



**Sarah Reed Children's Center Doctoral Internship in Health Services Psychology
Internship Training Manual
2024-2025**

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Introduction

Welcome to the Sarah Reed Children's Center's Doctoral Internship in Health Services Psychology! We have been anticipating your arrival since last February. We hope that you are as pleased about the prospect of training with us as we are about having the responsibility and opportunity to play a role in your development as a psychologist. This handbook will provide you with an outline of the internship experience along with the policies and procedures most applicable to your internship training and professional functioning at Sarah Reed Children's Center (SRCC).

During the internship year, interns engage in a variety of clinical and professional activities, receive training and supervision, and receive regular evaluation and feedback to assist in their ongoing development. We value a strengths-based perspective to help interns build on their existing knowledge and skills. At the same time, we also value developing greater flexibility and expanding intern capacities to understand and intervene in ways that may move them out of their existing comfort zones. We also recognize that differences in individual life experiences, cultural backgrounds, and complex intersecting identities have important influences on our assumptions, values, and worldviews. Therefore, we are continually working towards greater awareness, respect, and appreciation for the ways that these affect all that we do both professionally and personally. Our hope is that at the end of internship, our interns have had the necessary amount and intensity of clinical and professional experiences to build greater self-confidence to function competently as a beginning professional in health service psychology.

We all wish you the best in your training year. Please come to anyone of us to discuss anything.

Sarah Reed Children's Center

Established in 1871, SRCC provides a broad range of mental health, behavioral health, psychological, psychiatric, and educational services to children, adolescents, adults, and families in a variety of center-based and community-based programs. SRCC is a private, non-profit, Joint Commission accredited agency with an annual budget approaching 20 million dollars. We have four main program service delivery systems including Psychiatric Residential Treatment, Partial Hospitalization, Outpatient Behavioral Health, and School Based programs.

Agency Mission

The mission of the Sarah Reed Children's Center is to promote the emotional well-being of children and families, helping them to realize their potential and experience success.

Agency Values

1. Compassion and Understanding
2. Safety
3. Respect
4. Excellence
5. Relationships
6. Innovation
7. Financial Viability
8. Advocacy
9. Ethical Practice

Sanctuary Model® of Trauma Informed Care

SRCC is a *Sanctuary Network* member and a Sanctuary® Certified site. We adhere to the principles and practices of the **Sanctuary Model®** as developed by Dr. Sandra Bloom. Sanctuary is a model of trauma informed care identified on the National Child Traumatic Stress Network as a promising practice. There are seven commitments for Sanctuary, and they are:

1. Nonviolence
2. Emotional Intelligence
3. Social Learning
4. Shared Governance
5. Open Communication
6. Social Responsibility
7. Growth and Change

As an organization, we approach our work with children using trauma informed care. The impact of trauma in the lives of children seen at SRCC is significant. Fundamental to providing effective treatment is to integrate the best available practices in trauma informed care and trauma-specific services with our population of children along with the knowledge about the biopsychosocial context of the child. In line with the Sanctuary Model, we use the S.E.L.F. model to address key domains in children's lives as part of treatment. S.E.L.F. stands for Safety,

Emotional Management, Loss, and Future. Interns learn about these concepts and use them when working with clients.

Equal Employment Opportunity/Affirmative Action: It is the policy of Sarah Reed Children’s Center to provide equal employment opportunity to all individuals regardless of their race, creed, color, religion, sex, gender, gender expression, sexual orientation, age, national origin, disability, veteran status, or any other characteristic protected by state or federal law.

Doctoral Internship Mission Statement

The mission of the Sarah Reed Children's Center doctoral internship in Health Services Psychology is to prepare interns, through training, education, scholarly inquiry, and role modeling, to the broad array of experiences, roles, activities, responsibilities, and opportunities that psychologists play in complex organizations, and to develop an intermediate to advanced level of competency, enabling successful entry into the field of psychology.

The internship focuses on guiding and supporting the development of key competencies for successful entry into the field of health services psychology. The internship’s commitment is to train psychology interns to act competently, respectfully, ethically, and with integrity in the provision of mental and behavioral health and educational services to children, adolescents, and families.

The Doctoral Internship in Health Services Psychology is fully accredited by the American Psychological Association (APA) and our next site visit is scheduled for 2032. Information regarding accreditation and questions related to the program’s accredited status can be obtained through the APA Commission on Accreditation (CoA) at www.apa.org/ed/accreditation or by contacting them at **Office of Program Consultation and Accreditation, 750 First Street, NE • Washington, DC • 20002-4242: Phone: 202-336-5979 • TDD/TTY: 202-336-6123: Fax: 202-336-5978**. The SRCC Internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information regarding membership can be found at www.appic.org. SRCC internship abides by all APPIC policies.

Internship Diversity Statement

The internship training program at Sarah Reed Children’s Center is committed to enduring and practical approaches to address diversity and inclusion in all forms. We foster and create a welcoming, responsive, and supportive environment that is equitable, safe, non-violent, supportive, transparent, and open. We take proactive and progressive steps to identify blocks, barriers, and inequities in our day-to-day interactions with diverse stakeholders and systems. We actively expose interns to the broad spectrum of human diversity and differences while maintaining cultural humility. We enhance our multicultural and cross-cultural communication, and through a process of self-reflection, active dialogue, and discussion, and address and challenge each other to have difficult conversations about diversity, equality, and inclusiveness. Furthermore, we act as role models and take steps to remedy situations that either implicitly or

explicitly undermine the values of human decency and the ethical standards, legal requirements, and professional values, beliefs, and ideals of the profession of psychology.

Fundamentally, we recognize that we all are prone to conscious and unconscious bias and prejudice driven and influenced by our own cultural backgrounds as well as institutional racism, sexism, ageism, and other forms of social injustice. We strive to be proactive to identify and remedy situations that put others at risk due to behaviors such as microaggressions. We seek opportunities for on-going multicultural training and education to reduce the impact of our own cultural biases and enhance our cross-cultural knowledge, practice, communication, and cultural responsiveness. Through these practical strategies, we diligently engage in meaningful dialogue to rectify actual, perceived, and potential harm in our interactions with others and in our institutional policies and practices. Our aim is to be as transparent as possible in our interpersonal interactions with the people with whom we work and serve and practice open communication as a pathway to growth and change.

What to Expect from the Internship

SRCC provides a 12 month, 2,000-hour internship that includes supervised training in psychotherapy and intervention, consultation, assessment, and crisis intervention and opportunity for interns to focus on their professional development and identity as a psychologist. This may include gaining experience working in multidisciplinary settings, development of knowledge through didactic learning experiences, using research to support practice, and disseminating knowledge to other professionals.

SRCC provides the necessary opportunities, resources, supervision, support, and training to ensure that the doctoral intern can effectively carry out their responsibilities as outlined. Interns are matched through the APPIC Match Process to either the SRCC Psychiatric Residential Treatment Program or the SRCC Outpatient Department of Behavioral Health.

The Training Director is responsible for the overall integrity, quality, and implementation of the internship program. Pennsylvania licensed psychologists and/or certified school psychologists provide the bulk of internship supervision. Other senior staff members at the agency and community resources provide additional supervision and training to the interns to enhance their experiences in a multi-disciplinary setting.

To accomplish this broad level of training, we see the overarching aim of doctoral internship to guide, direct, and support the development of key competencies for successful entry into the field of health services psychology through experiential practice and learning. We have a specific emphasis on working in the public mental health system with children, adolescents, and their families. The internship has a commitment to train interns to act competently; to practice responsibly, respectfully, ethically, and with integrity; to demonstrate and respond thoughtfully, carefully, and sensitively to people from diverse backgrounds, and to be role models and stewards of the profession of psychology.

Furthermore, developing professional competency and identity as a psychologist occurs through supervised clinical practice, didactic training, scholarly inquiry, and the opportunity to work collaboratively with psychologists and professionals from other disciplines. In a coordinated, sequential, organized, and selective manner, the intern increasingly discharges major clinical responsibilities with appropriate supervisory direction, guidance, role modeling, and support.

The experiences and supervision available at SRCC emphasize a broad range of work with diverse clients and their families. Intern activities include individual, family, parenting, and group psychotherapy, as well as psychological assessment, case management, consultation, preventive and psychoeducational services, community-based work, research, and professional development opportunities. Supervisors and other staff support the importance of interns' enhancing and developing a variety of skills, knowing that the interns who complete our program pursue a variety of post-doctoral or practice-based employment options.

At SRCC, all programs and services reflect the agency's mission statement. The clients and families served by our agency face many stressors in their lives and providing high quality mental health and educational services offers real opportunities for genuine change as well as satisfaction to the professional. The agency also has a strong commitment to respecting and appreciating the diversity of staff, interns, and trainees and to providing culturally competent services to its clients.

Internship Organizational Structure

Intern Supervisor Committee

- Chair: Dr. Katherine Wardi, Ph.D., Training Director
- Dr. Brittany Hayden, Ph.D., VP of Clinical Services

Internship Training Faculty Committee

- Chair: Dr. Katherine Wardi, Ph.D., Licensed Psychologist: Training Director
- Dr. Brittany Hayden, Ph.D., Licensed Psychologist/Certified School Psychologist: VP of Clinical Services
- Dr. Wilson Brown, Licensed Psychologist: Leader-Child Trauma Didactic Seminar and group supervision

Internship Advisory Council: The Executive Team at SRCC is kept apprised of Internship activities at the Executive Council meetings. The following members of the Executive Team comprise the Internship Advisory Council. The Council meets with the interns annually at the end of the training year to review internship training.

- Chair: Adrienne Dixon, Ph.D., President/CEO,
- Mary Barr, Associate VP of Human Resources
- Larry Shallenberger, Associate VP of Compliance

Philosophy and Training Model

The philosophy of the doctoral internship program derives from several sources including various models of training in professional health services psychology, the competencies identified in the professional literature, the priorities and strengths of the psychology faculty, and the mission of SRCC.

Practitioner-Scholar/Scientist Model

Our training model is a practitioner-scholar/scientist model. The practitioner-scholar/scientist model acknowledges several key aspects of the internship training experience such as the interaction and integration of practice and science as a feedback loop. The primary objective is to train interns to use data and evidence from multiple sources (e.g., research literature, client/patient values, local norms and context, and clinical judgement), to provide services that are effective, culturally competent, grounded in scientifically disciplined practice, meaningful to the client, and enhance the well-being of children, youth, and families. Our model reflects the belief that scientific knowledge, evidence-based decision-making, disciplined scientific inquiry, and reflective practice are cornerstones of professional practice. We interpret the components of the Practitioner-Scholar-Scientist model as follows:

- **Practitioner:** Students develop competence in professional health services psychology through experience in education, training, and practice. We expect interns to apply their scholarly and scientific knowledge to practice by engaging in critical reflection about their own practice and by using strategies of scientific research such as evidence-based assessment and intervention.
- **Scholar:** The program emphasizes the importance of developing a breadth of basic and applied knowledge across psychology, including human development, developmental psychopathology, individual differences, social, cognitive, affective, and biological bases of behavior, and research and quantitative methods. The scholar generates questions from issues of practice and places these concerns in an appropriate theoretical perspective to guide the search for answers. We expect interns to be able to integrate knowledge from different domains and to interpret problems they encounter in a meaningful way.
- **Scientist:** From our perspective, the intern as scientist in the context of experience forms the third leg of professional practice. The integration of established scientifically supported practice along with the effective use of disciplined scientific inquiry and reflective practice allows the intern to practice in accordance with the field's standards.

