



Deep Eddy
PSYCHOTHERAPY

Doctoral Internship Program Handbook



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1. Introduction

1.1 The Doctoral Internship Program

The aim of our Internship is to prepare and train psychologists to be capable of, and committed to, providing ethical, professional, quality, and socially-just psychological services. The Doctoral Internship Program at the Deep Eddy Psychotherapy is designed to provide advanced graduate students, just before receiving their doctorates, a focused and intensive experience in various clinical modalities, including providing individual counseling, consultation, assessment, and couples and group counseling. The Doctoral Internship Program consists of in-person services and/or on-site telehealth with supervision and support available in real time.

The Doctoral Internship Program is considered a full-time (i.e., 40 hours per week), 12-month position. A majority of the 2000 hour position include direct clinical service hours. Interns are also required to attend 4 hours of clinical training per week (primarily didactics, seminars, supervisions, and experiential with some case consultation), in addition to bi-weekly face-to-face individual supervision.

1.2 Site

Deep Eddy Psychotherapy has 4 locations, but is all one Doctoral Internship Site with different office locations for the same program. Intern office location will be based on Supervisor location and office availability. The locations are listed on our website—two are Central Austin, one is North Central Austin, and one is South Central Austin. They include 8 or more clinician offices, staff rooms, and a waiting room. The South Central office has a large meeting room where we have trainings and meetings.

1.3 Staff

We have a large team of therapists and administrative support staff. Clinicians' field of study includes: psychology, social work, professional counseling, and marriage and family therapy. Included in the leadership team is our Clinical Director of Pediatrics, a Practicum Director, a Doctoral Internship Director, a Postdoctoral Fellowship Director, and a Director of Diversity/Equity/Inclusion. We also have Leads for LGBTQ, BIPOC, Bilingual Services, and Assessments, who are also clinicians.

1.4 Resources

In addition to the above team of colleagues who are available for consultation and the admin team support staff, include many recorded trainings on experiential therapy, diversity, ethics, HIPAA, and specialty areas, such as Sex Therapy or Neurodiversity. Readings and research articles that support presented material will be suggested in *Minding the Heart*, our experiential counseling and techniques seminar.



1.5 General Expectations

The program also includes formal and informal evaluations and bi-annual feedback provided by the supervisor. A copy of the feedback form may be requested at any time by the Intern and/or their program. We expect high quality clinical work, an eagerness and openness to learn and grow personally and professionally, and professionalism throughout the Doctoral Internship. Interns are expected to commit to and demonstrate ethical behavior as defined in the APA Code of Ethics and to become familiar with and observe all DEP policies and procedures.

1.6 Administrative & Financial Assistance

Interns are paid a full-time, 12-month, annual salary of \$36,000. Pay is delivered electronically bi-weekly starting 2 weeks after your start date. Interns also receive individual medical insurance at no cost. Medical insurance coverage of dependents, legally married partners, or domestic partners with declaration of informal marriage documentation, or upgrades to medical plan offered, may be added and paid for by Intern. Interns receive paid malpractice insurance and retirement benefits. Administrative support includes an intake team scheduling Interns intake sessions and a billing team handling billing and collections for Interns' clients. The practice manager is also available for tech and other logistical support.

*1.7 Doctoral Internship Requirements**

The doctoral internship experience at DEP is designed to meet the Texas Behavioral Health Executive Council's (TBHEC) requirements for a doctoral internship in Texas.

This includes:

- A supervisor who will document in writing a supervisee's performance during a practicum, internship, or period of supervised experience required for licensure
- Opportunity to accrue 1750+ hours through our formal internship, and at least 25% of intern's time will be in direct client contact
- A planned, programmed sequence of training experiences that assure breadth and quality of training
- A designated staff psychologist (Director of Doctoral Internship) who is responsible for the integrity and quality of the training program and who is actively licensed/certified by the licensing board of the jurisdiction in which the internship takes place and who is present for a minimum of 20 hours a week
- Two or more full-time licensed psychologists on the staff as primary supervisors
- Two hours per week of regularly scheduled formal, face-to-face individual supervision
- Four hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with psychology issues; co-therapy with a staff person including discussion; group supervision; and/or additional individual supervision
- A minimum of two full-time equivalent interns at the internship level for the cohort



*The number of hours needed for licensure in each state may vary. Investigating the requirements for the state in which they want to receive licensure is up to the intern. While DEP cannot guarantee the accommodation of requirements needed, notify the Director of Doctoral Internship immediately if DEP's internship requirements differ from desired state.

2. Training Goals and Objectives

The primary aim of our internship is to prepare psychologists who are capable of and committed to providing ethical, professional, and socially-just psychological services. The DEP Doctoral Internship Program serves as the capstone experience to intern's psychology training. The doctoral internship allows doctoral interns the opportunity to practice within a large and well-established group private practice in Austin. The goal of this program is for Interns to gain competence in the following areas:

- Competence in Research
- Competence in Ethics
- Competence in Individual & Cultural Diversity
- Competence in Professional Values & Attitudes
- Competence in Communication and Interpersonal Skills
- Competence in Assessment
- Competence in Intervention
- Competence in Supervision
- Competence in Consultation and Interprofessional/Interdisciplinary Skills

3. Structure of Doctoral Internship Program

The training experience at DEP consists of a combination of direct clinical work, individual and group supervision, participation in your choice of weekly consultation and training groups, and additional hours for documentation and other administrative tasks. The designated block of direct clinical service time is 22-25 hours per week (referrals allowing). These hours can be allotted to individual, couples, or group counseling, co-leading a group with an advanced group therapist, and/or to assessments. Assessment training includes written ADHD assessments, Career assessments, and Personality Assessments. Curriculum corresponds with the above goals and includes training in each. Doctoral interns may also pursue specialized training in Couples Therapy, Group Therapy, Child Therapy, or Psychological Assessment by attending optional practice-wide seminars in any of those areas. Training groups teach leading theories in their area and provide case conceptualization/example cases. One training includes Minding the Heart and covers the theory and technique of the leading experiential therapies (e.g., AEDP, Coherence Therapy, PACT, IFS) and skill-building practice of the interventions/techniques used in these approaches.



