency areas covered in the Intern's formal evaluation.
- The matter is too great to manage through an informal review.

The following steps are taken once the need for a **Formal Review** has been identified:

Step 1. Notice: The Intern is notified in writing that the issue has been raised to a formal level of review, and that a meeting will be held. The notice shall include a clear description of the problematic behavior or competence concern. The Notice should occur no later than five (5) business days from determination of need for a Formal Review.

Step 2. The Training Director, supervisor, Intern, and (if applicable) other staff raising concerns of problematic behavior or competence problems, hold a formal meeting (Hearing) to discuss the matter, and determine what action needs to be taken to address the issue. The Intern can select an additional staff member from the MAPS Institute or from the Intern's academic program to attend the Hearing and is strongly encouraged to do so if the problem has been

raised by the supervisor. The Intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The hearing must be held within ten (10) business days from determination of need for a Formal Review.

**Step 3. Outcomes and Next Steps:** The Training Director provides a written Acknowledgement of Hearing to the Intern, the supervisor, and, when applicable, any other faculty/staff directly involved in the Hearing. This acknowledgment notice shall include the date of hearing, participants in the hearing, a clear description of the problematic behavior or competence problem that has been brought to the attention of the Intern, and any outcome decisions, such as that the problem is not significant enough to warrant further action/intervention or describing any formal support, remediation, or sanctions that are deemed necessary. The written Acknowledgement of Hearing occurs no later than five (5) business days from the Formal Review Hearing.

The Intern may choose to accept the conditions or may choose to challenge the findings and actions proposed. The procedures for challenging the action are presented in the **Appeal Procedures** section below.

**Supports and Sanctions:** It is important to have meaningful ways to address problematic behavior or competence problems once identified. In implementing remediation or sanctions, the training program is full of balancing the needs of the Intern, patients, other trainees, the training staff, and other agency personnel.

**The first course of action** is to support the Intern through a remediation plan that helps them address problematic behavior or bridge any gaps in competence or skills. Additional sanctions occur only after careful deliberation and thoughtful consideration of the DCT, supervisor, and relevant members of the training staff, when appropriate and determined by the Intern's primary and/or secondary supervisor.

The Director of Clinical Training at the Intern's academic program will be notified if/when an Intern is placed on a remediation plan or under sanctions. The two programs will work collaboratively to support the Intern in addressing any problematic behavior or skill deficit(s). The remediation and sanctions listed below may not necessarily occur in this order. The severity of

problematic behavior plays a role in the level of remediation or sanction.

**Remediation:** When an Intern is placed on a “Remediation Plan,” the supervisor actively monitors and supports the Intern to address, change, and/or improve the problematic behavior or competence issue. This plan is shared with the Intern in writing and includes:

- a) The actual behaviors or skills associated with the problem.
- b) Specific actions to be taken to rectify the problem.
- c) The timeframe during which the problem is expected to be ameliorated.
- d) The procedures designed to ascertain whether the problem has been appropriately remediated.

A remediation plan may include the following (not an exhaustive list):

- a) Modification of the Intern’s training schedule during a limited length of time to allow the Intern to focus on specific areas of development.
- b) Increase in the amount of supervision, either with the same or additional supervisors.
- c) Change in the format, emphasis, and/or focus of supervision.
- d) Recommendation of personal therapy or similar support (i.e., Academic and Staff Assistance Program).
- e) Reduction of the Intern’s clinical or other workload.
- f) Requirement of specific academic coursework, seminar, or conference attendance.
- g) Other modifications identified by the Training Committee to support the Intern in developing competence or remedying identified issues.

At the end of this remediation period, the supervisor provides a written statement indicating whether the problem has been remediated. This statement becomes part of the Intern’s file. If the problem has not been remediated, the supervisor and DCT can revise and extend the Remediation plan for a specified period or proceed to the next step and place the Intern on Probation.

**Probation:** Probation is also time-limited and remediation-oriented and allows for a period of increased supervision and support of the Intern to address and improve problematic behavior or a competence problem. When the Intern is

placed on probation, the Remediation Plan is revised and updated to reflect the Intern's ongoing needs. Supervision is increased as the Training Director (in addition to the supervisor) directly monitors the Intern's performance.

Written documentation to the Intern shall include the Intern's probationary status, length of probationary period, confirmation of a current Remediation Plan, and notification of whether the Intern's behavior or competence problems may jeopardize their successful completion of the training program as well as other potential consequences that may result if improvement is not made. The Intern's academic program is copied on this notification.

At the end of the probation period, the Training Director communicates in writing to the Intern, and the academic program, regarding whether the conditions for revoking the probation have been met or if further courses of action are required. This may include continuation or revision of the Remediation Plan for a specified time period, or implementation of additional support. If the DCT and supervisor determine that there has not been sufficient improvement in the Intern's behavior at the end of the probation period, then the Training Director will discuss additional potential courses of action with supervisor(s) and the Training Committee, including suspension of the Intern's direct service activities.

**Suspension of Direct Service Activities:** If the problems are not rectified through the above described remediation processes, or when a determination has been made that the welfare of the Intern's patient(s) has been jeopardized, the Intern's direct service activities will be terminated for a specified period (not to exceed 3 weeks), as determined by the DCT in consultation with the Intern's supervisor(s) and the Training Committee. Notice of Suspension is provided to the Intern, and the academic program, within one (1) business day of the suspension decision and no later than ten (10) business days after the expiration of the most recent remediation period (i.e., timeframe designated for the problem to be ameliorated; **see Remediation section above**).

During this suspension period, the Intern's Remediation Plan shall be reviewed to determine what additional support may help the Intern make required behavioral or competence changes to remain in the program. This time also allows the Training Site to determine if the nature of the problem is one that can be addressed by further remediation, supervision, or mentoring, or if

dismissal from the training program needs to be considered. The Intern may continue to engage in non-direct service activities such as personal supervision, seminars, and didactics, provided that the Intern's participation is productive and not disruptive to the learning process of others.