SRCC parallels the goals of the practitioner scholar/scientist model as can be seen in its vision statement below:

Sarah Reed will be a center of excellence, providing innovative, evidence-based treatment and services through research, clinical practice, and professional training.

With its clear commitment to evidence-based practice and training, the agency's psychologists and interns are at the forefront of this effort and integral to the agency's vision.

The internship program is committed to balancing the roles of science and practice in training. We continuously and steadfastly affirm psychology's historically strong link between the inquiry and method of the scientist and the application of the practitioner. In carrying out this model, we recognize the inherent tensions that exist between science and practice and make every effort to apply science to practice in a variety of ways. We make every reasonable effort to use the current literature and knowledge base in psychology to inform our clinical training and thus the practice of our interns. We believe that there should be a strong emphasis on understanding the "local environment" and its unique contextual influence and impact on practice. To carry out the internship's mission effectively, we focus on training interns to use skills that we believe are the critical linkages between science and practice. These skills include the psychologist's reliance on observation, data collection, hypothesis generation, and hypothesis testing in the context of practice. By providing this focus on science and practice in a local context, our internship training fosters professional development and growth as we prepare interns in their final stages of training for practice as competent, ethical, and responsible professional psychologists.

The internship experience focuses on preparing the intern for the autonomous practice of psychology, with emphasis on experiential practice with children, adolescents, and their families. Our training model emphasizes practice grounded in the scholarly/scientific discipline of psychology and thinking scientifically in a local setting. Training provides multiple opportunities for the translation of theory, knowledge, and scientific inquiry into real world practice. Specifically, we believe psychological practice works best when informed by psychological science in an effective and efficient manner given our settings' context. A practitioner should be capable of case formulation, critical inquiry, and the application of the scientific knowledge base to practice. While we encourage efforts to do active, applied research in clinical practice, we also use scientific inquiry and research iteratively with clinical judgment to strengthen practice.

In our setting, we are looking to educate and train our interns to be reflective psychologists who engage in deliberate and disciplined scientific inquiry in the practice of professional psychology. We encourage interns to think like researchers in the context of practice. We also incorporate established empirical research into practice when appropriate but recognize there is not always complete congruence between research and practice.

Intern Stipend and Benefits

SRCC offers three (3) doctoral internship positions through the APPIC match process. The stipend for the 2024-2025 internship year is \$30,000. For a summary of benefits, click [here](#). This summary outlines the benefits provided to all SRCC Employees. Intern benefits that differ from

that document and what is described in this training manual supersede the summary of benefits.

Interns seeking ADA accommodations need to initiate that request by speaking with an HR representative.

Time Off:

Interns receive 17 days of paid time off.

1. Extended Leave: We make reasonable attempts to accommodate unpaid leave in circumstances that exceed paid time off. In the event of a medical condition and/or family needs that require extended leave, the program allows reasonable unpaid leave to interns when they exceed their personal time off and sick leave.
2. Interns assigned to the PRTF must arrange for their clients to be seen by another clinician when taking time off from their training.
 1. Planned PTO is highly discouraged at the beginning or end of the internship year (e.g., August/ September/July) and can only be taken with approval by the Training Director.
 2. Planned PTO during August and July is usually only approved for special circumstances and at the discretion of the Training Director. If an intern wishes to take vacation time during these months, please alert the Training Director as soon as possible.
 3. All planned PTO requests must be made within a reasonable period.
 4. Interns may not take off more than one (1) week at a time, unless specifically approved by the Training Director.
 5. If an intern is going to have PTO left after June 30th, the intern must inform the Training Director prior to June 15th.
 6. SRCC does not pay out vacation time after the completion of the internship. Any unused vacation time is forfeited.
 7. PTO taken is not counted against the intern time (i.e., interns do not have to make up the time).

Holiday: Interns receive nine agency-approved holidays (Labor Day, Thanksgiving –2 days, Christmas-2 days, New Year’s Day, Good Friday, Memorial Day, and July 4th).

1. Holidays are included as hours accrued for internship. Please note that this may conflict with a specific state’s licensure laws. It is up to the intern to determine if there is a potential problem with this practice.
2. Holiday time must be taken at the time it occurs.

Professional Development: Interns do not need to use PTO for professionally related training that occurs outside of SRCC. For example, an intern who has applied to and been approved to present at a conference may use up to four consecutive days, including travel, for that conference. Time away for professional development required advanced approval by the Training Director.

Accrual of Training Hours

Training begins in early August and runs for one calendar year. Interns work 40 hours/week and complete 2080 hours. It is the intern's ethical and professional responsibility to maintain accurate and current documentation regarding all internship hours. Interns are prohibited, unless prior approval has been given, to remove any information containing protected health information (PHI) from any SRCC work site.

Interns must accrue 2000 hours to successfully complete the internship training program. Of those 2000 hours, 25% or 500 hours must be face to face/direct service hours. Direct service hours must include an individual, group, or organization listed as a client or a consultee. This can include the following:

1. Individual, Family, or Group Therapy
2. Crisis Intervention
3. Psychological Assessment (administration of tests, feedback sessions)
4. Multidisciplinary team meetings or other team meetings (ISPT) with a client or family present
5. Consultation
6. Crisis intervention
7. Supervision provided to others.

General Time Management Requirements

1. **Hours:** Successful completion of 2000 hours and 12 months.
2. **Work Schedule:** Interns, in conjunction with the Training Director and their site supervisor(s), can develop their own day-to-day schedule as they adjust to their training sites.
3. **Schedule Changes:** Interns must discuss any schedule changes or schedule related modifications with the Training Director in advance.

Assessment

Evaluation is critical to training. During the internship year, there is an active and ongoing evaluation process of intern performance and intern evaluation of the internship training activities. These evaluative procedures occur in formal and informal ways. Evaluations serve a variety of purposes including evaluating intern performance, providing feedback of intern performance, gathering data about the level of training the interns are receiving, and obtaining information from the interns regarding their training experiences to use in our ongoing self-assessment and self-study.

Providing interns with ongoing formative feedback and summative evaluations is key to facilitating interns' professional and personal growth. Hence, interns receive ongoing informal

evaluation and feedback throughout the year, as well as formal written evaluations at certain points during the internship year.

The internship focuses on supervised training on the key competencies in the professional practice of health services psychology. Competencies are broken down into narrower learning elements identified as behavioral anchors for these competencies. We measure intern progress across key competency areas according to the [APA Standards of Accreditation](#) (SoA) and program-specific competencies.

Competency develops through intern participation in various training activities and experiences encompassing the breadth and depth of psychological practice with children, adolescents, and families. Our belief is that varied repeated exposure, sustained supervised practice, and mentoring are essential elements of professional growth and development. These experiences enable the intern to engage in a sequence of core activities, which build on and consolidate their existing skills and prior knowledge. Interns learn about and apply diverse approaches to individual and systemic issues. Treatment modalities include individual therapy, group therapy, family therapy, parent-child interactional processes, parent focused interventions, consultation, and client advocacy. Interns conduct psychological evaluations addressing referral questions such as learning disabilities, mental health disorders, developmental psychopathology, differential diagnosis, educational concerns, and treatment recommendations.

Process of Intern Skill Development

The internship has a commitment to train psychology interns to act competently; to practice responsibly, respectfully, and with integrity; to practice ethically; to demonstrate and respond thoughtfully, carefully, and sensitively to people from diverse backgrounds, and to be role models and stewards of the profession of psychology. Conceptually, training is divided into three broad areas: exposure, experience, and expertise.

1. Exposure (Novice/Beginning): Expose interns through didactic training, scholarly inquiry, role modeling, and research to the broad roles, responsibilities, settings, practices, and experiences in the day-to-day functioning of a professional psychologist.
2. Experience (Emerging/Intermediate): Provide interns with direct supervised experience in identified competencies enabling them to translate their broad-based knowledge into direct clinical practice.
3. Expertise (Intermediate-Advanced-Exit Level): Develop an advanced level of competency through a combination of didactic learning, supervision, and experience.

In general, interns gain 1) exposure to profession-wide competencies and knowledge in the SoA, 2) apply skills and knowledge (experience) in the SoA in professional settings serving children, adolescents, and families, and 3) develop an intermediate to advanced level of proficiency (i.e., expertise) in the application of the skills and knowledge needed to become a health services psychologist.

Competency Levels and Descriptions

The following is an overview of the specific competency areas. Each intern is expected to perform at the intermediate to advanced intermediate level of competency by the end of the training year.

Competency Rating Guidelines

Advanced Level of Competency (Competent to proceed to post internship training or independent practice and reflect areas of strength): **Rating: (4)**

1. Supervisor Role: The primary responsibility for case discussion and direction of supervision is given to the intern. The intern has significantly more decision-making responsibilities in clinical practice. Supervisors can approach supervision in a more collegial/consultative manner.
2. Intern Role: Routinely and habitually demonstrates skills and knowledge of what is expected in this domain. Intern demonstrates the requisite skills, knowledge, attitudes, and behaviors present at all other levels and incorporates the professional attitudes, values, and beliefs of an emerging professional psychologist. Has developed a strong sense of self in relation to functioning as a psychologist. This level of practice is unlikely in an intern at midyear and potentially, only expected at the end of internship training. Supervision, while still required, is more consistent with a relationship based on collegiality and professional reciprocity.

Intermediate Level of Competency (Competent to proceed to post internship training or independent practice). (Minimum Necessary to Exit Internship): **Rating: (3)**

1. Supervisor Role: Supervision consists of weekly discussions focused on process and practice that is beyond the need for specific directives and/or the need for frequent observation of practice.
2. Intern Role: Consistently demonstrates a solid and expanding level of knowledge, skills, and experience including mature judgment, ethical and rational decision-making, and a demeanor appropriate for the setting. The intern is beginning to assume greater responsibility for the supervision. The intern can function independently; and recognizes when they need additional supervision in limited, new, or specific practice areas or situations.

Emerging Level of Competency (Competent with Direct Supervision): **Rating (2)**

1. Supervisor Role: Supervisor still provides some directive suggestions to support intern competency with more limited observation, as necessary. The supervisor feels confident that the intern can use supervision without regular direct observation.
2. Intern role: Demonstrates prior experience, training, or knowledge and shows growth and development (i.e., gaining the necessary experience, knowledge, skills, practices,

attitudes, and values) to practice under supervision in this domain. There is clearly growth in the expected competency area, characterized by an increasing level of competence and confidence. At times, directive supervision is still required to address specific competence and/or confidence issues.