3.1 Psychotherapy Experience

Doctoral interns at DEP have the opportunity to gain experience working with clients in long-term psychotherapy. At least 40% of your direct hours must be face-to-face. The primary supervisor works with the intern to identify what sorts of cases and modalities (e.g., individual, couples, group, assessments, etc.) and populations they would like to work with to best promote their training, growth, and preparedness for the postdoctoral year. Assessment training includes written ADHD assessments, career assessments, and Personality Assessments.

Given the variability in attendance rates and the fact that some clients may be seen less frequently than every week, the size of the doctoral intern's caseloads may vary. A minimum of 800 direct service hours during the internship year is expected. To ensure interns reach the minimum, accruing more than 400 hours each semester is strongly recommended as winter holidays and summers tend to be slower clinically.

3.2 Individual Supervision

Each doctoral intern will receive at least 2 hours per week of one-to-one individual supervision focused on their individual therapy cases. Additional supervision is required when there are additional issues that need to be addressed including complex cases, professional development, or time to discuss legal and ethical issues.

Supervisory assignments are made at the beginning of each semester by the Director of Doctoral Internship in consultation with DEP staff members and with trainee input to help maximize learning and growth and to minimize the impact of dual-role issues. Note that supervision assignments are subject to change if the supervisor needs to be out of the office for an extended period (parental leave, illness, etc.) or in collaboration with the Director of Doctoral Internship, intern's current supervisor, and the doctoral intern decide a different supervisor would be a better match based on intern and supervisor feedback.

Supervision is tailored to each intern's needs and offered by licensed clinicians. Supervisors will ensure the integrity of clinical documentation by signing off on all notes and assessments conducted. Discretion will be left to the supervisor to clear the intern for the first intake and/or therapy session. Supervisors may choose to observe the first intake and/or therapy session, provide feedback, and sign off on independent intakes/therapy. See Supervision section for more details.

3.3 Didactics and Seminars

Each intern is encouraged to attend the practice-wide didactics that are offered throughout the year and usually held every other Friday. Interns are required to attend Rotations—targeted training on a specific population (e.g., couples; trauma) and modality (e.g., Experiential Therapy Approaches). Material will be increasingly advanced and caseload may increase with Intern's demonstrated capacity. Every other week, Interns will attend a trauma supervision with the Training Director. On alternating



weeks, Interns will attend a professional development seminar to discuss professional issues that aid in the evolution of their professional identity. Interns are also encouraged to view recorded didactic trainings and other training videos (over 40 hours worth) in the Google Drive, which are provided to enhance knowledge base and skills. Weekly throughout the year, Interns will have their own group supervision led by the Internship Director. During group supervision, Interns will be expected to present cases.

3.4 Specialized Didactic Seminars

Interns may attend specialized supervisions/consultations according to their desire for clinical specialty. Seminars include: pediatrics; trauma; queer; assessment, couples, group, Spanish-speaking.

- Assessment Didactic Consultation: every other Monday at 1pm
- Pediatric Didactic Consultation: Mondays at 2pm
- Group Didactic Consultation: Tuesdays at 2pm
- Trauma Didactic Consultation: every other Thursday at 11am
- Queer Didactic Consultation: contact Dr. David Hutsell
- Couple’s Didactic Consultation: every third Wednesday at 10am
- Spanish Didactic Consultation: Monthly on Mondays

3.5 Practicum Supervision

Interns will take turns leading the practicum students in weekly one-hour group supervision for one-month at a time in order to gain exposure with supervising. Interns are also expected to discuss these experiences during their individual supervision times and/or with the Director of Internship.

3.6 Other Indirect Hours

This includes, but is not limited to: case notes; intake notes; supervision preparation; case presentation preparation; administrative tasks; follow-up calls and consultations; systemic work.

3.7 Time Allocation for the Psychology Internship at DEP

Activity	Time Allotted	
	Minimum	Maximum
Direct clinical services	22 hrs.	25 hrs

Individual Supervision	2 hrs.	3 hrs.
Group Supervision	2 hrs.	3 hrs.
Seminars and Didactics	2 hrs.	4 hrs.
Clinical Preparation (e.g., case notes, intake notes, group notes, supervision prep, administrative tasks, etc.) focus on assigned readings, prepare for supervision, review client records, or to perform case management activities (e.g., making referrals, writing progress notes), research and preparation for presentations throughout the year	5-7 hrs.	5-7 hrs.
Total Commitment	35 hrs.	40 hrs.

4. Supervision

4.1 Supervision Process:

Supervision is a time to discuss the following: the work with individual and group clients, understanding of and responsibilities to the agency, professional values and ethics, personal reactions, feelings, attitudes, and biases as these relate to your work including transference and countertransference issues, cultural competency, self-care, the supervisory relationship itself, and other issues as they arise. The intern is expected to come prepared for supervision with questions to discuss any of the above topics. The intern is expected to bring the following to the supervisor's attention: crises, countertransference, conflict (ethical or otherwise), and challenges. The supervisor should be contacted within the hour of a crisis related to the safety of a client.

4.2 Supervision Notes:

The supervisor and supervisee are expected to both take notes during supervision. Supervision notes should include, but are not limited to, information regarding crises, countertransference, conflict (ethical or otherwise), challenges, continuing issues, treatment planning, concerns addressed in the supervisory relationship and professional issues discussed. Supervision notes must be kept in a secure area since they may contain sensitive client and supervisee information. At the end of supervision, notes shall be retained for at least 5 years, or if necessary, the supervisor may keep the



records longer. When notes are no longer deemed necessary by the supervisor, the notes will be destroyed.

