

Doctoral Internship in Health Service Psychology Children's Healthcare of Atlanta, Emory University School of Medicine Intern Handbook



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of The American Psychological Association

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* For more information regarding the American Psychological Association (APA) accreditation status of the doctoral internship in professional psychology, contact:

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INTRODUCTION

The Children's Healthcare of Atlanta (Children's) Doctoral Internship in Health Service Psychologist at Emory University School of Medicine is administratively housed within the Emory University School of Medicine Department of Pediatrics and clinically occurs within Children's. Children's provides assessment and treatment services for a variety of pediatric populations and their families. The Doctoral Psychology Internship program philosophy is that the principles and procedures of behavioral and developmental science are key components of effective clinical services for the populations served by Children's Healthcare of Atlanta. Accordingly, it promotes data-based diagnostic and treatment procedures that are consistent with basic principles of learning and behavior, psychometric science and empirically supported practice, as are embodied in the research literature. Specific clinical activities are designed to conform to established ethical guidelines of the American Psychological Association.

The Doctoral Internship program strives to provide a model of applied behavioral science in a pediatric medical setting through its service, training, and research programs. The training framework of our internship program follows a scientist-practitioner model to prepare students to function not only as psychologists capable of providing health-related services to children and their families in a variety of settings and with competence within an interdisciplinary team, but also as consultants, teachers, researchers and administrators. In pursuing the training program's goals, we seek to train interns in theories and methods of assessment and diagnosis and effective intervention (including empirically supported treatments); theories and/or methods of consultation, evaluation, and supervision; strategies of scholarly inquiry; and issues of cultural and individual diversity that are relevant to all of the above. Training occurs through supervised experiences in intensive day treatment programs, outpatient programs, and psychological assessment. In the context of these environments, interns also participate in ongoing or original research projects. In addition to in vivo instruction, the internship provides didactic instruction that is pertinent to working with Children's primary populations, as well as to foundation skills in the practice of psychology. Interns completing our program are well qualified to enter clinical, medical or academic settings.

Training in psychology at the Children's Healthcare of Atlanta is organized around the core competency areas endorsed by the American Psychological Association. These competency areas are also consistent with recommendations from the Association of Directors of Psychology Training Clinics (ADPTC) and the Council of Chairs of Training Councils (CCTC). The training is designed to follow a course that is developmental and progressive, such that interns may gain greater levels of independence as their proficiencies increase over the course of a rotation and over the course of the training year. It is the express desire of each faculty member that all interns will successfully complete the training year so that they are prepared to continue their professional development in the manner that best fits their individual circumstances.

This handbook is divided into sections that provide specific guidelines to facilitate a successful training year. Section one includes this introduction. Section two includes overall ethical and legal guidelines. Section three includes procedures set for due process and are consistent with guidelines from APA and the Association of Psychology Postdoctoral and Internship Centers, stipulates procedures to guide any needed remediation processes that may arise in the course of a training year, Children's Healthcare of Atlanta policies and procedures (e.g., Leave policy, Reimbursement), and onboarding tasks. Section four includes general recommendations as a Children's intern and general

guides for each rotation. The training process is a partnership among trainees and faculty members and it is the goal of the Children's Healthcare of Atlanta's internship that the internship year provides a productive collaboration and rich foundation on which to build the remainder of your professional life as a psychologist.

ETHICS and RULES/REGULATIONS

As Psychologists in training, and in recognition that the training process intrinsically involves that they practice under the supervision of a psychologist who is bound by state and national codes of conduct, all interns are required to abide by the ethical principles and code of conduct for the American Psychological Association and the Georgia State Board of Examiners of Psychologists. The relevant documents and resources follow.

American Psychological Association Ethical Principles and Code of Conduct, 2002 version with 2010 and 2016 Amendments (See appendix)

<https://www.apa.org/ethics/code>

Georgia State Board of Examiners of Psychologists, Rules and Laws

The law, policies and rules for the practice of psychology in Georgia and code of conduct are prescribed by the Georgia State Board of Examiners of Psychologists. Relevant laws and rules change from year to year and are available on the Georgia Secretary of State web site. At the time of this revision, those materials were available at:

Current Information is available online: <http://rules.sos.state.ga.us/gac/510>

GENERAL INTERNSHIP POLICIES AND PROCEEDURES

Required Training Activities and Guidelines

The curriculum for the doctoral internship at Children's Healthcare of Atlanta has been carefully crafted by the training committee (a) to support the goals and objectives of the internship, (b) to assure that interns have every opportunity to demonstrate the competencies that are required for successful completion, and (c) to meet the Standards of Accreditation for Internship Programs and related Implementing Regulations of the internship's accrediting body (the Commission on Accreditation of the American Psychological Association). To assure that trainees attain a standard set of training experiences, the following activities are required of each intern:

Interns will engage in contact with patients to deliver services and receive experiential training for at least 600 hours over the course of the training year. To achieve this level of activity while attending to other aspects of training and planning for time away, interns should have a goal of 18 hours of patient contact per week.

1. Interns are expected to actively engage in other aspects of professional activities, related to administrative and records-keeping tasks, and engagement with professional organizations.
2. Interns must complete a minimum of 2000 hours of internship over the course of 12 months. At least, 600 of which are direct contact hours. The typical workload that an intern can expect is 45–50 hours per week.
3. Supervisors will provide a minimum 4 hours of supervision per week that interns are engaged in experiential learning; at least 2 of these hours will consist of individual, face-to-face supervision with a licensed psychologist and the remainder can be in a group setting and/or with another licensed professional. This will include monthly group supervision which will be specific to the intern class.
4. Interns are required to attend all didactic meetings. These sessions include the Internship Didactic Seminar Series, Professional Development sessions, and other didactic sessions require for each rotation.
5. Interns are required to attend at least five Grand Rounds Presentations these can be through Marcus or Children's.
6. Interns are required to attend at least five Diversity Seminar Series presentations through Children's Healthcare of Atlanta.
7. Interns are required to participate in monthly meetings with the Training Director to review administrative, professional, and clinical issues.
8. Interns are required to work with a faculty preceptor to design and complete a research project that is not part of their dissertation research.
9. Interns are required to participate in the mentorship program.
10. Interns and supervisors are advised to complete a training agreement at the start of each rotation.

11. Interns are required to maintain ongoing logs to record clinical contact hours, hours of individual supervision with license psychologist(s), other supervision hours, and other training activities.
12. Interns are required to participate actively and responsibly in all aspects of the training experience so as to meet identified goals of the experience and exit criteria.
13. In addition to Emory policies, interns adhere to all Children's organizational expectations for behavior in the workplace including employee dress code (e.g., shirts cover shoulders, closed toe shoes).
14. Interns must inform clients of the supervisor-trainee relationship and inform clients they may confer with the training supervisor about any aspect of the services provided.
15. Interns are generally expected to be here at minimum 8:00am to 5pm; however, schedules may shift depending on the needs of your rotation. You should be provided with an opportunity for lunch.

Supervision

Supervision

The internship focuses on developmental, competency-based supervision. All interns are assigned primary supervisors in each of their major and minor rotations. Supervision is done primarily on an individual basis, with a licensed clinical psychologist on faculty, although some supervision is also conducted in group format and case conferences. Supervisors will provide a minimum 4 hours of supervision per week that interns are engaged in experiential learning; at least 2 of these hours will consist of individual, face-to-face supervision with a licensed psychologist and the remainder can be in a group setting and/or with another licensed professional. This will include monthly group supervision which will be specific to the intern class.

Telesupervision

Overview, Rationale, and Uses of Telesupervision

Face-to-face supervision is the primary supervisory modality utilized in the internship training program. Telesupervision is available as a component of the internship training program to ensure that interns have access to optimal supervisory expertise and oversight for clinical training activities when in-person supervision is deemed impractical, generally due to geographic constraints, or unsafe due to health considerations. The use of telesupervision is consistent with training program aims, including opportunities for interns to gain experiences in a range of clinical activities that are facilitative of professional development across the health service psychology competency domains.

Determination of Intern Participation in Telesupervision

Interns may engage in telesupervision for clinical training activities where a supervisor with the requisite expertise is unavailable for face-to-face supervision. Interns who at any point are deemed based on their performance reviews to be functioning at below expected levels in any health service psychology domain may, at the discretion of the TD, be excluded from training activities involving telesupervision in order to ensure close monitoring of their clinical work that is best accomplished via face-to-face supervision.

Telesupervision Procedures

A. Initiation of Telesupervision Relationships: Establishment of relationships between supervisors providing telesupervision and interns is facilitated by the TD. This involves ensuring that both parties are aware of the parameters of telesupervision, including policies and procedures

B. Responsibility for Clinical Cases, Non-Scheduled Consultation, and Crisis Coverage: All supervisors conducting telesupervision make explicit arrangements for nonscheduled consultation and/or crisis coverage as needed outside of designated supervision times. Additionally, a designated on site faculty supervisor colleague serves as a point person for supervisors providing telesupervision in

the event that direct supervisory intervention is needed on behalf of patients, such as instances where interns need direct onsite support for crisis management or emergency intervention.

C. Privacy and Confidentiality: Privacy and confidentiality in instances of telesupervision are managed by ensuring that only secure communication devices are utilized for supervisory communications. Interns and supervisors are required to communicate only from locations where confidentiality can be ensured, namely professional offices.

D. Technology Requirements: Telesupervision is conducted using phone or videoconference lines that are secure and designated for professional communications. Education on the use of these technologies is available but typically not required given that they are routine means of communications with which most interns and supervisors are already familiar.

Evaluations

Interns complete ongoing evaluations throughout the year to evaluate their progress in mastering core competencies. Please see Appendix D for a copy of the Internship Evaluation. Competencies align with APA's 2012 Revised Competency Benchmarks. Interns complete a self-evaluation at the beginning and share this with their primary supervisor to collaboratively complete the initial Baseline Benchmark evaluation. This is used to create training goals and set a developmentally appropriate enter to clinical and research activities. Following this, quarterly evaluations are completed to measure progress toward mastery for independent practice.

Successful internship performance requires that, by the end of the internship training year, interns demonstrate a developmentally expected level of competence in the following health service psychology domains:

- A. Assessment
- B. Intervention
- C. Consultation and interprofessional/interdisciplinary skills
- D. Supervision
- E. Research
- F. Professional values, attitudes, and behaviors
- G. Communication and interpersonal skills
- H. Individual and cultural diversity
- I. Ethical and legal standards

Intern performance is measured using the Trainee Performance Evaluation Form that yields a numerical competence rating using a Likert-type scale for each of the health service psychology competency domains listed in subsection I above. The Trainee Performance Evaluation Form also yields an overall competency rating. The rating scale is as follows:

HOW COMPETENT IS THE INTERN TO PRACTICE IN THIS DOMAIN, TO DEAL WITH BASIC ENTRY-LEVEL PROFESSIONAL SITUATIONS?

Needs Remediation	Requires Close Supervision	Requires minimal supervision	Ready to practice at basic Level	Exceeds entry level of competence
0	1	2	3	4

Specifically, in order to successfully complete the internship, interns must have an average rating of 3 across all areas of competency. These minimal level of achievement ratings reflect a determination that, by the end of internship, interns have attained "Readiness for Entry Level Practice," encompassing abilities to: (1) independently function in a broad range of clinical and professional activities; (2) generalize skills and knowledge to new situations; and (3) self-assess when to seek additional training, supervision, or consultation.