Novice/Exposure/New/Beginning (Competent with Direct Observation): Rating: (1)

1. Supervisor Role: Supervision consists of mostly directive intervention statements made by the supervisor to the intern. The supervisor requires regular video review or direct observation of the intern in practice.
2. Intern Role: Intern has had limited experience or training in this area. Supervisor fully directs intern activity in this domain.

Special Considerations: (Separate documentation is required including an action plan)

N/O: Not observable/applicable for this training experience/setting or supervisor cannot assess.

**Competency Expectations
(Minimum Levels of Achievement (proximal data))**

Evaluation of Performance: Internship Competency Rating Scale (Proximal Outcomes): Interns are expected to reach proficiency in each domain at an intermediate to advanced intermediate level of competency. Competencies are scored on a Likert type rating scale from 1 (Novice/Basic/Exposure) to 4 (Advanced). Interns must score at a total competency domain score of 3 or above in each domain by the completion of internship. Intermediate/mid-year scores for each total competency domain score must be two or above in each domain.

1. Midyear Evaluation:
 - a. Individual Learning Elements: Interns are expected to earn a rating of 2 or higher on each learning element at midyear. Learning elements that do not reach a 2 or higher at midyear require activities to strengthen that skill or knowledge (e.g., if an intern gets a 1 on "Able to discuss the pros and cons of using EBP's", the intern is assigned an activity to strengthen the skill or knowledge).
 - b. Domain Competencies: Interns should be at emerging to intermediate level of competency for each domain (domain score 2.0-3.0). Total domain scores that do not reach a rating of 2 or above by midyear will be addressed. See the [Competency Remediation, Retention, and Termination Policy](#) for details.
2. Final Evaluation:

Each intern must reach an intermediate to advanced level of competency for each domain by the internship's completion (e.g., achieving a total domain score of between 3.0 and 4.0).

Schedule of Competency Assessment

Informal Intern Feedback: Informal feedback regarding intern performance occurs throughout the year via supervisory meetings, clinical case presentations, and feedback from other staff.

Intern Self-Assessment: In early August, interns discuss their skill levels and experiences with their supervisors. This initial informal self-assessment is intended to provide a snapshot of intern strengths as well as directions for further development. The faculty familiarizes interns with the goals of the internship and the competencies that will be the focus of their training year. Interns, in discussion with relevant faculty, determine initial training goals during this period.

We ask interns to complete a more formal self-assessment at the midpoint and at the end of the year (to provide a longitudinal approach for their own sense of professional growth and development).

Formal Intern Evaluations: ([See Performance Evaluation and Feedback Policy](#))

Remediation, Retention, and Termination

Interns identified, either through formal or informal evaluations, as not performing adequately are immediately informed of their deficiencies and given guidance on how to improve. The steps involved in this process are outlined in the [Competency Remediation, Retention, and Termination Policy](#).

Intern Evaluations of the Internship

Intern evaluation of the internship occurs in several contexts. Informally, interns have many opportunities in individual and group supervision to provide feedback to supervisors and the Training Director regarding their training. Interns provide informal feedback in writing (anonymously or not) and verbally at any time during the training year. We recognize that the psychological safety of interns is important to allow them to feel comfortable providing feedback. In supervision and seminars with the Training Director, this topic is regularly addressed. Our goal is to encourage a collegial training atmosphere, characterized by psychological safety, in the hopes that interns, at any time, feel comfortable enough to give direct feedback to supervisors regarding their overall experience in training. This kind of direct feedback is admittedly difficult to give and must be acknowledged in the context of the unequal power involved in the supervisor-supervisee relationship. This is part of our effort to practice social responsibility (one of the commitments of the Sanctuary Model).

See the [Performance Evaluation and Feedback Policy](#) for further detail.

Post Internship Distal Survey

Lastly, interns are asked to complete a survey one-year post-internship to assess the congruency of training objectives and professional practice as a psychologist.

Internship Training Setting

Outpatient Department of Behavioral Health: One intern is matched to the agency's outpatient behavioral health department. The outpatient department encompasses several programs including outpatient psychotherapy, intensive behavioral health services, community and school-based behavioral health and the assessment clinic. The program serves about 200 children per day across all outpatient programs. The intern is primarily housed at the Professional Building in our main suite. Training is experiential and complimented by didactic and case presentations, discussions with supervisors, co-therapy, or collaborative therapy with an experienced staff member and through individual and group supervision meetings (case presentations followed by discussion). Audio and videotaping are used as teaching aids in many areas.

The intern receives supervised training in the following:

1. Outpatient psychotherapy with children, adolescents, and families. There may be opportunities for the intern to serve adults as well.
2. School-based therapy for children and adolescents, providing individual therapy in an Erie County school setting.
3. Consultation: The intern works with a psychologist providing consultative services to the Community and School-based Behavioral Health Team.
4. Group Therapy: The intern receives supervised training in group therapy. This may take place in another setting within the agency.

Psychological Assessment Clinic: All three interns receive supervised training in clinical assessment and psychological testing in the agency's outpatient psychological assessment clinic.

Program Training Methods

1. Direct Psychological Services (at least 25% of 2000 hours = 500 hours): Direct psychological service requires direct contact with a client(s) and/or a family. A client is anyone on the receiving end of a psychological service provided by the intern. This includes individual, family or group psychotherapy, psychological assessment (observations, administration), clinical assessment, consultation/ interventions, crisis intervention, behavioral observations, supervision of practicum student, and practice on multidisciplinary teams. Direct psychological services may also include direct consultation or program development to an identified entity (i.e., consultation with another program/department at SRCC.)

2. Role Modeling: Interns observe psychologists and other professionals serving children and adolescents with emotional and behavioral disorders.
3. Supervision (doctoral level licensed psychologists): At least 4 hours per week of supervision by licensed doctoral level psychologists
 - a. Individual supervision: at least 2 hours/week by doctoral level licensed psychologists
 - b. Group supervision: 1 hour/week by doctoral level licensed psychologists
 - c. Psychological assessment supervision (Group): 1 hour/week by doctoral level licensed psychologists
 - d. Supervision of supervision (Group): 1 hour/weekly by doctoral level licensed psychologists
 - e. Research Supervision: Meets as needed based on the research project which is supervised by doctoral-level licensed psychologists
 - f. OP Group Supervision: at least 2 hours/month as part of the outpatient department meetings
4. Formal Didactic Training (1.5 hours/week):
 - a. Cultural Competency Seminar: A comprehensive overview of cross-cultural interactions and theory in a broad range of areas to include human development, perception, emotion, social behavior, personality, cognition, and counseling theories. The seminar also explores the intern's cultural identity and its impact on psychological services and similarities and differences in psychological functioning among cultural groups.
 - b. Child Trauma Seminar: This seminar introduces interns to the field of trauma and trauma informed care particularly as it relates to children.
 - c. Family Systems Seminar: This seminar introduces interns to the theory and practice of family therapy. Case consultation is provided in some sessions.
 - d. Parent Child Interaction Therapy Seminar: This seminar is conducted by two trained PCIT therapists who focus on giving the interns a broad overview of the evidence-based practice of PCIT.
5. Continuing Professional Education: Opportunities for professional development are available during the year. These may include meetings, contact with local professionals, and/or participation in workshops, trainings, and external seminars.
6. Teaching: Following their initial orientation to the agency, interns teach ethics and introduction to trauma in subsequent monthly agency orientations.
7. Scholarly Reading and Inquiry: Throughout the year, articles from professional literature are provided to interns to help them keep abreast of current research and practice in the field. In addition, opportunities are made for the interns to provide formal presentations and in-services to agency personnel. The interns have a small intern library with materials related to the practice of child and adolescent psychology.

8. Peer-Group Meetings: A strong effort is made to encourage the interns to meet regularly as a group both formally (peer supervision) and informally (fun and support).
9. Multidisciplinary Treatment Teams: Interns are integrated members of the clinical department. They are expected to be part of the treatment team that is working with each child.
10. Administration: Interns may participate as members of an agency administrative team.
11. Research: Interns engage in a project which involves applying research principles to clinical or programmatic issues.

Training Activities

1. Psychotherapy: Clinical cases supervised by licensed psychologists. Clinical interventions include individual therapy, family therapy, and group therapy.
2. Psychological Assessment: Interns conduct psychological assessments on referred clients to the agency's psychological testing clinic.
3. Consultation: Provide consultation as assigned (depending on program).
4. Crisis Intervention: Formal training in crisis intervention and participation in crisis intervention with clients.
5. Supervision: Training in models of supervision and if able, practice in supervision of others.
6. Research: Interns participate in developing, implementing, and carrying out a research project
7. Additional Training Activities: Other training opportunities include attendance at agency meetings, agency-based training, and attendance at outside conferences and workshops.

Intern Time Allocation (Approximate)

Interns are expected to work (on average) 40 hours/week.

- | | |
|------------------------------------|-------------------|
| • Supervision: | 6 hrs/week |
| ▪ Individual supervision | 2+ hrs/wk |
| ▪ Group supervision | 1 hrs/wk |
| ▪ Assessment Supervision | 1 hr/wk |
| ▪ Group Supervision of Supervision | 1 hr/wk |
| ▪ Research Project Supervision | 1 hr/wk |
| • Didactic Training | 1.5hrs/wk |
| ▪ Child Trauma Seminar | |
| ▪ Family Therapy Seminar | |
| ▪ Cultural Competency Seminar | |

- PCIT
- Direct Service/Face-to-Face **20.5 hrs/week**
 - Psychotherapy 10 hrs/wk
 - Assessment (Psych and Clinical) 8 hrs/week
 - Providing Supervision 1 hr/week
 - Consultation 1.5 hr/week
- Other **12 hrs/wk**
 - Research 2 hrs/wk
 - Associated support work 10 hrs/wk

Intern Orientation

Orientation at SRCC occurs over two weeks.

The first week comprises required agency training for all new employees as required by Pennsylvania.

***** Sample Agency Orientation (40 hours) *****

(For All New Hires)

Monday Location: Residential Ad Bldg.	1:00 – 3:00 p.m.	SRCC Orientation
	3:00 – 3:30 p.m.	Computer Training
	3:30 – 4:00 p.m.	Business Portal/Email/Sigmund
	4:00 – 5:00 p.m.	Overview of Trauma / Intro to Sanctuary
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	CPR Training

Tuesday Residential Ad Bldg.	1:00 – 2:00 p.m.	Fire/Safety/Hazmat Training
	2:00 – 3:00 p.m.	Blood borne Pathogens / Hand washing
	3:00 – 4:00 p.m.	HIPAA / Compliance Training
	4:00 – 5:00 p.m.	Professional Ethics
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Cultural Competency I

Wednesday Pro Building	1:00 – 5:00 p.m.	Safe Crisis Management
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Thursday Pro Building	1:00 – 5:00 p.m.	Safe Crisis Management
	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Friday,	1:00 – 5:00 p.m.	Safe Crisis Management
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Pro Building	5:00 – 5:30 p.m.	Dinner
	5:30 – 9:00 p.m.	Safe Crisis Management

Location: Administrative Building: 2445 W. 34th St., Erie, PA 16506

The second week is oriented to internship and departmental orientation and includes meetings acquainting the intern with internship specific responsibilities and activities as well as a series of meetings with a variety of people with whom the intern interacts with over the course of the year at SRCC. There are opportunities to engage in observations of the units and the classrooms to give the intern a sense of the children’s daily life experiences while they are in our care. There is much to learn and absorb. One of the most important aspects of orientation is learning how to use the electronic medical record.