At the end of the suspension period, the Intern's supervisor(s), in consultation with the DCT and Training Committee, will assess the Intern's capacity for effective functioning and determine if/when direct service privileges can be resumed. Administrative Leave can be arranged based on agreement of the Intern, supervisor, MAPS Training Director and when deemed appropriate in supporting the Intern's ability to address specific areas of development (such as participating in additional opportunities for educational, professional, or personal development).

If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the hours needed for completion of the training program, this will be noted in the Intern's file. The Training Director will inform the Intern of the effects the administrative leave will have on their stipend and benefits.

**Dismissal:** When specific interventions do not (after a reasonable period) rectify the problem, when the Intern seems unable or unwilling to alter the behavior, or when the Intern's problem cannot be adequately addressed by remediation, the Training Director and supervisor(s) will discuss with the option of terminating the Intern's participation in the training site and dismissal from the agency. The Training Director of MAPS will make the final decision about dismissal. This dismissal becomes effective immediately following notice of Dismissal, which should be provided to the Intern, and the academic program, no later than the following business day.

Immediate dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor. In addition, if an Intern compromises the welfare of a patient(s) or the agency community by an action(s) which generates grave concern from the Training Director and/or supervisor(s), the MAPS Training Director may immediately dismiss the Intern from the training program. Notification to the Intern's academic program will occur within 1 business day of the dismissal. This immediate dismissal may bypass steps identified in

Informal and Formal Due Process Procedures and Sanctions described above.

**Due Process:** Appeal Procedures if an Intern does not agree with the aforementioned notifications, remediation, or sanctions, the Intern can file a formal appeal in writing with supporting documentation with the MAPS Training Director. The Intern must submit this appeal within five (5) business days from their notification of any of the above (notifications or sanctions). Within three (3) business days of receipt of a formal written appeal from an Intern, the MAPS Training Director will consult with members of the program's Training Committee and convene a panel for an Appeals Hearing to be held within five (5) business days from the Intern's written request for an appeal.

The Appeals Panel will consist of the Training Director of MAPS, one staff member selected by the Training Committee, and one staff member selected by the Intern involved in the matter. The Intern may also choose to have a representative from their academic program participate in the Appeals Panel. Within three (3) business days of the completion of the review, the Appeals Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Panel will be made by majority vote within three (3) business days of receipt of the Training Committee's recommendations.

If the Training Committee rejects the Panel's recommendations due to an incomplete or inadequate evaluation of the matter, the DCT may refer the matter back to the Panel for further deliberation and consideration. The Training Director must provide, in writing, justification as to why the matter is being referred back to the Panel and highlight specific information or concerns not adequately addressed by the initial Review Panel.

If the matter is sent back for review, the Panel will report to the Training Director, in writing, within five (5) business days of the receipt of the Training Director's request for further deliberation. The Appeals Panel has the final discretion of the outcome of the appeal. The DCT will inform the Intern, the Intern's academic program, and the Training Committee of the decision made by the second review of the Panel within three (3) business days of obtaining the Panel's final decision.

## *Grievance Procedures*

Grievance Procedures are implemented in situations in which an Intern raises a concern about a supervisor, faculty member, trainee, or any aspect of the training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. A record of all formal complaints against the training program or individuals associated with the training will be kept by the Training Director.

The Intern is encouraged to first attempt to resolve such concerns informally with appropriate person(s) involved. If the matter cannot be resolved, the following grievance procedures are followed: Informal and Formal Grievance Procedures Informal Review. The Intern should discuss the concern with the primary supervisor who may then consult with the Training Director and other members of the Training Committee to resolve the matter informally.

**Formal Review:** If the matter cannot be satisfactorily resolved using informal means or if the grievance involves the supervisor, the Intern may submit a formal grievance in writing to the Training Director. If the Training Director is the subject of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The Training Director (or Training Committee member) will meet with the Intern and the individual being grieved within ten (10) business days for a formal review meeting. In some cases, it may be appropriate to meet with the Intern and the individual being grieved separately first.

The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a) the behavior/issues associated with the grievance.
- b) the specific steps to rectify the problem.
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director (or Training Committee member) will document the process and outcome of the meeting. The Intern and the individual being grieved (if applicable) will be asked to report back to the Training Director (or

Training Committee member) in writing within ten (10) working days regarding whether the issue has been adequately resolved. If the matter is not resolved, the Training Director (or Training Committee member) will convene and chair a Review Panel consisting of themselves and at least two other members of the training staff within ten (10) business days.

The Intern can select a specific member of the training staff to serve on the Review Panel. The Review Panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Review Panel has final discretion regarding outcome. The chair of the Review Panel will provide a written summary of outcomes and recommendations to the Intern, all members of the Review Panel, and the Training Committee within three (3) business days.

**Appeal Procedures:** If the Intern wishes to appeal the outcome of the grievance or if the Review Panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved, the Intern can pursue institution-wide complaint resolution processes:

1. Contact the Licensing Board in the state of Province where the psychologist is licensed.
2. Download a complain form for submission by mail.
3. Complete, sign and mail the form to the Board of Psychology.
4. Submit any supporting documentation with the complaint.



## *Completion of Internship*

Minimum Requirements for **Completion of Internship Training Program** to successfully complete the doctoral Internship, Interns must meet the following requirements by the end of the training year:

Verification that the Intern has performed at a satisfactorily advanced level, as defined by a Level – 4 (Competence) or above across all elements of each competency area on the Intern Evaluation: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Assessment, Intervention, Professional Values, Attitudes, and Behaviors, Consultation and Interdisciplinary skills, Supervision, Communication, and Interpersonal Skills.

Licensure in the state of Arizona requires 1,500 hours of supervised practice experience at the Internship level and a minimum of 1,500 hours of supervised practice experience at the postdoctoral level (in addition to the successful completion of qualifying examinations – the national EPPP. The program offers 2,000 supervised hours over the course of the training year. Exceptions allowing completion of the program with a minimum of 1,500 hours may occur in rare instances when an Intern must take a leave of absence. Details on this matter are in the Information for Applicants section.