If there are competencies that are not involved in the training activities of current rotations, supervisors will need to utilize an alternative form of assessment to directly observe competence in each those areas. This might include conversations, role-plays, written assessments, or 360-degree evaluations. In quarterly evaluations with more than one supervisor, please, list a single rating that reflects the consensus of all supervisors.

Evaluation Feedback

1. Individual Supervisor Performance Evaluation and Feedback

A formalized summative feedback process is conducted at specific points in the course of the training year in accordance with rotation schedules to provide interns with input on supervisor perceptions of strengths as well as areas of growth. Supervisors for rotations provide verbal feedback throughout the rotation and complete written evaluations quarterly. The Trainee Performance Evaluation Form is used for all written evaluations. Supervisors discuss with the intern their numerical ratings across the competency domains as well as any written observations. Interns provide written acknowledgement of having received the evaluation and also have an opportunity to provide written comments on any aspect of the evaluation.

2. Faculty Intern Evaluation Meetings

Intern progress is discussed routinely in faculty meetings throughout the training year. Additionally, faculty meet quarterly to discuss in detail intern competency performance ratings and develop training recommendations for upcoming rotations. An end-of-year faculty meeting is convened to make final determinations regarding successful completion of internship along with recommendations for ongoing professional development post-internship.

3. Training Director Meetings with Interns

Drawing upon the collective information provided via these evaluation mechanisms, the Training Director (TD) or faculty designee (e.g., Associate Training Director of the Neuropsychology Track or General Internship Experience Track) meets with each intern individually at the end of each rotation to provide integrative summative feedback and make relevant recommendations and suggestions. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give her/his feedback regarding the training experience, including feedback about supervisors and the training experience as a whole. Internship Policies and Procedures 13

4. Evaluation Feedback to Sponsoring Institution

It is important that in the course of the internship training year the sponsoring institution is kept apprised of the intern's training experience. The TD communicates with the sponsoring institution twice a year regarding the intern's progress. This communication typically takes the form of written mid-year and end-of-year evaluation letters sent to the sponsoring institution's director of clinical training. The mid-year letter summarizes the intern's training experiences for roughly the first half of the internship year and provides an evaluative summary of progress to date. The end of the year letter provides information on training experiences during the last half of the internship year, a summary evaluation of intern performance throughout the internship year, and a statement indicating intern status with respect to successful completion of internship requirements.

Records

A. Records Maintained

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

B. Record Maintenance Duration

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

COVID-19 Procedures

Telehealth

The majority of work is conducted in-person at Children's Healthcare of Atlanta. However, some assessment and intervention work is currently allowed to occur via telehealth. Interns will be provided with a didactic on the provision of services via telehealth early on in year. All telehealth Interns are responsible for following all HIPPA guidelines while conducting telehealth and should ensure they are in an appropriately private and professional location when providing services.

Vaccinations

Emory University requires all students, faculty, and staff to be vaccinated and boosted against COVID-19, with exceptions only for those with approved medical or religious exemptions.

Approved COVID-19 vaccination exemptions will be extended for the COVID-19 booster; there is no need to reapply if you have already received an approved exemption (see more exemption information below).

- **COVID-19 Primary Series:** Faculty and staff members will need to upload their COVID-19 vaccination documentation via the HOME employee portal. [Please review documentation instructions here.](#)
- **COVID-19 Booster:** All faculty and staff can complete an online form attesting to their booster status by following [this link](#).*

Faculty, staff, and students can [request an exemption from the COVID-19 vaccine](#) primary series or the COVID-19 booster for medical or religious reasons only. Approved COVID-19 exemptions for the primary series will be extended for the booster; there is no need to reapply if you have already received an approved exemption.

Return to Work Criteria

Due to critical staffing shortages that are impacting patient care, Children's instituted the following temporary return-to-work guidance:

Staff* (clinical and non-clinical) and physicians may return to work according to the following criteria:

FULLY VACCINATED**	Asymptomatic	Resolving symptoms	Persistent symptoms
Return to work after a positive molecular COVID-19 (PCR or antigen) test	5 days from date of positive molecular COVID-19 (PCR or antigen) test***	7 days from date of symptom onset with \geq 24 hours of resolving symptoms	8 or more days from date of symptom onset with \geq 24 hours of resolving symptoms

NOT FULLY VACCINATED****	Asymptomatic	Resolving symptoms	Persistent symptoms
Return to work after a positive molecular COVID-19 (PCR or antigen) test	10 days from date of positive molecular COVID-19 (PCR or antigen) test***	At least 10 days from date of symptom onset with \geq 24 hours of resolving symptoms	11 or more days from date of symptom onset with \geq 24 hours of resolving symptoms

***Staff:** any clinical or non-clinical person with an employment or contractual obligation to Children's.

****Fully vaccinated:** at least two weeks post a 2021-22 seasonal influenza vaccine **AND either:**

- At least two weeks post a primary two-dose COVID-19 vaccine series with the Pfizer or Moderna vaccines

OR

- At least two weeks post a one-dose COVID-19 vaccine with the J&J vaccine

*****Test day** is day zero in asymptomatic staff and symptom onset day is day zero in symptomatic staff

******Unvaccinated or not fully vaccinated:** anyone who does not meet the fully vaccinated definition

Additional and/or updated information can be found on CareForce: COVID-19 Hub.

Human Resources

1. Emory Human Resources

- i. Vanessa Bullard is our current Emory Human Resources representative – vanessa.bullard@emory.edu
- ii. Interns salary and benefits are handled by Emory.
- iii. Please see Appendix G for the full Emory Equal Opportunity and Affirmative Action statement.
- iv. Leave under FMLA and accommodations under ADA are handled by Emory.
 1. Please talk to the Training Director if you need to access provisions available under the Family and Medical Leave Act or Americans with Disabilities Act. The Training Director will help facilitate access through Human Resources and work with you and your supervisor.
 - a. The Family and Medical Leave Act (FMLA) is a federal law that provides you with unpaid, job-protected time off for a wide range of reasons, including medical issues. <https://hr.emory.edu/eu/employee-relations/fmla.html>
 - b. Americans with Disabilities Act (ADA) is a federal law that prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services. Please contact Emory University's Department of Accessibility to learn more. <http://accessibility.emory.edu/>

2. Children's Human Resources

Riley Palmer is our current Children's Healthcare of Atlanta Human Resources representative – riley.palmer@choa.org

- ## 3. Interns are subject to Children's Healthcare of Atlanta pre-employment screening which includes [\(Policy 9.06\)](#):
- a. Passing a drug screen including nicotine (30 days without use) and marijuana.
 - b. Proof for vaccinations and titres for MMR, varicella, Tdap, hepatitis B, COVID-19, and annual influenza vaccine. Necessary immunizations will be provided. Work cannot begin until vaccinations are complete.
 - c. Documented negative Tuberculosis (TB) blood test within the last twelve months or complete a TB blood test.
 - d. Pre-employment health screening to ensure employee is capable of meeting physical demands of their job description, including lifting 50 pounds.
 - e. Passing a background check, including misdemeanors (some case-by-case exceptions allowed for misdemeanors, please consult ahead of time).
 - f. Proof of eligibility to work in the United States.

Disciplinary Action or Remediation of Incompetence

The Children's Healthcare of Atlanta recognizes the prerogative of the Training Director or appropriate preceptor to appoint and terminate Doctoral interns. It is the policy of the Program to employ procedural fairness in all matters that may lead to termination. For the protection of all concerned (the intern, any clients or research participants, the department, Children's Healthcare of Atlanta, and the Emory University School of Medicine), the following policy for disciplinary action for Doctoral Interns is to be followed; it is based on the guidelines set forth by the Children's Healthcare of Atlanta, the Emory University School of Medicine, and APPIIC.

1. *Remediation and Sanction Alternatives* - It is important to have meaningful ways to address a problem once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the problematic intern behaviors, the clients involved, members of the intern's training group, the training staff, and other agency personnel. In the case that a problem with an intern is identified, the following procedures will be initiated:
 - a. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. The Training Director, supervisor, and/or Clinical Director should have written documentation of the date and nature of all verbal warnings given to individuals.
 - b. Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - i. a description of the intern's unsatisfactory performance,
 - ii. actions needed by the intern to correct the unsatisfactory behavior,
 - iii. the timeline for correcting the problem,
 - iv. what action will be taken if the problem is not corrected, and
 - v. notification that the intern has the right to request a review of this action. A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the Training Director in consultation with the intern's supervisor. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.
 - vi. In cases that involve a written action plan to guide remediation, the Training Director will follow up in writing to document which parts of the plan the intern has or has not met, in accordance with the timeframe stated in the action plan.
 - c. Schedule Modification is a time limited, remediation oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include, but are not limited to:
 - i. increasing the amount of supervision, either with the same or other supervisors,

- ii. change in the format, emphasis, and/or focus of supervision,
- iii. recommending personal therapy,
- iv. reducing the intern's clinical or other workload, and
- v. requiring specific instructional work (e.g., readings, online training, coursework)

1. The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the primary supervisor. If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove modified schedule, the Training Director will discuss with the primary supervisor possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the Director of the Center that if the intern's behavior does not change, the intern will not successfully complete the internship.

- d. Probation is also a time limited, remediation oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors for a specific length of time the degree to which the intern addresses changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes the following:
 - i. the specific behaviors associated with the unacceptable rating,
 - ii. the recommendations for rectifying the problem,
 - iii. the time frame for the probation during which the problem is expected to be ameliorated, and
 - iv. the procedures to ascertain whether the problem has been appropriately rectified.
 - v. The intern in conjunction with the Training Director and supervisor will review the initial intervention plan.
 - vi. All will sign and date the probation notification document. The intern will be informed that progress will be reviewed again in two weeks and if goals have not been attained, he/she will be dismissed from the program.
 - vii. If performance improves after notice of probation, the supervisor and intern will agree to continue to monitor progress on a monthly basis.
 - viii. If performance has NOT improved the supervisor, Training Director, and Director of the Center will meet to discuss further action (e.g., termination). The Training Director will communicate in writing to the intern that the

conditions for lifting the probation have not been met, along with the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the Director of the Center that if the intern's behavior does not change; the intern will not successfully complete the internship.

- e. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Director of the Center. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
- f. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. Administrative leave would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness.

Note: If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

- g. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and/or the trainee is unable or unwilling to alter her/his behavior, the Training Director will discuss with the Director of the Center and the Chief Psychologist of the internship the possibility of termination from the training program or dismissal from the agency. Dismissal would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. Before taking final action, the Director of the Center and the Training Director shall meet with the intern. When an intern has been dismissed, the Training Director and a representative from Human Resources will communicate to the intern's academic department that the intern has not successfully completed the internship. A written statement defining the problem, warnings issued, and the proposed mechanism for its resolution (probation or termination) shall be provided, including a specific statement as to action to be taken on salary, fringe benefits and training certification. In cases of termination, ordinarily salary and benefits will terminate as of the effective date and training certification may be granted for the period of months of acceptable service. Health insurance benefits may be maintained at the option of the intern beyond the termination date so as to provide an orderly transition, at the intern's expense. The Doctoral intern should be informed of the right to appeal available to him/her under the bylaws and applicable procedures of APA. Approved written decisions should be

hand delivered to the aggrieved party or sent by certified mail, return receipt requested.