Intern Policies

The following are policies and procedures specific to the internship. Our expectation is that you will also familiarize yourself with agency policies which are housed on the agency's SharePoint.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Administrative, Clerical, and Financial Assistance Policy	Date: 12/3/15	Revised Date: 7/3/19; 10/13/21
Areas Affected –Doctoral Internship	Approved by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Sarah Reed Children's Center (SRCC) provides administrative assistance to the intern in accordance with the agency's policies and practices with any other employee at SRCC. Interns have full access to supplies and equipment appropriate for their training needs.

Clerical and Technical Support

SRCC provides clerical, IT technical support, and support for the electronic health record to the doctoral interns during the internship training year.

1. Clerical Support: Interns can access clerical support from the administrative assistant in the front office at the main agency or the outpatient facility. Clerical support may include copying (large jobs), mail, telephone support, office supplies, and paging for appointments.
2. IT Support: Support is available for all computer-related activities including the HelpDesk.
3. EHR Support: Support for use of the electronic medical record can be accessed by emailing the Clinical EHR support specialist or the IT department.

Stipend and Benefits

SRCC provides interns with a stipend and benefits equivalent to other first year employees. The agency gives additional consideration regarding benefits to the doctoral intern due to their status as an intern and their time-limited educational training.

1. Active engagement with SRCC HR department following the Match and throughout the training year
2. Assistance completing all necessary SRCC administrative paperwork including but not limited to background checks, medical clearances, criminal history check, and finger printing
3. Establishment of an HR employee record
4. Completion of agency orientation

5. Salary as defined in the letter of agreement
6. Benefits: Interns are eligible for the full benefits package including but not limited to health, vacation, holiday, short-term disability etc. Eligible employees, including interns, pay a portion of their health benefits (see excerpted benefits page at the end of this handbook. All specific benefit questions can and will be addressed by Human Resources prior to employment.
7. Access to and use of all agency facilities and equipment (e.g., computers, office supplies) as approved by the Training Director

SARAH REED CHILDREN'S CENTER, ERIE, PENNSYLVANIA		
Appeal Policy	Date: 10/11/21	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

Policy: This policy provides a framework to ensure that interns can appeal decisions of the internship program. The internship in Health Services Psychology at the Sarah Reed Children’s Center (SRCC) employs specific evaluative procedures applied equitably to all trainees. Additionally, the internship employs other avenues of dispute resolution, problem remediation, and appropriate grievance procedures, as necessary. With all decisions made by the program about the intern, the intern may appeal those decisions through the following process.

Appeal Process:

If an intern does not agree with and wishes to challenge any program decision, including remediation or sanctions, an appeal is made to the Internship Advisory Council (IAC). The IAC is an advisory group comprised of the CEO/President, Associate Vice President of Compliance, and Associate VP of Human Resources. The IAC will hear the intern’s appeal and then render their decision, which will be communicated to all involved parties, including the Training Committee and the sending graduate institution.

1. The intern submits a written request for an appeal to the Training Director (TD) within five (5) workdays of the decision.
2. Once the TD receives the request, the TD has up to three (3) workdays to inform the IAC of the request appeal.
3. The IAC has up to ten (10) workdays to implement a review of the intern’s appeal.

Review

1. The Chair (CEO/President) will convene the IAC to hear the appeal.
2. The TD presents written documentation outlining the position of the Internship Program.
3. The intern provides written documentation outlining their position.
4. The review panel reviews all written materials and can interview the parties involved or any other individuals with relevant information. They then recommend a course of action based on a simple majority vote.
5. In the event of a conflict of interest, the TD may designate a substitute representative.
6. The decision of the IAC will be forwarded, in writing, to the TD, members of the training staff, the IAC, and the intern’s sending graduate institution of the decision and any action taken or to be taken. This will be completed within ten (10) workdays following the convening of the council.
7. The decision of the IAC is final.

SARAH REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA		
Competency Remediation, Retention, and Termination Policy	Date: 12/3/18	Revised Date: 10/14/21; 9/12/23
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

Policy: The doctoral internship requires interns to address, in a timely fashion, all competency problems, inadequate performance, and/or problematic behaviors to assure they meet all competency requirements for successful completion of the internship.

Purpose: To provide guidelines for competency remediation, retention, and termination.

Definitions: For purposes of this policy, inadequate performance or competency deficiency or problematic behavior refers to a trainee’s behaviors, attitudes, values, skills, knowledge, or practices that do not meet specific competency expectations and cannot be resolved through informal dispute/conflict resolution or supervisory intervention. Interns have the right to appeal remediation decisions (see the Appeal Policy). Interns may also file a complaint at any time during the internship (see the Grievance Policy).

Serious competency problems, problematic behaviors, or other types of inadequate intern performance or behavior typically become identified when they include one or more or a pattern of the following characteristics:

1. Inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior
2. An inability to acquire professional skills to reach an acceptable level of competency
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning
4. The intern does not acknowledge, understand, or address the problem when it is identified
5. The problem is not merely a reflection of a knowledge deficit, which can be rectified by academic or didactic training
6. The problem is a skill or competency deficiency that negatively affects client quality of care
7. The problem is not restricted to one area of professional functioning
8. A disproportionate amount of attention from training personnel is required
9. The trainee’s behavior does not change as a function of feedback
10. The problematic behavior has potential for ethical or legal ramifications
11. The intern’s behavior negatively impacts the public view of the agency

12. The problematic behavior negatively affects the intern class.

Problem behaviors: Problem behaviors subject to formal review and subsequent informal action, formal remediation, or termination from internship include situations that may include, but are not limited to, any of the following behaviors:

1. Sexual Harassment
2. Violation of professional codes of conduct such as the APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines, Pennsylvania Psychologist Practice Act and all other local, state, and federal laws, regulations, and guidelines)
3. Insubordinate behavior
4. Exploitive or abusive behavior
5. Other behaviors that represent substantial infringement on the rights, privileges, and responsibilities of interns, professionals, other volunteers/employees, other members of the community and/or clients of the agency
6. Egregious behaviors, including illegal behavior, may result in termination of the intern's employment and notification of the intern's graduate program.

Addressing and Remediating Competency Problems, Problematic Behaviors, or Inadequate Intern Performance: It is important to have timely and meaningful ways to address identified intern competency deficiencies, problem behavior, or other types of inadequate intern performance. In implementing these measures, training staff must balance the needs of the intern, clients involved, intern-training group, training staff, and other agency personnel. In addition, it is critical to provide interns with specific opportunities to remedy any concerns and identify avenues to address them. A sequential process is used to remedy concerns.

Step 1. Improvement Plan (Supervisor and Intern): An Improvement Plan is developed between a supervisor and the intern to acknowledge that a concern has been raised and that the concern is being handled between the intern and the supervisor. Improvement Plans are documented in supervision notes. The intern and supervisor collaboratively develop the Improvement Plan and must include a timeframe for resolving the concern.

Improvement Plans are developed as early as possible once a concern has been identified about an intern's competency, performance, or behavior, and any time an intern's performance on a performance evaluation does not meet expected standards. If an Improvement Plan does not result in resolution of the problem, an Action Plan or Remediation Plan may be developed depending on the degree of concern.

Step 2. Action Plan (Supervisor, Intern, and TD): An Action Plan is a written plan developed with the supervisor (or other faculty member), other involved employees if appropriate, the intern, and the TD and is implemented when an Improvement Plan does not remedy the concern. Action Plans include the specific nature of the problem, the previous Improvement Plan, and additional steps with an agreed upon period for remedying the concerns. The Action

Plan also informs the intern that if the performance or behavior does not improve in the agreed upon time, the program will move to a formal remediation plan and process.

Remediation Plans

The key differences between Improvement and Action Plans (informal actions) and Remediation Plans (formal action) include the following:

1. The formal remediation plan becomes part of the intern's professional file.
2. A formal remediation plan indicates the concern presents a heightened risk to stakeholders, the situation is amenable, but requires additional time or effort to remedy the concern.
3. Formal remediation automatically places an intern on probation.
4. Successful remediation is necessary for the intern to successfully complete the internship.

Remediation plans can include modifications ranging in severity from least restrictive to most restrictive, up to and including termination from the internship. These different options should be implemented in a timely fashion and consistent with governing regulations, laws, guidelines, and professional standards (e.g., SoA, APA Code of Ethics). Remediation plans can begin at any level based on the severity of the competency concern, performance issue, or problematic behavior.

If a remediation plan is to be implemented, a written plan will be developed between an intern, the concerned supervisor, other involved employees if appropriate, the TD, and the intern's sending graduate institution. Once a remediation plan is implemented, the intern is also placed on probation.

Once a remediation plan is developed, it is distributed to the intern, faculty, and the intern's graduate institution. Remediation plans can begin at any level (see below for detail) depending on the recommendation made at the formal review meeting.

Outcomes of remediation plans can include successful completion, movement to a higher level of remediation, sanctions, extended time in internship to rectify the deficiency, or termination from the internship.

- 1. Level 1 Remediation:** The intern, their supervisor, at least one other faculty member or other relevant employee, and the TD develop these plans. This plan includes: a clear description and history of the concern, previous steps taken to remedy the concern, specific steps to be taken to improve the performance or behavior, and requirements for resolution of the concern, the timeline for improvement, and any sanctions applied to the intern. The plan will be signed by the intern, supervisor, TD, and sending graduate institution to document acknowledgement of the plan.
- 2. Level 2 Remediation:** If the Level 1 Remediation Plan is not successfully completed by the agreed upon time or the concern warrants the immediate inclusion of the

participation of the sending graduate institution, a Level 2 Remediation Plan will be developed within fifteen (15) working days. The TD will meet with the intern, supervisor, at least one additional faculty member or other relevant employee, and a member of the intern's sending graduate institution to discuss the concern and develop the plan. This plan will:

- a. detail the sustained concerns
- b. the time for improvement
- c. steps to be taken to improve the performance or behavior
- d. any sanctions applied to the intern
- e. be signed by the intern and all others in attendance, to acknowledge the plan and document that the performance and/or behavior has not been remedied by the intern (in the case of an unsuccessful Level 1 plan).

If this has not already occurred, the TD will reach out to the American Psychological Association and the Association of Post-Doctoral and Psychology Internship Centers (APPIC) to discuss the serious nature of the concerns and the potential termination of the intern.