An Intern must be in good standing and free from active remediation or probation plan. If an Intern was placed on remediation or probation during the training year, the issue(s) resulting in remediation must be successfully resolved for program completion.

An Intern must complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.

An Intern must complete all necessary exit procedures including completion of all training site evaluations; completion of all required patient or program documentation; return of all keys, laptops; and providing the supervisor with all patient records, charts, test forms, etc.

## *After Completing Internship*

### 1. Verification of Experience Form

If pursuing licensure with the AZ BOP, please have your supervisor complete the *Verification of Experience* (VOE) form found at (<https://psychboard.az.gov/resources/faq-supervised-experience-fieldwork-verification>). Have your supervisor place the VOE form and the original signed supervision agreement in a sealed envelope and sign across the seal. You will submit this sealed envelope containing your SPE along with your application for licensure.

### 2. Engage in Final Evaluation Process

At the end of the 12-month mark, on-site supervisors review the evaluation process and outcomes with the Intern and submit an *On-Site Supervisor's Final Evaluation of Intern* to the Clinical Director of the Intern(s) institution of higher learning.

### 3. End-of-Year Internship Self-Evaluation

We ask that at the end of your year you write a paper on your experience with the agency. Incorporate your thoughtful responses to the questions below in your final paper, which will be collected and scanned into your personal chart.

- a. Discuss the interpersonal process between you and your supervisor, and how it paralleled the process between you and a client (“parallel process”).
- b. What were the challenging and exciting moments of working with clients from a diversity perspective?
- c. How has your theoretical orientation and approach evolved as you have continued to work with clients?

- d. Discuss countertransference issues, and/or triggers that came up for you while working with clients. How did you resolve these issues?
- e. How do you engage in self-care on a personal level while professionally helping others through difficult and painful issues?
- f. What have you learned about yourself as a result of working with clients?
- g. Discuss areas in need of further development based on your midterm and final evaluations.

## Appendix A



### MAPS Internship Site Agreement

#### Description of Field Placement Site

*This form must be completed, signed, and dated by both the Intern/Post-Doc and Site Supervisor.*

Name of Intern: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Type of Agency: \_\_\_\_\_

Purpose of Agency: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

Work Schedule Agreement

Generally, the Intern's responsibilities will include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Intern Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Supervisor Signature

\_\_\_\_\_  
Date

Appendix B

**TIME AWAY REQUEST FORM**

*McGady & Associates Psychological Services, P.L.C.  
Clinical, Forensic, and Psychiatric Specialties  
4425 W. Olive Ave Ste. 151 Glendale, AZ 85302  
Office: 602 456 4817 Fax: 480 247 4318  
Email: Referral@McGadypsych.com Website: www.McGadypsych.com*

Date Requested: \_\_\_\_\_

PTO: \_\_\_\_\_

Sick Time: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Reason for Leave:

- Sick Time                       Vacation                       Bereavement                       Family Issue  
 Personal Leave                       To Vote                       Medical Leave

I understand that my request for leave may be approved or denied.

- Approved       Denied

\_\_\_\_\_  
Intern Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Supervisor Signature

\_\_\_\_\_  
Date

\*Please make sure to contact each of your Patients before leaving and approval from your primary supervisor before taking leave to ensure that all documentation needing to be completed is complete\*

## Appendix C



### McGady & Associates Psychological Services, P.L.C. On-Site Supervisor Mid-Term/Final Evaluation of Intern

Name of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Course:  Internship Mid-Term Evaluation       Internship Final

Evaluation

Agency Name: \_\_\_\_\_ City: \_\_\_\_\_

Clinical Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>How Competency was Assessed.</b> Check all that apply.</p> <p>A. <input type="checkbox"/> Direct Observation      B. <input type="checkbox"/> Video          C. <input type="checkbox"/> Audio      D. <input type="checkbox"/> Supervisory Discussion          E. <input type="checkbox"/> Review of Written Reports      F. <input type="checkbox"/> Feedback from others          G. <input type="checkbox"/> Other (specify): _____</p>	<p><b>Competency Expectations for Completion:</b></p> <p><b>PSY Internship:</b> Learner is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher.</p>
<p><b>Performance Levels:</b></p> <p><i>Check all boxes that apply within each Competency area and rank Intern 1 thru 6 based on where the majority of the boxes are checked for that competency.</i></p> <p>1: Fails to meet standard, needs improvement          2: Meets minimum standard, needs improvement          3: Meets minimum standard, would benefit from further training</p>	<p>4: Meets standard, appropriate to current level of training and experience          5: Meets standard, exceeds in some competencies          6: Exceeds performance standard in most competencies</p>

**COMPETENCY 1: Clinical Assessment and Diagnosis**

<p>Needs much guidance in <input type="checkbox"/> identifying presenting problems, <input type="checkbox"/> identifying client strengths, and <input type="checkbox"/> identifying possible substance abuse, and <input type="checkbox"/> in connecting presenting problem to DSM diagnoses.</p>	<p><input type="checkbox"/> Can identify treatment unit, presenting problems, and patterns of behavior with guidance. <input type="checkbox"/> Does not always identify risks and self-destructive behaviors. <input type="checkbox"/> Sometimes misses client strengths and needs to be reminded to identify such strengths. <input type="checkbox"/> Does not always assess for substance abuse. <input type="checkbox"/> Needs help connecting DSM criteria to presenting problems. <input type="checkbox"/> Has little understanding of prognostic indicators.</p>	<p><input type="checkbox"/> Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. <input type="checkbox"/> Beginning to understand prognostic indicators.</p>	<p><input type="checkbox"/> Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. <input type="checkbox"/> Can identify elements relevant to making proper prognosis.</p>
<p>1 Fails to Meet Standard</p>	<p>2      3 Meets Minimum Standard</p>	<p>4      5 Meets Standard</p>	<p>6 Exceeds Standard</p>
<p>Comments required if Intern ranks 1 or 2:</p>			
<p><b>COMPETENCY 2: Crisis Management</b></p>			
<p><input type="checkbox"/> Inadequate in identifying indicators of abuse, danger to self, or danger to others. <input type="checkbox"/> Sometimes disputes supervisor's identifications of such indicators. <input type="checkbox"/> Inadequate in issues dealing with trauma. <input type="checkbox"/> Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.</p>	<p><input type="checkbox"/> Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. <input type="checkbox"/> Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. <input type="checkbox"/> Is uncertain in identifying and treating trauma. <input type="checkbox"/> Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.</p>	<p><input type="checkbox"/> Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. <input type="checkbox"/> Helps in the development and implementation of a plan to reduce the potential for danger. <input type="checkbox"/> Generally good at identifying and treating trauma with assistance from supervisor. <input type="checkbox"/> Manages reporting requirements with assistance from supervisor.</p>	<p><input type="checkbox"/> Consistently observes and assesses for indications of abuse, danger to self, or danger to others. <input type="checkbox"/> Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. <input type="checkbox"/> Excellent at identifying and treating trauma. <input type="checkbox"/> Manages reporting requirements appropriately.</p>
<p>1 Fails to Meet Standard</p>	<p>2      3 Meets Minimum Standard</p>	<p>4      5 Meets Standard</p>	<p>6 Exceeds Standard</p>



