

2024-2025 TRAINING YEAR

# BOSTON CHILDREN'S HOSPITAL

# INTERNSHIP PROGRAM

# IN HEALTH SERVICE

# PSYCHOLOGY

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## APA ACCREDITATION

Questions related to the program's accreditation status should be directed to the APA Office of Program Consultation and Accreditation

## APA CONTACT INFORMATION

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## BCH ADDRESS

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# Our Mission

Boston Children's Hospital (BCH) is the primary pediatric teaching hospital of Harvard Medical School in Boston, Massachusetts. BCH has consistently been a leader among children's hospitals in the United States. With more than 40 clinical departments and 258 specialized clinical programs, BCH is one of the largest pediatric medical centers in the nation. It is also home to the world's largest pediatric research enterprise and the leading recipient of pediatric research funding from the National Institutes of Health. Our Internship Program in Health Service Psychology is completely contained within this large teaching, research, and service facility. The mission of the hospital, department, and program are as follows:



## BOSTON CHILDREN'S HOSPITAL

To provide the highest quality health care, be the leading source of research and discovery, educate the next generation of leaders in child healthcare, and enhance the health and well-being of the children and families in our local community and around the world

## DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

To promote the well-being of children and families through excellence in behavioral health care, education, research, innovation, and advocacy

## DEPARTMENT EDUCATORS

To prepare the next generation of leaders in behavioral health care and to support trainees and staff in learning how to deliver the highest quality, family-centered care

## PSYCHOLOGY INTERNSHIP

To educate psychologists who will become leaders in health service psychology, and to do so by facilitating their development of clinical skills and knowledge at the level of independent practice

*\*Boston Children's Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.*

# Department History

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The Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital dates back to 1953, when George E. Gardner, PhD, MD (a psychologist and psychiatrist), was asked to assume the position of Psychiatrist-in-Chief at Boston Children's Hospital. Dr. Gardner was also the acting Director of the neighboring Judge Baker Guidance Center. While maintaining his Judge Baker directorship, Dr. Gardner established the Judge Baker Children's Center's (JBCC) affiliation with the hospital. During that same year, Joseph P. Lord, PhD became Chief Psychologist at Boston Children's Hospital and organized the training program, which has operated continuously since that time. The Psychology Internship Program was one of the earliest recipients of NIMH training support and was subsequently accredited by the APA in 1956.

Also holding the Director's role:

- Julius Richmond, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC
- Stanley Walzer, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC
- Regina Yando, PhD ~ BCH and JBCC Chief of Psychology
- Gerald P. Koocher, PhD ~ BCH and JBCC Chief of Psychology

In 1993 the leadership roles in the Department of Psychiatry at Boston Children's Hospital and the Judge Baker Children's Center were separated and, in 1995, William Beardslee, MD became Chief of the Department of Psychiatry at Boston Children's Hospital. Later, Eugene J. D'Angelo, PhD, and Jessica Henderson Daniel, PhD, became Co-Directors of Training in Psychology at both facilities. The formal relationship with Judge Baker Children's Center ended in 2000 when they could no longer financially support psychology training.

Dr. Koocher served as Chief until June 2001 when he became the Dean of the Graduate School for Health Studies and later Associate Provost and now Dean Emeritus at Simmons College. In 2006, he was elected President of the American Psychological Association. He served as Dean at DePaul University in Chicago. Dr. Koocher remains on the teaching faculty at Boston Children's Hospital, where he is a lecturer in both the psychology internship and the postdoctoral fellowship programs, as well as faculty at the Harvard Medical School Center for Bioethics.

Dr. D'Angelo became Chief of Psychology in June 2001, and Dr. Daniel became Psychology's Director of Training in 2002. In March 2017, Dr. Daniel was elected as President-elect of the American Psychological Association, and was appointed to the role of Director of Training in Psychology, Emerita. Dr. D'Angelo then assumed the role of Director of Training in Psychology, in addition to being the Division Chief.

In 2001, Dr. D'Angelo became the Director of Psychology Education, and in March 2023, Erica Lee, PhD, transitioned into the role of Director of Training of the internship. Keneisha Sinclair-McBride, PhD and Kevin Tsang, PsyD serve as Associate Training Directors.

Today, the Department of Psychiatry and Behavioral Sciences consists of more than 236 psychologists, psychiatrists, social workers, psychiatric nurses, and nurse practitioners, and nearly 50 trainees in the various disciplines. The Internship Program blends traditional training approaches in child and family treatment, assessment, and consultation with state-of-the-art advances to address problems at the interface of pediatrics and psychology.

# Division of Psychology Overview

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The Division of Psychology is based within the Department of Psychiatry and Behavioral Sciences. All psychologists are appointed both to Boston Children's Hospital and Harvard Medical School and are eligible to be promoted through Harvard's academic system. The Division currently has 121 psychologists working in departments and research laboratories throughout the hospital system, including at the main hospital campus (pictured on page 4), Boston Children's at Brookline Place, Boston Children's at Waltham, our community satellite clinics, and in the Boston Public Schools.

The Psychology Internship Program at Boston Children's Hospital adheres to the tradition of providing an intensive, high-quality training program to facilitate an intern's professional development in health service psychology. Evidence-based practices, in both assessment and treatment, are significant emphases of this program, as well as the capacity to adapt these practices in a patient- and family-centered manner with sensitivity to identity factors, including race and ethnicity, gender identity, age, socioeconomic status, and developmental functioning of the patient and their caregiver(s).

The training program is graduated and sequential in nature. Interns learn through a competency-based process: exposure to specific objectives and associated competencies through readings; observation of staff members in a specific clinical activity; collaborative engagement in that clinical activity by intern and supervisor; direct observation of intern by supervisor; and lastly the intern being responsible for the clinical activity with general oversight by supervisor. An intern will typically advance to the next aspect of their training sequence when competency at the earlier phase of the training in that particular clinical activity has been demonstrated. The program aims to provide strong support and communication throughout this process, with a particular emphasis on sensitivity to issues of cultural diversity, training in evidence-based practices, and promotion of interns' inter-professional skills and professional development.

The Division of Psychology of Boston Children's Hospital readily embraces the mission statement for the hospital. The current program continues to adhere to the tradition of providing intensive high-quality training with both breadth of experience and depth in teaching.

# Commitment to Diversity, Equity, and Inclusion (DEI)

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The Boston Children's Hospital Department of Psychiatry and Behavioral Sciences endeavors to establish a supportive, inclusive environment where faculty, trainees, and staff can reach their full professional potential. Adopting a social determinants of health framework and anti-racist stance, our goal is to address barriers to the provision and accessibility of culturally responsive care for all patients and their families. Through improvements in clinical practice, clinical research and scholarship, advocacy, and training, we strive to acknowledge and redress the historical contributions of the fields of psychiatry and psychology to structural racism. We do this with awareness of both the historical and current context of structural inequality specific to the greater Boston area and the state of Massachusetts as a whole. Our department recently welcomed our first female Psychiatrist-in-Chief, Stacy Drury, MD, PhD. Dr. Drury is strongly committed to leading the collaborative development and implementation of a multi-level strategic DEI plan.

Consistent with these values, the Psychology Internship Program seeks to create a welcoming and affirming training culture for all interns and training faculty. Through our didactic training series, culturally responsive approach to clinical service and supervision, and ongoing and active exploration of biases and growth areas, we aim to create a collegial and psychologically safe learning environment. While we always have more work to do, our commitment is to serving as a leader in multicultural awareness and sensitivity among clinical child and pediatric psychology internship programs. We invite interns to participate in this process alongside us and make every effort to recruit a diverse intern class.

Recent efforts to enhance our individual and collective social responsiveness include institution-wide Bystander to Upstander training, Safe Zone LGBTQ awareness training, enhanced assessment of patient and family social determinants of health (SDOH), faculty training on reducing bias in recruitment and interview processes, and participation in behavioral health and community advocacy efforts. Interns also have opportunities to engage in internship-specific DEI seminars; join the African American, Latinx, Asian and Native American (ALANA) Psychology Mentoring Program for psychology interns and fellows at Harvard-affiliated institutions; participate in employee working groups and affinity groups (e.g., Rainbow Alliance; resource groups for Black/African American, Asian American Pacific Islander, and Women employees); and engage with the Psychiatry Health Equity and Inclusion Committee (PHEIC), which helps guide department DEI initiatives and is currently co-chaired by Dr. Keneisha Sinclair-McBride and Dr. Erica Lee.

# Training Program Overview

## PROGRAM AIMS

- A commitment to integrate the development of sensitivity to issues of cultural diversity into all aspects of the training program
- An emphasis on training interns in the latest clinical techniques with a focus on selecting the most advantageous assessment protocol and/or intervention technique(s) with demonstrated efficacy for specific presenting problems
- A focus on assuring that a developmental perspective underlies all teaching and supervision throughout the training program
- To promote professional development and a sense of what it means to be an ethical, collegial, and responsible psychologist
- To be able to work in an inter-professional environment, bringing the competencies of a health service psychologist to health organizations

The training year begins on July 1st, and it is expected that by October, each intern will be delivering approximately 16 to 18 hours of direct clinical service per week. Another four to six hours will be spent in supervision, and an additional four to six hours are devoted to seminars associated with the internship program, department, and specific rotations. Additional time is generally required for consultation with treatment teams, referral sources, community agencies, schools, and co-therapists. The program is designed to occupy 40 hours per week of an intern’s time, although interns report investing some extra time writing evaluation and progress notes, preparing for treatment, attending special meetings as needed, and/or conducting literature searches and reading articles about particular diagnostic assessment procedures, treatments, or clinical conditions.