- 3. Level 3 Remediation: Written Notification of Sanctions:** If the intern has not successfully completed the Level 2 Remediation Plan, or the concern warrants immediate sanction, a meeting will be held with the supervisor, TD, other faculty or relevant employee, and a member from the intern's graduate institution. At this meeting, the intern will receive a formal letter of notification of sanctions. The notification will acknowledge the TD's continued concern with the intern's inadequate performance/competency or other problematic behavior and includes the following information:
 - a. The continued concerns including an updated and detailed description of the performance issue or skill deficit.
 - b. Documentation of all previous attempts to resolve the situation.
 - c. Specific sanctions along with any specific steps the intern must complete to remedy the situation within an agreed upon timeframe unless termination is warranted. If sanctions are less than termination, a second Level 3 Remediation Plan may be developed. In no case will a third Level 3 Remediation Plan be permitted.

Sanction Options

- 1. Schedule Modification:** This is a time-limited, remediation-oriented activity, which includes a supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to a personal reaction to a temporary environmental stress with the expectation that the intern will return to a full schedule and successfully complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and concurrent courses of action may be included in modifying a schedule. These include:

1. Increasing the amount of supervision with the same or other supervisors
 2. Changing the format, emphasis, and/or focus of supervision
 3. Recommending personal therapy
 4. Reducing the intern's clinical or other workload
 5. Requiring specific academic coursework
2. **Suspension of Direct Service Activities:** This action is time-limited and remediation-oriented and designed to ensure acceptable quality of services in one or more areas of professional practice. The TD will suspend direct service activities for a specified period. At the end of the suspension period, the intern's supervisor in consultation with the TD and, if necessary, the Internship Advisory Council, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
3. **Administrative Leave:** This action involves the temporary withdrawal of all agency responsibilities and privileges. Administrative leave may interfere with the successful completion of the training hours needed for completion of the internship during the current contract. In this case, at the end of the administrative leave, a decision to retain or terminate the intern will be made. This will be noted in the intern's file and the intern's academic program will be informed. The TD will inform the intern of the effects the administrative leave will have on the intern's stipend and benefits.
4. **Retention:** Retention involves the decision by the training program that the intern's performance/competency or problematic behavior, even though there have been plans and remediation steps to support the intern, can be improved or ameliorated to the point of successful completion with additional training for a specified period. This training cannot exceed three months after the intern's contract's end date and is completed without additional compensation from SRCC.
5. **Termination/Dismissal from the Internship:** This action is the most severe and involves the permanent withdrawal of all internship and agency responsibilities and privileges. When specific interventions, including and up to retention, do not lead to satisfactory improvement in the intern's performance, competency, or problematic behavior, and/or the intern seems unable or unwilling to alter their behavior, the TD will discuss with the CEO/President the possibility of termination from the training program and dismissal from the agency. Prior to dismissal, the TD will communicate to the intern's academic department that the intern will not successfully complete the internship. At the time of dismissal, a written document is generated to the intern, the Internship Advisory Council, and the intern's sending graduate institution. This notification will indicate the nature of the concern, any specific remedies that have been attempted, and a summary of the justification for the termination. The TD will direct Human Resources to terminate the intern's appointment.

Doctoral Internship Competency Remediation Plan (SAMPLE)

Date of Initial/Final Remediation Plan Meeting: Name of Intern:
Supervisor: Names of Persons Present at the Meeting:
Other Pertinent Personnel: Date for Follow-up:

1. Check all competency domains that do not meet expectations:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interpersonal/interdisciplinary skills
- Reflective Practice: Self-Assessment and Self Care
- Trauma Informed Care and Trauma Specific Interventions

2. Date(s) the problem(s) was brought to the intern's attention and by whom:

3. Steps already taken by the intern to rectify the problem (s) that was identified:

4. Steps already taken by the supervisor/faculty to address the problem(s):

5. Description of the problem(s) in each competency domain circled above:

- Define Competency Domain or Problem Area
- Identify specific and measurable problem behavior
- Establish expectations for acceptable intern performance
- Describe intern responsible actions
- Describe supervisor responsible actions
- Establish timeframes
- Establish assessment method
- Identify dates of evaluation
- Specify consequences for unsuccessful remediation

Initial Remediation Plan Agreement:

I, _____, have reviewed the above competency remediation plan with my primary supervisor, any additional supervisors, faculty, and the Training Director. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments (if any) are below ***(Please Note: If intern disagrees, comments, including a detailed description of the intern's rationale for disagreement are required)***.

All individuals with responsibilities for actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Intern Comments:

Intern Name

Date

TD

Date

Summative Evaluation of Competency Remediation Plan (SAMPLE)

Date of Remediation Review: _____ Date of Original Remediation Meeting: _____
 Intern: _____ Supervisor: _____
 Other Pertinent Personnel: _____ Date for Follow-up: _____
 Attendees: _____
 Original Level of Remediation: _____ Current Level of Remediation (if needed): _____

- Competency or problem review:
 - Competency domain or problem area
 - What were the expectations for acceptable performance?
 - What is the outcome?
 - Due process implemented
 - Met performance expectations
 - Partially met expectations
 - Did not meet expectations
- Next Steps
 - Remediation concluded
 - Remediation continued and plan modified
- Intern’s Comments:
- Summative Evaluation Agreement

I, _____, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor, any additional supervisors, faculty, and the Training Director. My signature below indicates that I fully understand the evaluation.

I agree, I disagree with the above outcome assessments and the next steps (please circle one). My comments (if any) are below. (Please note: If intern disagrees with the outcomes and next steps, comments, include a detailed description of the interns’ rationale for the disagreement).

Intern Name (Print)	Date	Signature
Supervisor Name (Print)	Date	Signature
TD Name (Print)	Date	Signature

SARAH A. REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Policy: Completion Requirements	Date: 12/3/18	Revised Date: 11/18/2021
Areas Affected: Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ASPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah A. Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

Policy:

Below are the minimum requirements for completion of the doctoral internship in Health Services Psychology. All requirements must be successfully completed.

1. Completion of intern and agency orientations including Safe Crisis Management Training
2. Completion of initial self-evaluation
3. Completion of TF-CBT Training
4. Completion of Sanctuary Modules
5. Completion of 2000 hours and 12 months of training
6. Active participation in a research project
7. Completion of all requirements in didactic seminars
8. Completion of all assigned psychological evaluations (batteries + report + feedback)
9. Presentation of assessment case presentation
10. Presentation of three clinical case presentations (complete written document and quality of presentation+)
11. Achievement of minimal levels of competency in all required training areas

SARAH REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA		
Contact with Universities	Date: 12/3/18	Revised Date: 10/13/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

The psychology internship program maintains working relationships with the interns’ sending graduate institution throughout the training year. Interns are strongly encouraged to maintain contact with their university Director of Clinical Training (DCT) throughout the year.

Formal Contact Points:

1. Match Day: In February, the Training Director (TD) will provide a letter or email to the intern and the intern’s DCT acknowledging that the intern has matched with the internship.
2. Beginning of Internship: In August, the TD notifies (letter or email) the DCT to acknowledge the beginning of the intern’s training. At that time, the DCT will be invited to specify any training goals for the intern. If the DCT identifies any goals, the intern is given a copy of that response. The intern will meet with the TD and/or primary supervisor to develop a plan to address these training goals.
3. Midterm Evaluation
4. Final Evaluation

Contacts initiated by the DCT will be responded to promptly. The intern in question will be notified of such contacts.

Additional contact with the DCT will occur when an intern is not performing to the program's standards. The specifics for contact in these situations are outlined in the Competency Remediation, Retention, and Termination policy.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Documentation Policy	Date: 12/3/18	Revised Date: 10/13/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy:

Interns are expected to maintain current and accurate documentation of all internship activities. This documentation is critical to maintaining all legal, ethical, and regulatory standards for mental health and educational services as well as internal tracking of training hours and activities and for assuring that the intern is engaging in and completing all goals and objectives identified in the internship plan. Interns will be provided with samples of necessary documentation at the beginning of internship.

Clinical Documentation:

- All clinical documentation should be completed immediately upon completion of the clinical activity, or within 24 hours.
- All clinical documentation must be completed at Sarah Reed Children's Center (SRCC).
- Any documentation, in any medium, which is being removed from SAARCC and includes PHI (Protected Health Information) or any identifying data, must first be completely de-identified to protect the client.
- Approval to complete any documentation that includes PHI or other identifying information at home must be obtained in advance from a supervisor.

Types of Clinical Documentation

- Clinical Progress Notes
- Collateral Notes
- Therapy Updates
- Contact Log
- Child Line Reports (See Child Abuse Reporting Policy)

SARAH REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA		
Grievance Policy	Date: 12/3/18	Revised Date: 10/8/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

This policy provides additional protection and avenues of recourse for doctoral interns at Sarah Reed Children’s Center (SRCC) to address intern-initiated grievances against doctoral internship faculty or any employee of the agency.

A grievance is invoked when an intern has a complaint against the training program or individual involved in the training program. Interns may initiate an informal or formal grievance about the conduct of another intern, staff member supervisor, the training faculty, the Training Director (TD), or the Training Program and its policies and procedures.

Grievances must be raised in good faith consistent with APA Ethics Standard 1.07, which states that psychologists do not file or encourage the filing of complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

Informal Problem Resolution Procedure

1. First, attempt to address and resolve the problem with the individual as soon as possible. We recognize that, in some situations, the trainee may feel uncomfortable about talking directly with a staff member about an issue. If that is the case, the intern is advised to consult with the TD.
2. If addressing the issue with the staff member is not successful, or the intern prefers not to first address the issue with the individual, they may consult with the TD. The TD will assist by using one or more of the following actions.
 - a. Serving as a consultant to assist in deciding how best to communicate with the individual
 - b. Facilitating a mediation session between the staff person and the intern
 - c. Taking the issue to faculty members for consultation and problem solving

In the case of an issue with the TD or when the TS is unavailable for consultation, the trainee should consult with the Associate VP of HR.

3. If a satisfactory resolution is still not attained, the intern may then file a formal grievance.

Formal Procedure

Grievance against doctoral internship faculty (other than the TD)

1. The aggrieved intern should complete and submit an agency grievance form to the TD. The TD will forward a copy of the form to the Human Resources Department.
2. Within five (5) workdays of receipt of the grievance by the TD, the TD, the aggrieved individual, and the intern will meet to discuss the matter (this may be done separately if necessary). The goal of the meeting will be to develop a plan of action to resolve the problem. The plan of action will include the following:
 - a. The behavior associated with the grievance
 - b. The specific steps to rectify the problem
 - c. The procedures to ascertain whether the problem has been appropriately rectified.
3. If there is no resolution, the TD-assigned designee formally alerts the Internship Advisory Council (IAC). The IAC is comprised of the CEO/President, Associate VP of Human Resources, and the Associate VP of Compliance.
4. The CEO/President will convene the Internship Advisory Council to discuss the grievance.
5. Within ten (10) workdays, the IAC will conduct a review in which the grievance is heard, and relevant material is presented.
6. Within three (3) workdays of the completion of the review, the IAC will submit a written report to the TD including any recommendations for further action. Recommendations made by the IAC will be by majority vote.
7. Within three (3) workdays of receipt of the recommendation, the TD will either accept or reject the IAC's recommendations.
8. If the recommendations are rejected, the TD may refer the matter back to the IAC for further deliberation and revised recommendations or may make a final decision.
9. If referred to the IAC, they will submit final recommendations to the Training Director within ten (10) workdays of receipt of the request for further deliberation.
10. If the TD rejects the final recommendations of the IAC, the President/CEO alone shall have the power to render a final and binding decision regarding any action to be taken.
11. The TD informs the intern and, if necessary, the training program of the decision.