Comments required if Intern ranks 1 or 2:

**COMPETENCY 3: Treatment Planning and Case Management**

<p><input type="checkbox"/> Inadequate knowledge of principles of systems theory.  <input type="checkbox"/> Difficulty in identifying stages of treatment and imposes treatment goals.  <input type="checkbox"/> Does not understand the differences between short- and long-term treatment goals. <input type="checkbox"/> Does not attend to case management-related issues. <input type="checkbox"/> Does not recognize the need for referral and is not aware of appropriate referrals.</p>	<p><input type="checkbox"/> Often needs help demonstrating knowledge of principles of systems theory.  <input type="checkbox"/> Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. <input type="checkbox"/> Poor at case management-related issues. <input type="checkbox"/> Often needs help recognizing the need for referral for appropriate services and resources.</p>	<p><input type="checkbox"/> Generally good demonstration of awareness of principles of systems theory. <input type="checkbox"/> Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. <input type="checkbox"/> Adequate at case management-related issues. <input type="checkbox"/> Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.</p>	<p><input type="checkbox"/> Consistent demonstration of awareness of principles of systems theory. <input type="checkbox"/> Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long- term goals for treatment. <input type="checkbox"/> Good at case management- related issues. <input type="checkbox"/> Recognizes the need for referral and identifies appropriate services and resources.</p>
<p>1 Fails to Meet Standard</p>	<p>2                      3 Meets Minimum Standard</p>	<p>4                      5 Meets Standard</p>	<p>6 Exceeds Standard</p>

Comments required if Intern ranks 1 or 2:

**COMPETENCY 4: Therapeutic Alliance**

<input type="checkbox"/> Inadequate in developing empathy and sometimes is not aware of empathy's importance. <input type="checkbox"/> Does not create a safe environment. <input type="checkbox"/> Unaware of how one's own biases affect treatment outcomes.	<input type="checkbox"/> Often does not develop empathy. <input type="checkbox"/> Needs help in creating a safe environment and understanding the problem from the client's perspective. <input type="checkbox"/> Difficulties developing trust with clients; often imposes one's own biases. <input type="checkbox"/> Not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. <input type="checkbox"/> Not aware of impact of self on clients.	<input type="checkbox"/> Generally good at developing empathy. <input type="checkbox"/> Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. <input type="checkbox"/> Is adequate in developing trust with clients but sometimes needs to keep biases in check. <input type="checkbox"/> Is developing the ability to control one's emotions. <input type="checkbox"/> Sometimes proceeds to treatment before trust is fully developed. <input type="checkbox"/> Is appropriately aware of impact of self on clients.	<input type="checkbox"/> Consistent demonstration of empathy. <input type="checkbox"/> Creates a safe environment by understanding the problem from the client's perspective. <input type="checkbox"/> Consistently in control of one's emotions and assesses for trust. <input type="checkbox"/> Is aware and uses impact of self on clients in treatment.
1 Fails to Meet Standard	2                  3 Meets Minimum Standard	4                  5 Meets Standard	6 Exceeds Standard
Comments required if Intern ranks 1 or 2:			

<b>COMPETENCY 5: Therapeutic Interventions</b>			
<input type="checkbox"/> Unable to apply any therapeutic principles.	<input type="checkbox"/> Poor knowledge of theoretically appropriate, evidence-based treatment, and client-specific clinical interventions. <input type="checkbox"/> Needs help in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Needs guidance in modifying the treatment process based upon therapeutic progress. <input type="checkbox"/> Needs assistance in understanding transference and countertransference issues. <input type="checkbox"/> Needs help in identifying appropriate termination and transition from treatment.	<input type="checkbox"/> Generally good knowledge of theoretically appropriate, evidence-based treatment, and client-specific clinical interventions. <input type="checkbox"/> Is adequate at explaining treatments to clients. <input type="checkbox"/> Good in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Good in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Is gaining awareness of transference and countertransference issues. <input type="checkbox"/> Good in developing a plan for termination with client to provide a transition from treatment.	<input type="checkbox"/> Demonstrates consistent knowledge of theoretically appropriate, evidence-based treatment, and client-specific clinical interventions. <input type="checkbox"/> Very good skills in explaining treatments in ways clients can understand. <input type="checkbox"/> Consistent in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Consistent in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Has good awareness of transference and countertransference issues. <input type="checkbox"/> Consistent in developing a plan for termination with client to provide a transition from treatment.