## TRAINING YEAR

The training year is divided into two six-month semesters. One half of the year is structured around a primary clinical experience on the Psychiatry Consultation Service, and the other half of the year around an integrated care experience. Interns see patients on the Outpatient Psychiatry Service for the entirety of the training year, allowing for longer-term outpatient care experiences.

## LONGITUDINAL OUTPATIENT PSYCHIATRY SERVICE

Interns see patients in our state-of-the-art **Outpatient Psychiatry Service (OPS)** clinic throughout the academic year. The new clinic is located at 2 Brookline Place (2BP) on the border of Boston and Brookline, about a five-minute shuttle ride or a 15-minute walk from the hospital's main campus. Interns share a larger workspace at 2BP and see patients in-person or via telehealth in private offices.

Outpatient work includes intake assessments, individual psychotherapy, and parent support for diverse patients ranging in age from 6-18. Evidence-based treatment is utilized for a range of presenting problems, with a focus on delivering patient/family-centered care with appropriate adaptations as needed. Interns may be assigned general clinical child cases and/or medical coping cases. Each intern has one primary OPS supervisor for the year and will have at least one hour/week of scheduled, individual supervision.

For the semester on the Psychiatry Consultation Service, intern outpatient work is typically reduced to one afternoon per week. For the semester rotating in the integrated care experience, interns spend two to three afternoons seeing patients on the OPS.

## ROTATION A: Consultation Experience

Half of the year is built around a primary experience on the PCS. The PCS is a dynamic, fast-paced, multi-disciplinary service, and clinical care includes a mix of pediatric psychology and clinical child experience. The patient population is children, adolescents, and young adults facing a myriad of pediatric illness, as well as their families. Patients may have challenging, sometimes life-threatening diagnoses, and may exhibit behaviors that negatively impact their physical health. PCS patients face acute and/or chronic medical or surgical conditions and oftentimes have somatic symptom or related concerns. PCS team members provide evaluations and psychotherapeutic interventions to patients, consultation to the hospital medical staff, and participate in treatment planning.

Three interns will be on PCS for the first six months of the year, and four in the last six months of the year. Interns spend four afternoons/week with PCS, and the 5th is spent in the OPS. PCS comprises roughly 25 hours each week: five to six daily hours of service/note-writing, one hour of scheduled, individual supervision and four hours of seminars/rounds.

During this half of the year, each intern will also experience a three-month block, one morning per week in our **Gender Multispecialty Service (GeMS)**. GeMS provides gender-affirmative care to transgender and gender diverse youth in the gender in which they identify. Consultation services are provided with our dedicated GeMS psychologists in an outpatient clinic located across the street from the main campus. Interns will participate in providing consultations, psychological assessments, and resource referrals.

## ROTATION B: Integrated Care Experience

The other half of the year is built around a combination of integrated clinical experiences in the Emergency Department, and a choice of our **Atopic Dermatitis Center**, **Abdominal Pain Clinic**, or **Children's Hospital Primary Care Center**. Interns may also elect to train in our **Developmental Neuropsychiatry Program** and/or our **Center for Neuropsychology**. The Atopic Dermatitis Center, Abdominal Pain Clinic, and the Primary Care Center are located on the 300 Longwood campus, while the Developmental Neuropsychiatry Program and Center for Neuropsychology are at 2BP.

- Our **Atopic Dermatitis Clinic (ADC)** is an interdisciplinary outpatient medical clinic within our Allergy and Asthma Program for infants, children, and adolescents with severe atopic dermatitis, food allergies, and other allergic conditions. The rotation is designed to develop assessment and intervention skills focused on child and family adherence to the medical regimen, symptom management, and psychosocial adjustment to a chronic medical condition. There is an emphasis on the developmental aspect of coping with medical conditions and use of evidence-based practices. This clinic is housed on the hospital's main campus. Interns train in the ADC on Friday mornings; because this rotation is only one half-day/week, interns training in ADC have a third afternoon in the OPS, either in the general OPS or within the Developmental Neuropsychiatry Program (see below).
- Our **Abdominal Pain Clinic** is a multidisciplinary outpatient clinic housed within the Division of Gastroenterology, Hepatology & Nutrition. This clinic provides services to patients aged 5-18 diagnosed with Disorders of the Gut-Brain Interaction (e.g., Irritable Bowel Syndrome, Functional Abdominal Pain, Functional Dyspepsia, Rumination Syndrome). The rotation is designed to develop assessment, consultation, and brief intervention skills that target symptom management and return to functioning for youth with these concerns. Emphasis is placed on helping the intern to work effectively within a multidisciplinary team, including providing feedback to medical providers and making recommendations for appropriate, evidence-based psychological treatment. This clinic is housed on the hospital's main campus. Interns train in the Abdominal Pain Clinic on Thursday mornings; because this rotation is only one half-day/week, interns training in this clinic have a third afternoon in the OPS, either in the general OPS or within the Developmental Neuropsychiatry Program (see below).
- Our **Children's Hospital Primary Care Center (CHPCC)** rotation is designed to provide experience in working with patients and families within a diverse multidisciplinary primary care setting. This practice treats over 17,000 children aged 0-22, many of whom come from low-income

and ethnically diverse Boston neighborhoods. Interns on this fast-paced rotation will support and collaborate with the larger Primary Care team to translate evidenced-based research into context-compatible treatments and interventions. Interns will be primarily focused on:

- maintaining a caseload of brief treatment cases
- conducting diagnostic evaluations
- conducting virtual consultation with patients and families
- conducting guardianship evaluations for medically and developmentally complex patients nearing adulthood

Clinical work in CHPCC is focused primarily on treating the behavioral health concerns most often seen in general pediatrics (anxiety, depression, ADHD, behavior, and trauma), with occasional medical coping or adherence-focused work. Interns will have the opportunity to participate in the training and program development components of the psychology team's role in primary care. This rotation also allows for opportunities to lead group interventions (e.g., groups for parents of children with ADHD, CBT skills groups for teens, etc.). Rotation in the Primary Care Center involves two half-days a week, with additional hours for integrated care meetings and program development opportunities. This clinic is housed on the hospital's main campus. Interns training in this clinic spend two afternoons in the OPS.

During this half of the year, each intern will spend one afternoon per week in the main campus' **Emergency Department (ED)**. Interns work directly with our Emergency Psychiatry Service (EPS) social work and psychiatry team within a fast-paced and acute emergency department setting. The EPS is a consultation service that provides behavioral health services to children, adolescents, and their families who come to the BCH ED in crisis. In collaboration with EPS staff, interns complete clinical evaluations, promote healthy coping strategies, and develop assessment and recommendation plans for patients in psychiatric distress. This rotation holds a twice-monthly case discussion.

Interns can also electively rotate through the **Developmental Neuropsychiatry Program (DNP)**, which is housed within the OPS. The DNP provides evaluation, treatment, and consultation on the needs of children and adolescents with psychotic spectrum disorders (including those at risk for early-onset psychosis), high-functioning autism spectrum disorders, and complex neuropsychiatric and genetic disorders. Interns work as part of an interdisciplinary team including psychiatrists, psychologists, and nurse practitioners. The DNP provides a solid foundation for those interested in developmental psychopathology and the interface between medical and psychological illness. Interns who choose DNP will be taught the latest techniques in diagnostic evaluation, management, and treatment of these disorders. Interns on DNP elective will have less general-OPS cases. **This clinic can host two interns each semester.**

Lastly, there is an elective experience in neuropsychology during this half of the year. The **Center for Neuropsychology**, located at 2 Brookline Place, provides evidence-based assessment to youth and families affected by brain and central nervous system disorders, injuries, and diseases. This experience represents a one morning per week commitment for interns who would like to obtain additional assessment experience. Interns team up with staff neuropsychologists and postdoctoral fellows to review records, complete clinical interviews, observe behaviors, administer and score tests for children with medical and neurological disorders, and provide feedback to families on recommendations and

treatment. Please note that while the program will try to accommodate all interns who express a preference to participate, assignment will depend on program needs and logistics.