2. If an intern receives a “needs remediation” (i.e., zeros [0]) on any items on quarterly feedback after the baseline evaluation) from any of the evaluation sources or a “needs close supervision” (i.e., score of [1]) on an overall domain on quarterly feedback at quarter 2 or 3a rating of from any of the evaluation sources in any of the major categories of evaluation the following procedures will be initiated:
 - a. Written remediation to be immediately implemented including:
 - i. The supervisor will meet with the intern and generate a written “intervention” plan to facilitate and track improvement in deficit areas. The intern’s target performance MUST be operationally defined so that problems can be objectively measured by intern and supervisors. Additionally, the supervisor’s plan of action and role in assisting and facilitating improved performance MUST also be operationally defined and measured.
 - ii. The written plan must include wording clearly indicating that intern is at risk for dismissal unless performance improves.
 - iii. The supervisor, intern, and Training Director sign the written plan.
 - iv. The written plan (including data on the intern’s performance and supervisor’s assistance) is to be reviewed *two weeks* after the initial remediation date.
 - b. If performance has improved, the supervisor and intern agree to continue with the intervention and agree to monitor performance in 2-week intervals until satisfied that significant deficits no longer exist. Performance is then tracked according to usual policy (i.e., quarterly).
 - c. If performance has NOT improved and it is determined that this is not because of the supervisor not following through with assistance, the intern is placed on probation, under the procedures described above.
3. In the case of an intern displaying problematic or poor performance from the start of internship, the supervisor will share specific concerns (verbally and in written form) with the intern and inform the intern that his/her performance will be evaluated at the end of the first month of the rotation. The supervisor should generate a plan with the intern whereby the intern can work on deficit areas prior to the first month evaluation.
 - a. Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the intern. If a supervisor feels unable to do so (personality conflicts, etc), another supervisor should become involved with the intern. Nonetheless, everyone involved in the remediation process must *be clear* that this is a serious process, and that the intern is at risk for dismissal.
4. *Due Process* - Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:
 - a. Presenting to the interns during the orientation period the program’s expectations related to professional functioning in writing and discussing these expectations in both group and individual settings.

- b. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
 - c. Articulating the various procedures and actions involved in making decisions regarding impairment.
 - d. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
 - e. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
 - f. Providing a written procedure to the intern that describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The Intern Handbook is provided to interns and reviewed during orientation.
 - g. Ensuring that interns have sufficient time to respond to any action taken by the program.
 - h. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
 - i. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.
5. *Due Process Procedures* - The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Director and intern or staff, the steps to be taken are listed below:
- a. Intern Challenge - If the intern wishes to formally challenge any action taken by the Training Director, a supervisor, or the training program, the intern should follow the steps outlined in the grievance policy.
 - b. Staff Challenge - If a training staff member has a specific intern concern that is not resolved by the Training Director, the staff member may seek resolution of the conflict by written request to the Training Director for a review of the intern's behavior. Within 3 working days of receipt of the staff member's challenge, the Training Director will consult with the Executive Director, Director of the Center and Chief Psychologist and a review panel will be convened.
6. *Review Panel and Process*-When needed, the Associate Division Chief will convene a review panel. The panel will consist of three staff members selected by the Associate Division Chief with recommendations from the supervisor, Training Director, and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- a. Within 5 business days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within 3 work days of the completion of the review, the review panel submits a written report to the Associate Division Chief that includes any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
 - b. Within 3 business days of receipt of the recommendation, the Associate Division Chief will either accept or reject the review panel's recommendations. If the Associate Division Chief rejects the panel's recommendations due to an incomplete or inadequate evaluation of the dispute, the Associate Division Chief may refer the

matter back to the review panel for further deliberation and revised recommendations or may make a final decision.

- c. If referred back to the review panel, the panel will report back to the Associate Division Chief within 5 business days of the receipt of the Associate Division Chief's request of further consideration. The Associate Division Chief then makes a final decision about what action is to be taken.
- d. The Training Director informs the intern, supervisor, and the director of the training administration of the decisions made.
- e. If the intern disputes the Associate Division Chief's final decision, the intern has the right to contact APA Office of Accreditation.

Intern Grievances

The following is the policy for interns to follow if they have a grievance with their supervisor, with the Training Director, or with the training program in general. In the event that a problematic situation arises, the following steps should be taken (in the sequential order provided below):

Grievances with the supervisor

1. Schedule a meeting with your supervisor and discuss the grievance/problem in sufficient detail so that the supervisor will have a complete understanding of the situation. The goal is for the supervisor and the intern to attempt to resolve the grievance by coming to a mutually agreed upon solution to the problem.
2. If the intern or supervisor is not satisfied with the solution proposed to the problem, the Training Director will be notified with the goal of assisting the intern and supervisor in developing a solution to the problem. Examples of problems may include but are not limited to the following:
 - a. A psychological or physical impairment the intern/supervisor is experiencing that is interfering with his/her capacity to successfully perform responsibilities
 - b. Personality conflict between supervisor and intern such that neither party can satisfactorily give/receive feedback or instruction to work out the problem
 - c. Sexual harassment
 - d. Use of drugs/alcohol impacting work performance
 - e. Any other situation in which the intern/supervisor feels threatened or unable to carry out the requirements necessary to successfully complete/supervise the rotation in question
3. The Training Director will meet with the intern and document the concerns in as much detail as possible.
4. The Training Director will meet with the supervisor and document the problem from the supervisor's perspective in as much detail as possible.
5. The Training Director will meet jointly with the intern and the supervisor to assist in formulating a plan for resolving the problem.
6. The Training Director will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out during both assessments by the Training Director.
7. The Training Director will meet with the Training Committee if the grievance is not resolved within one month's time or if a change in the intern's status is requested (i.e., change in typical responsibilities of rotation or permanently moved off rotation).
8. If the grievance is not successfully resolved:
 - a. The Training Director will meet with the Training Committee (excluding the intern representative) and review the problematic situation from the perspective of the intern and supervisor. A quorum for such meeting shall consist of 50% of the training committee members.
 - b. The Training Committee will provide feedback to the Training Director after reviewing the situation.
 - c. A final plan will be developed.
 - d. During this time, the intern may be given responsibilities that remove him/her from the supervisor in question until the Training Committee meets and makes a recommendation.

- e. The Training Director will meet with the intern and supervisor and discuss the recommendations of the Training Committee.
 - f. Follow-up will occur once per week for the first month and once per month for the duration of the rotation.
 - g. If consensus cannot be reached by either or both parties on how the situation should be resolved, the intern may be (a) removed from supervision by the supervisor, (b) placed with a new supervisor and/or possibly a new rotation, and/or (c) asked to leave the internship program.
 - h. Written documentation of the situation will be placed in the intern's file.
9. If after meeting with the Training Director, following recommendations by the Training Director, or following the recommendations of the Training Committee, the intern finds that the situation is not resolved a formal complaint may be filed with the APA Office of Accreditation. This form is kept on file in the office at the Children's Healthcare of Atlanta in the Internship Records.
10. Trainees may involve the Associate Division Chief at step 2 if the problem concerns the Training Director acting in the role of supervisor for direct clinical work of the intern. The Clinical Director, who is the Training Director's direct supervisor, can act in the role of the Training Director following the remaining steps.

Grievances about the Training Director

1. Schedule a meeting with the Training Director and discuss the grievance/problem in sufficient detail so that the Training Director will have a complete understanding of the situation. The goal is for the training and director and the intern to attempt to resolve the grievance by coming to a mutually agreed upon solution to the problem.
2. If the intern or Training Director is not satisfied with the solution proposed to the problem, the Associate Division Chief will be notified with the goal of assisting the intern and Training Director in developing a solution to the problem.
3. The Associate Division Chief will meet with the intern and document the problem in as much detail as possible.
4. The Associate Division Chief will meet with the Training Director and document the problem from the Training Director's perspective in as much detail as possible.
5. The Associate Division Chief will meet jointly with the intern and the Training Director and assist in formulating a plan for resolving the problem.
6. The Associate Division Chief will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out during assessments by the Associate Division Chief, the Training Director, and the intern.
7. The Associate Division Chief will meet with the Training Committee if the grievance is not resolved within one month's time.
8. If the grievance is not successfully resolved:
 - a. The Associate Division Chief will meet with the Training Committee (in the absence of the Training Director) and review the problematic situation from the perspective of the intern and Training Director.
 - b. The Training Committee will provide feedback to the Associate Division Chief after reviewing the situation.

- c. A final plan will be developed.
 - d. The Associate Division Chief will meet with the intern and Training Director and discuss the recommendations of the Training Committee.
 - e. Follow-up will occur once per week for the first month and once per month for the duration of the rotation.
 - f. Written documentation of the situation will be placed in the intern's file.
9. If after meeting with the Associate Division Chief, following recommendations by the Director of the Children's Healthcare of Atlanta, or following the recommendations of the Training Committee, the intern finds that the situation is not resolved a formal complaint may be filed with the APA Office of Accreditation. The form to do so is included in this handbook and a copy is available in the Children's Healthcare of Atlanta in the Internship Records.

Grievances with the Training Program

1. The Training Director will meet with the intern and document the problem in as much detail as possible and work with the intern to formulate a plan to resolve the problem
2. The Training Director will present the plan for problem resolution to the Training Committee. If the training committee does not support the plan, the training committee will propose an alternative plan. The Training Director will present the alternative plan to the intern and the Training Director will work with the intern and the training committee to develop a mutually agreed upon plan. Once the training committee and intern agree upon a plan, the Training Director will follow up as described below.
3. The Training Director will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out.
4. If the grievance is not successfully resolved:
 - a. The Training Director will meet with the Training Committee and review the problematic situation.
 - b. The Training Committee will provide feedback to the Training Director after reviewing the situation.
 - c. A final plan will be developed.
 - d. During this time, the intern may be given responsibilities that remove him/her from the problem in question until the Training Committee meets and makes a recommendation.
 - e. The Training Director will meet with the intern discuss the recommendations of the Training Committee.
 - f. Follow-up will occur once per week for the first month and once per month for the duration of the rotation.
 - g. Written documentation of the situation will be placed in the intern's file.
 - h. If after meeting with the Training Director, following recommendations by the Training Director, or following the recommendations of the Training Committee, the intern finds that the situation is not resolved a formal complaint may be filed with the APA Office of Accreditation. This form is kept on file in the office at the Children's Healthcare of Atlanta on file in the office at the Children's Healthcare of Atlanta in the Internship Records.