4.3 Confidentiality in Supervision:

Information shared in supervision will remain confidential with the following limits:

- Information may be shared with other supervisors at the agency during monthly supervision consultation meetings or individually with other supervisors as needed.
- Information may be shared with your faculty liaison and/or school administrators (if applicable).
- Information regarding breaches of ethics will be shared with appropriate professional licensing boards when appropriate.
- Information about abuse/neglect of individuals who are children, elderly and/or disabled will be reported to the appropriate state hotline or police department.
- Thoughts of self-harm or harming others may need to be shared with outside entities.

5. Professional Expectations of Trainees

Doctoral interns are expected to commit to and demonstrate ethical behavior as defined in the APA Code of Ethics and to become familiar with and observe all DEP policies and procedures. Doctoral interns are viewed as emerging professionals and are respected and paid for the services and skills that they provide. Accordingly, it is expected that they will conduct themselves in a professional manner. All interns will also be expected to:

- Interns are considered full-time employees (i.e., 40 hours per week) with 18-25 therapy slots a week on the schedule for schedulers to schedule into. Interns have flexibility with scheduling depending on supervisor availability. Note that some evening and/or weekend availability is required and needs to be discussed with your supervisor(s). During these hours, it is expected that interns will be prepared to see their clients. It is expected that interns will use unscheduled time to focus on assigned readings and trainings, prepare for supervision, review client records, perform case management activities (e.g., making referrals, writing progress notes), and/or prepare for case presentations or didactic presentations.
- Adhere to the nondiscrimination and other policies in the Deep Eddy Psychotherapy Employee Handbook.
- Doctoral interns are expected to inform clients of their doctoral intern position at the outset of initial intake (i.e., during Informed Consent) and provide supervisor contact information to all clients. Signature line in email should include "Doctoral Intern" under your name and supervisor name and contact information (i.e., email).

- Supervisors may choose to observe the first intake and decide when the intern is ready for independent intakes. Supervisors may also choose to observe therapy sessions throughout the year in order to enhance therapeutic skills. Supervisors and/or interns may also choose to video / audio record client sessions (with consent). Supervisors may also request recording of sessions in order to view sessions privately and/or ask the intern to show an individual therapy session (or specific part of a session) to aid supervision. Digitally recorded material related to clinical work is treated as confidential and interns are instructed in how to ensure that this material is secured at all times.
- Be punctual, consistently attend, and actively participate in supervision, didactics, and consultations. Interns are expected to prepare for supervision on a weekly basis and to initiate and actively engage in discussions that will lead to their professional growth and to receive the feedback necessary to provide high-quality services to their clients. Interns are expected to utilize the DEP resources available to them if their clients experience clinical crises. These resources include individual supervisors, the Director of Internship, the Clinical Director(s), and the CEO.
- Be familiar with, commit to the following:
 - APA Ethical Principles of Psychologist and Code of Conduct.
 - APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
 - APA Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients.
 - APA Guidelines for Psychological Practice with Girls and Women.
 - APA Guidelines for Psychological Practice with Older Adults.
 - APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (PDF).
 - APA Guidelines for Assessment of and Interventions with Persons with Disabilities.
- Maintain timely and accurate client records, including written and electronic documentation, according to established DEP policies and procedures.
- Protect and safeguard ALL CONFIDENTIAL client material Specific procedures for protecting client information will be explained during orientation. *Absolutely no records or recordings are allowed to be removed from DEP premises (including the Google Workspace), under any circumstances.*
- Report Any Sick or Vacation Day to Your Supervisor. Interns may take 15 paid sick and/or vacation days. Supervisor is to be informed of days off so that they can track these and help with case management while the intern is away.
- Comply with the laws and regulations provided by the State of Texas and the Texas Behavioral Health Executive Council.

6. TECHNOLOGY

6.1 Social Media

It is inappropriate to Google clients or interact with them on social media sites (Facebook, Twitter, etc.), unless there is a need to ensure their safety. If there is a crisis, there is a suspicion that a client is in danger, it *may* be appropriate to search on Google or social media sites to ensure his/her welfare. Please consult with the respective supervisor(s) or a senior clinician when possible before choosing this option.

6.2 Email & MyPhone

Doctoral interns are expected to check Deep Eddy Psychotherapy email and Myphone.com regularly. Due to the lack of security, the use of e-mail with clients to discuss PHI and/or clinical information is prohibited. Emails and texting should be limited to scheduling correspondence. Remember, although email may seem like a private conversation, email can be printed, saved, and forwarded to unintended recipients. Doctoral interns are to let clients know their office hours and will only be available to return calls at certain times.

Example of Outgoing Message

Hello. You've reached the confidential voicemail of [Name] with Deep Eddy Psychotherapy. If this is a life threatening or mental health emergency, please hang up and dial 911 or go to your nearest emergency Please note, I am only in the office [on note office days and hours] and will only return calls during those times. If you need more immediate assistance, please contact my supervisor, [name of supervisor at supervisor email]. Thank you and take care.

Example of Email (for extended absences)

Thank you for your email. I am out of the office Wednesday, July 14th through Friday, July 16th. I will return emails within 48 hours of my return on Monday, July 19th. If you need assistance prior to my return, please [supervisor email].
If this is a mental health emergency, please contact Lifeline at 988 or or call 911

7. Evaluation, Feedback, Due Process, and Grievances

7.1 Evaluation and Feedback

Evaluation and feedback (bi-directional, formative and summative) is an ongoing process that occurs throughout each semester. At the start of the semester, supervisors and interns, in consultation with the Director of Doctoral Internship, will identify supervisory and clinical goals. At mid-year and end-of-year (i.e., four months and eight months), the intern's supervisor(s) will discuss the intern's progress on competencies and goals and to highlight areas of strength and areas of concern or growth so that interns can focus their training efforts on these issues before completing the internship. Each student meets with their supervisor to review and discuss these evaluations. Interns are evaluated on nine core competencies, which include:

- Research
- Ethical and Legal Standards

- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Inter-professional/Interdisciplinary Skills

See Appendix F for evaluation form.