## DIDACTICS

While each rotation brings rotation-specific training and didactics, all psychology interns are also required to attend the following regularly scheduled didactics/meetings:

- Pediatric Psychology Seminar, **all** interns, 1 hour, weekly
- Internship Seminar, **all** interns, 1 hour, weekly
- Clinical Process Seminar, **all** interns, 1 hour, weekly
- Peer Supervision Seminar, **all** interns, 1 hour, every other week
- ED case discussion, *for interns on the Integrated Care rotation*, 1 hour, every other week
- Developmental Neuropsychiatry team meeting, *for interns completing the DNP elective*, 1 hour, weekly
- Neuropsychology Seminar, *for interns completing the Neuropsychology elective*, 1 hour, weekly
- Psychiatry Grand Rounds, **all** interns, 1 hour, twice monthly, September-June
- Psychiatry Morbidity and Mortality (M&M) Rounds, **all** interns, 1 hour, monthly, September-June

## SUPERVISION

All interns receive extensive supervision for their diagnostic assessment, consultative, and treatment activities. Supervisory hours are scheduled to meet the intern's needs with additional guidance available as needed, depending on the intern's progress and caseload. A supervisor is available 24/7 for case consultation, including weekends and holidays. All supervisors work directly on the rotations in which they provide supervision. An intern will typically receive **three to four hours of individual supervision each week**, with additional individual and some group supervision also provided. In general, use of evidence-based diagnostic and treatment approaches provide the theoretical framework for individual psychotherapy supervision. There is a major emphasis on all service planning to be patient/family-centered, impacted by cultural factors, and clinical progress systematically evaluated as the treatment proceeds. Supervision is provided primarily by psychologists, all of whom are licensed to practice in Massachusetts. Specialized supervision in some service units is provided by fully licensed social workers or staff psychiatrists.

## MAINTENANCE OF RECORDS

All intern files are kept in a locked file cabinet in a locked office which has limited access by any unauthorized personnel. Electronic files are stored on a secured drive maintained and backed up by the hospital. Approximately ten years after completion of the Internship Program, these records, which include any correspondence with the doctoral program and/or any other parties on behalf of the intern,

the Internship Competency Evaluation Forms, and application materials, are moved off-site and stored in a secure facility managed by Boston Children's Hospital.

## TRAINING OUTCOMES

All interns will have successfully completed all APA Profession-Wide Competency requirements prior to the conclusion of their internship. As seen in the Post-Internship Positions table (page 15), our interns typically transition to postdoctoral fellowships after graduating from our program. Graduates of our program obtain positions in clinical service, research, and education.

## STIPEND AND BENEFITS

The stipend for the 2023-2024 academic year is \$45,469. The stipend for the 2024-2025 academic year will be finalized in 2024. The program is a one-year, full-time training experience, and provides four weeks of personal and five days of professional leave time for conferences, dissertation work, or postdoctoral fellowship interviews. This leave is evenly allocated across both semesters to ensure interns take time off throughout the year. Interns are eligible for Dental Insurance, Disability Insurance, Health Insurance, and Life Insurance. Each intern also receives an appointment as a Clinical Fellow in Psychology in the Department of Psychiatry at Harvard Medical School.

## INTERNATIONAL STUDENTS

### Important information for individuals who do not hold either U.S. or Canadian citizenship

APPIC has asked each internship program to respond to questions APPIC has posed regarding the eligibility of candidates to secure a training position at an institution when an individual does not possess either U.S. or Canadian citizenship.

Please see our program's current responses to these questions, which are subject to change:

1. Does an individual require U.S. or Canadian citizenship in order to work at our site? *No, however, an individual must be authorized to work in the United States at Boston Children's Hospital.*
2. If an individual has employment authorization through an already existing student visa, can such a student work at our site? *Yes.*
  - a. If so, provide applicants with information about the type of eligible student visas: *F-1 CPT or OPT, J-1 Academic Training*
3. Does our institution sponsor employment visas for individuals who are not U.S. or Canadian citizens? *Yes.*
  - a. If so, how does this process work? *Select positions that require an advanced degree(s), highly specialized skills and experience, and also where we have a known shortage in the domestic*

*labor pool will be considered for H-1B and E-3 visa sponsorship.*

### **Candidate Eligibility for H1-B and E-3 Visas**

- H-1B – for individuals who have completed all requirements for Ph.D. or Psy.D. in Clinical Psychology, or Ph.D. in Counseling Psychology, School Psychology, or Educational Psychology
- E-3 – for citizens of Australia who have completed all requirements for Ph.D. or Psy.D. in Clinical Psychology, or Ph.D. in Counseling Psychology, School Psychology, or Educational Psychology, except for final year internship

### **Position Funding**

- Full salary must be paid by Boston Children’s Hospital and must meet the prevailing wage determined by the Department of Labor

### **Required Documents**

- Passport valid for at least six months beyond your anticipated stay in the United States
- Bachelor’s and Master’s Degree Diplomas with English translation if not originally printed in English
- Up-to-Date Curriculum Vitae
- Copies of all current visa documents, e.g.: I-20 forms, EAD’s, DS-2019 forms, I-797 approval notices
- Most recent visa stamp
- Most recent I-94 document

### **Timelines**

- H-1B – minimum of 3 months before start date
- E-3 – minimum of 2 months before start date

### **Required to Start Internship**

- Original Form I-797, H-1B or E-3 Approval Notice from the U.S. Citizenship and Immigration Services (USCIS) which is valid until at least the last day of the internship; OR
- E-3 I-94 document issued by U.S. Customs and Border Protection valid until at least the last day of the internship

## POST-INTERNSHIP POSITIONS FOR PREVIOUS 3 INTERN CLASSES

	2022-2023	2021-2022	2020-2021
<b>Overall Numbers</b>			
Total number of interns in the year's cohort	7	7	7
Total number of interns who returned to their doctoral program to complete their degree	7	7	7
<b>Type of postdoctoral fellowship or employment sought</b>			
Academic health center	7	6	5
Academic university/department			1
Veteran's Affairs medical center			
Community mental health center			
Independent primary care facility/clinic			
Federally-qualified health center			
University counseling center			
Military health center			
Psychiatric hospital			
Other medical center or hospital			1
Community college or other teaching setting			
Independent research institution		1	
Correctional facility			
School district/system			
Independent practice setting			
Changed to another field			
Not currently employed			

# Psychology Internship Faculty

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## Eugene J. D'Angelo, PhD, ABPP

*Chief of Psychology*

**Graduate program:** University of Michigan

**Internship:** Boston Children's Hospital/  
Harvard Medical School

**Interests:** First-episode psychosis

## Keneisha Sinclair-McBride, PhD

*Associate Director of Training*

*Children's Hospital Primary Care Center;*

*Outpatient Psychiatry Service*

**Graduate program:** Vanderbilt University

**Internship:** Boston Children's Hospital/  
Harvard Medical School

**Interests:** Integrated behavioral health,  
social media and mental health, cultural and  
individual diversity

## Erica Lee, PhD

*Director of Training*

*Outpatient Psychiatry Service*

**Graduate Program:** University of California, Berkeley

**Internship:** Boston Children's Hospital/  
Harvard Medical School

**Interests:** Evidence-based practice, cultural and  
individual diversity, education and training

## Kevin Tsang, PsyD

*Associate Director of Training*

*Psychiatry Consultation Service*

**Graduate Program:** Virginia Consortium Program in  
Clinical Psychology

**Internship:** The Institute of Living

**Interests:** Consultation-liaison psychology, feeding  
disorders, somatic symptom and related disorders

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## Rose Ashraf, PhD

*Outpatient Psychiatry Service, Pediatric*

*Diagnostic Program*

**Graduate program:** Southern Methodist  
University

**Internship:** Boston Children's Hospital/Harvard  
Medical School

**Interests:** Cultural and individual diversity,  
trauma, medical coping

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## Marcus F. Cherry, PhD

*Outpatient Psychiatry Service*

**Graduate program:** Boston College

**Internship:** Boston Children's Hospital/Harvard  
Medical School

**Interests:** Adolescent weight loss surgery  
program, general surgery

## Peter Bachman, PhD

*Outpatient Psychiatry Service, Developmental*

*Neuropsychiatry Program*

**Graduate Program:** UCLA

**Internship:** West Los Angeles VA Healthcare  
Center

**Interests:** Early-onset psychosis, psychiatric  
disability

## Julie Snyder Christiana, PsyD

*Gastroenterology Psychology Service*

**Graduate Program:** Nova Southeastern  
University

**Internship:** Mailman Center for Child  
Development/Holtz Children's Hospital, Miami

**Interests:** Evidence-based  
psychogastroenterology interventions, education  
and training

### Michelle Codner, PsyD

*Outpatient Psychiatry Service*

**Graduate Program:** William James College

**Internship:** Roger Williams University, Counseling Center/ Brenner Center for Psychological Assessment and Consultation

**Interests:** Depression, generalized and social anxiety, trauma, attachment and cultural psychology, adolescent mental health