Faculty Grievances

Faculty members participate in the internship program according to the needs of the program and at the discretion of the Training Director. The following is the policy for faculty members to follow if they have a grievance with an intern, with the training director, or with the training program in general. In the event that a problematic situation arises, the following steps should be taken (in the sequential order provided below):

Grievances with an Intern

1. The faculty member will schedule a meeting with the intern and discuss the grievance/problem in sufficient detail so that the supervisor will have a complete understanding of the situation. The goal is for the faculty member and the intern to attempt to resolve the grievance by coming to a mutually agreed upon solution to the problem.
2. If the intern or faculty member is not satisfied with the proposed solution to the problem, the training director will be notified with the goal of assisting the intern and faculty member in developing a solution to the problem. In some instances, the Training Director may be required by policy or law to take further action, even if the faculty member and intern reach a resolution. Examples of problems may include but are not limited to the following:
 - a. A psychological or physical impairment the intern/supervisor is experiencing that is interfering with his/her capacity to successfully perform responsibilities
 - b. Personality conflict between supervisor and intern such that neither party can satisfactorily give/receive feedback or instruction to work out the problem
 - c. Sexual harassment
 - d. Illicit use of drugs/alcohol
 - e. Any other situation in which the intern/supervisor feels threatened or unable to carry out the requirements necessary to successfully complete/supervise the rotation in question
3. The training director will meet with the faculty member and document the problem in as much detail as possible.
4. The training director will meet with the intern and document the problem from the supervisor's perspective in as much detail as possible.
5. The training director will meet jointly with the intern and the supervisor to assist in formulating a plan for resolving the problem.
6. The training director will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out during both assessments by the training director.

7. The training director will meet with the Training Committee if the grievance is not resolved within one month's time or if a change in the intern's status is requested (i.e., change in typical responsibilities of rotation or permanently moved off rotation).
8. If the grievance is not successfully resolved:
 - a. The training director will meet with the Training Committee and review the problematic situation from the perspective of the supervisor and intern.
 - b. The Training Committee will provide feedback to the training director after reviewing the situation.
 - c. A final plan will be developed.
 - d. During this time, the faculty member's responsibilities may be reassigned in order to remove him/her from the situation in question until the Training Committee meets and makes a recommendation.
 - e. The training director will meet with the intern and supervisor and discuss the recommendations of the Training Committee.
 - f. Follow-up will occur once per week for the first month and once per month for the duration of the rotation.
 - g. If consensus cannot be reached on how the situation should be resolved, the intern may be (a) removed from being supervised by the supervisor, (b) placed with a new supervisor and/or possibly a new rotation, and/or (c) asked to leave the internship program, following due process prescribed in the intern handbook.
9. If after meeting with the training director, following recommendations by the training director, or following the recommendations of the Training Committee, the staff member finds that the situation is not resolved, a formal complaint may be filed with the APA Office of Accreditation. This form is kept on file in the office at the Marcus Autism Center in the Training Office.

Grievances with the Training Director

1. Schedule a meeting with the training director and discuss the grievance/problem in sufficient detail so that the training director will have a complete understanding of the situation. The goal is for the training and director and the faculty member to attempt to resolve the grievance by coming to a mutually agreed upon solution to the problem.
2. If the faculty member or training director is not satisfied with the solution proposed to the problem, the Associate Division Chief will be notified with the goal of assisting the faculty member and training director in developing a solution to the problem.
3. The Associate Division Chief will meet with the faculty member and document the problem in as much detail as possible.

4. The Associate Division Chief will meet with the training director and document the problem from the training director's perspective in as much detail as possible.
5. The Associate Division Chief will meet jointly with the faculty member and the training director and assist in formulating a plan for resolving the problem.
6. The Associate Division Chief will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out during assessments by the Associate Division Chief, the training director, and the faculty member.
7. The Associate Division Chief will meet with the Training Committee if the grievance is not resolved within one month's time.
8. If the grievance is not successfully resolved:
 - a. The Associate Division Chief will meet with the Training Committee and review the problematic situation from the perspective of the faculty member and training director. Neither the training director nor the concerned faculty member will participate in this meeting.
 - b. The Training Committee will provide feedback to the Associate Division Chief after reviewing the situation.
 - c. A final plan will be developed.
 - d. The Associate Division Chief will meet with the faculty member and training director and discuss the recommendations of the Training Committee.
 - e. Follow-up will occur once per week for the first month and once per month for a minimum of 6 months and a maximum of 12 months.
 - f. Written documentation of the situation will be placed in the internship accreditation records file.
 - g. If after meeting with the Associate Division Chief or following the recommendations of the Training Committee, the faculty member finds that the situation is not resolved a formal complaint may be filed with the APA Office of Accreditation. This form is kept on file at the Children's Healthcare of Atlanta in the Training Records.

Grievances with the Training Director

1. The training director will meet with the faculty member and document the problem in as much detail as possible and work with the faculty member to formulate a plan to resolve the problem.

2. The training director will present the plan for problem resolution to the training committee. If the training committee does not support the plan, the training committee will propose an alternative plan. The training director will present the alternative plan to the faculty member, and the training director will work with the faculty member and the training committee to develop a mutually agreed upon plan. Once the training committee and faculty member agree upon a plan, the training director will follow up as described below.
3. The training director will follow up at two weeks and again at one month to assess progress toward the resolution of the problem. The grievance will end if a mutually agreed upon plan is successfully carried out.
4. If the grievance is not successfully resolved:
 - a. The training director will meet with the Training Committee and review the problematic situation.
 - b. The Training Committee will provide feedback to the training director after reviewing the situation.
 - c. A final plan will be developed.
 - d. During this time, the faculty member may be given responsibilities that remove him/her from the problem in question until the Training Committee meets and makes a recommendation.
 - e. The training director will meet with the faculty member discuss the recommendations of the Training Committee.
 - f. Follow-up will occur once per week for the first month and once per month for a minimum of 3 months and a maximum of 9 months.
 - g. Written documentation of the situation will be placed in the training program accreditation file.
 - h. If after meeting with the training director, following recommendations by the training director, or following the recommendations of the Training Committee, the faculty member finds that the situation is not resolved a formal complaint may be filed with the APA Office of Accreditation. This form is kept on file in the office at the Children's Healthcare of Atlanta in the Training Records.

Policy for Interns Who May Have Impairments

The purpose of this policy is to assist interns who may have potential impairments to access or obtain support necessary to resolve or manage their impairment and successfully complete the internship. Every reasonable effort will be made to meet the needs of the intern so that he or she can successfully complete the internship. Impairment is defined as a situation, event, or condition that precludes or interferes with the intern's completion of their training responsibilities. Impairments may include but are not limited to substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, illegal activities, and civil litigation. If relevant, the Emory Office of Accessibility can be accessed for American with Disability Act (ADA) guidance. All processes and procedures articulated in this policy in this policy shall be subordinate to current applicable local, state and federal law. Coordination with the Home University Director of Clinical Training is often appropriate.

1. If an intern reports an impairment to a supervisor,
 - a. The supervisor should direct the intern to the Emory Office of Accessibility if relevant.
 - b. Otherwise, the intern should discuss the intern's perceived needs relative to this impairment. The intern and supervisor should construct a list of the intern's needs.
2. The supervisor and intern should have a frank and open discussion regarding confidentiality. The supervisor will inform the intern that the Training Director will be notified. If the intern requests that some or all of the information discussed remain confidential (beyond the supervisor and the Training Director), the supervisor and Training Director will honor this request if the problems resulting from the intern's impairment can be resolved in a timely manner without placing anyone (e.g., patients, staff, and other interns) at risk and if it is within the purview of the supervisor and the Training Director to make the changes requested by the intern. If the supervisor and the Training Director believe that the issues resulting from the intern's impairment are serious and cannot be resolved in a timely manner or that the intern requires resources that are not within the supervisor's and/or Training Director's purview, the supervisor and the Training Director will inform the intern that it will be necessary to involve additional individuals. The supervisor and the Training Director will inform the intern regarding what information will be disclosed and to whom it will be disclosed. Even in this case, the supervisor and the Training Director will make every reasonable attempt to keep the information as confidential as possible by only involving those individuals who are necessary to resolve or manage the issues resulting from the intern's impairment.
3. The supervisor, intern, Training Director, and if necessary, other faculty will construct a plan to meet the intern's needs. In constructing a plan, consideration will be given to the intern's needs, the requirements of the training program, and the impact on staff, patients, and other interns. When circumstances preclude the department from making modifications requested by the intern, these issues will be discussed with the intern and every reasonable attempt will be made to meet the intern's needs in some other way.
4. If the intern requests time off (above and beyond the time allotted for interns), every reasonable attempt will be made to accommodate the intern, while ensuring that the requirements of the training program are met and preventing any negative impact to staff, patients, and other interns. The intern and supervisor will construct a plan in writing for how the intern will meet the training requirements. A copy of this written plan will be given to the Training Director to ensure uniform application of policies across interns. If needed, Human

Resources will be included to account for time off. Additional time past the one year end of internship may be needed in order to ensure that the intern completes all requirements.

5. If a supervisor suspects the impairment of an intern, or another intern, staff member, or patient's parent reports the impairment of an intern, the reporting party will be asked to discuss the suspected impairment with the Training Director. If the reporting party is unwilling to discuss the issue with the Training Director, the recipient of the report will discuss the issue with the Training Director. The Training Director will discuss the issue with the intern's supervisor.
6. If the supervisor and Training Director determine that the issue does not require intervention, they will develop a plan to monitor the situation.
7. If the Training Director and supervisor determine that the issue is of a seriousness to warrant action, a plan will be developed to resolve the issue. In general, a faculty member will be identified by the Training Director who knows the intern well (i.e., has developed a positive rapport with the intern) and who can address the issues with the intern in a sensitive and empathetic manner. This faculty member will meet with the intern. The faculty member will inform the intern that the purpose of the meeting is to provide support to the intern in order to assist the intern in completing the internship successfully. The faculty member will discuss with the intern that some concerns have been expressed about the intern. The faculty member will outline the data that led to the concerns. The faculty member will ask the intern to work with him or her to adequately address these concerns. The faculty member and intern will devise a plan for addressing the intern's needs. Steps 2 through 4 will be followed.
8. If the intern disputes the allegations, and the issue is not affecting the intern's performance, the supervisor and Training Director will develop a plan to monitor the situation. If the intern disputes the allegations, and the issue is affecting the intern's performance, the supervisor and intern will identify the areas in which the intern's performance is being affected. They will develop a plan to improve these particular areas of performance deficit. The supervisor will make recommendations for the intern to receive additional assistance (e.g., drug counseling) when appropriate.
9. In the event that further action is necessary, please see the Disciplinary Action Policy.

Doctoral Intern Leave Policy

1. Doctoral interns are entitled to vacation and sick leave:
 - a. 15 days of Paid Time Off (PTO; to include vacation, sick leave, and personal leave)
 - b. Regularly scheduled Emory holidays (Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, Christmas, New Year's Eve Day, New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth)
 - i. Interns should work with their rotation supervisors as the Children's remains open on some of these holidays. If an intern is not able to take off on a particular holiday due to the clinical needs of the clinic, an alternative day should be agreed upon.
 - c. 5 professional days (conferences, dissertation defense, special lectures, and other professional or career-oriented events)
 - i. PTO for conferences must also be approved by following procedure in Intern Conference and Travel Policy.
 - d. Bereavement leave is a benefit that assists employees during times of need. Bereavement leave may be granted for attendance at a funeral or a comparable service, related travel time and time necessary to conduct arrangements or other business.
 - i. Interns are eligible for up to ten days of paid bereavement leave for the loss of an immediate family member (spouse, parent, and child). They may receive up to five days for a family member identified as grandparent, step-parent, legal guardian, parent-in-law, step-child, grandchild, legal ward, sibling, and any other person residing in the employee's home. In the event of the death of any other relative, absence may be compensated for up to three days.
2. Illness or unavoidable life circumstances may result in the need for unplanned extended leave beyond the allocated leave benefit days. When this occurs, the program seeks to support completion of internship by extending the internship end date to ensure that the 2,000 hour requirement for internship completion is met.
3. Interns are prioritized for PTO requests; however, if staffing is low and you request without adequate notice you may not be approved.
4. In the event that all professional days are exhausted, the intern will be required to use PTO days for all remaining professional activities. If all professional and vacation days are exhausted and additional professional time is necessary, it is up to the discretion of the Training Director as to whether or not the intern can take time off, in consideration of overall training needs/requirements.
5. In order to be granted leave, an intern **must** complete the following steps:
 - a. AT LEAST 30 DAYS PRIOR TO BEING GONE (as soon as it is known that leave will be needed) discuss leave request with supervisor & check with the person who schedules time with patients in your current rotations.
 - b. Complete the online Leave Request Smartsheet Form (<https://app.smartsheet.com/b/home?lx=9ipGN5iQckxMkV8r4I5d1YloV9I6Pj3uZNOqiKYiO0E&mtb=16&wx=sb35Qaax6m0IMwdGYkRMQmn3PfHwfIT3BN18DR0StOwlOzL1iQRCK1p8B97KWnOI>)
 - c. Complete the rotation specific procedures and receive permission for leave.