Feedback can be communicated to the doctoral intern's graduate training director at each of the bi-annual formal evaluations by the supervisor as well as if at any time there is a problem in the intern's progression through the program. Feedback is also available to the program's training directors at any time upon request. Supervisors are no longer able to complete school-specific evaluations.

7.2 Due Process

It is recognized that problems in an intern's professional or personal conduct can take many forms. Specifically, if the problematic behavior and/or issues related to attaining competence within the program's defined competency areas a due process will be implemented. For example, a supervisor may feel that an intern has a marked deficiency in skills or motivation, particularly as reported in their formal evaluations in the program's competency areas; an intern may be unable to function professionally because of emotional or substance abuse problems; or an intern may have a physical illness which precludes him or her from completing assignments or attending critical training sessions. Clearly, each of these situations requires a different intervention. Many of these stressors and demands may be beyond the intern's control. Nonetheless, any of these issues may prevent the intern from completing the training program, or make it impossible for him or her to function clinically for a period of time. The mechanism for handling such problems must have sufficient flexibility to protect the program and the public, while providing the intern with appropriate support and remedial training.

Step 1 (Notice): When problematic behavior in an intern is observed by, or reported to, any member of the DEP team, that team member must let the intern's Clinical Supervisor know verbally. Or if an intern's formal evaluations by a supervisor show competency in one of the program's specified competency areas is not being met, then that could trigger the following as well. The supervisor and intern will have a formal meeting in which the intern has an opportunity to hear the concerns and respond to the concerns. The supervisor and the intern will discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not unusual, and in the vast majority of instances would require no further action.

Step 2 (Hearing): When a problem remains unresolved, or the supervisor and intern are unable to reach an acceptable solution, written notice will be provided to the intern

within a week, summarizing the problem and letting him or her know that the Director of Doctoral Internship and CEO will be informed by the supervisor and fully apprised of the situation. In the case that the Director of Doctoral Internship *is* the supervisor, another member of the Training Committee will be selected instead. The CEO will gather information from the concerned parties and from other staff or Interns in positions to provide relevant information. Consistent with APA ethical guidelines, all involved will proceed in a manner so as to protect confidentiality to the fullest extent possible. A meeting with the supervisor, intern, CEO, and Director of Doctoral Internship, will be scheduled within 2 weeks of the letter. If the CEO and/or Director of Doctoral Internship are able to act as a mediator and suggest a method of resolving the problem that is agreeable to all, no further action is necessary.

Step 3 (Remediation/Probation): If this meeting does not produce a solution, then the Training Committee will be informed verbally within a week and they will work with the supervisor, CEO, and Director of Doctoral Internship to produce a written plan for remediation or probation, including how often the progress will be reviewed and by whom, and the specific Intern behaviors that will be tracked to evaluate whether the remedial/probation plan is working. It will also include what needs to be accomplished for the Intern to exit the remediation/probation process and outline the employment termination process if the remediation/probation process is not successful within the timeframe the Committee deems appropriate to the problem. The plan should be given to the Intern within 2 weeks of the meeting outlined in Step 2. A copy of this correspondence will be placed in the intern's file. If the remedial/probation process solves the problem, a summary note will be given to the Intern and added to the Intern's file and no further action is necessary.

Step 4 (Termination): Termination involves dismissal from the Internship and the permanent withdrawal of all responsibilities and privileges of the program. When specific interventions do not, after a reasonable time period based on the behavior or skill needing to be addressed, rectify the problematic behavior and/or the Intern seems unwilling or unable to alter the problematic behavior, the supervisor, CEO, and Director of Doctoral Internship will decide based on majority vote whether the intern shall be dismissed from the program. The intern will be informed in writing of the outcome and the details of termination, including outlining the requirement that the Intern complete all client notes and help in the transfer or termination of his or her clients when appropriate.

7.3 Clinical work during Due Process

When possible, clinical work will continue during the due process procedures. In the case that an intern's personal/health/behavioral problems seriously impact professional performance, however, the supervisor should request that the intern's clinical activities be suspended immediately until remedied. In taking this action, there must be a substantial likelihood that the clinical conduct or activities of the intern would be harmful to the clients under his or her care. Discussion on this will involve the intern, the supervisor, the CEO, and the Director of Doctoral Internship. The final decision regarding suspension of clinical activities will be made by the supervisor since the work

is under his or her license and he or she is most familiar with the client cases involved. Any decision to suspend clinical activities will be documented in the intern's record. Where appropriate, the supervisor should assist the intern in locating the proper resources to deal with the difficulty. For example, the supervisor will aid the intern in seeking a referral for treatment as necessary. All other actions related to the situation, regarding remediation, suspension or termination from the program, as well as appeals, will follow the procedures outlined above.

7.4 Appeal to Due Process

The intern has the opportunity, at any time during the steps above or within 5 working days of receiving a termination letter, to appeal the actions taken by the program in regards to the identified problematic behavior. To appeal, the intern should put in writing his or her perspective or concern about the process and submit it directly to the CEO of Deep Eddy Psychotherapy. The CEO will appoint a three-person advisory committee, including two neutral licensed psychologists who have not otherwise been involved in the process, and a third person included because of special knowledge related to the specific circumstance at hand (addiction specialist, etc). Every effort will be made to protect the Intern's confidentiality in this process. The advisory committee will discuss the situation and a written report delineating the committee's findings and final decision, which will be submitted to the Intern and Training Committee within 30 days.