1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard	5 Meets Standard	6 Exceeds Standard
Comments required if Intern ranks 1 or 2:					
<b>COMPETENCY 6: Human Diversity</b>					
<input type="checkbox"/> Unable to understand the importance of issues of diversity. <input type="checkbox"/> Unable to demonstrate cultural humility in working with diverse, marginalized and underserved clients.	<input type="checkbox"/> Needs help in identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Sometimes is unable to disentangle one's own values from client's values, which sometimes interferes with treatment strategies. <input type="checkbox"/> Sometimes demonstrates cultural humility in working with diverse, marginalized and underserved clients.	<input type="checkbox"/> Generally good at identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Is able to provide an unbiased therapeutic environment when client's values or beliefs are different from one's own views. <input type="checkbox"/> Can apply treatment strategies consistent with client's values, beliefs, and/or worldviews. <input type="checkbox"/> Often demonstrates cultural humility in working with diverse, marginalized and underserved clients.	<input type="checkbox"/> Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process. <input type="checkbox"/> Consistent at providing an unbiased therapeutic environment when client's values, beliefs, and/or worldviews are different from one's own views. <input type="checkbox"/> Consistently demonstrates cultural humility in working with diverse, marginalized and underserved clients.		
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard	5 Meets Standard	6 Exceeds Standard
Comments required if Intern ranks 1 or 2:					

**COMPETENCY 7: Legal Issues**

<input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Does not always understand the reasoning behind the need for legal requirements. <input type="checkbox"/> Needs to be reminded of issues surrounding security of therapy records. <input type="checkbox"/> Is not very knowledgeable of laws relevant to practice.	<input type="checkbox"/> Adequately knowledgeable of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. <input type="checkbox"/> Obtains client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of clinical records. <input type="checkbox"/> Is developing knowledge of and follows law in clinical practice.	<input type="checkbox"/> Consistent knowledge of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements. <input type="checkbox"/> Obtains and understands the need for client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of client therapy records. <input type="checkbox"/> Aware of and follows law in clinical practice.
<p style="text-align: center;">1 Fails to Meet Standard</p>	<p style="text-align: center;">2      3 Meets Minimum Standard</p>	<p style="text-align: center;">4      5 Meets Standard</p>	<p style="text-align: center;">6 Exceeds Standard</p>
Comments required if Intern ranks 1 or 2:			
<b>COMPETENCY 8:</b>			
<b>Ethics</b>			
<input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing ethical issues arising in this clinical setting. <input type="checkbox"/> Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Is not aware of one's scope of practice and attempts to treat all problems. <input type="checkbox"/> Needs reminders of appropriate therapeutic boundaries. <input type="checkbox"/> Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.	<input type="checkbox"/> Generally good knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Is not always aware of one's scope of practice. <input type="checkbox"/> Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area. <input type="checkbox"/> Together with supervisor, identifies	<input type="checkbox"/> Demonstrates excellent knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Consistent at staying within scope of practice. <input type="checkbox"/> Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.

		personal limitations that require outside consultation.	
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard
Comments required if Intern ranks 1 or 2:			

<b>COMPETENCY 9: Personal Qualities</b>			
<input type="checkbox"/> Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Has demonstrated lapses in oral and written communication skills.	<input type="checkbox"/> Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Needs improvement in oral and written communication skills.	<input type="checkbox"/> Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Generally acceptable oral and written communication skills.	<input type="checkbox"/> Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Consistently demonstrates good oral and written communication skills.
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard

Comments required if Intern ranks 1 or 2:

**COMPETENCY 10: Professional Documentation**

<input type="checkbox"/> Does not adhere to deadlines and professional documentation standards	<input type="checkbox"/> Does not always maintain timely and orderly paperwork and sometimes skirts agency policies.	<input type="checkbox"/> Maintains timely and orderly paperwork and adheres to agency policies.	<input type="checkbox"/> Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard

Comments required if Intern ranks 1 or 2:

**COMPETENCY 11: Professionalism**

<input type="checkbox"/> Does not demonstrate professionalism in the work setting.	<input type="checkbox"/> Appearance and attire is frequently inappropriate for agency setting. <input type="checkbox"/> Is inconsistent in punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is not very aware of the need for self-care.	<input type="checkbox"/> Appearance appropriate to agency setting. <input type="checkbox"/> Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is developing the understanding of the importance of self-care.	<input type="checkbox"/> Consistently demonstrates proper appearance appropriate to agency setting. <input type="checkbox"/> Consistently demonstrates punctuality and responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Has the ability to understand the need for self-care as it relates to effective clinical practice.
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard

Comments required if Intern ranks 1 or 2:

**COMPETENCY 12: Supervision**

<input type="checkbox"/> Resistant to supervision and does not make improvements after repeated input from supervisor.	<input type="checkbox"/> Needs to make better use of supervision. <input type="checkbox"/> Does not always come prepared to discuss cases or issues of concern. <input type="checkbox"/> Has difficulty in presenting full case conceptualizations. <input type="checkbox"/> Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor's observations and/or suggestions.	<input type="checkbox"/> Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. <input type="checkbox"/> Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. <input type="checkbox"/> Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. <input type="checkbox"/> Is generally open to supervision and makes improvements when needed.	<input type="checkbox"/> Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. <input type="checkbox"/> Can present full case conceptualizations. <input type="checkbox"/> Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed.
<p>1 Fails to Meet Standard</p>	<p>2            3 Meets Minimum Standard</p>	<p>4            5 Meets Standard</p>	<p>6 Exceeds Standard</p>

Comments required if Intern ranks 1 or 2:

**COMPETENCY 13: Self-Assessment**

<input type="checkbox"/> Unable to identify strengths. <input type="checkbox"/> Unable to identify areas in need of further development.	<input type="checkbox"/> Often needs help to identify strengths. <input type="checkbox"/> Often needs help to identify areas in need of further development. <input type="checkbox"/> Has difficulty in developing a plan to work on areas of improvement.	<input type="checkbox"/> Generally able to identify strengths. <input type="checkbox"/> Generally able to identify areas in need of further development. <input type="checkbox"/> Generally able to develop a plan to work on areas of improvement.	<input type="checkbox"/> Consistently able to identify strengths. <input type="checkbox"/> Consistently able to identify areas in need of further development. <input type="checkbox"/> Consistently good at developing a plan to work on areas of improvement.
1 Fails to Meet Standard	2                  3 Meets Minimum Standard	4                  5 Meets Standard	6 Exceeds Standard
Comments required if Intern ranks 1 or 2:			
<b>OVERALL ASSESSMENT</b>			
Fails to Meet Standard	2                  3 Meets Minimum Standard	4                  5 Meets Standard	6 Exceeds Standard
Note: If Intern ranks 1, 2, or 3 in Overall Assessment, supervisor needs to complete the three sections below identifying the specific competencies in need of further development and a specific plan for developing those competencies. In addition, supervisor needs to consult with Intern's Director of Clinical Training. If Intern ranks 4, 5, or 6 in Overall Assessment, supervisor only needs to complete Areas of Strength and Areas in Need of Further Development.			