6. Unplanned Sick Leave may be recorded on the first day an intern returns to work after being out sick. Interns should give their supervisor(s) and clinical schedulers as much notice as possible about being out sick. Extended sick leave or disability leave should be coordinated according to HR policies, keeping the supervisor and Training Director apprised of extended absences. Also, complete department specific notification policies.

Additional Information About How to Request Time Off

1. All PTO must be approved by your rotation supervisors **with as much notice as possible (at least 30 days for all planned absences)** prior to submitting PTO forms.
2. Complete the Internship Smartsheet PTO Form - link provided to you by Training Director
 - a. Keep track of PTO requests by checking the box to email yourself a receipt.
 - b. Complete PTO forms and notifications required for your rotation.
 - i. You will need to request access to your rotation's Smartsheet (if required)
 - ii. Feeding
 1. Gain approval from supervisor, then email the feeding scheduler (Currently: Tanisha.Doyle@Choa.org).
 2. Inform individuals you work with on your clients team.
 - iii. Severe Behavior
 1. Submit PTO request via Smartsheet
 - a. Link:<https://app.smartsheet.com/b/form/63aa6814fb1d4784b89191579c1dd44f>
 - b. Michelle Denny will email you if you are approved.
 2. Confirm with SB scheduler Kelli.Adair@choa.org who will put it in the PTO calendar.
 - a. Add approved days off to the client calendar
 3. Inform your team.
 4. Severe Behavior Minor Rotation:
 - a. BBI - Notify supervisor, Dr. Scheithauer, in advance via email if you will not be present on a day you have your minor rotation so she can inform the Epic schedulers and make an alternate plan
 - b. RUBI - Notify Dr. Trauschke or Dr. Scheithauer via email if you will not be present on a day you have your minor rotation so she can inform the Epic schedulers and make an alternate plan
 - iv. Clinical Assessment and Diagnosis
 1. Submit Request via Smartsheet
 2. Link: [Diagnostics and Medical Time Off and Call Outs](#)

Support Resources

Internship can be a challenging time. Trainees are often under considerable stress as they move to a new city, learn new skills, juggle work-life, live on very little money, and work to complete their dissertations. Sometimes additional emotional and mental health support can be helpful. Here are some resources:

The [Emory Faculty Staff Assistance Program](#) is available to all Emory trainees. The Program provides individual counseling from licensed professionals as well as professional skills coaching.

In addition, a number of Georgia Psychological Association psychologists have indicated a willingness to take on trainees as clients. Some of them take Aetna, some are willing to see trainees at a reduced cost. It may be helpful to mention you are an Emory psychology trainee when calling. A list of psychologists is saved on the shared drive. The Training Director can also assist you.

Dissertation Policy

1. Interns may work on dissertations during the workday provided that it does not interfere with assigned clinical responsibilities and the supervisor gives the approval. If there is a possibility that work on the dissertation will interfere with clinical responsibilities, the intern must work on the dissertation during non-work times (i.e., evenings and weekends).
2. It is the responsibility of the intern and the supervisor to monitor the intern's progress to ensure that internship responsibilities are being successfully completed.
3. Interns who would like to conduct their dissertation as a part of their internship should discuss their proposal with their supervisor. If the supervisor and intern agree on a preliminary plan, the intern should write an abstract describing the project. This abstract will be submitted to the training committee for review. The training committee may provide feedback to the intern and supervisor when appropriate. Keep in mind that if data are collected through clinical practices at Children's, the study will be subject to review by the Institutional Review Board (IRB) of Children's Healthcare of Atlanta in addition to the IRB of the intern's university. Interns should discuss this with their supervisors. The intern and supervisor will schedule a time for the intern to present his/her proposal. The meeting can be one of the regularly scheduled rounds, topical seminars, etc. The faculty will be invited to attend this meeting. The faculty may provide feedback to the intern. Based on the feedback from the faculty, the supervisor and intern can decide to modify the plan or proceed as proposed. The supervisor will monitor the project and provide monthly updates to the training committee.
4. In the event the intern needs time off for dissertation defenses and other related meetings away from work (e.g., the intern must return to his/her university), the intern must request time off before the scheduled event and use the allotted professional time. See the intern leave policy for additional details.

Doctoral Intern Conference and Travel Policy

1. Interns are encouraged to use some of their Professional Leave time to attend a conference/convention, and this may be supported, depending on current budgetary considerations. This is especially true if they are successful in having a poster or paper accepted for presentation at a conference. Funding is subject to availability within the institution and may be limited by institution policies due to public health emergencies.
 - a. Using professional leave funds to attend a conference requires advance approval by the Training Director and Primary Rotation Department via email. Please also copy Margie Varnado (mvarnad@emory.edu) who coordinates some Emory travel reimbursement. Include that the Speed Type for TDJ will be: 7365380162.
 - b. After obtaining this approval, interns should initiate the CHOA conference request procedures. Use the Supervisor (Department Director) and Practice Manager of your first semester Major Rotation. Find directions here:
<file:///C:/Users/131450/Downloads/Conference-Request-Portal-Submit-a-Request.pdf>
 - c. Interns must follow all travel policies of Emory University -
<https://provost.emory.edu/faculty/policies-guidelines/handbook/finance.html>
 - i. All air travel must be booked via travel services (Emory Travel CTM - <https://www.finance.emory.edu/home/procurement/travel/index.html>) as described in the travel policy (<https://global.emory.edu/services/travel/getting-there.html>).
 - ii. Following completion of travel, interns may seek reimbursement with receipts for a portion of their total expenses (as per prior approval and budget contingencies) within 60 days, working with the department administrative coordinator associated with their major rotation.

Reimbursement for Activities Associated with Clinical Work (follow department policies)

1. Clinical Reimbursement may be available in your department and used for:
 - a. Parking (e.g., GI Care for Kids)
 - b. Traveling between Children's location and provision of services location (e.g., Marcus or client home; CAP to school)
 - c. Items for clients (approved by supervisor)
 - d. For these reimbursements, email Michelle these items at the end of each month
 - i. All receipts
 - ii. Screenshot of Google Maps of the distance between the drive locations
 - iii. Mileage Request Form (Excel file)

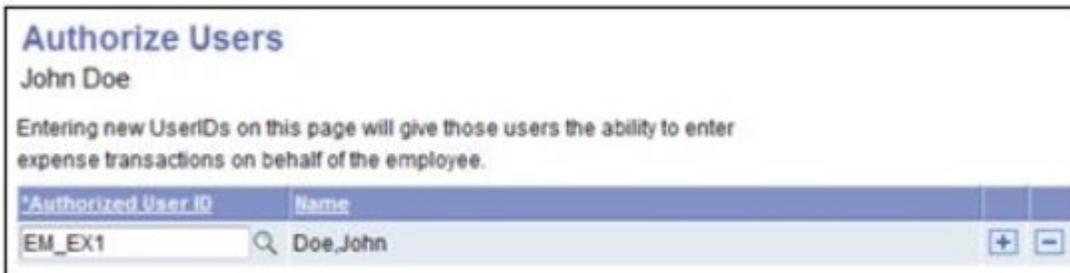
For reimbursement questions for patient care and your professional development stipend for interns can ask:

Feeding, LLC, and Severe Behavior- Michelle.Denney@choa.org

CAD – marie.morgan2@choa.org

How to Receive Reimbursement

1. Prior to submitting reimbursement requests, you must complete Compass online training on how to use the reimbursement system.
2. Create Authorization to Receive Reimbursement
 - a. Login to your Emory Compass account: <http://compass.emory.edu/training/index.html>
 - b. Add Michelle Denny as your "Proxy". This allows her to submit reimbursement requests on your behalf. Below are the instructions for assigning proxy.
 - i. Her Emory ID: mdenney
3. How to Add a Proxy
 - a. From the Compass home page, use the following path to navigate to the Authorize Users page:
 - b. Employee Self-Service > Travel and Expenses > User Preferences > Delegate Entry Authority

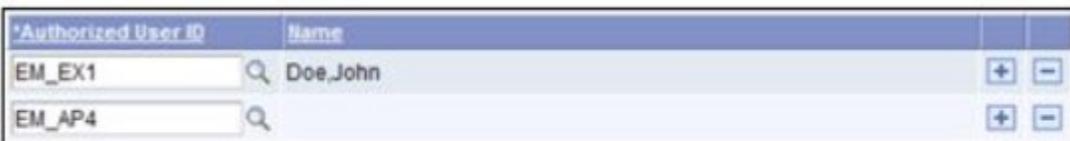


Authorize Users
John Doe

Entering new UserIDs on this page will give those users the ability to enter expense transactions on behalf of the employee.

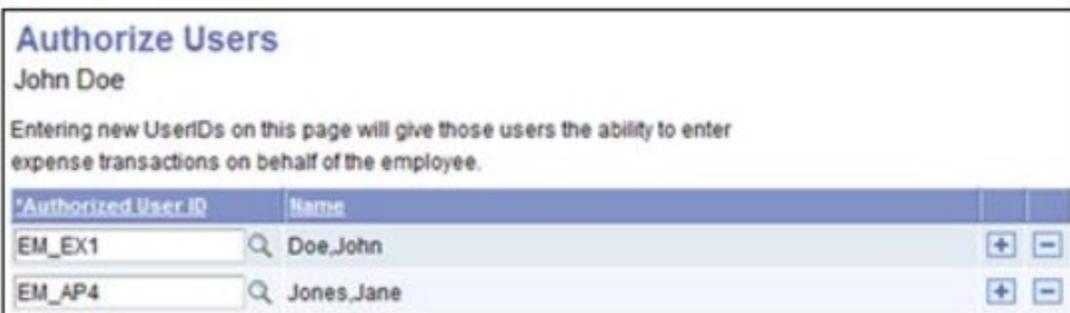
Authorized User ID	Name		
EM_EX1	Doe,John	+	-

- c. Click the **Add a new row** (plus) button. *A new row displays.*
- d. Enter the proxy's Compass User ID in the **Authorized User ID** field in all caps.