7.5 Grievance Process

When an intern has a complaint against the training program (e.g. complaints about evaluations, supervision, staff conflicts, stipends/salary, harassment, or any other element of the program), the Intern can:

1. Informally discuss the issue directly with the Staff Member(s) involved and/or
2. Discuss the issue with his or her supervisor to attempt to arrive at a mutually acceptable solution. Such a situation is not uncommon, and in the vast majority of instances would require no further action.

If the problem persists or cannot be resolved with informal discussion, or the problem is of such severity that additional contact between the Intern and others involved is not advised, the CEO or the Director of Doctoral Internship (whichever the intern prefers based on who might be outside the problem) should be notified verbally and fully apprised of the issue. The complaint must be made within a month of unsuccessful resolution in the informal discussions. The CEO will gather information from the concerned parties and from other team members or Interns in positions to provide relevant information. Consistent with APA ethical guidelines, the CEO will proceed in a manner so as to protect confidentiality to the fullest extent possible. If the CEO can act as a mediator and suggest a method of resolving the problem, no further action is necessary.

If mediation is not possible or successful in resolving the concern, the intern should notify the Training Committee about the problem in writing within 2 weeks of the

unsuccessful mediation. The Training Committee will make a determination whether any disciplinary action is necessary based on the standards and ideals outlined in our Employee Manual and notify the intern in writing within 30 days of their decision or plan to address the problem. Any disciplinary or remedial action included in this plan based on the grievance of the intern will follow the Due Process Procedures for the staff at large, outlined in the Employee Manual.

7.6 Grievance Appeal

If the intern does not think the situation is adequately resolved, he or she may submit an appeal directly to the CEO. The CEO will appoint a three-person advisory committee, including 2 neutral licensed psychologists who have not otherwise been involved in the process, and a third person included because of special knowledge related to the specific circumstance at hand (lawyer, ethics specialist, etc). Every effort will be made to protect the Intern's confidentiality in this process. The advisory committee will discuss the situation and a written report delineating the committee's findings and recommendations will be submitted to the intern and Training Committee within 30 days. Note: If the intern does not feel comfortable continuing with the supervisor, an alternate supervisor can be assigned to the Intern.

Any situation not accounted for in these policies may be addressed by the CEO, COO, and or other members of the leadership team according to their best judgment.

8. Eligibility and Application Process

8.1 Application and Selection Process

Recruitment materials outlining the program are available through our website at <https://deepeddypsychotherapy.com/psychology-internship/> and through our APPIC Directory listing at <https://membership.appic.org/directory/view/2559>. Interested applicants may submit their application through the APPI portal or reach out to our Training Director with questions: drachelmccarthy@deepeddypsychotherapy.com We follow match deadlines. Every application is reviewed by the Director of Doctoral Internship.

Deep Eddy Psychotherapy's Doctoral Internship Program adheres to the match policies set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC). The program accepts four to six (6) full-time interns each year beginning in September. **Intern applicants must be advanced pre-doctoral students who have completed the graduate coursework and at least 500 hours of supervised practicum experience are required for the internship.** We are interested in applicants who are clinically skilled, motivated to learn, and share the company-wide values community, personal growth, and diversity, equity and inclusion. We are open to applicants with varied theoretical approaches to their work, but we tend to train Interns in more long-term, experientially-oriented interventions.



Application materials from eligible candidates are reviewed and evaluated independently by the Internship Training Committee. The deadline for application submission is December 19th, 2022. Second, selected applicants are invited for a formal individual interview (in person). However, due to COVID 19, individual interviews will be conducted via telehealth and/or in person to ensure everyone's health and safety and preference. During each interview, interns are scored on a 11-point Likert rating scale (0-10, where 0 = Poorly Qualified and 10 = Extremely Well Qualified) for how well their qualifications and training goals match with the training program. When multiple interviewers are involved, weighted scores are averaged across interviewers and are used to rank applicants.

Third, applicants are ranked according to their alignment with suitability for the Doctoral Internship Program including the applicant's training and career goals and the internship's training philosophy. In accordance with APPIC guidelines, applicants who are no longer under serious consideration may be notified as soon as possible in the selection process, but no later than ten days prior to the Rank Order List submission deadline. Interested applicants should submit the application and vita via the AAPI Portal. For further questions about the program, e-mail to the Director of Doctoral Internship at Internship@DeepEddyPsychotherapy.com by the application deadline.

9. Maintenance of Records

Deep Eddy Psychotherapy, PLLC, maintains records of intern performance, including interns' training experiences, evaluations, and certificate of completion for evidence of the interns' progress, as well as all formal complaints and grievances filed against the program and/or individuals associated with the program since the last accreditation site visit. These records will be held in our confidential, HIPPA compliant google drive, accessible by the Program Director, Practice Manager and Executives.



Appendix A: Acknowledgement Form

Doctoral Intern Acknowledgement Form

APA Ethical Principles of Psychologist and Code of Conduct.

APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists

APA Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients.

APA Guidelines for Psychological Practice with Girls and Women.

APA Guidelines for Psychological Practice with Older Adults.

APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (PDF).

APA Guidelines for Assessment of and Interventions with Persons with Disabilities.

By signing below, I acknowledge I am familiar with the above policies/documents and agree to abide by them.