Grievance Procedures against the Training Director

1. The aggrieved intern should complete and submit an agency Grievance Form to the Associate VP of Human Resources or any member of the Internship Advisory Council.
2. The Associate VP of Human Resources and the other members of the IAC will meet with the TD to review the grievance within ten (10) workdays.
3. The TD will provide a written response to the grievance to the Associate IAC within three (3) working days.

4. Within ten (10) working days, the IAC will render a written decision on the grievance. The decision will be by majority vote. The IAC will meet separately with the intern and TD to share their decision.
5. If the intern or the TD disagrees with the decision of the IAC, they may lodge a written appeal for further review by the President/CEO.
6. The President/CEO has final say to review the decision of the IAC and has final say on any changes to that decision.

Grievance Procedures against the President/CEO

1. An intern who wishes to file a grievance against the President/CEO must file an agency grievance form with the Associate VP of Human Resources and/or the Associate VP of Compliance who will assume coordination of the process with the Board of Directors.
2. The Associate VP of Human Resources and/or the Associate VP of Compliance will alert the TD of the grievance against the President/CEO; however, the process of addressing the grievance will take place at the agency level and the TD will be consulted as needed.

SARAH REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA		
Completion Requirements Policy	Date: 12/3/18	Revised Date: 11/17/2021
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ASPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

Below are the minimum requirements for completion of the doctoral internship in Health Services Psychology.

1. Completion of Intern and Agency Orientations
2. Completion of initial self-evaluation
3. Completion of Safe Crisis Management Training
4. Completion of TF-CBT Training
5. Completion of Sanctuary Modules
6. Completion of 2000 hours and 12 months of training
7. Active participation in a research project
8. Completion of a cultural genogram and cultural experience (CC Seminar)
9. Documentation of at least two different roles in teams in which you are a member
10. Completion of at least three presentations or training sessions to other professionals (i.e., disseminating research, knowledge, or practice)
11. Completion of all assigned psychological evaluations (batteries + report + feedback)
12. Presentation of two assessment case presentations
13. Presentation of three clinical case presentations (full written report and presentation)
14. Achievement of minimal levels of competency in all required training areas

Sarah Reed Children's Center Erie, Pennsylvania		
Policy: Maintenance of Intern Records	Date Approved: 8/1/19	Date Revised: 9/9/22
Areas Affected: Doctoral Internship	Approved by: Linda M. Fleming, Ph.D.	
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: Sarah Reed Children's Center (SRCC) permanently maintains accurate and complete records of intern training as part of the doctoral internship.

Two sets of records are kept, a personnel file and an internship file. These records are stored on a secure SRCC server. Only the Training Director, Associate Training Director, and full-time faculty can access the secure digital internship file.

1. The Human Resources Department maintains the personnel file, including hire letters, pre-employment background checks, and any formal disciplinary action.
2. The internship program maintains the internship file. Intern records are organized with the following sections:
 1. AAPI, Match, and Contract
 - a. Application materials
 - b. Signed intern contract
 - c. Communication with intern prior to internship
 2. Correspondence: Communication with university training directors (see Contact with
 3. Evaluations of Intern
 4. Supervision Notes
 5. Miscellaneous
 - a. Letters of recommendation
 - b. Certificate of completion
 - c. Hours: Time to Track or other tracking program
 - d. Other

SARAH REED CHILDREN’S CENTER ERIE, PENNSYLVANIA		
Nondiscrimination Policy	Date: 12/3/18	Revised Date:
Areas Affected – Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children’s Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: The Psychology Internship Training Program and its sponsoring institution, the Sarah Reed Children’s Center (SRCC), is an equal opportunity employer. SRCC and the doctoral internship do not discriminate in employment based on race, religion (including religious dress and grooming practices), color, sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sex stereotype, gender identity/gender expression/transgender (including whether or not individuals are transitioning or have transitioned) and sexual orientation; national origin, ancestry, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), sexual orientation, military or veteran status, or any other basis protected by federal, state or local law or ordinance or regulation.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Psychological Evaluations Policy	Date: 12/3/18	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy:

Conducting assessments and providing consultation are critical competencies of the internship year and integral to the training of our interns. Performing psychological assessments, in addition to its main purposes of providing a service to clients and training to interns, also affords interns the opportunity to consult with non-psychology staff, have input into treatment planning, and interpret to clients and their parents the meaning of the evaluation.

Once an evaluation has been assigned by the assessment supervisor, the intern is responsible for contacting the referral source (if necessary) as soon as possible and the first evaluation session with the client should be scheduled. The battery should be completed and the report available in its final version by the deadline or in accordance with regulations. Interns are expected to work on no more than two batteries at any given time. On rare occasions, an evaluation may be needed on an urgent basis. In that case, an intern may be asked to take an additional assessment.

When an evaluation is completed, a copy of the report is placed in the client's file. The raw data are given to the Supervisor of Psychological Assessment where they are kept in a separate file. Agency policies, FERPA, HIPPA guidelines, and APA guidelines regarding confidentiality and release of information to outside sources apply to all psychological evaluation materials. Any questions regarding assessment may be directed to the Assessment Supervisor.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Recruitment and Selection Policy	Date: 12/3/15	Revised Date: 9/16/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ASPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: The Doctoral Internship in Health Services Psychology recruits and selects interns solely because of competencies, skills, and knowledge as defined below and in accordance with the Association of Post-Doctoral and Psychology Internship Centers (APPIC) and the American Psychological Association Commission on Accreditation Standards of Accreditation.

Purpose: To provide for an organized application, recruitment, and selection policy for doctoral interns.

Selection Process Steps

1. Training Director (TD) AAPI Application Screening Review
2. TD assigns a second reviewer to applications that meet criteria
3. Intern applications are scored using an internally developed rating scale.
4. Review team meeting to determine intern interviews
5. Intern interviews
6. Rank Order review team meeting
7. Submission of Rank Order list to NMS
8. Match Day

Minimum Requirements for Application:

1. APA accredited doctoral program
2. Completion of all academic requirements of the doctoral program by the beginning of the internship.
3. Completed AAPI including all required documentation such as transcripts, reference letters, CV, Cover Letter, Essay
4. A minimum of at least **500** total hours of combined Direct Intervention Experience and Psychological Assessment Experience.
5. At least 100 Hours of Therapy/Counseling Experience at the doctoral level (may include individual, group, or family)
6. A minimum of at least **50** hours of psychotherapy experience (individual and group) with children and adolescents.

Preferred but not required:

1. Successful proposal of dissertation by the internship start date
2. A minimum of at least **15** integrated reports with children and adolescents)
3. Coursework or experience in family counseling/intervention/therapy
4. Experience in multidisciplinary consultation

All applicants to our program need to have completed all required graduate coursework in an APA accredited doctoral program in psychology by the time internship begins.

Materials required for a complete application include:

- Official Graduate Transcripts
- Completed online AAPI Application:
- Curriculum Vitae

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Performance Evaluation and Feedback Policy	Date: 12/3/18	Revised Date: 10/22/21; 8/28/23
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: The Doctoral Internship in Health Services Psychology ensures that interns have adequate knowledge about performance requirements and performance evaluation to successfully complete the doctoral internship. This policy addresses evaluation of interns as well as the interns' evaluations of the program.

Training Atmosphere: Our goal is to provide a supportive training atmosphere that promotes professional and personal growth. To provide pertinent information and to establish supportive measures for appropriate remediation, it is necessary for the internship program, in concert with each intern, to have an accurate sense of how the intern is progressing in relation to standardized criteria or norms. As a faculty, we understand and recognizing that evaluations and measures of intern performance can be susceptible to bias and subjectivity and every effort is made to ensure interns understand program expectations about competency areas and levels of performance. Further, because interns receive ongoing feedback from the Training Director (TD), other supervisors, and other professionals with whom they have significant contact, our goal is that an intern should have “no surprises” resulting from more formal evaluation procedures.

Intern Evaluation Procedure

During the internship year there will be an active and on-going evaluation process of intern performance as well as intern evaluation of the internship training activities. Evaluations are used for a variety of purposes including evaluating intern performance, providing feedback of intern performance, gathering data about the level of training the interns are receiving, and obtaining information from the interns regarding their training experiences to use in our on-going self-assessment and self-study.

1. Supervisor Evaluation of Intern Performance: Informal feedback regarding intern performance will occur throughout the year via supervisory meetings, clinical case presentations, and feedback from other staff. If a particular intern is not meeting the expectations of the agency, program, or supervisors, please see the Competency Remediation, Retention, and Termination Policy.
2. Schedule of Formal Intern Evaluations:
 - a. October: First quarter evaluation: Initial evaluation of adjustment to internship.

- b. February: Second quarter evaluation: Full evaluation of competencies and skills. A copy and/or written narrative summary will be forwarded to the intern's sending graduate institution.
 - c. July: Final evaluation: Full evaluation of competencies and skills. A copy and/or written summary will be forwarded to the intern's sending graduate institution.
3. Requirements:
- a. Midyear:
 - i. Individual learning elements:
 - 1. Interns are expected to earn a rating of two (2) or higher on each learning element within a domain at midyear.
 - 2. For learning elements that do not reach a two (2) or higher at midyear require activities to strengthen that skill or knowledge (e.g., if an intern gets a one (1) on "Able to discuss the pros and cons of using EBP's) the intern will be assigned an activity to strengthen the skill or knowledge as part of an Improvement Plan or Action Plan) or, depending on the degree of concern, may be placed on a remediation plan.
 - ii. Domain Competencies
 - 1. Interns should be at emerging to intermediate level of competency for each domain (domain score 2).
 - 2. Total Domain Scores that do not reach a rating of 2.0 or above by midyear will be addressed by initiating an Action Plan or formal remediation process depending on the degree of concern.
 - b. Final Evaluation: Each intern must reach an intermediate to advanced level of competency for each domain by the internship's completion (e.g., scoring a total domain score of between 3.0 and 4.0). Domain scores that do not reach 3.0 or above by the end of the internship year will result in a letter in the intern's file and should be preceded by evidence of remediation.

Intern Evaluations of the Internship: Intern evaluation of the internship occurs in several contexts. Informally, interns have many opportunities in individual and group supervision to provide feedback to supervisors, the Vice President of Clinical Services, and the TD regarding their training. Also, informal feedback can be provided in writing (anonymously or not) and verbally at any time during the training year. Twice each year, interns give formal feedback to the internship regarding their experiences and perceptions of the training program. The evaluation includes both written and oral feedback.