Authorized User ID	Name		
EM_EX1	Doe,John	+	-
EM_AP4		+	-

- e. Click the **Look up Authorized User ID** button (magnifying glass) next to the proxy's user ID.
- f. Click the **User ID** link.
- g. *The Authorize Users page redisplay with the proxy's name populated.*



Authorize Users
John Doe

Entering new UserIDs on this page will give those users the ability to enter expense transactions on behalf of the employee.

Authorized User ID	Name		
EM_EX1	Doe,John	+	-
EM_AP4	Jones,Jane	+	-

- h. Click the **Save** button.

- i. **Tip:** The User ID field is not case sensitive; however, an error occurs if you enter the ID in lower case and do not click the magnifying glass prior to saving.
- ii. Click the **OK** button.
- iii. **Note:** In this example, Jane Jones is now a proxy for John Doe and can enter Expense Reports on his behalf.

Tuition Reimbursement

[Tuition Reimbursement | Emory University | Atlanta GA](#)

1. Log into the tuition reimbursement portal using your Emory login info
<http://www.hr.emory.edu/TR>
2. Click Apply for reimbursement either on the left hand menu or at the bottom of the screen
 - a. Reimbursement is ~\$298.27 per credit hour with a max of 5 credit hours per semester
 - b. 4 applications are allowed per academic year (e.g., summer, fall, spring, summer)
3. Read the Tuition reimbursement policy and click "I Agree"
4. Input the dates of YOUR institution's semester/quarter to determine how it aligns with Emory's and click Continue
5. Fill out the tuition reimbursement application with your EMORY email, your home institution, course title info, etc.
6. If Laura Dilly is not listed under manager, click Change and search for her
7. Click apply. Dr. Dilly will have to approve you. But you can check the status of your tuition reimbursement (approved by manager, waiting for documentation, paid, etc.) by clicking on Review your applications on the left hand menu.
8. At the end of the semester... **no more than 30 days following the completion of courses**
 - a. Pay for your tuition upfront and save the receipt as a PDF
 - b. Receive your grades from your home institution (pass, satisfactory, etc.) and save as a PDF
 - c. Go to the tuition reimbursement portal and click on Review your applications on the left hand menu
 - d. Click Get Info to upload electronic versions of your documents (receipt and grades) by clicking Attach documents at the bottom of the page
 - e. Your request and documentation must be completed and submitted by 10:00 AM on the "Approved HR Transactions due" date specified in the [Payroll Schedule](#) if it is to be paid within a given pay period. Incomplete documentation or requests will delay reimbursement until the next pay period.

Additional Emory and Children's Perks

1. Concierge service
 - a. Someone will help do your errands (e.g., oil change, grocery shop, returns)
 - a. Careforce site → Career and Life → Concierge
 - b. <https://choa.careforceconnection.org/community/career-life/work-life-success/concierge>
 - c. Email Concierge to set up your card/account
 - i. Concierge@choa.org
 - ii. **Ext 1.7700**
2. Other Emory discounts: <https://emory.sparkfly.com>
3. Free access to fitness center and fitness classes at the CHOA admin building behind CAP
4. Occasional perks are sent to your Emory email throughout the year.

GUIDANCE AND POLICIES ON DIVERSITY, INCLUSION, AND NONDISCRIMINATION

In this portion of our training manual, we create the foundation for creating an education and training environment that is inclusive, equitable, and respectful of diversity. Specifically, we:

- 1) articulate our values and commitments related to diversity, equity, and inclusion (DEI),
- 2) articulate support for APA's Multicultural Guidelines,
- 3) offer a framework for self-reflection regarding one's own multicultural identities and biases,
- 4) provide general guidance for positive and productive interpersonal engagement regarding DEI,
- 5) present Emory School of Medicine [Policy on Discrimination and Harassment Reporting](#)
- 6) provide internship policy on addressing discriminatory/racist patient behaviors
- 7) offer a set of working definitions for DEI-related terminology
- 8) give links to additional resources and references at the end of this document

We hope that the values, commitment, and framework articulated inform and are integrated into our work culture.

Institutional Values and Commitments on Diversity, Equity, and Inclusion

Emory University School of Medicine

Responsible Office: Dean's Office

Effective Date: October 24, 2016

The Emory University School of Medicine views diversity as encompassing race, ethnicity, gender, religion, socioeconomic status, sexual orientation, disability, and other aspects of life experience. These attributes enhance our scholarly, learning, living, and healthcare environments. They also enhance our ability to deliver equitable, compassionate, cross-cultural healthcare, improve community health, and lead efforts to eliminate health inequalities and improve health outcomes in disadvantaged and vulnerable populations. We must train, recruit and employ a diverse group of faculty, staff, and trainees, including members of communities underrepresented in the medical and scientific workforce who reflect and understand the multicultural and international communities that Emory serves. A climate of inclusiveness is essential to achievement of diversity. We affirm diversity and inclusiveness to be fundamental values that benefit our classrooms, workplaces, and community.

Our work in this area shall be guided by the following principles:

- The School, in partnership with the University, will engage in continuous, systematic and focused recruitment and retention activities to ensure diverse student, trainee, faculty and staff populations, including enhancement of mentorship and advancement opportunities.
- The School will design, implement and grow programs and partnerships aimed at broadening diversity among qualified applicants for admission to its degree and training programs.
- The School will design and implement programs that celebrate the diversity within our community and our successes in promoting diversity.
- The School will provide institutional resources, including scholarship funds and academic preparation assistance, to enhance success and retention of graduating students and trainees.
- The School will develop, implement and continuously refine training programs to heighten awareness of and reduce the impact of bias in recruitment, admissions, hiring and promotions processes.

The School of Medicine Committee on Community and Diversity is charged with monitoring the School's progress toward achieving diversity across all of its activities and programs and advising the Dean of the School of Medicine on how best to promote and enhance diversity and inclusiveness, including the setting of institutional goals in this area. Ongoing assessment will include review of admissions, recruitment and retention data with the Emory University Office of Equity and Inclusion and periodic administration of surveys designed to assess diversity and inclusiveness across the spectrum of School programs and activities. To ensure continuous attention to goals in these areas, the Committee on Community and Diversity will provide the Dean of the School of Medicine

with an assessment of progress relative to diversity and inclusiveness-related goals no less than annually.

Emory Equal Opportunity and Affirmative Action Statement

Emory University is dedicated to providing equal opportunities and equal access to all individuals regardless of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, and veteran's status. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor stated above or prohibited under applicable law. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. Emory University complies with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Assistance Act, and applicable executive orders, federal and state regulations regarding nondiscrimination, equal opportunity, and affirmative action. Emory University is committed to achieving a diverse workforce through application of its affirmative action, equal opportunity, and nondiscrimination policy in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. Inquiries regarding this policy should be directed to the Emory University Department of Equity and Inclusion, 201 Dowman Drive, Administration Building, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2049 (TDD).

Children’s Healthcare of Atlanta Statement on Diversity

Children’s welcomes and appreciates everyone, regardless of gender or gender identity, age, race, ethnicity, national origin, socioeconomic status, sexual orientation, political affiliation, religion, health status or family composition. Our goal is to be a place where people feel valued for their professional and personal contributions, and to be a model for standing against discrimination, and standing for diversity and inclusion.

We demonstrate our commitment to diversity in our employment policies and practices, training programs, benefits, recruitment and in how we communicate—because we firmly believe everyone deserves the right to be seen, heard and respected in an organization free of discrimination.

We will deliver the same high level of service and respect to each of our patients and their families throughout our communities. We will enhance the lives of the children we serve by ensuring that every child and every family feels welcomed, valued and understood in our trusted and caring environment.

Children’s Healthcare of Atlanta Doctoral Internship Program

Statement on Diversity

Our Culture: Create a culture and climate of equity and inclusion where diversity is nurtured, valued, and celebrate.

Our People: Recruit, develop, and retain a diverse workforce, including trainees, faculty, and staff, to serve within the training community at Children’s Healthcare of Atlanta.

Our Learners: Develop, support, and engage one another as a diverse community of learners.

For our work community to be healthy and thrive, we believe we must prioritize individual and cultural diversity, equity, and inclusion. These efforts must be guided by our values, which include:

- Diversity
- Equity
- Inclusion
- Cultural humility
- Multicultural competence

APA Multicultural Guidelines

We support adherence to the Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (American Psychological Association, 2017; <https://www.apa.org/about/policy/multicultural-guidelines.pdf><https://www.apa.org/about/policy/multicultural-guidelines.pdf>). A summative list of these guidelines includes the following:

4. Guideline 1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.
5. Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.
6. Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.
7. Guideline 4. Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.
8. Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.
9. Guideline 6. Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.
10. Guideline 7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function.
11. Guideline 8. Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger biosociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity.
12. Guideline 9. Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the Layered Ecological Model of the Multicultural Guidelines.

13. Guideline 10. Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

Framework for Self-reflection Regarding One's Own Multicultural Identities and Biases

To support a diverse, equitable, and inclusive training community, we recognize the importance of individual commitments to:

- Being aware of and reflecting upon:
 - Individual and cultural diversity in all professional and personal encounters and activities
 - Self as shaped by individual and cultural diversity and context, as well as assumptions, values, and biases (both explicit and implicit)
 - The interaction of self and others as shaped by individual and group cultural diversity and context
 - The role implicit biases and microaggressions have in all workplace interactions
 - Our own capacity for microaggressions and ways to minimize their occurrence
 - The impact of power and privilege on workplace interactions, patient care, research endeavors, and supervision and training
- Enhancing our multicultural knowledge and understanding related to:
 - Diversity related to age, gender, gender identity, race, ethnicity, culture, national origin, immigration status, religion, sexual orientation, dis/ability status, language, and socioeconomic status, etc., as well as the intersections among these various forms of diversity
 - Different cultures and worldviews and how others are shaped by individual and cultural diversity and context
 - The historical significance and context of prejudice, discrimination, and oppression along with their current manifestations and impact
- Being active and intentional about:
 - Incorporating individual and cultural diversity when engaging in each of the competencies associated with health service psychology, psychiatry, and other behavioral health specialties
 - Attending to the intersectionality of identities and the unique challenges faced by those who have multiple marginalized identities in all professional activities
 - Engaging in efforts to overcome biases
 - Acknowledging microaggressions and their consequences through microinterventions and microaffirmations
- Prioritizing:
 - Educating others about diversity, multiculturalism, power, privilege, discrimination, oppression, bias, and microaggressions
 - Identifying and addressing proactively discriminatory policies or status quo practices that favor privileged groups
 - Acting as allies and social justice advocates that strive to empower individuals affected by systemic and systematic oppression and marginalization
 - Developing structural solutions to address problems resultant from systemic and systematic oppression and marginalization and/or gaps in resources

Resources for Individual Understanding of Identities and Implicit Bias

- **Understanding Identities** - We encourage members of our work community to reflect upon their identities in accord with the ADDRESSING+ model (Hays, 2001). Use the ADDRESSING + model to:
 - Consider your own multicultural identities and intersectionalities among these identities
 - Explore existing cultural influences
 - Reflect upon personal experiences and history of trauma as related to oppression and discrimination
 - Examine the links between your own identities and power, privilege, and biases
 - Contemplate how social constructions of power impact ourselves and others
 - ADDRESSING +
 - **A**ge and Generational Influences
 - **D**isability Status (developmental disability)
 - **D**isability Status (acquired physical/cognitive/psychological disabilities)
 - **R**eligion
 - **E**thnic and Racial Identity
 - **S**ocial Class
 - **S**exual Orientation
 - **I**ndigenous Background/Heritage
 - **N**ational Origin
 - **G**ender
 - Possible Additions
 - **P**olitical Perspective/Party Affiliation
 - **M**ilitary/Veteran Status