### Lillian Hayes, PhD, ABPP

*Department of Urology*

**Graduate program:** University of Texas at the Southwestern Medical Center

**Internship:** University of Texas at the Southwestern Medical Center

**Interests:** Medical coping, elimination disorders

### Rahma Hida, PhD

*Psychiatry Consultation Service*

**Graduate Program:** North Carolina State University

**Internship:** Boston Children's Hospital/Harvard Medical School

**Interests:** Pediatric psychology, consultation-liaison psychology, health equity

### Imari-Ashley P. Isaksen, PhD

*Psychiatry Consultation Service*

**Graduate program:** Loma Linda University

**Internship:** WellSpan Health

**Interests:** Pediatric consultation-liaison psychology, solid organ transplant

### Jennifer LeBovidge, PhD

*Atopic Dermatitis Center*

**Graduate program:** Northwestern University, Feinberg School of Medicine

**Internship:** Rush-Presbyterian-St. Luke's Medical Center

**Interests:** Medical coping, allergic conditions

### Roxana Llerena-Quinn, PhD

*Outpatient Psychiatry Service*

**Graduate Program:** Boston College

**Internship:** Judge Baker Guidance Center & Mass Mental Health Center

**Interests:** Adjustment, anxiety and depression disorders, cultural transitions-acculturative stress, family systems

**Bilingual:** English and Spanish

### Beth Logan, PhD

*Psychology Consultation Service/Pediatric Transplant Center*

**Graduate program:** University of Maine

**Internship:** Nemours/Al DuPont Hospital for Children

**Interests:** Transplant psychology, medical coping, chronic illness

### Alice Lowy, PhD

*Outpatient Psychiatry Service*

**Graduate program:** Northeastern University

**Internship:** Aspire Health Alliance

**Interests:** Anxiety, OCD, trauma, eating disorders

### Kerry McGregor, PsyD

*Gender Multispecialty Service*

**Graduate Program:** Regent University

**Internship:** Boston Children's Hospital/Harvard Medical School

**Interests:** Pediatric psychology, gender affirming care

### John McKenna, PhD

*Gender Multispecialty Service*

**Graduate Program:** Suffolk University

**Internship:** Cambridge Health Alliance/Harvard Medical School

**Interests:** Gender dysphoria, gender affirming mental healthcare, LGBTQ+ healthcare

**Sara Medina-DeVilliers, PhD**

*Psychiatry Consultation Service*

**Graduate Program:** University of Virginia

**Internship:** Stony Brook University

**Interests:** Medical coping, pediatric psychology

**Sherry Paden, PsyD**

*Inpatient Psychiatry Service*

**Graduate program:** William James College

**Internship:** Casa Pacifica Centers for Children and Families

**Interests:** Suicidal ideation, self-harm, suicide attempts, trauma

**Heather Potts, PhD**

*Outpatient Psychiatry Service*

**Graduate program:** Syracuse University

**Internship:** Southern Illinois University School of Medicine/Springfield Public Schools

**Interests:** Complex ADHD

**Celiane Rey-Casserly, PhD, ABPP**

*Director, Center for Neuropsychology*

**Graduate program:** Boston University

**Internship:** Children's National Medical Center

**Interests:** Neuropsychological evaluation of children with complex medical disorders, childhood cancer, evaluation of Spanish speakers

**Bilingual:** English and Spanish

**Zoey Shaw, PhD**

*Children's Hospital Primary Care Center*

**Graduate program:** University of Rochester

**Internship:** Boston Children's Hospital/ Harvard Medical School

**Interests:** Integrated behavioral health, primary care psychology

**Rachel Tunick, PhD**

*Children's Hospital Primary Care Center*

**Graduate program:** University of Denver

**Internship:** Boston Children's Hospital/Harvard Medical School

**Interests:** Integrated behavioral health, pediatric primary care, interdisciplinary care, child development, critical care, grief/bereavement, bioethics

**Carl Waitz, PsyD**

*Inpatient Psychiatry Service*

**Graduate program:** Azusa Pacific University

**Internship:** University of Texas Health San Antonio, Long School of Medicine

**Interests:** Depression, suicidal thoughts and behaviors, psychoanalytic psychotherapy

## **PSYCHOLOGY INTERN AND SUPERVISOR RESPONSIBILITIES FOR PATIENT CARE**

*The Department of Psychiatry and Behavioral Sciences and Division of Psychology have developed supervisory guidelines for Psychology Interns and Postdoctoral Fellows in Psychology (both groups collectively labeled, “Psychology Trainees”). These are listed below and are provided to you on the first day of Orientation, along with an explanation of their nature and intent. Once signed, a copy will be placed in your Internship Folder and another copy given to you.*

### **Supervision Guidelines for Psychology Trainees**

#### **PURPOSE**

The Medical Staff Executive Committee has implemented guidelines for attending physician’s responsibilities regarding the provision and supervision of care provided to patients by trainees. In the Department of Psychiatry and Behavioral Sciences, these guidelines are broadened beyond the attending (or staff) psychiatrist to include the attending clinician, who is defined as any staff psychologist or social worker who provides supervision to psychiatry, psychology, or social work trainees.

The objectives of the program encompass the specific competency-based goals of our Psychology Training Programs found in the Department’s Psychology Training Handbook, the recommended guidelines for training in Child Clinical Psychology (Roberts et al., 1996), the recommended training guidelines for Pediatric Psychology (Spirito et al., 2003), and the guidelines set forth for training by the International Neuropsychology Society.

#### **OVERALL PRINCIPLES**

1. Each trainee who evaluates and/or treats a patient has an assigned attending physician/clinician (staff supervisor) who is responsible for the patient’s care.
2. The attending physician/clinician has the ultimate responsibility for all psychiatric care decisions regarding all patients seen by trainees under her/his supervision.
3. The attending physician/clinician is responsible for providing oversight and supervision of all patient care provided by trainees.
4. The attending physician/clinician is expected to behave in a professional manner at all times in regard to trainee supervision, and is expected to encourage each trainee to seek guidance at any time the trainee believes it to be helpful in the care of the patient.
5. The attending physician/clinician is to make clear to each trainee that the failure to seek guidance will be considered problematic when they have any question or concern regarding a patient and her/his care.
6. Mental health clinicians at any level of experience must seek supervision and guidance from colleagues, and through the chain of command, when they need assistance and/or are questioning the care of a patient.

#### **PHILOSOPHY**

Graduate education in professional psychology is a developing process in which psychology trainees gain experience with, and assume responsibility for, increasingly difficult patients and problems within their area of expertise. At the conclusion of their clinical and academic training, successful completion of their doctorate and

postdoctoral training, and reception of a license to practice in the Commonwealth of Massachusetts as a licensed psychologist with health provider status, the psychologist is free to practice independently. To serve the public well in our training mission, we must train psychologists who, by their senior year(s) of training, can manage complex patients and problems independently. Psychology trainees may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward-to-moderately complex problems. If psychology trainees are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

## **GUIDELINES**

1. Psychologists at any level of experience may at times encounter patients that challenge their knowledge and expertise. It is incumbent on every psychologist and psychology trainee, regardless of level of training, experience, or seniority, to recognize his/her limitations and to request supervision or assistance when managing problems which are unfamiliar or difficult. For all psychology clinicians, it is only the failure to seek guidance that will be considered problematic
2. Every psychology trainee in the Department of Psychiatry and Behavioral Sciences is encouraged to request guidance by phone or in person, from an attending clinician on any occasion when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending physician/clinician should be sought, the trainee should err on the side of requesting advice. For psychology trainees, it is only the failure to seek guidance that will be considered to be problematic.
3. As it is incumbent on psychology trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that psychology trainees are encouraged to call freely for guidance. Trainees should always feel that they are free to call for guidance. If a situation arises in which a trainee does not think that the Department has made guidance readily available, they should promptly notify the Training Director, Clinical Service Director, Division Chief, and/or the Department Chief so that the Department can take prompt corrective action.
4. If for any reason the responsible attending physician/clinician is unavailable, a trainee in need of immediate guidance should promptly attempt to contact the appropriate clinical program director or the on-call attending psychiatrist (24 hour/7 day availability accessed through the hospital page operator). If either of these is unavailable, the trainee should contact the emergency psychiatry services director who provides back-up to the on-call attending psychiatrist.
5. Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.
6. Patients may be managed appropriately yet nonetheless develop complications of their disease process. Complications are not necessarily evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed. However, where complications or problems in treatment progress do occur, the attending physician/clinician and trainee should review the case with the service leadership, and the Psychiatry Quality Program for recommendations.
7. Guidelines cannot anticipate every situation. Mental health clinicians must always use best judgment to respond to unusual or emergency situations. In remarkable situations, actions that are appropriate and in the patient's best interest may differ from these guidelines. An example of such situation might be: if the trainee is called to assist with a psychiatric emergency where a patient is endangering self or others, this may require immediate action prior to speaking with the attending physician/clinician.
8. The attending physician/clinician and trainees are responsible for using culturally competent, evidenced-based approaches to achieve cultural competence in their practice and to work in partnership with patients, families, and communities.

## **SPECIFIC GUIDELINES FOR SUPERVISION**

1. The attending physician/clinician supervises, in whole or in part, the mental health management plan for each patient seen by a psychology trainee. The attending is responsible for ensuring that all trainees have appropriate experience and competence to undertake such management. Supervision occurs across outpatient, inpatient, consultation, and community settings in the Department of Psychiatry and Behavioral Sciences. The trainee and attending should always strive to engage in clear communication.
2. For all patients under his/her care, the psychology trainee should develop a plan for the mental health management of each patient in conjunction with the attending clinician/physician and any consulting services.
3. The psychology trainee is responsible for implementation of the plan of care, and for documentation of the plan in the medical record, in conjunction with the attending clinician.
4. Psychology trainees must notify the attending physician/clinician of significant changes in a patient's condition, regardless of the time of day or day of week.