At midyear, interns complete feedback forms for each supervisor and a general evaluation of the internship. It is our hope that you would feel comfortable enough to give clear and direct feedback to your supervisors and to the Vice President of Clinical Services and TD regarding your overall experience in training. This kind of feedback is admittedly difficult to give and must be acknowledged in the context of the unequal power involved in the supervisor-supervisee relationship. Interns always have the option of completing the form without

identifying information. The feedback will be included in our database. The Training Director or Assistant Training Director will give summarized feedback to specific supervisors.

At the end of the year the same process is repeated. The only difference is that the interns can meet with the Internship Advisory Council (IAC). The IAC is comprised of the CEO/President, Associate VP of Compliance, and the Associate VP of Human Resources. Interns provide written and verbal feedback to this group about issues relevant to the internship training program. Once interns have completed the internship and are no longer at the agency, the Training Director will meet with the IAC to review and address the intern's feedback. Lastly, interns will be asked to complete a survey that will be sent to them one-year post-internship to assess the congruency of training objectives and professional practice as a psychologist.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Psychological Evaluations Policy	Date: 12/3/18	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy:

Conducting assessments and providing consultation are critical competencies of the internship year and integral to the training of our interns. Performing psychological assessments, in addition to its main purposes of providing a service to clients and training to interns, also affords interns the opportunity to consult with non-psychology staff, have input into treatment planning, and interpret to clients and their parents the meaning of the evaluation.

Once an evaluation has been assigned by the assessment supervisor, the intern is responsible for contacting the referral source (if necessary) as soon as possible and the first evaluation session with the client should be scheduled. The battery should be completed and the report available in its final version by the agreed upon deadline or in accordance with regulations. Interns are expected to work on no more than two batteries at any given time. On rare occasions, an evaluation may be needed on an urgent basis. In that case, an intern may be asked to take an additional assessment.

When an evaluation is completed, a copy of the report is placed in the client's file. The raw data are given to the Supervisor of Psychological Assessment where they are kept in a separate file. Agency policies, FERPA, HIPPA guidelines, and APA guidelines regarding confidentiality and release of information to outside sources apply to all psychological evaluation materials. Any questions regarding assessment may be directed to the Assessment Supervisor.

SARAH REED CHILDREN’S CENTER ERIE, PENNSYLVANIA		
Relationship Between Sarah Reed & Interns Policy	Date: 12/3/18	Revised Date: 10/13/21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: Relationship between Sarah Reed and Psychology Interns

We accept interns for a twelve-month period, and they must complete 2000 hours of training. Interns will be identified as Doctoral Psychology Interns. Sarah Reed Children's Center (SRCC) provides interns with the resources necessary to allow them to develop the knowledge, skills, practices, and professionalism necessary for competent and ethical practice as future health service psychologists. SRCC Internship in Health Services Psychology abides by all APPIC Match Policies and there is no implied contractual employment agreement after the internship. Unemployment benefits at the completion of internship are not available to interns. The internship is an educational and training activity for the sole purpose of enabling interns to meet the training requirements of their advanced degree and is not for meeting SRCC staffing or reimbursement requirements. This experience does not entitle the intern, nor does it bind the agency to any employment of the intern following the completion of the internship experience.

Interns are paid a stipend for the year and are granted the following benefits: 10 paid vacation days (80 hours), 9 agency approved holidays (72 hours), 7 sick days (56 hours), 4 professional development days (32 hours). The agency also provides medical and dental insurance (a portion paid by intern), long-term disability, life insurance and 403b benefits as defined elsewhere. SRCC covers the intern for malpractice.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Research	Date: 12/3/18	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy:

Throughout the history of the psychology internship program at the Sarah Reed Children's Center (SRCC), interns are engaged in active research. A research component is one aspect of intern training to integrate science and practice and allows interns the opportunity to demonstrate skills in “strategies of scholarly inquiry.” The research component preserves the value that psychologists should regularly devote time to the thoughtful application of literature and research to their clinical work and adhere to the philosophy that psychological practice and science mutually influence and inform each other.

The options for research are open and flexible. Research projects may be completed individually or as a group. In many instances, the research will be based on current projects underway at the agency.

All documents, reports, or other products (e.g., data) completed as part of the internship are the property of SRCC, unless other arrangements have been made. The Training Director (TD) and relevant agency administrators must approve any exception to this policy in writing.

All research projects must be reviewed and approved by the TD and the agency’s Executive Council.

Proposal outline for research project: Interns are to use this outline in writing the proposal for the research project, which should be no more than two pages.

1. **Overall Plan of Project:** Give a brief description of your hypotheses; of the planned subject population and sampling techniques; what resources might be needed; of intervention and data collection procedures, including all measures; and of expected analyses and outcomes. Include weekly tasks you will be involved with; use of agency staff and/or populations, including whether this use has been approved by the necessary people; planned use of non-agency populations, and whether permission for access has been given; any specific needs for research or statistical consultation.
2. **Schedule for Entire Project:** Outline a tentative schedule for the project: when data collection will begin and end; when all analyses will be complete; and when the final project report for the agency will be complete.

3. **Supervision Plan:** Report who will provide primary supervision on the project and how often the two of you will meet. If the project is part of a dissertation, describe the status of dissertation prospectus and whether the dissertation committee has approved the project.
4. **Ethical Issues and Safeguards**
5. Whether procedures present any *risk* to subjects; what procedures will be used to gain *informed consent*; what procedures will be used to keep data *confidential*.

SARAH REED CHILDREN’S CENTER, ERIE, PENNSYLVANIA		
Rights and Responsibilities	Date: 10/30/21	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Linda M. Fleming, Ph.D.	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to implementing policies and procedures adhering to the Sanctuary® philosophy</i>		

Policy: Interns have basic rights and responsibilities, while the training program also has certain responsibilities.

Intern Rights:

1. The right to a clear statement of general rights and responsibilities upon entry into the internship, including a clear statement of goals and parameters of the training experience.
2. The right to be trained by professionals in accordance with the APA ethical guidelines.
3. The right to be treated with professional respect, dignity, honesty, and integrity.
4. The right to ongoing evaluation that is specific, respectful, and pertinent to the skills, knowledge, experience, and outcomes of the training program.
5. The right to engage in ongoing evaluation of the training program experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience (supervision assignments, etc.) through discussion or request letter to the staff member concerned and/or to the Training Director (TD).
7. The right to file due process and appeal to the TD to deal with problems after informal resolution has failed (either with supervisor and/or Assistant TD) or to determine when rights have been infringed upon.

Intern Responsibilities:

1. The responsibility to behave within the principles set forth by the statutes and regulations of the American Psychological Association, the Pennsylvania Ethics Code, the PA Psychologists' Practice Act, the PA State Board of Psychology, and Sarah Reed Children's Center.
2. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.
3. The responsibility to give timely, constructive feedback that evaluates the training experience or other experiences in the internship.
4. The responsibility to behave professionally in all circumstances.
5. The responsibility to actively participate in the training, clinical services, and overall activities of the Psychology Department.
6. The responsibility to meet training expectations by developing competency in (1) assessment skills, (2) psychotherapy skills, (3) consultation skills, and (4) other areas as delineated in the position description and intern evaluation forms.

Responsibilities of the Intern Program:

The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to their professional functioning. Sarah Reed Children's Center strives to create a work environment where people treat each other fairly and reasonably and in accordance with the mission and values of the agency as well as the seven commitments of the Sanctuary Model of Trauma Informed Care. Sarah Reed encourages an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response. In response to the above intern expectations, the training program assumes several general responsibilities.

1. **Respect:** The program will recognize the training and experience the intern brings with them to the training program.
2. **Professional Standards and Guidelines:** The training program will provide interns with information about relevant professional standards, regulations, and guidelines and provide appropriate forums to discuss their implementation.
3. **Ethics and Legal Guidelines:** The training program will provide interns with information about relevant legal regulations, which govern the practice of psychology and provide appropriate forums to discuss its implementation.
4. **Program Expectations:** The training program will provide interns with the training program expectations in writing at the beginning of the internship training year.
5. **Procedures for Evaluation:** The training program will inform interns about the evaluation procedures including when, how, and who will conduct evaluations. If an intern has skills deficits and/or problem behaviors, the training program will communicate early and often with the intern and their graduate program when needed.
6. **Procedures for Evaluation of Performance and Problem Behavior:** The training program will inform interns when performance and problem behaviors are identified as truly problematic and how they will be addressed.
7. **Data for Performance Evaluation:** The training program will use input from multiple professional sources to the extent that it is feasible when making decisions or recommendations regarding the intern's performance.
8. **Policies:** The program maintains and adheres to its written policies.
9. **Communication:** The internship program will maintain ongoing communication with the intern's graduate department regarding the trainee's progress during the internship year.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Social Media & Voice Mail Policy	Date: 12/3/18	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy

Doctoral psychology interns who use social media (e.g., Facebook, Twitter, Google +) and other forms of electronic communication must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should try to minimize material deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites and should never include clients as part of their social network or include any information that might lead to the identification of a client, or compromise client confidentiality in any way.

Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed.

Interns are reminded that, if they identify themselves as an intern in the program, the Sarah Reed Children's Center (SRCC) and the Doctoral Internship have some interest in how they are portrayed. If interns are depicted on a website or social media site or in an email as doing something unethical or illegal, then that information may be used by SRCC and/or the Internship to determine an appropriate response up to and including termination from the doctoral internship. In these cases, SRCC and the Doctoral Internship will contact the intern’s graduate training program and may seek additional consultation with the American Psychological Association.

As a preventive measure, SRCC and the Internship advise that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University). Credit also goes to Dr. Jennifer Cornish at the University of Denver, Graduate School of Professional Psychology, for her efforts to share this policy.

SARAH REED CHILDREN’S CENTER ERIE, PENNSYLVANIA		
Supervisor Responsibility Policy	Date: 12/3/18	Revised Date: 9.15.21
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP Revised by: Linda M. Fleming, Ph.D.	
This policy will be reviewed as needed		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: It is the policy of the doctoral internship program in Health Services Psychology to assume full responsibility for the training, supervision, direction, guidance, and evaluation of the doctoral interns matched to the Sarah Reed Children’s Center (SRCC). This policy remains in force under the organizational structure of the SRCC.

Purpose: To provide clarity regarding supervision of doctoral intern’s clinical work within agency programs.

Process: Doctoral interns in Health Services Psychology receive supervised training in the delivery of clinical services (intervention, assessment, consultation, supervision, crisis intervention) by doctoral level licensed psychologists within the parameters established by the American Psychological Association’s Commission on Accreditation. *Each intern receives at least 2 hours of supervision weekly with doctoral level licensed psychologists in accordance with the Standards of Accreditation.* In addition, each program has a variety of organizational layers, which may or may not include psychologists, and these other professionals have varying degrees of responsibility for the care and treatment of the clients being served. Within each of these programs, the attending psychiatrist assumes responsibility for the child's care and treatment (from a regulatory and legal standpoint). Overall decision-making of the treatment program is the legal and regulatory responsibility of the psychiatrist and the agency’s Medical Director.