- **Exploration Regarding Implicit Biases** - Everyone has biases (e.g., unconscious, implicit, conscious) because of their experiences and socialization. These biases influence behavior and decision-making, often outside of conscious awareness, and can manifest in ways that are discriminatory.
 - There are multiple ways to examine one's own biases. We recommend that everyone in the community engage activities such as:
 - Participate in one or more trainings related to bias
 - Check out this video series for example - <https://equity.ucla.edu/know/implicit-bias/>
 - Take the Implicit Associations Test (IAT), a computer-based exercise that prompts for reflection and facilitates awareness of implicit biases - the IAT measures the strength of automatic associations between concepts (e.g., gender, race) and evaluations (e.g., good or bad) or stereotypes: <https://implicit.harvard.edu/implicit/>
 - Review one's IAT results and engage in deliberate reflection on the potential impact of these implicit biases on interactions with other people
 - Develop an individualized action plan to mitigate these unconscious or implicit biases (e.g., diversifying experiences to provide counterstereotypical interactions)
 - Additional steps:

- Introduce yourself with your pronouns, verbally and in writing
 - Familiarize yourself with and utilize DEI terminology appropriately
 - See terminology included in this policy
 - Conduct holistic reviews of applicants for positions
 - Follow guidance about avoiding bias when writing letters of recommendation
 - https://csw.arizona.edu/sites/default/files/avoiding_gender_bias_in_letter_of_reference_writing.pdf
 - <https://eswnonline.org/guide-to-avoid-racial-bias-in-reference-letter-writing/>
- 9) provide guidance for positive and productive interpersonal engagement regarding DEI
- 10) present strategies for structuring conversations when DEI challenges arise in the work community, supervisory relationship, and/or with patients/clients/consumers (hereafter referred to as patients)
- 11) offer a set of working definitions for DEI-related terminology and links to additional resources and references at the end of this document

Guidance for Positive and Productive Interpersonal Engagement Regarding DEI

The following strategies aim to facilitate greater trust and more positive and productive engagement regarding DEI within our work community and in supervisory relationships. We hope these strategies help to foster an environment where individuals feel respected and brave expressing, discussing, and challenging ideas and opinions. We acknowledge that the extent to which people feel safe enough and/or brave is influenced by their own history, diversity status and privilege and the diversity status and privilege of those in their environment. Thus, we understand and appreciate that bravery is aspirational and dynamic in nature.

Within a respectful environment, we hope all persons explore cultural similarities and differences with the goal of better understanding how culture influences experiences, perceptions, values, and interactions. To contribute to a respectful environment in which meaningful dialogue that facilitates safety and/or bravery can take place, we recommend that everyone follow the general guidance detailed below.

General Guidance*

- Strive to be respectful in actions and words in all interactions
 - Listen actively and with genuine interest
 - Take your time to respond thoughtfully, convey you have heard what the other person shared, and ask clarifying questions
 - Share your thoughts using clear language and with humility
 - Recognize cultural differences in the expression of respect that deserve explicit attention at the outset of the conversation and throughout the discourse
- Engage in ongoing self-reflection
 - Understand yourself as a cultural being in context
 - Be attuned to your own identities and identity development
 - Seek, in a continuous fashion, to enhance your relational stance and capacity for cultural sensitivity and humility
 - Understand how history of trauma related to discrimination and oppression can impact one's own perspective and the perspectives of others
 - Approach the discomfort associated with conversations on diversity-related topics in a manner that achieves heightened awareness and growth
- Be open to learning and sharing
 - Engage with others regarding DEI with honesty, sensitivity, respect, and civility
 - Discuss and debate ideas rather than attack, ridicule, or demonize the personhood of opposing parties
 - Listen to the perspectives of others who differ from you including minority voices
 - Consider new perspectives, including those that may challenge pre-existing assumptions
 - Ask questions thoughtfully and respectfully to learn about and understand others' cultural experiences

- Speak from your own cultural experience in a manner that reflects an awareness of oneself as a cultural being
- Provide cultural feedback in a direct, specific, and respectful way in which you appeal to values and principles
- Receive cultural feedback by listening actively, asking for clarification or more information, having an open mind, and not arguing even if you have a different perspective
- Own intentions and impact
 - Be aware of the impact of your words and actions
 - Listen to how others perceive the impact of your words and actions
 - Acknowledge and learn from your mistakes
 - Notice when you are getting defensive
 - Be aware that intention and impact matter and are not always consistent with one another
 - Be willing to change
- Approach educational, clinical, and scholarly endeavors with a multicultural orientation
 - Talk actively about diversity
 - Use people's preferred pronouns, inquire about people's preference for person-first versus identity-first language, and be mindful of ingroup-outgroup terminology
- Make connections to advance DEI in your life and in the community
 - Foster relationships with others whose multicultural identities diverge from one's own
 - Form or join social justice advocacy groups, committees, or organizations that advocate on behalf of marginalized communities
 - Take an active role in confronting bias and prejudice
- Understand change as a process
 - Be aware of the ongoing nature of change
 - Engage in critical thinking and analyze complex and difficult topics
 - Approach discomfort
 - Understand that safety and discomfort can coexist in conversations and conflicts related to DEI
 - Know that discomfort often is necessary to disrupt bias
 - Reflect on whether you are complicit in contributing to a status quo that oppresses individuals with marginalized identities if you do not feel discomfort
 - Learn from others
 - Take risks
 - Reflect on what you have learned
 - Make a commitment to ongoing growth and change

Guidance for Supervisors*

The following is specific guidance for supervisors to model and invite DEI conversations in supervision (Mori et al., 2009; Nilsson & Duan, 2007; Sue, 2013; Sue et al., 2009):

- Take the lead in creating a supervisory relationship that supports open conversation about DEI including in the supervisory relationship and with regard to views that patients express
- Be respectful in initiating direct conversations about diversity in all forms as relevant to the supervisory process and the work being supervised

- Seek opportunities to facilitate discussion on issues of DEI, as effective facilitation of conversation often depends on one's level of training and experience
- Engage in cultural discussions in supervision and understand individual differences as they relate to trainees' cultures of origin and interpersonal styles, particularly with international supervisees
- Validate and respect experiences of discrimination or prejudice reported by supervisees, especially when working with supervisees from marginalized groups
- Use self-disclosure as appropriate when discussing DEI and be aware of the ways self-disclosure can influence interactions
- Acknowledge own biases and discomfort during challenging discussions
- Invite feedback and seek out input about own diversity competence

Guidance for Individuals Experiencing Racism, Discrimination, and/or Microaggressions**

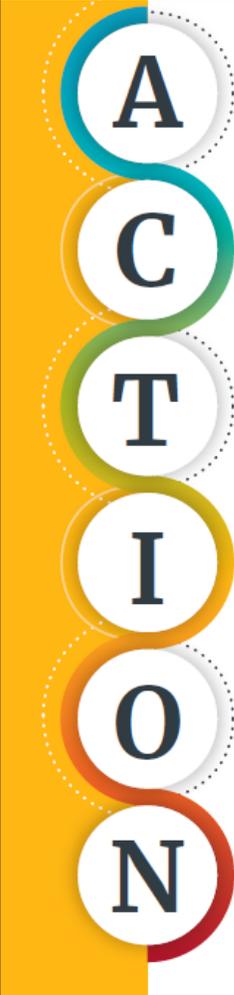
- What not to do when you experience racism, discrimination, or microaggression:
 - Do not ignore your experience - If you are bothered by a comment made about your racial or ethnic group or another aspect of your identity, pay attention to your reactions, do not ignore them! The fact that discriminatory comments or microaggressions are so pervasive may make you believe that your feelings (i.e., discontent, discomfort, defensiveness, etc.) are not warranted. They are!
 - Do not internalize the oppression - It is critical that you acknowledge your reactions to racism/discrimination and process them with people who understand you and who can provide you with support. The risk of not doing so is to believe that racism/discrimination or microaggressions do not exist, or even worse, that they are normal or justified.
- What to do when you experience racism, discrimination, or microaggressions:
 - Consult - After being discriminated against, we may feel as if we were simply being "too sensitive." Chances are, this is not the case. However, to be certain, it may be beneficial to consult with other minority graduate students (e.g., fellow classmates, APAGS-EMGS listserv). In addition, you might turn to trusted support groups such as parents, friends, professors, or supervisors who can help. Please know that Emory faculty and supervisors must report all instances of harassment and discrimination.
 - Be prepared - Having an understanding that discrimination and racism still exists and expresses itself through many forms (e.g., humor, slang, or well-intentioned questions), can help you to be prepared for when it happens. A healthy acceptance and awareness of this fact can protect you from feeling too hurt, which may hinder your development as a professional psychologist (Tinsley-Jones, 2001). To prepare yourself, it is important to read about racial and ethnic minority experiences, or talk with other racial and ethnic minority graduate students, professors, or professionals about their experiences with racism and how they have dealt with it (Hwang & Goto, 2008). Having a mentor who can empathize and advise you on these difficult and important matters can be tremendously helpful during a trying experience.
 - Get social support – The previous two recommendations have alluded to this suggestion. Surround yourself with people who can really listen, understand, encourage, and even advocate for you when necessary. Not only will they provide much needed interpersonal support, normalization, and understanding, but they can also offer formal ways of dealing with racism and discrimination in the setting

in which it occurred (e.g., graduate program, practicum site). Having a variety of individuals from different walks of life and professions can also be of benefit because they can meet different needs that you may have. For example, at times you may simply need a friend to hear you, a racial and ethnic minority faculty member to advocate for you, or a network of other students who can affirm your experiences and suggest different ways to resolve the issue. Because graduate programs may not have the diverse resources necessary to meet your needs, the APAGS-EMGS listserv and racial and ethnic minority psychological organizations are resources available to you.

- Confront offenders – Directly addressing the person who offended you may be one of the most important steps you take in asserting your beliefs about racism and its effects. This is a chance to inform, educate, and have a productive dialogue about the intended or unintended racial comments and your perceptions concerning it. The worst-case scenario about directly speaking to the person who made the racist comment is that they refuse to listen. The best-case scenario is that you increase the person’s awareness and they begin to understand why a remark was offensive, and will think before they speak in the future. In either case, you have acted responsibly by sending a message that no one should be treated differently because of their racial and ethnic background. By respectfully and honestly sharing your views, you are helping to shape the behavior of the offender so that he/she will be more aware when interacting with other racial and ethnic minorities. The following are suggestions for confronting people who make offensive remarks:
 - Be strategic: use your judgment as to the timing and location when speaking with this person. However, keep in mind that addressing the remark sooner, rather than later is most optimal.
 - Remain respectful at all times: this will help the dialogue flow smoothly.
 - Specifically explain to the person why the comment is offensive and how it affects you

Guidance for Allies Observing Racism, Discrimination, and/or Microaggressions

Raising our own awareness is key to preventing microaggressions and fostering safe, inclusive environments for all. Here is a strategy that can help us all behave as allies and stop microaggressions when they occur:



Ask
Ask clarifying questions to assist with understanding the microaggressor's intentions.
"I want to make sure I understand what you were saying. Were you saying...?"