Significant changes or events include, but are not limited to:

- a. all patients evaluated in the emergency room or emergency situations;
  - b. development of significant life-threatening psychiatric changes (e.g.: suicidal attempt or completion; behavior acutely endangering others);
  - c. major medication errors requiring acute clinical intervention (e.g.: emergency room medical assessment or hospitalization);
  - d. any boundary crossing/violation, or accusations by a child and/or his or her caregivers (e.g.: child alleges concerns about being "touched" to his or her parent), or by any care provider involved with the case;
  - e. development of major psychiatric treatment issues (e.g.: emergency 51A filing, running away)
  - f. emergency admission to a psychiatric or medical hospital.
5. All drafts and final copies of clinical notes, psychological assessment and testing reports, and correspondence with other parties involved in the care of the child, will be formally reviewed and co-signed by the attending physician/clinician for that particular patient.
  6. All psychology trainees are expected to confirm with their supervisors, and the specific clinical service director, which patients on that service will be supervised by a specific supervisor. Every attending clinician will confirm that they are supervising a specific trainee for a particular patient.
  7. A psychology trainee cannot provide any clinical care to a patient or family without reviewing the case with the specific attending clinician assigned to that patient.
  8. All psychology trainees and attending clinicians should keep a written record of their shared cases, and that case log should be reviewed on a monthly basis for its accuracy and completeness.

I have received a copy of these guidelines, as well as an outline of the program's core competencies. I have read and understand them, and I recognize that these guidelines govern my training at Boston Children's Hospital.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

### **Document Attributes**

<b>Title</b>	Supervision Guidelines for Psychology Trainees		
<b>Author</b>	David R DeMaso, MD	<b>Date of Origin</b>	2003
<b>Reviewed/Revised by</b>	David R DeMaso, MD Eugene J D'Angelo, PhD	<b>Dates Reviewed/Revised</b>	7/07; 8/11; 6/12
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***This form is what your supervisor has received, reviewed, and signed; it is provided to complement the previous document.***

## **Department of Psychiatry and Behavioral Sciences Responsibilities of Attending Clinician in Patient Care**

The Medical Staff Executive Committee has implemented guidelines for the responsibilities of attending physicians, regarding the supervision of care provided to patients by trainees. (*In the Department of Psychiatry and Behavioral Sciences, the definition of an attending physician (or psychiatrist) is broadened to attending clinician and includes any staff psychiatrist, psychologist, or social worker who provides supervision to psychiatry, psychology, or social work trainees.*) Each trainee who evaluates and/or treats patients has an assigned staff supervisor/attending clinician who is ultimately responsible for the patient's care.

### **OVERALL PRINCIPLES**

- The attending clinician has the ultimate responsibility for all psychiatric care decisions regarding their patients.
- The attending clinician is responsible for providing oversight and supervision of all care provided by trainees.
- The attending clinician is expected to behave in a professional manner at all times in regard to trainee supervision, and is expected to encourage each trainee to seek guidance at any time the trainee believes it to be helpful in the care of the patient.
- The attending clinician is to make clear to each trainee that only the failure to seek guidance will be considered problematic.

### **PHILOSOPHY**

Graduate medical education is a developing process in which mental health clinicians, over a period of several years, gain experience with, and assume responsibility for, increasingly difficult patients and problems within their area of expertise. At the conclusion of training, the mental health clinicians are free to practice independently. Therefore, to serve the public well in our training mission, we must train mental health clinicians who by their final year of training, can manage complex patients and problems independently. [Mental health clinicians in more junior years of training may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward to moderately complex problems independently.] If mental health clinicians in training are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

- It is incumbent on every mental health clinician, regardless of level of training, experience, or seniority, to recognize his or her limitations and to request supervision or assistance when managing problems, which are unfamiliar or difficult. Rigid guidelines for supervision can never replace good clinical judgment, and are not intended to do so.
- Every trainee in the Department of Psychiatry and Behavioral Sciences is encouraged to request guidance by phone, or in person, from an attending clinician ***on any occasion*** when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending clinician should be sought, the trainee should err on the side of requesting advice.
- For trainees, it is only the failure to seek guidance that will be considered to be problematic.

- As it is incumbent on trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that trainees are encouraged and always free to call for guidance. If a situation arises in which a trainee feels that the department has not made guidance readily available, they should promptly notify the training director, program director, and/or the Department chair so that the Department can take prompt corrective action.
- If the attending clinician on call is temporarily unavailable for any reason (e.g.: accident, pager failure) a trainee in need of guidance should promptly attempt to contact another attending clinician, either by pager or by calling their home phone.
- Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.
- Patients may be managed appropriately and nonetheless develop complications of their disease process. Complications are not in and of themselves evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed.
- Guidelines cannot anticipate every situation. These guidelines are not intended to prevent physicians from using their best judgment to respond to unusual or emergency situations. In unusual or emergency situations, actions that are appropriate and in the patient's best interest may differ from these guidelines. An example of such situation might include, but is not limited to:
  - ~ If trainee is called emergently to assist with a psychiatric emergency where a patient is endangering to self or others, this may require immediate action prior to speaking with the attending physician.
- Finally, we expect that our graduates will improve the quality of life for children, adolescents, and their families facing disabling illnesses. We expect that their efforts will encompass the full spectrum of clinical and research settings, will use evidenced-based approaches, will be culturally aware, and will empower patients, families, and communities alike. The objectives of the program encompass the ACGME specified and AACAP recommended core competencies of patient care, medical knowledge, interpersonal skills, practice-based learning, professionalism, and systems-based practice.

### **SPECIFIC RESPONSIBILITIES**

- The attending clinician should develop a plan for the psychiatric management of each patient in conjunction with the trainee and any consulting services.
- The attending clinician is responsible for implementation of the plan of care and for documentation of the plan in the medical record.
- If the attending clinician delegates, in whole or in part, the psychiatric management plan, the attending remains responsible for ensuring that all delegated trainees have appropriate training experience and competence to undertake such management.
- The attending clinician must communicate clearly to each trainee involved in the care of patients, when the attending expects to be contacted by the trainee. At a minimum, trainees must be told to notify the attending clinician of significant changes in the patient's condition, regardless of the time of day, or day of the week. Significant changes or events include, but are not limited, to the following:

- ~ all patients evaluated in the emergency room or emergency situations;
- ~ development of significant life threatening psychiatric changes (e.g.: suicidal attempt or completion; behavior acutely endangering others);
- ~ major medication errors requiring acute clinical intervention (e.g.: emergency room medical assessment or hospitalization);
- ~ any boundary crossing or violation accusations by a child and/or his or her caregivers (e.g.: child alleges concerns about being “touched” to his or her parent);
- ~ development of major psychiatric treatment issues (e.g.: emergency 51A filing, running away)
- ~ emergency admission to a psychiatric or medical hospital.

### **OUTPATIENT AND COVERAGE BY ATTENDING PSYCHIATRISTS**

- Psychiatry attendings serving in the outpatient department as the Attending of the Day (AOD) are responsible for all patients seen by residents/trainees in the Psychosocial Treatment Program (PSTP). These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.
- Psychiatry attendings serving in the outpatient psychopharmacology clinic are responsible for all patients seen by residents in that program. These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.

### **AFTER-HOURS, WEEKEND, AND HOLIDAY COVERAGE BY ATTENDING PSYCHIATRISTS**

In addition to the principles and responsibilities outlined above, the following are the responsibilities of attending psychiatrists when they are involved in after-hours, weekend, or holiday coverage:

1. ***The attending psychiatrist will preside over morning rounds for both the Psychiatry Inpatient and Consultation Services on weekends and holidays together with the on-call trainee.*** Specifically these rounds will include:
  - a. All psychiatry inpatients
  - b. All psychiatric “boarders” in medical/surgical or ED beds awaiting admission or transfer
  - c. All medical and surgical patients flagged in the PCS-log for follow-up
  - d. New psychiatry consultation cases
2. The attending psychiatrist is expected to remain available, and be responsive to the on-call trainee at all times, to return pages and calls promptly and to keep the trainee informed of contact information such as pager and telephone numbers. All requests for assistance from the on-call trainee should be met by the attending with the assumption that the need is both real and immediate.
3. **The attending psychiatrist is expected to remain in the hospital or come into the hospital when requested by the on-call trainee.**
4. The on-call trainee must notify the attending psychiatrist of significant changes in any patient’s condition, regardless of the time of day. For each patient, the attending will review the clinical situation with the trainee and together they will determine the appropriate course of action. This course of action may include the onsite presence of the attending psychiatrist to assist the on-call trainee in the assessment and management of the patients.
5. In addition to the events already outlined above, the on-call trainee should notify the attending psychiatrist of the following:
  - a. Any new cases seen in the ED or on the Consultation Service;
  - b. Clinical situations where simultaneous requests for psychiatry services are required at multiple locations anywhere in the hospital, and an additional clinician may be required;
  - c. The on-call trainee feels for any reason that she/he requires the onsite presence of the attending psychiatrist.