As per longstanding agreement, programs that host doctoral interns agree that the supervising psychologist retains direct control, guidance, supervision, and direction of the intern’s clinical work with clients. Furthermore, when there is a difference of opinion between the supervising psychologist’s directions, supervision, or guidance to the intern regarding a particular case, the supervising psychologist works collaboratively with the other professionals to address and resolve the issue. The supervising psychologist is the individual responsible for resolving the conflict, not the doctoral intern.

If the difference between the supervising psychologist and the other professional cannot be resolved, either party may escalate the issue to a higher administrative level (e.g., Vice President of Clinical Services, Training Director).

SARAH A. REED CHILDREN’S CENTER ERIE, PENNSYLVANIA		
Policy: Telesupervision	Date: 9/21/23	Revised Date:
Areas Affected – Doctoral Internship	Approved by: Linda M. Fleming, Ph.D.	
This policy will be reviewed as needed		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: Sarah Reed Children’s Center uses telesupervision for all interns as an alternative form of supervision when in-person supervision is not practical or safe to continue high-quality training in extenuating circumstances that might preclude in-person supervision.

Definition: Telesupervision is clinical supervision provided in real time via an electronic communication device, via audio and/or video rather than in person.

Telesupervision allows supervisors to be engaged and available to interns, to oversee client care, and foster trainee development in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. While in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence, we try to limit the drawbacks of telesupervision by using it minimally and discussing inherent challenges of the format with each trainee such as the potential for miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. The learning objectives and expectations established at the outset of supervision as well as ongoing formative and summative feedback are continued during telesupervision sessions to ensure interns are progressing appropriately within the core competency areas.

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or health emergencies). It is not used for the sole purpose of convenience. The agency’s approved HIPAA (Health Insurance Portability and Accountability) compliant videoconferencing platform is used for all telesupervision sessions. Supervisors and supervisees may access telesupervision in any office or home-based setting where privacy and confidentiality can be assured. During orientation, interns receive training on the telehealth platform and being prepared for supervision regardless of the modality. Continuing education on providing services in a teleconferencing environment is available to all staff, interns, and supervisors.

Supervisors are encouraged to regularly ask supervisees how they are experiencing the telesupervision format. Throughout the year and regardless of the type of supervision being provided, supervisors and other clinical staff are readily available via phone or the agency’s telehealth platform between supervision sessions for consultation and informal discussions. In emergencies, interns may request supervision from the first available supervisor, regardless of

who is assigned to the case. Such availability for consultation and our demonstrated interest in the learning and development of interns helps foster strong supervisory relationships.

SARAH REED CHILDREN'S CENTER ERIE, PENNSYLVANIA		
Video Consent Policy	Date: 12/3/18	Revised Date:
Areas Affected –Doctoral Internship	Approved by: Eric Schwartz, Psy.D., ABPP	
This policy will be reviewed on an annual basis in December.		
<i>Sarah Reed Children's Center is committed to adhering to the Sanctuary® philosophy in implementing policies and procedures.</i>		

Policy: Videotaping Clinical or Assessment Sessions:

There are important training reasons to obtain permission to videotape clients as it is difficult to be aware of all the dynamics and issues in the session. A supervisor or colleague viewing a tape of the session may be able to provide valuable input thereby strengthening the quality of the service provided to the child and improving outcomes. The skills of the therapist are improved, which benefits all children seen by the therapist.

Procedures for Videotaping a Child Therapy Session at the Agency

- Complete Internship Video Consent Form
- Review client chart for agency video consent
- For the protection of the intern and client, the PRTF intern therapy office is monitored in real time by video in accordance with the agency's video surveillance policy.
- Interns assigned to the PRTF must make clients and families aware that the room is monitored by video.
- Interns assigned to the Outpatient Department will use an agency supplied, encrypted, and authorized agency camera or cell phone.
- All interns must review the child's intake documentation to determine if the legal guardian and/or the child (if 14 or over) has provided informed consent (i.e., signed the appropriate consent form) for the video to be reviewed for supervision purposes.
- For children in the custody of the state, permission must be obtained from OCY.
- All parties must sign the Intern Video Taping and Video Reviewing Consent form.
- Clients (Children and Collaterals) should be regularly reminded that sessions are recorded and potentially reviewed by their supervisor.
- Recorded sessions are only to be viewed by the clinician, supervisor, and group supervision participants, who consist of experienced staff leaders and interns.
- Confidentiality of sessions must be adhered to carefully and conform to all appropriate standards of practice, policies, regulations, and laws.
- It is prohibited to remove any type of record of the client (notes, videos, or any other type of kind of documentation with protected health information/identifying information) from the agency at any time without approval by the Training Director.

Employee Benefits Summary

The Sarah Reed Children’s Center is pleased to provide insurance coverage for the benefit of eligible employees. The following benefits reflect the package in effect as of 7/1/2023. The Center reserves the right to change benefit offerings and/or the level of financial participation by employees, as necessary. Benefits are reviewed regularly for cost, quality, and value to employees.

Health

- **UPMC Health Plan** UPMC Health Plan is owned by the University of Pittsburgh Medical Center (UPMC), one of the nation's top-ranked health systems. As part of an integrated health care delivery system, UPMC Health Plan partners with UPMC and community network providers to improve clinical outcomes as well as the health of the greater community. Our plan options emphasize preventative care with minimal “out of pocket” expense utilizing a network of Pennsylvania medical providers.

The **UPMC EPO IA (Exclusive Provider Organization)** utilizes 2-benefit levels based on the medical facility used. The deductible for Level 1, uses the Health Reimbursement Account (HRA) to reduce the deductible to \$750 Individual / \$1,500 Family; Level 2 providers have a significantly higher deductible. Routine Preventive services are payable at 100%, including some prescriptions.

Level 1: All UPMC owned facilities including UPMC Hamot, Millcreek Community Hospital (LECOM), Corry Memorial Hospital, Meadville Medical Center, Titusville Hospital, Bradford Regional Medical Center, Olean Hospital and Cleveland Clinic.

Level 2: St. Vincent Health Center and **many** affiliated Allegheny Health Network providers in the Pittsburgh area.

The Health Reimbursement Plan will only be available on Level 1 expenses. Providers who do not participate in any networks are considered “out of network.”

SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

Dental

- **BAI Dental**

Basic dental coverage is provided through an extensive local preferred provider network. Preventative services are covered in full, including dental exams every six months. Calendar year deductible of \$25/individual or \$75/family applies to primary and major services only, with \$1,200 maximum benefit per calendar year. The plan has provides a lifetime orthodontia benefit of \$1,000 for qualified family members.

SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

Vision

- **VBA Vision**

Vision exams are covered every 12 months. Lenses are covered every 12 months and frames every 24 months or contacts for employee and eligible covered dependents.

The provider network can be found at: www.vbaplans.com

SARCC pays a portion of the premium and the employee pays a portion, based on coverage category.

Life Insurance

- **Basic Term Life Insurance and Accidental Death & Dismemberment**

- **Supplemental Employee and Dependent Life Insurance**

Term life insurance provides a degree of security to employees and their families. Coverage is equal to an employee's annual salary, rounded up to the nearest thousand. Accidental death benefits double the base coverage. Supplemental coverage available through payroll deduction at reduced rates for employees and their dependents.

Employee Coverage: SARCC pays 100% of cost for basic term life insurance

Disability

- **Short-Term Disability Coverage**

Provides salary continuation for employees during periods of short-term disability (benefits begin on 1st day for accident/8th day for disability or illness). After an employee's carry-over balance of reserve sick leave has been depleted, the plan will compensate employees for qualified periods of disability at 60% of salary, up to a weekly maximum benefit of \$1,500.

- **Long-Term Disability Insurance**

Provides salary continuation for employees during periods of long-term disability (6+ months). Disability benefit replaces 60% of salary, to a maximum monthly benefit of \$5,000. Benefits are paid monthly.

Employee Coverage: SARCC pays 100% of cost

Wellbeing Benefits

- **Employee Assistance Program (EAP)**

Provides 24-hour/day, 365 days/year confidential employee assistance, work-life and managed behavioral healthcare services to full-time employees and their immediate family members and other relatives living in their household. Network of counselors are available to help covered individuals with life's challenges such as these: difficulties in relationships, stress from marital problems, troubled children and adolescents, parenting issues, alcohol and drug abuse, work- or career-related stress, illness or loss of loved one, financial planning and debt management, and legal consultation and referral.

Employee Coverage: SARCC pays 100% of cost

- **CALM App Subscription**

With a mission of making the world happier and healthier, Calm is a multifaceted meditation, sleep and relaxation app featuring a variety of offerings that encourage everything from mindfulness to movement. Calm features meditations, stories, music, soundscapes and more, all meant to lead listeners to a new level of calm. The app is also useful for individual and group activities with clients.

Employee Coverage: SARCC pays 100% of cost

Paid Time-Off Benefits

- **Vacation, Holiday and Sick Leave**

*The agency provides eligible full- and part-time employees with competitive paid leave benefits. Annual leave for full-time employees is based on seniority. Full time employees are provided with nine (9) scheduled holidays, two (2) floating vacation days, and seven (7) sick days during a full 12-month period. *School-year employees should refer to their letter of agreement.*

Retirement

- **401(k) Plan**

Upon hire, employees are eligible to voluntarily participate in the Center's 401(k) retirement savings plan, taking advantage of pre-tax salary deferrals and choosing from among a variety of investment options. After fulfillment of a one-year waiting period, during which an employee works 1,000 hours, SARCC will begin to contribute to the Plan on behalf of the employee and match any voluntary contributions up to determined maximums, based on level of service. Enrollment periods are January 1 and July 1, following the one-year waiting period. Employer Discretionary Contribution: 2%, 3% or 4% of gross compensation; Employer Matching Contribution: \$0.25-\$1.00 for each \$1.00, based on the first 4% of compensation deferred to the plan. Benefit levels for Discretionary and Matching contributions are based on an employee's qualified years of service.

Tax Savings

- **Section 125 Flexible Spending Plan**

Employees are eligible to allocate, through payroll deduction, pre-tax dollars to be used to cover non-reimbursed medical expenses, dependent care expenses, and insurance premium payments. The plan year is July 1 through June 30.

Tuition Assistance

- **\$1,000 Tuition Assistance Grants**

Since 1995, the Center has been providing up to ten (10) tuition assistance grants each Fall, Spring, and Summer term to eligible full time employees who apply to the program. Grants may be used at the college or university of their choice toward graduate or under-graduate coursework relevant to an employee's job or career plans with the Center.

NOTE: Paid interns and employees in school-year positions should refer to their annual letter of agreement for specific paid leave and benefit entitlement information.

Rev. 07/07/23

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