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
On-Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
On-Site Secondary Supervisor's Signature

\_\_\_\_\_  
Date



**Areas of Strength:**

**Areas of Further Development:**

**Plans for Development and/or Improvement:**

**Consultation with school requested by clinical supervisor:**      **No**       **Yes**

Best day/time: \_\_\_\_\_

Appendix D

**ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF DOCTORAL  
INTERNSHIP TRAINING HANDBOOK**

By signing below, I acknowledge the following:

- a) The Training Director reviewed the Training Handbook with me on \_\_\_\_\_ (date).
- b) A paper or electronic copy of the Doctoral Internship Training Handbook has been made available to me to keep in my files.
- c) I have been given opportunities to ask questions and have these questions answered by the Training Director. I have been encouraged to ask questions or seek clarification on any information delineated in the Training Handbook at any point during the training year.
- d) I have read the Training Handbook and understand the philosophy, aims, expected competencies of the training program, and requirements to complete the program.
- e) I acknowledge that I have received and read the Due Process and Grievance procedures which are included in the Training Handbook and agree to abide by these policies and procedures.

After carefully reading the Training Handbook and this form, sign this acknowledgement page and return it to the Training Director. Please discuss any questions or concerns you have regarding the information contained in the Handbook with the Training Director before signing this acknowledgement.

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX E

### **Sample Individualized Training Plan (ITP)**

The Individualized Training Plan (ITP) is to be completed by both the Intern and their primary supervisor every three months during the training year. In addition, supervisors will be sent electronic evaluations to assess each Intern's performance and progress in learning goals.

**Instructions:** Interns work to increase their competencies in all required areas, as described in the Site Handbook. Specific competencies and how they are met will vary based on Intern needs, clinical activities, didactic activities, and independent activities.

While all competencies are addressed in the training program, each Intern also enters the program with specific learning goals, and the primary supervisor also has goals in mind for the assigned Interns' professional development. At the start of the training year, each Intern will develop, with their primary supervisor, an ITP that contains measurable learning objectives in the program competency areas. The Intern will set Training Goals that cover the main areas of learning that the Intern and the supervisor prioritize (See Appendix G).

For each goal area, the Intern will develop measurable learning objectives that will demonstrate achievement of the goal. For each objective, the Intern will develop a training plan consisting of activities that fulfill each step along with timeline and evaluation criteria for each.

The evaluation of each Intern's progress will be driven by those individualized objectives and assessment criteria as documented in each ITP and by the agency requirements as stated above and in the Site Handbook.

All Interns are expected to present projects or findings at meetings, to participate in the various clinical and didactic training experiences, to meet regularly with their supervisors, and to actively participate in all activities.

APPENDIX F		
<b>Date</b>	<b>Presentation</b>	<b>Presenter</b>
8/1/24	3-DAY AGENCY ORIENTATION for Student Interns	David McGady, PsyD; Zackery Olson, Psy.D., Megan McCarthy, PhD; Alex Levitan, Psy.D.
9/1/24	Safety Planning, Suicide Risk Assessment (therapy) (1hr)	Zackery Olson, Psy.D.
	Safety Planning, Suicide Risk Assessment (evaluations) (1hr)	Megan McCarthy, PhD; David McGady, Psy.D.
9/8/24	Re-Review Therapy Progress Notes / Case Management / Discharge Planning	Zackery Olson, Psy.D.
	Re-Review Evaluation Intake. Progress Notes, Feedback Session Notes	Megan McCarthy, PhD
9/15/24	Dialectical Behavior Therapy Overview	Zackery Olson, Psy.D.
	IQ & WIAT Assessment Review – IDD & Learning Disorders	Megan McCarthy, PhD
9/22/24	Dialectical Behavior Therapy Training (WISE MAPS)	Zackery Olson, Psy.D.
	What are T-Scores & Why Should I Care	Megan McCarthy, PhD
9/29/24	Dialectical Behavior Therapy Training: Behavioral Chain of Analysis, Observe, and Describe. Bring an example of how you incorporated a WISE MAPS decision-making.	Zackery Olson, Psy.D.
	The Importance of the Clinical Interview in Assessment & Diagnostics	Megan McCarthy, PhD; David McGady, Psy.D.
10/06/24	Dialectical Behavior Therapy Training: Participate, Non-Judgmental Stance, One-mindfulness. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	CICR (Crisis Intervention & Crisis Response) – When Your Client is Uncooperative	Megan McCarthy, PhD
10/13/24	Dialectical Behavior Therapy Training: Effectiveness, ACCEPTS, IMPROVE. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Introductory Primer on Forensic Assessment	Megan McCarthy, PhD; Alex Levitan, Psy.D.
10/20/24	Dialectical Behavior Therapy Training: Self-Soothe, Pros and Cons, Radical Acceptance. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Forensic Report Writing -Legal and Ethical Considerations	Megan McCarthy, PhD
10/27/24	Dialectical Behavior Therapy Training: PLEASE, Building Mastery, Building Positive Experiences. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Developmental Assessment & Evaluation – Autism	Megan McCarthy, PhD, David McGady, Psy.D.
11/03/24	Dialectical Behavior Therapy Training: Opposite Action, Cheerleading Statements, Top 10, Working Towards Long term goals. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.