## **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE INTERNSHIP PROGRAM**

The psychology internship is guided by the profession-wide competencies that are incorporated into the Standards of Accreditation, Commission on Accreditation of the American Psychological Association. These competencies include:

- 1. Research**
- 2. Ethical and legal standards**
- 3. Individual and cultural diversity**
- 4. Professional values, attitudes, and behaviors**
- 5. Communication and interpersonal skills**
- 6. Assessment**
- 7. Intervention**
- 8. Supervision**
- 9. Consultation and inter-professional/interdisciplinary skills**

The internship program formally evaluates an intern's progress in attaining these competencies both at midyear, and at the end of the year. Evaluation ratings are important to note: first, the evaluation sets a Minimum Level of Achievement (MLA) on all 9 competencies in order to determine whether the appropriate levels of progress and/or completion of the internship have been met. In December, at the midyear evaluation, an intern is expected to have received a rating of "3" on all 9 competencies (a "3" indicates the intern uses that particular skill effectively most of the time, but still benefits from continued supervision and guidance). [*Two or more competency areas rated as "2" or below at the midyear evaluation would result in the creation of a Remediation Plan.*] By the end of the academic year, an intern should have attained a rating of "4" on all 9 competencies ("4" indicates the intern consistently uses the skill independently). Interns will meet with their supervisors to review and evaluate their performance.

While interns receive this formal assessment twice a year, there is often informal feedback provided during the course of supervision. The goal of the internship program is to work collaboratively between supervisors, seminar leaders, and the intern to successfully complete the internship. We feel fortunate that, to date, we have not had to utilize the formal remediation plan, placed any intern into a probationary status, nor ever terminated an intern from the Internship Program.

**Boston Children's Hospital  
Profession-Wide Competency Rating Form**

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

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

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

**Rotation:** Name of Rotation: PCS, OPS etc.

\_\_\_\_\_ Mid-year Evaluation \_\_\_\_\_ End of Year Evaluation \_\_\_\_\_

**RATING SCALE:**

**N = not yet/not applicable**

**1 = basic knowledge, but not yet proficient**

**2 = basic knowledge and skills, minimally proficient**

**3\*** = applied in practice with much support/guidance (*satisfactorily proficient; uses the skill effectively most of the time but benefits from continued supervision and guidance*)

**4\*\*** = proficient and autonomous (*consistently uses this skill independently; ready for independent practice*)

**5 = highly proficient (*consistently uses this skill at an independent level and has the ability to teach it to others*)**

\* this is a typical **mid-year** evaluation rating

\*\* this is the typical **end of the year** rating

**In each of these profession-wide competency areas, rank the intern's ability to:**

**RATING**

**RESEARCH**

(Intern demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings in all professional roles)

Demonstrates an ability to incorporate current, relevant research into clinical practice using a specific case. \_\_\_\_\_

Effectively participates in seminar discussions of current research articles chosen for relevance to our clinical practice, including rationale for choice, accurate evaluation of the research itself, and identifying ways to incorporate into practice. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings. \_\_\_\_\_

**RATING**

**ETHICAL AND LEGAL STANDARDS**

(Intern demonstrates appropriate ethical and legal knowledge, skills and attitudes in all professional roles)

Describes clinical cases in a way that clearly identifies and integrates the ethical and legal issues involved, to include an ethical decision-making model. \_\_\_\_\_

Independently identifies and proposes resolution(s) related to an ethical and legal issue(s) on a complex clinical or professional situation utilizing good clinical judgment. \_\_\_\_\_

Demonstrates appropriate ethical and legal knowledge, skills and attitudes. \_\_\_\_\_

**RATING**

**INDIVIDUAL AND CULTURAL DIVERSITY**

(Intern demonstrates appropriate knowledge, skills and attitudes about individual and cultural differences in all professional roles)

Integrates use of diverse considerations in the approach to discussions about cases to a supervisor or in a clinical team meeting/rounds. \_\_\_\_\_

Demonstrates effective collaboration with patients/guardians during assessment and treatment planning in a manner sensitive to equity and issues of inclusion. \_\_\_\_\_

Reflects on the intersection of equity and inclusion factors, identifying the impact on the treatment process along with ways to address it (*e.g. culturally appropriate services, adapting one's manner, seeking consultation*) \_\_\_\_\_

Effectively negotiates conflictual, difficult or complex relationship situations with individuals/groups that differ significantly from one's self. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes about the range of cultural issues and individual differences in multiple forms, including: racism, discrimination, acculturative distress, micro-aggressions, gender-bias, religious differences and socio-economic disparities. \_\_\_\_\_

**RATING**

**PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS**

(Intern demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession including the appropriate knowledge, skills and attitudes in: critically evaluating, reflecting on, and improving one's own professional performance)

Reflects upon, assesses strength and growth areas, and develops professional goals based on self-evaluation and feedback from supervisors. Utilizes this self-assessment to develop specific personalized goals for the cases on this rotation with each assigned supervisor. \_\_\_\_\_

Articulates a personal process of self-evaluation and a self-care plan, discussing some ways your supervisors could support you. \_\_\_\_\_

Identifies a personal statement of professional goals for the future, based on a self-assessment of competencies (taking supervisor feedback into account). The intern should also identify areas for future professional growth and plans to achieve them. \_\_\_\_\_

Responsibly meets all outpatient clinical documentation expectations, including timely record-writing that is concise yet contains all pertinent information. \_\_\_\_\_

Identifies, reflects upon, discusses and manages emotional reactions to challenging clinical or professional situations. \_\_\_\_\_

Monitors and reflects on one's attitudes, values and beliefs, both during and after professional activities, in a way that identifies challenges and conflicts (with those values), as well as ways to address them. \_\_\_\_\_

Advocates with compassion for difficult and challenging clients/families. \_\_\_\_\_

**RATING**

**COMMUNICATION AND INTERPERSONAL SKILLS**

(Intern demonstrates ability to communicate effectively, to interact appropriately and to develop meaningful and helpful relationships in all professional roles)

Demonstrates appropriate engagement in a new clinical case: greeting orienting, establishing empathy and asking sensitive questions, all the while reflecting on that process. \_\_\_\_\_

Demonstrates effective working alliance in at least two treatment cases. \_\_\_\_\_

Identifies any treatment ruptures, miscues or difficulties that emerge in a clinical service relationship, reflects on that process and plans a resolution. \_\_\_\_\_

Gives audience-tailored presentations at didactics/case conferences; gathers feedback from the participants and incorporates feedback into the service plan. \_\_\_\_\_

Demonstrates clarity and coherence in clinical documentation, as evidenced by a supervisor's chart review. \_\_\_\_\_

Demonstrates ability to communicate effectively, to interact appropriately and to develop meaningful and helpful relationships with: staff, patients, families/care-givers, administrative personnel, and community resource providers. \_\_\_\_\_

**RATING**

**SUPERVISION**

(Intern demonstrates appropriate knowledge, skills and attitudes regarding the instruction/oversight of trainees and other professionals)

Articulates a supervision model for oneself, with reflection on how it could be applied. \_\_\_\_\_

Demonstrates knowledge of supervision techniques. \_\_\_\_\_

Identifies relevant issues in colleagues' assessment cases. \_\_\_\_\_

Incorporates issues of diversity into the discussion about supervision. \_\_\_\_\_

Assists colleagues in developing strategies to provide feedback to patients, families and referral-sources. \_\_\_\_\_

Provides effective supervision to another intern, articulates an understanding of the complexities involved and shows an ability to reflect on the process as a whole. \_\_\_\_\_

**RATING**

**ASSESSMENT**

(Intern demonstrates appropriate knowledge, skills and attitudes in the selection, administration and interpretation of assessments, consistent with the best scientific research evidence and relevant expert guidance)

Independently completes a psychological assessment including solid diagnosis/conceptualization while addressing: ethics, diversity and interpersonal dynamics (under the observation of a supervisor). \_\_\_\_\_

Refines a referral question for a psychological evaluation and selects assessment tools to use, including reflecting on applicability and limitations of such assessment instruments, particularly if impacted by aspects of diversity. \_\_\_\_\_

Utilizes test results to address a patient's diagnosis and/or questions by the referring clinician. \_\_\_\_\_

Produces clinically useful report/feedback/consultation based on psych testing measures. \_\_\_\_\_

Independently and appropriately administers and interprets (for all referral parties involved): \_\_\_\_\_

- clinical questionnaires \_\_\_\_\_
- cognitive/neuropsychological assessment \_\_\_\_\_
- personality evaluation (e.g. MMPI-A) \_\_\_\_\_

**RATING**

**INTERVENTION**

(Intern demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions, based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences)

Independently creates a treatment plan that reflects successful integration of empirical findings and research, clinical judgment, diversity and client preferences. \_\_\_\_\_

Effectively designs and implements a treatment intervention for a case in four

Or more of the broad categories listed:

- ADHD \_\_\_\_\_
- Behavior Disorder \_\_\_\_\_
- Mood Disorder \_\_\_\_\_
- Trauma \_\_\_\_\_
- Medical Coping Issue \_\_\_\_\_
- Medical Consultation/Liaison Issue \_\_\_\_\_

Demonstrates the ability to integrate and reflect on the treatment process of assigned cases, areas of case-conceptualization, treatment goals, model, observations and interactions, and decision points in the session. \_\_\_\_\_

Effectively evaluates and manages risk or crisis situations with appropriate consultation. \_\_\_\_\_

Effectively manages an outpatient caseload, to include an overview of case decisions and choice points regarding: scheduling, outcomes, discharges etc. for the supervisor. \_\_\_\_\_

Integrates findings from outcome measure(s) into case decision making on all clinical cases. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of all interventions that are based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences.