Signature:

Printed Name:

Date:



Appendix B: Important Links

[Employee Handbook](#)

[New Employee Orientation Training Videos](#)

[Crisis and Safety Manual](#)

[Zoom Rooms](#)

[Didactic Training Folder](#)

[Tori Olds Training Videos](#)

[Resource List](#)

[Video Consent Form](#)

[Psychology Practicum and Doctoral Internship Group Supervision Rotation](#)

[Documentation Cheat Sheet](#)

[HIPAA Video Recording Instructions](#)



Appendix C: Fall 2022 and Spring and Summer 2023 Rotation

Couple's Therapy Training

Presented by Dr. Lauren David alternating with DEP practice-wide trainings

Every other Friday at 2pm

(Note: topics and dates are subject to change)

- Week 2 (September 16th): Intro to Couples Work
- Week 4 (September 30th): Attachment Theory
- Week 6 (October 14th): Gottman Therapy/Sound Relationship House
- Week 8 (October 28th): Intro to PACT
- Week 10 (November 11th): PACT Basic Skills
- Week 11 (November 18th): PACT Advanced Skills (tentative)*
- Week 14 (December 9th): Sex Therapy
- Week 15 (December 16th) Sex Therapy (tentative)*
- Week 18 (January 6th): Sex Therapy
- Week 20 (January 20th): Infidelity
- Week 22 (February 3rd): Polyamorous Relationships
- Week 24 (February 17th): Gottman Therapy Or PACT Advanced Skills

Trauma Training

Presented by Adam Benden, LCSW-S alternating with DEP practice-wide trainings

Every other Friday at 2pm

(Note: topics and dates are subject to change)

- Week 26 (March 3rd): Fundamentals of Trauma and Its Impact
- Week 28 (March 17th): Basics of Neurobiology and Trauma
- Week 30 (March 31st): Attachment Theory and Healing Trauma Through Relationships
- Week 32 (April 14th): Attachment (cont)
- Week 34 (April 28th): Vicarious Trauma and Its Effects
- Week 36 (May 12th): Vicarious Trauma (cont)
- Week 38 (May 26th): Treatment of Trauma and Healing Centered Approaches

Minding the Heart –Experiential Theories and Techniques

Presented by Tiffany Nicely-Williams, LCSW

Starting in June on Tuesdays. Time is TBD

Appendix D: Telesupervision Policy

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video, rather than in person.

In normal conditions, as per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns.

However, in the event of unprecedented global health crises such as the 2020-21 COVID-19 pandemic, expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

Rationale:

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that telesupervision allows for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision. Telesupervision may also be used in non-crisis situations to allow supervision or training to occur when it would otherwise be prohibitively inconvenient or inefficient. For example, with the high cost of living in Austin, we recognize many Interns may live in surrounding areas where the time and gas cost of driving to supervision is costly and unnecessary if it can be effectively carried out remotely.

Consistency with Training Aims and Outcomes:

Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at the outset of supervision and regularly check in on these throughout the supervisory relationship. Trainees receive



ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision and trainings when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations), or is prohibitively inconvenient or inefficient compared to that benefit gained. We implement telesupervision by using a videoconferencing platform, Zoom Healthcare. Supervisors and supervisees may access telesupervision either from their individual offices or a secure and confidential space within a home.

Trainee Participation:

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

Supervisory Relationship Development:

Ideally, in-person meetings between supervisor and supervisee are encouraged. This can be especially important early on in supervisory relationship development. However, just as with teletherapy intakes, strong working relationships and alliance can be built over telesupervision using the same skills supervisors would use to build those relationships in person. We encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or Zoom between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

Professional Responsibility for Clinical Cases:

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely-working clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage:

Supervisors are available by email, text, phone, or zoom in the event of need for consultation between sessions. Other clinical staff are also available via such forms of



communication if a direct supervisor is unavailable. If a trainee is working out of their office, we maintain an open-door policy and clinical staff can also be approached in this manner. Supervisors or other clinical staff can be invited to virtual client sessions to assist in cofacilitation in the event telehealth is being utilized and if there are any client emergencies that necessitate intervention of senior staff.

Privacy/Confidentiality of Clients and Trainees:

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. Our videoconferencing platform, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards.

Technology Requirements and Education:

Telesupervision will occur via Zoom Healthcare. During their orientation weeks, trainees will receive telehealth training, specific training on utilizing Zoom Healthcare, and training on being prepared for supervision, be this in-person or via teleconference. Our staff receive continuing education and training on providing services in a teleconferencing environment.



Appendix E: DEP Supervision Agreement

Purpose of Supervision

Supervision is a critical component of evidence-based care and training. In accordance with the standards listed by the Association of Schools and Programs in Professional Psychology (2015), supervision will serve to:

1. Review and monitor treatment to ensure evidence-based practices, as well as protect the client and clinician
2. Guide the formation of professional identity and competence of the supervisee
3. Provide constructive feedback regarding treatment and client care
4. Collaborative problem-solving and alliance between supervisor and supervisee

Supervisory Model



The model for supervision is competency-based (see Falender & Shafranske, 2004), which emphasizes the growth of clinical skill, knowledge, attitudes, professional values, and the alliance between supervisor and supervisee.

Supervision, therefore, is a scaffolding approach to professional development to best enhance supervisee growth. Methods for a competency-based model include:

1. Emphasis on skill development in treatment, assessment, and consultation
2. Inter-professional communication
3. Well-established (and realistic) goals
4. Experiential learning and challenging oneself

Structure of Supervision

The supervisor will provide 2 hours of supervision per week during the 12 months. In the event that a supervision meeting must be canceled or rescheduled, the supervisor and supervisee will be flexible and find time to make up supervision and/or find a substitute supervisor for that week. Structure of the supervision session: supervisor and supervisee collaborate on agenda for each supervision session, identification of most important issues or topics, problem-solving and processing, and exploration of professional development progress.

The supervisee is expected to fully participate and prepare for each supervision session. This may include a brief summary for each client, and any video/audio recording of sessions. All client notes must be ready for a supervisor's signature within 24 hours of the client's session. The supervisor is expected to review the work of the supervisee and provide feedback, with an emphasis on supervisee skill development and professional growth. Supervision sessions may be documented by the supervisor in accordance with the ASPPP recommendations for supervision documentation (2015).