	Overview of the ADIR – General Importance of Obtaining Critical Developmental History	Megan McCarthy, PhD
<b>11/10/24</b>	Dialectical Behavior Therapy Training: DEAR MAN, GIVE, FAST. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Overview of the ADOS -2: The ‘Gold’ Standard Diagnostic Tool for Autism	Megan McCarthy, PhD; David McGady, Psy.D.
<b>11/17/24</b>	Dialectical Behavior Therapy Training: Middle Path, Willingness over Willfulness, Validating Others. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	CASE PRESENTATION – Therapy	Intern Presentation
	Introductory Primer to Psychosexual Assessment	Megan McCarthy, PhD; David McGady, Psy.D.
	CASE PRESENTATION – Evaluation	Intern Presentation
<b>11/24/24</b>	HOLIDAY BREAK	
<b>12/01/24</b>	Dialectical Behavior Therapy Training: Think Dialectically, Acting Dialectically, Levels of Validation. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Psychosexual Assessment Review – Research & Evidence-Based Batteries	Megan McCarthy, PhD
<b>12/08/24</b>	Dialectical Behavior Therapy Training: Middle Path, Willingness over Willfulness, Validating Others. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Psychosexual Assessment Report Writing & Risk Assessment	Megan McCarthy, PhD
<b>12/15/24</b>	Dialectical Behavior Therapy Training: Think Dialectically, Acting Dialectically, Levels of Validation. Bring an example of how you incorporated one of the skills.	Zackery Olson, Psy.D.
	Identifying Clinician Bias in Assessment	Megan McCarthy, PhD
<b>12/22/24</b>	Multiculturalism & Diversity – Therapeutic Considerations	Zackery Olson, Psy.D.
	LGBTQIA+ - Therapeutic Considerations	Zackery Olson, Psy.D.
	Multiculturalism & Diversity – Evaluative Considerations	Megan McCarthy, PhD; Alex Levitan, Psy.D.
	LGBTQIA+ - Evaluative Considerations	Megan McCarthy, PhD
<b>12/29/24</b>	HOLIDAY BREAK	
<b>01/05/25</b>	Cognitive Behavior Therapy Overview Training: Relevant Childhood DATA, Core beliefs, Intermediate Beliefs, Automatic Assumptions	Zackery Olson, Psy.D.

	Introductory Primer to Neuropsychological Assessment	Megan McCarthy, PhD & Alex Levitan, Psy.D.
<b>01/12/25</b>	Cognitive Behavior Therapy Skills Training: Socratic Questioning, ABC's, Downward Arrow Technique, 15 common Cognitive Distortions. Be prepared during the next training to discuss how you engage in one of the cognitive distortions.	Zackery Olson, Psy.D.
	Neuropsychological Battery a Full Review	Megan McCarthy, PhD
<b>01/19/25</b>	Cognitive Behavior Therapy Interventions: Cognitive Restructuring, Guided Discovery, Exposure Therapy, Journal and Thought Records.	Zackery Olson, Psy.D.
	Neuropsychological Report Writing	Megan McCarthy, PhD; David McGady, Psy.D.
<b>01/26/25</b>	Cognitive Behavior Therapy Interventions: Activity Scheduling, Behavior Experiment, Relaxation and Stress Reduction, Role Playing.	Zackery Olson, Psy.D.
	Juvenile Justice System	David McGady, PsyD; Alex Levitan, Psy.D.
<b>02/02/e5</b>	Cognitive Behavior Therapy Conceptualization and Treatment Plan (2)	Zackery Olson, Psy.D. / Student Presentation
	Family Court & Court-Ordered Assessment – Ethical and Legal Considerations	Megan McCarthy, PhD
<b>02/09/25</b>	Cognitive Behavior Therapy Conceptualization and Treatment Plan (2)	Zackery Olson, Psy.D. / Student Presentation
	Family Court – Court-Ordered Therapeutic Intervention	Megan McCarthy, PhD
<b>02/16/25</b>	Cognitive Behavior Therapy Conceptualization and Treatment Plan (2)	Intern Presentation
	Expert Testimony – Review	Megan McCarthy, PhD & David McGady, PsyD
<b>02/23/25</b>	Domestic Violence & Child Abuse (ethics) (CEU)	Zackery Olson, Psy.D. & Megan McCarthy, PhD
	Domestic Violence & Child Abuse (ethics) (CEU)	
<b>03/01/25</b>	Mandatory Reporting: RV of Policy & Protocol	Zackery Olson, Psy.D.
	Mandatory Reporting in Evaluations	Megan McCarthy, PhD
<b>03/08/25</b>	Risk Assessment Review & Case Examples	Zackery Olson, Psy.D.
	Risk Assessment Review & Evaluative Case Examples	Megan McCarthy, PhD
<b>03/15/25</b>	Family Systems Therapy Conceptualization and Treatment Plan	Zackery Olson, Psy.D. / Intern Presentation
	Evaluation Report Presentation (Comprehensive)	Megan McCarthy, PhD / Intern Presentation