\_\_\_\_\_

**RATING**

**CONSULTATION & INTER-PROFESSIONAL/INTERDISCIPLINARY SKILLS**

(Intern demonstrates appropriate knowledge, skills and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles)

Provides effective consultation and collaboration on a clinical case for each of the following systems, including identifying and addressing interpersonal and systemic challenges involved:

- A social service agency
- School
- Primary Care Physician
- Inter-professional healthcare team

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

Demonstrates appropriate knowledge, skills and attitudes regarding interdisciplinary collaboration in relevant professional roles.

\_\_\_\_\_

\*\*\*\*\*

Date of Direct Observation by Supervisor: \_\_\_\_\_

Supervisor Comments:

Intern Comments:

Supervisor's Signature: \_\_\_\_\_

Intern Signature: \_\_\_\_\_

Training Director: \_\_\_\_\_

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

*Training Director's signature attests to review of this evaluation.*

## **GRIEVANCE, REMEDIATION AND DUE PROCESS PROCEDURES FOR THE PSYCHOLOGY INTERNSHIP**

The Psychology Training Programs are committed to responding to the concerns, complaints, or formal grievances of all individuals in training. Boston Children's Hospital ideally facilitates an environment which:

- maximizes the training experiences for each intern;
- reflects respect to all individuals regardless of age, gender, racial/ethnic background, religion, or gender preference;
- promotes collegial and professional interactions among staff and trainees;
- communicates clear expectations for patient care that is compassionate, and of highest quality;
- requires supportive but clear evaluation of each intern's progress that recognizes the development of clinical skills and the adherence to the ethical standards of practice in Psychology as set forth by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.

As a training staff, we firmly believe that the development of a professional identity includes learning how to effectively resolve potentially problematic situations such as may result from some conflict, difference of opinion, or stress/discomfort in ongoing interactions. When interpersonal difficulty occurs between a trainee and staff member, we seek to help the parties resolve this problem in a mutually supportive and respectful manner. This can occur in one of the following approaches to resolution of the problem:

- An intern can meet on her/his own initiative with the staff person with whom the possible difficulty has occurred, with the hope that the discussion will result in a resolution of the problem.
- If this first option has proven to be unsuccessful or the intern feels uncomfortable initiating such a meeting, she/he can meet with the Service Director, Chief of Psychology, Training Director, their faculty advisor, or a trusted staff person/supervisor to discuss the matter and plan a suitable and supportive course of action. This could result in an initial meeting with the person who might be the source of the discomfort either alone or with the consulted staff member. It is also appropriate for the consulted staff person to meet separately with the perceived distressing party to discuss the problem if that would be preferable to the intern. A subsequent meeting between the intern and perceived aggrieving party could occur, either with or without the consulting staff person present.
- Should these efforts be unsuccessful in resolving the situation, the matter should be directed to the Chief of Psychology for review. In most circumstances, this review would take place in consultation with the Site Director and the aggrieved intern's supervisors. A corrective plan can be developed, discussed with all relevant parties, and carefully monitored. If the Chief of Psychology is considered to be the perceived aggrieving party, the concern can be expressed to the Chief of Psychiatry, and a similar plan can be undertaken. There is also the option to address these matters with the Ombudsperson of Harvard Medical School.
- If the situation arises where a formal grievance is to be undertaken, the grievance should be filed in accordance with Psychology Training Program policies. Information about filing a formal grievance can be obtained from the Chief of Psychology, Associate Chief of Psychiatry, or the Chief of Psychiatry. See "Problem Identification/Grievance Procedures".

The overriding goal of the Division of Psychology is to avoid or eliminate situations where interns feel so uncomfortable that their capacity to learn and/or to provide appropriate clinical care is compromised. All interns are encouraged to take the appropriate steps to identify possible problems quickly and to seek appropriate consultation or resolution so that their comfort can be restored in a timely manner.

## PROBLEM IDENTIFICATION/GRIEVANCE PROCEDURES

### Division of Psychology, Boston Children's Hospital

#### Intern grievances

We believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship. Interns are encouraged to first discuss any problems or concerns with their direct supervisor and advisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

**1. Informal mediation:** Either party may request the Chief of Psychology and/or Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the staff member. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations (if feasible/possible) in order to maximize the intern's learning experience. Interns may also request a change in rotation assignment if feasible/possible. Changes in rotation assignments must be reviewed and approved by the training faculty.

**2. Formal grievances:** In the event that informal mediation is not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

- a. The Chief of Psychology, the Training Director and the Service Director where the grievance has reportedly occurred can call a meeting of the relevant training faculty to review the complaint. The intern and supervisor will be notified of the date of the meeting, and given an opportunity to provide the training faculty with any information regarding the grievance.
- b. Based upon a review of the grievance, and all relevant information, the training faculty will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.
- c. The intern will be informed in writing of the decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented. If the intern disagrees with the decision, they may appeal to the Chief of Psychology and/or Training Director. That staff member will render the appeal decision, which will be communicated to all involved parties.
- d. In the event that the grievance involves any member of the training faculty who would normally be involved in reviewing the grievance (including the Chief or the Training Director), that member will recuse himself/herself from serving on the committee due to a conflict of interest. A grievance regarding the Service Director may be submitted directly to the Chief of Psychology and/or Associate Chief of Psychiatry for review and resolution.
- e. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate, or unlawful staff behavior, will be submitted for appropriate personnel action in accordance with Hospital policy.
- f. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to BCH employees, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the Commonwealth of Massachusetts by contacting the office of the Board of Registration of Psychologists.

## **Disciplinary Actions and Psychology Internship Review Procedures**

Disciplinary action may be taken against an intern for due cause, including but not limited to any of the following:

- Professional misconduct, ethical violations, or conduct that might be inconsistent with, or harmful to good patient care or safety;
- Conduct detrimental to the reputation or standing of Boston Children's Hospital;
- Conduct that calls into question the integrity, ethics, or judgment of the intern or that could prove detrimental to the Hospital's employees, staff, volunteers, patients, visitors, or operations;
- Violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Hospital, Psychiatry department, Psychology Division, or training program.

Any allegation of misconduct in science or research involving an intern shall be addressed and resolved in accordance with Boston Children's Hospital policy.

### **Types of Formal Disciplinary Action and Due Process**

Formal disciplinary action may include, but is not limited to: probation, suspension, or termination of the intern from the training program.

Among the factors to be considered by the Chief of Psychology and/or the Training Director, Service Directors, and training faculty in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior informal or formal disciplinary actions, and the intern's overall performance and conduct.

## **Probation and Termination Procedures**

**1. Problematic Performance or Conduct:** The internship program aims to develop professional competence. In rare cases, an intern could be seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge or due to problematic behaviors that significantly impact their professional functioning. In such cases, the internship program will help interns identify these areas and provide remedial experiences or recommended resources in an effort to improve the intern's performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the intern would not get credit for the internship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Service Director and the Chief of Psychology and the Training Director at the earliest opportunity, so as to allow the maximum time for remedial efforts. The Chief or Training Director will inform the intern of the staff's concern ("Notice") and call a meeting with the intern and relevant training faculty ("Due Process"). The intern and involved supervisory staff will be encouraged to provide any information relevant to the concern.

Problem behaviors are said to be present when supervisors perceive that an intern's behaviors, attitudes, or characteristics are disrupting the quality of his/her clinical services; his/her relationships with peers, supervisors, or other staff; or his/her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when an intern's problem behaviors are serious enough to fit the definitions of problematic performance or conduct, rather than merely being relative skills or competency deficits often found among interns.

Problematic performance and/or problematic conduct are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as problematic performance and/or problematic conduct when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by more intensive remediation related to academic or didactic training;
- The quality of services and patient care could be significantly affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required;
- The intern's behavior does not change following feedback, remediation efforts, and/or time.