Supervisory Process

Supervision from a competency-based model primarily involves identifying goals and utilizing supervision effectively to advance goal achievement. The initial supervision session will involve identifying professional strengths and areas of growth while addressing issues that may arise in the supervision alliance.

Elements of Evaluation

The supervisor is responsible for providing feedback and constructive criticism at each supervision session. Additionally, formal feedback will be provided twice during the internship year. This formal feedback will be provided to the supervisee in the supervision session and discussed before forwarding final conclusions to the internship Director. Additional feedback may be requested at any time from the supervisee.



Limits of Confidentiality

Limits of confidentiality exist for supervisee disclosures in supervision. Information that indicates negligent, malfeasant, or other clinical decisions that represent risk of harm to the client are not protected by confidentiality and must be reported. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee. The supervisor also attends a monthly supervision consultation group with other Deep Eddy supervisors, during which the supervisory work may be discussed. The supervisee may at any point request that information be kept private.

Potential Ethical Concerns

Supervision and clinical work will adhere to the standards set by Federal law and administrative rules, particularly HIPAA, State law and administrative rules, all institutional and organizational policies, as well as the Ethical Principles and Code of Conduct of the APA (2010).

As the supervisor is responsible for the actions of the supervisee, the supervisee agrees to:

1. Come prepared to all supervision sessions with case information and questions
2. Disclose all client information that may represent a risk of harm (suicidality, homicidality, abuse, etc)
3. Adhere to the regulations and laws set by Federal, administrative, State, institutional, and APA
4. Document all client interactions accurately and professionally
5. Inform clients about supervisory status and the name and contact information (email) of the supervisor

An inability to adhere to these agreements may result in corrective or disciplinary action by the supervisor, state regulatory board, and/or the institution.

Diversity & Religious / Spiritual Concerns

Within a competency-based model of supervision, diversity and cultural humility are emphasized as a professional development necessity. As such, the supervisory alliance may include discussions of cultural concerns, particularly if these exist in the supervisor-supervisee relationship.

Other Considerations

Other considerations for the supervision process will be discussed at the onset of supervision, including any and all institutional/organizational requirements, such as



access to record-keeping systems, professional conduct and dress, resources, and other systemic issues.

Supervisory Checklist:

- Go over agreement together
- Communication and contact with supervisor
- Informing clients of supervisee status
- Crises, risk management, and safety
- Recording sessions for review
- Documentation
- Teletherapy considerations
- Supervisee goals

Statement of Agreement and Signature page to follow

Statement of Agreement

By signing below, I indicate that I have read and agreed to the expectations and limits listed in this supervision contract. I acknowledge the importance of client safety and strive to abide by the APA standards of ethical conduct.

Supervisee Name:

Supervisee Signature

Date

Supervisor Name:



Supervisor Signature

Date

Appendix F: [Psychology Trainee Competency Assessment Form](#)

Intern Name: _____ **Supervisor:** _____

Date: _____

Methods of Determining Levels of Competency (*Check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Direct observation | <input type="checkbox"/> Feedback from other staff |
| <input type="checkbox"/> Review of written work/notes | <input type="checkbox"/> Co-facilitation |
| <input type="checkbox"/> Discussion of clinical interaction | <input type="checkbox"/> Role play(s) |
| <input type="checkbox"/> Video/Audiotape | <input type="checkbox"/> Case Consultation |
| <input type="checkbox"/> Other _____ | |

Instructions: Please provide a rating for each competency at the element level. This rating should show intern growth over the course of the year towards competency in all elements by the final trimester evaluation. Use the definitions for each descriptor below to choose the rating that represents the interns' performance in each skill area. This document should be reviewed as part of the supervisor -intern feedback sessions

conducted biannually. Supervisors and interns must sign the evaluation after it has been reviewed together.

Profession-Wide & Program-Specific Competency Skill Areas Rating Descriptions:

- 6 Strength:** Knowledge and skill development exceeds expectations in that element.
- 5 Emerging Strength:** Knowledge and skill development exceeds expectations in one or two areas of element. Knowledge and skill development expectations are met in all essential areas of element.
- 4 Competency:** Knowledge and skill development expectations are met in all essential areas of element. This expectation includes the ability to independently function in a broad range of clinical and professional activities, the ability to generalize skills and knowledge to new situations, and the ability to self-assess when to seek additional training, supervision, or consultation.
- 3 Maturing Competency:** Knowledge and skill expectations are met in some areas of element and growth is apparent in the development of knowledge and skills across all essential areas of element. Common rating for midyear of internship.
- 2 Emerging Competency:** Improvement in performance is needed. Knowledge and skill development expectations are met in some areas of element, but improvement is needed in one or more important areas.
- 1 Insufficient Competency:** Unsatisfactory performance at the beginning stage of internship training. Knowledge and skill development is below expectations in most essential areas of element.

	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
<u>Profession Wide Competency: Research</u>	1	2	3	4	5	6
Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).						

Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including within Deep Eddy), regional, or national level.						
Comments:						

<u>Profession Wide Competency: Ethical & Legal Standards</u>	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
	1	2	3	4	5	6
Knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines.						
Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.						
Conduct self in an ethical manner in all professional activities.						
Comments:						

<u>Profession Wide Competency: Individual and Cultural Diversity</u>	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
	1	2	3	4	5	6
Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understands and interacts with people different from themselves.						
Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.						
Demonstrate ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles.						
Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.						
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her own.						
Comments:						

Profession Wide Competency: Professional Values & Attitudes	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Competency	Strength
	1	2	3	4	5	6
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.						
Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.						
Actively seek and demonstrate openness and responsiveness to feedback and supervision.						
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.						
Comments:						



Profession Wide Competency: Communication & Interpersonal Skills	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
	1	2	3	4	5	6
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.						
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.						
Demonstrate effective interpersonal skills and the ability to manage difficult communications well.						
Comments:						

Profession Wide Competency: Assessment	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
	1	2	3	4	5	6

Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including considerations of client strengths and psychopathology.						
Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).						
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.						
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.						
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.						
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.						
Comments:						

	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
<u>Profession Wide Competency: Intervention</u>	1	2	3	4	5	6
Establish and maintain effective relationships with the recipients of psychological services.						
Develop evidence-based intervention plans specific to the service delivery goals.						
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.						
Demonstrate the ability to apply the relevant research literature to clinical decision making.						
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.						
Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.						
Comments:						



	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
<u>Profession Wide Competency: Supervision</u>	1	2	3	4	5	6
Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.						
Apply the supervisory skill of observing in direct or simulated practice.						
Apply the supervisory skill of evaluating in direct or simulated practice.						
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.						
Comments:						

	Insufficient Competency	Emerging Competency	Maturing Competency	Competency	Emerging Strength	Strength
<u>Profession Wide Competency: Consultation & Interprofessional/Interdisciplinary Skills</u>	1	2	3	4	5	6
Demonstrate knowledge and respect for the roles and perspectives of other professions.						
Apply knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.						
Comments:						

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

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

GOAL FOR INTERN EVALUATIONS DONE MIDYEAR

All competency areas will be rated at a level of competence of **3** or higher. No competency areas will be rated as **1** or **2**.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of **4** or higher. No competency areas will be rated as **1** or **2**.



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

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

Supervisor _____ Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

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

Trainee _____ Date _____

Appendix G: Didactics on Special Topics Schedule 2022-2023

Didactics on Special Topics and Professional Development Seminar Schedule

Wednesdays at 2pm

(Note: topics, presenters, and dates are subject to change)

- Week 1 (September 7th): DSM 5 diagnosis presented by Dr. Ian Woodwick
- Week 2 (September 14th): Professional Development Seminar (PDS)
- Week 3 (September 21th): Risk Assessment and Safety Planning presented by Dr. [Tiffany Adeigbe](#)
- Week 4 (September 28th): PDS
- Week 5 (October 5th): Theories of Suicide: Clinical Application presented by Dr. [Tiffany Adeigbe](#)
- Week 6 (October 12th): PDS

- Week 7 (October 19th): Creating Conceptualization and Treatment Plan presented by [Dr. McKenna Hereford](#)
- Week 8 (October 26th): PDS
- Week 9 (November 2nd): Working Across Difference: Multicultural Orientation and Cultural Humility presented by [Dr. David Hutsell](#)
- Week 10 (November 9th): PDS
- Week 11 (November 16th): Evidence Based Techniques for Group Therapy presented by [Dr. Jev Sikes](#)
- Week 12 (November 23rd): PDS
- Week 13 (November 30th): D&D with [Wizard Mike](#)
- Week 14 (December 7th): PDS
- Week 15 (December 14th): Working with Queer Clients: Queer-Affirming Care and Clinical considerations presented by [Dr. David Hutsell](#)
- Week 16 (December 21st): PDS
- Week 17 (December 28th): HOLIDAY BREAK
- Week 18 (January 4th): PDS
- Week 19 (January 11th): Intern Topic
- Week 20 (January 18th): PDS
- Week 21 (January 25th): Intern Topic
- Week 22 (February 1st): PDS
- Week 23 (February 8th): Intern Topic
- Week 24 (February 15th): PDS
- Week 25 (February 22nd): Evidence Based Techniques in Couples Therapy presented by [Steve Cheney, LPC](#)
- Week 26 (March 1st): PDS
- Week 27 (March 8th): Evidence Based Techniques in Couple's Therapy presented by [Steve Cheney, LPC](#)
- Week 28 (March 15th): PDS
- Week 29 (March 22nd): Evidenced based techniques in Pediatric Therapy: Play therapy presented [Dr. Katie Fahrner](#)
- Week 30 (March 29th): PDS
- Week 31 (April 5th): Evidenced based techniques in Pediatric Therapy: Working with Parents presented by [Dr. Katie Kahrner](#)
- Week 32 (April 12th): PDS
- Week 33 (April 19th): [D&D with Wizard Mike](#)

- Week 34 (April 26th): PDS
- Week 35 (May 3rd): Essentials of Supervision: An Integrative Developmental Perspective presented by [Dr. Michael Azarani](#)
- Week 36 (May 10th): PDS
- Week 37 (May 17th): Essentials of Supervision: Supervising Across Difference presented by [Dr. Michael Azarani](#)
- Week 38 (May 24th): PDS
- Week 39 (May 31st): TBD
- Week 40 (June 7th): PDS
- Week 41 (June 14th): The Transtheoretical Model of Change and Addiction presented by [Dr. Ben Spear](#)
- Week 42 (June 21st): PDS
- Week 43 (June 28th): Therapy Approaches for Clients Experiencing Addiction Concerns presented by [Dr. Ben Spear](#)
- Week 44 (July 5th): PDS
- Week 45 (July 12th): Writing Letters for Gender Affirmative Surgeries presented by Dr. Sally Lineback and Dr. Emily Kerzin
- Week 46 (July 19th): PDS
- Week 47 (July 26th): Writing Letters for Gender Affirmative Surgeries presented by Dr. Sally Lineback and Dr. Emily Kerzin
- Week 48 (August 2nd): PDS
- Week 49 (August 9th): Working with Neurodiverse Clients presented by Dr. Kyler Shumway
- Week 50 (August 16st): PDS
- Week 51 (August 23th): Working with Neurodiverse Clients (cont'd) presented by Dr. Kyler Shumway
- Week 52 (August 30th): PDS