<b>03/22/25</b>	Family Systems Therapy Conceptualization and Treatment Plan	Zackery Olson, Psy.D. / Intern Presentation
	Evaluation Report Presentation (Psychosexual)	Megan McCarthy, PhD / Intern Presentation
<b>03/29/25</b>	Family Systems Therapy Conceptualization and Treatment Plan	Zackery Olson, Psy.D. / Intern Presentation
	Evaluation Report Presentation (Neuropsychological)	Megan McCarthy, PhD / Intern Presentation
<b>04/05/25</b>	Read the chapter on Existential Therapy. Be prepared to share what you understood and took away from the reading as each of you will be called upon.	OPEN DISCUSSION
	Evaluation Report Presentation (Developmental)	Megan McCarthy, PhD / Intern Presentation
<b>04/12/25</b>	Read the chapter on Gestalt Therapy. Be prepared to share what you understood and took away from the reading as each of you will be called upon.	OPEN DISCUSSION
	APA Ethical Considerations for Assessment	Megan McCarthy PhD
<b>04/19/25</b>	Read the chapter on Interpersonal Therapy. Be prepared to share what you understood and took away from the reading as each of you will be called upon.	OPEN DISCUSSION
	APA Forensic Ethical Guidelines	Megan McCarthy PhD
<b>04/26/25</b>	Read the chapter on Family Therapy. Be prepared to share what you understood and took away from the reading as each of you will be called upon.	OPEN DISCUSSION
	Introductory Primer to Psychopharmacology – Asking About & Understanding The Influence of Psychoactive Medications	Megan McCarthy PhD
<b>05/03/25</b>	Video: <a href="https://www.youtube.com/watch?v=IFnDyxu0ZRY">https://www.youtube.com/watch?v=IFnDyxu0ZRY</a> DBT Foundation	OPEN DISCUSSION
	Understanding the Difference Between Situational & Pathological Symptoms	Megan McCarthy, PhD
<b>05/10/25</b>	Video: <a href="https://www.youtube.com/watch?v=iQEurMdJtds">https://www.youtube.com/watch?v=iQEurMdJtds</a> DBT Session	OPEN DISCUSSION
	Substance Use Risk Assessment	Megan McCarthy, PhD
<b>05/17/25</b>	Video: <a href="https://www.youtube.com/watch?v=-f3eVvH8hRE">https://www.youtube.com/watch?v=-f3eVvH8hRE</a> CBT Foundation	OPEN DISCUSSION
	Trauma-Informed Conceptualization	Megan McCarthy, PhD / Open Discussion
<b>05/24/25</b>	Video: <a href="https://www.youtube.com/watch?v=8-2WQF3SWwo">https://www.youtube.com/watch?v=8-2WQF3SWwo</a> CBT Session	OPEN DISCUSSION
	Behavioral Conceptualization	Megan McCarthy, PhD / Open Discussion
<b>05/31/25</b>	BREAK	
<b>06/07/25</b>	Case Presentations (2)	OPEN DISCUSSION

	EFT Conceptualization	Megan McCarthy, PhD
06/14/25	Couples Counseling	Zackery Olson, Psy.D.
	Student Option Conceptualization	Megan McCarthy, PhD / Open Discussion
06/21/25	Providing Direct Care to SMI Population	Zackery Olson, Psy.D.
	Board Meeting RV & Discussion	Megan McCarthy, PhD
06/28/25	Case Presentations (2)	OPEN DISCUSSION
	Board Complaint Review Process	Megan McCarthy, PhD & David McGady, PsyD
07/05/25	Discharge Review – Process & Planning	Zackery Olson, Psy.D.
	Identifying Clinician Discomfort (Counter Transference) in Evaluations	Megan McCarthy, PhD
07/12/25	Case Presentations (2)	OPEN DISCUSSION
	Case Presentation (2) Evaluations	OPEN DISCUSSION
07/19/25	Case Presentations (2)	OPEN DISCUSSION
	Case Presentations (2) Evaluations	OPEN DISCUSSION
07/26/25	EPPP Review (2HRS)	OPEN DISCUSSION w/Students & Supervisors
	DIDACTICS GRADUATION!!!!	

**NOTE: This course schedule is subject to modification as the year progresses and Interns are assigned presentations.**

***Participation:***

At times during didactics Interns will be requested to participate in role-playing demonstrations with the instructor or other doctoral students. Interns are asked to refrain from disclosing sensitive personal information during these exercises. If any Intern is uncomfortable role-playing a client, they should notify the instructor or primary/secondary supervisor of this. Participation in role-playing exercises is not graded.

***Attendance:***

Interns are expected to be punctual to all didactics. Absences should occur only for such urgent reasons as ill health or critical emergency. Whenever possible, Interns should notify their primary/secondary supervisor of these absences in advance. Excessive late arrivals or absences, regardless of the reason, may jeopardize an Intern's academic standing.

\*Attendance requirements are met by attending via face-to-face at the agency and remaining for the entirety of the Interns year, unless deemed otherwise by their primary/secondary supervisor\*



## Appendix G

### MAPS Doctoral Internship Site Individualized Training Plan 2024-2025

Intern Name: \_\_\_\_\_  
 Primary Supervisor: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 ITP Revision: \_\_\_\_\_

Clinical Placements / Supervisor:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Clinical Research Placement / Supervisor:  
 1. \_\_\_\_\_

Community Placement(s) / Supervisor:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**Training Goal 1:**

Training objectives	Competency addressed	Plan/activities/steps for each objective (add rows as needed)	Estimated time to be spent (in hours)	Supervisor/Mentor	Date for completion	Evaluation criteria

**Training Goal 2:**

Training objectives	Competency addressed	Plan/activities/steps for each objective (add rows as needed)	Estimated time to be spent (in hours)	Supervisor/Mentor	Date for completion	Evaluation criteria

**Training Goal 3:**

Training objectives	Competency addressed	Plan/activities/steps for each objective (add rows as needed)	Estimated time to be spent (in hours)	Supervisor/Mentor	Date for completion	Evaluation criteria

Training Goal 4:

Training objectives	Competency addressed	Plan/activities/steps for each objective (add rows as needed)	Estimated time to be spent (in hours)	Supervisor/Mentor	Date for completion	Evaluation criteria

Training Goal 5:

Training objectives	Competency addressed	Plan/activities/steps for each objective (add rows as needed)	Estimated time to be spent (in hours)	Supervisor/Mentor	Date for completion	Evaluation criteria

## Appendix H

### Sample Weekly Training Schedule

<b>Direct Clinical Services: 15-20 hour</b>	
Intakes	1-2 hours weekly
Psychological Administration	6-8 hours weekly
Individual/Couples/Family Therapy	8-10 hours weekly
<b>Indirect Clinical Services: 14 hours</b>	
Case management, consultation, collateral services, report writing, and other administrative activities	
<b>Supervision: Minimum of 4 hours</b>	
Individual Therapy Supervision	1 hours weekly
Individual Assessment Supervision	1 hours weekly
Group Supervision	2 hour weekly
<b>Didactics 2 hours</b>	See Appendix F for more details