### **Steps to Address Problematic Intern Performance or Conduct**

- a) An intern identified as having a serious deficit or problem will be placed on probationary status by the Internship Program, should the training faculty determine that the issue is serious enough that it could prevent the intern from fulfilling the level of profession-wide competencies at the minimum level of achievement (MLA) in order to be officially recognized by the internship as having successfully completed the program.
- b) The internship faculty may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

- c) The intern, the intern's supervisor, the Service Director, and relevant faculty will produce a learning contract/remediation plan specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem. This is to be reviewed and approved of by the Chief of Psychology and/or the Training Director.
- d) Once an intern has been placed on probation and/or a remediation plan/learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist in the intern's remediation. The new placement will be carefully chosen by the Service Director, the Chief of Psychology, the Training Director, and/or relevant faculty *and* the intern, to provide a setting that is conducive to addressing the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Service Director and Chief of Psychology, or Training Director to maintain the current assignment.
- e) The intern and the supervisor will report to the Chief of Psychology, the Training Director and the Service Director on a monthly basis, as specified in the contract regarding the intern's progress.
- f) The intern may be removed from probationary status by consensus of the Service Director, Chief of Psychology, the Training Director, and relevant supervisor when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship, or to be making expected progress towards achieving the minimum levels of achievement (MLAs).
- g) If the intern is not making progress, or if it becomes apparent that it will not be possible for the intern to complete the internship and achieve the exit criteria, the Chief of Psychology and/or the Training Director will so inform the intern at the earliest opportunity.
- h) The decision about whether the intern is removed from probation is made by majority vote by the Service Director, Chief of Psychology, the Training Director, and relevant staff. The vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract and performance on the profession-wide competencies.
- i) An intern may appeal the decision to the Chief of Psychiatry.
- j) The Chief of Psychology and/or the Training Director will render the appeal decision, which will be communicated to all involved parties.

**2. Illegal or Unethical Behavior:** Illegal or unethical conduct by an intern should be brought to the attention of the Service Director, Chief of Psychology and the Training Director in writing. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident.

- The Service Director, the relevant supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action may become a permanent part of the intern's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director and/or Chief of Psychology, who will then notify the intern of the complaint. Per the procedures described above, the supervising staff member(s) will first notify all involved parties, including the intern and Associate Chief of Psychiatry, and then call a meeting of relevant faculty to review the concerns. All involved parties will be encouraged to submit any relevant information that bears on the issue, and will be invited to attend the meeting(s).
- In the case of illegal or unethical behavior in the performance of patient-care duties, the Associate Chief of Psychiatry may seek advisement from appropriate Boston Children's Hospital resources, including General Counsel.

- Following a careful review of the case, the Service Director, Chief of Psychology, Training Director, and relevant faculty may recommend either probation or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing, and appeal procedures described in the above section on the problematic intern. A violation of the probationary contract would necessitate the termination of the intern's appointment at Boston Children's Hospital. This information would be communicated immediately to the Director of Clinical Training at the intern's academic institution.

**3. Suspension:** After careful review, an intern may be suspended from all clinical and administrative responsibilities and placed on an involuntary leave of absence for seriously deficient performance or seriously inappropriate conduct. The Chief of Psychology and/or Training Director shall notify the intern in writing of the decision to suspend the intern. The Chief of Psychiatry, the relevant faculty, and Office of Legal Counsel shall be informed. Such written notification shall advise the intern of the reasons for the decision, the date the suspension shall become effective, the required method and timetable for the correction, and a date upon which the decision will be re-evaluated. The written notification shall also advise the intern of his/her right to request a review of the suspension decision. Such a request for review must be submitted in writing to the Chief of Psychiatry within two (2) business days of the intern's receipt of notification.

In appropriate circumstances, at the discretion of the Chief of Psychology and/or the Training Director, an intern may be suspended, effective immediately. In situations involving immediate suspension, the Chief of Psychology and/or the Training Director shall provide written notification as described above within three (3) business days following the suspension. The intern shall have the right to request a review of the suspension in the same manner as described above. Except in unusual or exceptional circumstances, suspensions and involuntary leaves of absence are with pay. In the event that the Associate Chief of Psychiatry determines that a paid suspension or involuntary leave of absence is not appropriate, the intern may request a review of the issue by the Chief of Psychiatry by submitting a request for such review in writing. Psychiatry Department leadership shall decide the matter within three (3) business days.

#### **4. Appeal Procedures**

Interns who receive a notice of probation, suspension, or termination, or who otherwise disagree with any corrective action or faculty decision regarding their status in the program, are entitled to appeal the action. Within ten (10) days of the communication of change-in-status notice, an intern may submit a letter to the Chief of Psychology and/or the Training Director requesting an appeal.

1. Within five (5) working days of the receipt of the appeal request, the Chief of Psychology, the Training Director, the Postdoctoral Internship Training Director, two faculty members selected by the Service Director, and two faculty members selected by the intern will meet to discuss the request. The intern retains the right to hear all facts and the opportunity to dispute or explain his/her behavior.
2. At the faculty review committee meeting, the intern will be permitted to present any information or material which the intern considers pertinent to the inquiry, including any statements which the intern may wish to make, any written or other documentary material which the intern may wish to offer, and the statements of any individuals whom the intern may wish to present. The committee may seek the testimony of any persons it deems appropriate. The Chief of Psychology and/or the Training Director will conduct and chair the review hearing in which the intern's appeal is heard. The Review Committee's decisions will be made by majority vote. Within ten (10) days of completion of the review hearing, the Review Committee will prepare a report on its decisions and recommendations and will inform the intern. The Review Committee will then submit its report to the Associate Chief and Chief of Psychiatry.
3. The Chief of Psychology, the Training Director, and both the Associate Chief and Chief of Psychiatry will make the final decision, and the intern will be informed of any actions taken.

## **Procedures for Developing and Implementing an Internship Remediation Plan**

By the completion of the internship, our goal is to have trainees achieving the level of “Proficient and Autonomous” on all Profession-Wide Competency skills (PWCs); this indicates the intern consistently uses the skill independently and is ready for independent practice. Should an intern have difficulty developing to proficient-status, the following steps will be undertaken to aid in improvement:

1. Problem identification and an initial, informal focused plan. Identified areas of concern should be shared with an intern during the course of the rotation, or might be reflected in receiving a rating of “2” at the formal, mid-year assessment. Receiving a “2” in more than two areas of competency would result in a need for a formal remediation plan.
2. A formal plan would be made up of additional supervision, supplementary readings, added observations, and collaborations with supervisors, and should be established with the intern and used as a guide during supervision and/or direct observation meetings.
3. Formal Intern Competency Remediation Plan established.

### **Key features of a formal plan if probation-status is possible:**

- The plan should be specific about what competencies need to be developed;
- Specify what particular steps will be taken by the intern, the program and the supervisor(s) to help facilitate competency;
- Clearly state how the skill/competency will be measured;
- Identify the probation length of time and what specific improvement needs to be demonstrated;
- Be clear about the next steps, for example: if competency is not demonstrated, will the intern have a renewed probation, an extension in the training year, and/or termination from the internship.

## Intern Competency Remediation Plan

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

Date of Remediation Plan meeting: \_\_\_\_\_

Primary Supervisor/Advisor: \_\_\_\_\_

List all staff present: \_\_\_\_\_

Date for follow-up meeting: \_\_\_\_\_

*Please check all competencies whereby the Intern does not meet the benchmark at the expected level for this point in the training year:*

### PROFESSION-WIDE COMPETENCIES:

- |                          |  |                          |             |                          |                     |
|--------------------------|--|--------------------------|-------------|--------------------------|---------------------|
| <input type="checkbox"/> | Research                                     | <input type="checkbox"/> | Supervision | <input type="checkbox"/> | Intervention        |
| <input type="checkbox"/> | Consultation                                 | <input type="checkbox"/> | Assessment  | <input type="checkbox"/> | Research/Evaluation |
| <input type="checkbox"/> | Individual and Cultural Diversity            |                          |             |                          |                     |
| <input type="checkbox"/> | Communication and Interpersonal Skills       |                          |             |                          |                     |
| <input type="checkbox"/> | Professional Values, Attitudes and Behaviors |                          |             |                          |                     |

Please describe the problems in each competency domain checked above: \_\_\_\_\_

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Date the problem was identified to the Intern, and by whom: \_\_\_\_\_

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Steps already taken by the Intern to rectify the identified problem: \_\_\_\_\_

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Steps already taken by the supervisor/faculty to address the problem: \_\_\_\_\_

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Possible consequences if competencies have not been sufficiently developed from the remediation plan: \_\_\_\_\_

My signature below indicates that I have reviewed the remediation plan with my primary supervisor/advisor, any additional faculty and the Training Director, and I fully understand the plan and process.

Intern signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Director: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director: \_\_\_\_\_ Date: \_\_\_\_\_

Intern to indicate:  I agree with the plan  I disagree with the plan

*(If the intern disagrees, comments including his/her rationale behind the disagreement, are required)*

Intern's comments: \_\_\_\_\_

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

All supervisors/faculty members with responsibilities or actions described in the above remediation plan agree to participate in the identified plan.

Please sign and date to indicate your agreement.

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_