Come from curiosity, not judgment.
Listen actively and openly to their response. Be aware that there are things you might not know about the person or situation that may be influencing what is said.

Tell others
Tell others what you observed as problematic in a factual manner.
"I noticed that..."

Impact consideration
Ask for or state the potential impact of such a statement or action on others.
"What do you believe people think when they hear that type of comment?"

Own your response
Own your own thoughts and feelings around the impact by using first-person language.
"When I hear your comment, I think/feel..."

Next steps
Request appropriate action be taken and check in with the target of the microaggression.
"I'd appreciate it if you'd stop making these types of negative comments, because..."



Have you encountered these microaggressions?
You're not alone!

"You're too young to be a doctor."
"Where are you really from?"
"You'd be prettier if you smiled."
"You're lucky minorities get into medical school easier."
"Nurse, can you call my doctor?"
(said to female doctor)

* Much of these guidelines were adapted from the Emory Doctoral Internship in Health Service Psychology Engagement Guidance: Our Commitment to Diversity, Equity, and Inclusion Document. We thank them for their guidance.

** Adopted American Psychological Association of Graduate Students (2010). APAGS Resource Guide for Ethnic Minority Graduate Students. <https://www.apa.org/apags/resources/ethnic-minority-guide>

Reporting Policies

Emory School of Medicine [Policy on Discrimination and Harassment Reporting](#)

The School of Medicine is committed to providing all faculty, staff and learners with an environment free from discrimination. But we cannot respond appropriately if instances of such misconduct go unreported. In alignment with the [Emory University's Office of Diversity, Equity and Inclusion](#), this includes sexual harassment and harassment or discrimination based on race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression and veteran's status. As an Emory employee, if you become aware of such conduct—whether you experience or witness it personally or someone else shares their experience with you (even if they ask you to keep it confidential and don't want it reported)—**you must report it**. Emory policy requires all employees to promptly report—and it's the right thing to do. If you receive such information and don't report it, you could be disciplined. But more importantly, you have prevented us from acting to stop it.

There are many ways to report discrimination and harassment. You do not need to figure out who is responsible for reviewing your specific information as that will depend on the nature of the information. All you need to do to fulfill your responsibility is to report discrimination or harassment to any of the following:

- Your direct supervisor
- Your Chair, Division Director, Program Director, or other departmental leader
- Your local HR representative
- Any member of the [SOM Dean's Office](#)
- The [University's Department of Equity and Inclusion](#) (DEI)
- The [University's Title IX Office](#) (for sex and gender-based harassment)
- The Emory Trust Line ([online](#) or by telephone at [1-888-550-8850](tel:1-888-550-8850))

If you are a supervisor, Chair, Division Director, Program Director, or other departmental leader, or HR representative, and an employee in your area reports such concerns to you, you must notify the SOM Dean's Office or DEI.

If you are aware of any situation involving concerns of discrimination of bias and are unsure of how to proceed, please contact [Josh Barwick](#) (for faculty) or [Cliff Teague](#) (for staff) in the Dean's Office and we will be glad to guide you.

Additional Internship Information

There can be significant distress when discrimination or harassment occurs. In addition to helping you make a report, the training program would like to provide support. In addition to the Emory resources listed above, please know the following can be people or groups may assist you:

- Internship Training Director
- Internship Diversity, Equity, and Inclusion Chairs or Members
- Your Internship Mentor
- Individual Supervisors
- Group Supervisors

Our program will also ask you to complete an anonymous survey at the end of the internship to capture instances of discrimination, harassment, and microaggressions involving patients, other interns, staff, faculty, and supervisors. This will provide us with feedback to help us improve our training program as a whole to be a safer and more inclusive environment.

Internship Policy on Addressing Racist and Discriminatory Patient Interactions

Children's Healthcare of Atlanta Doctoral Internship in Health Service Psychology
At Emory University School of Medicine

This document serves to describe expectations for supervisory behavior in managing racist/discriminatory patient and client interactions when the intern is part of the treatment team.

- When a racist/discriminatory* interaction is directed at an intern by a patient, the intern is encouraged to discuss the incident with their supervisor and/or treatment team member in the moment. Supervisors observing a racist/discriminatory interaction directed at an intern by a patient should initiate a discussion of the interaction with the intern. The supervisor is responsible for supporting the intern involved and establishing a unified and clear position that racist/discriminatory patient behavior will be addressed.
- The supervisor will facilitate a discussion to plan an appropriate strategy for addressing the patient's behavior and invite dialogue. The involved intern (and team member, if applicable) should be offered the option to lead the dialogue with the team and/or the patient if they choose.
 - o The intern, if they choose, and a team member (preferably the supervisor) will engage the patient about the behavior.
 - o The team will discuss the harmful and unacceptable nature of their patient behavior.
 - o The team will allow for the intern to discuss and/or process their reactions, if the intern chooses to do so.
 - o Supervisors will accommodate for wrap-around support and longer-term follow-up with the intern who experienced or observed racist/discriminatory interactions, as necessary.
 - o When applicable, the team will clearly state that the involved intern is a vital part of the patient's treatment team.
 - o If a patient requests another provider or refuses to see the assigned intern, the reason for the request must be understood to determine whether the request is discriminatory. An example: "I want to be sure I understand the reason for your request. Are you saying that you want a different provider because of their race/ethnicity?"
 - o When appropriate, the supervisor will convey that accommodating patient requests to change their assigned provider based on discriminatory patient preference is not

acceptable. The use of clinical judgment, consultation with other providers, and discussion among the treatment team is encouraged in order to determine the optimal decision for the benefit of the intern, patients, team members, and clinic.

- The team will discuss how to move forward with patient care, balancing the organization's policies and procedures, the clinical needs of the patient, and the intern's well-being and preferences in the process.
- The supervisor should not reinforce the patient's racist or harmful behaviors by immediately changing their provider or other members of their care team.
- However, an intern has the right to request being removed from the care of a patient due to discriminatory behaviors, without fear of penalty or retaliation. There must be a discussion with the responsible supervisor that includes ethical clinical decision-making and consideration of patient well-being and safety. If deemed appropriate to terminate services with a patient based on racist/discriminatory behavior, respective clinic termination policies must be followed to ensure continuity of patient care.
- Regardless of any decision made based on the clinical decision-making discussion, interns' training and evaluations will not be affected. If interns believe a decision was made, based on minimal input from the intern, or with disregard of the interns' experience, the affected intern is encouraged to follow grievance procedures outlined in the Psychology Internship Policy Manual.
- As supervisors, it is important for us to document and monitor these patient interactions, their effects on interns (and the treatment team), implementation of these guidelines, and resolutions in order to support the treatment team and improve the response to these challenging situations.
 - If the intern, their supervisor, and patient mutually decide to continue the clinical relationship, the supervisor will closely monitor, discuss, and address the intern's well-being and felt sense of safety as the treating provider. The supervisor will continuously reassess if the decision to continue the clinical relationship is in the best interest of both parties and will make adjustments accordingly and provide feedback to the training committee.
- The involved intern and supervisor should report any instances of racist/discriminatory behaviors from patients to the Training Director.
- The supervisor and/or Training Director will follow-up with the intern who may have experienced racism or discrimination and provide resources as necessary.
- The Training Director with the help of the intern's supervisor will document all instances reported, including whether and how the guidelines described above were implemented, treatment team response, effects on the intern involved, the patient and the team, and outcomes and resolutions.
- The Training Director will monitor and review this cumulative documentation of harmful patient interactions at least annually as part of its overall efforts to address and reduce racism and discrimination in the institution/work environment. Aggregated information will be shared with faculty and administrators.

* Including, but not limited to racism and discrimination towards those with diverse backgrounds related to different socioeconomic status, ethnicity, language, nationality, gender identity, sexual orientation, religion, geography, disability, political affiliation, and/or age.

This document was modified from “Standardized Approach to Racist Patient Interactions” developed by Mary Duggan, MD, Tanya White-Davis, PsyD, Ellen Tattelman, MD, Montefiore Medical Center Department of Family and Social Medicine in combination with Cindy McGeary, PhD, and Tabatha Blount, PhD, UT Health San Antonio School of Medicine. We thank them for their guidance.

Adopted: 6/15/2022

Glossary of Terms

This is not an exhaustive list of terms associated with DEI topics; however, it serves to provide some common language around terms.

Adopted from:

American Psychological Association (2021). Equity, Diversity, and Inclusion Framework. Retrieved from: <https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf>

American Psychological Association of Graduate Students (2010). APAGS Resource Guide for Ethnic Minority Graduate Students. Retrieved from: <https://www.apa.org/apags/resources/ethnic-minority-guide.pdf>

Human Rights Campaign (2022). Glossary of Terms. Retrieved from: <https://www.hrc.org/resources/glossary-of-terms>

Jaarsma, P., & Welin, S. (2012). Autism as a natural human variation: reflections on the claims of the neurodiversity movement. *Health Care Analysis: HCA: Journal of Health Philosophy and Policy*, 20(1), 20–30. <https://doi.org/10.1007/s10728-011-0169-9>

Singer, J. (1998). *Odd people in: The birth of community amongst people on the autism spectrum: A personal exploration of a new social movement based on neurological diversity*. An Honours Thesis presented to the Faculty of Humanities and Social science, the University of Technology, Sydney, 1998.

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Dismantling Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders. *The American Psychologist*, 74(1), 128–142. <https://doi.org/10.1037/amp0000296>

- **Ableism** : Stereotyping, prejudicial attitudes, discriminatory behavior, and social oppression toward people with disabilities in order to inhibit the rights and well-being of people with disabilities, which is currently the largest minority group in the United States.
- **Access**: The elimination of discrimination and other barriers that contribute to inequitable opportunities to join and be a part of a work group, organization, or community.
- **Bias**: APA defines bias as partiality: an inclination or predisposition for or against something. Motivational and cognitive biases are two main categories studied in decision-making analysis. Motivational biases are conclusions drawn due to self-interest, social pressures, or organization-based needs, whereas cognitive biases are judgements that go against what is considered rational, and some of these are attributed to implicit reasoning.
- **Cultural humility**: A lifelong process of self-reflection and self-critique that involves examining own beliefs and cultural identities and learning about other people's cultures.

- **Diversity:** Diversity includes many aspects of our individual identities. When we say “diversity” at Children’s Healthcare of Atlanta, we are referring to the internal, external and organizational factors that contribute to how we, as individuals, experience the world.
- **Discrimination:** The differential treatment of the members of different gender, racial, ethnic, religious, national, or other groups. Discrimination is usually the behavioral manifestation of prejudice and therefore involves negative, hostile, and injurious treatment of the members of rejected groups.
- **Diverse:** Involving the representation or composition of various social identity groups in a work group, organization, or community. The focus is on social identities that correspond to societal differences in power and privilege, and thus to the marginalization of some groups based on specific attributes—e.g., race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and language. (Other identities may also be considered where there is evidence of disparities in power and privilege.) There is a recognition that people have multiple identities and that social identities are intersectional and have different salience and impact in different contexts.
- **Equity:** Providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups.
- **Gender:** The socially constructed ideas about behavior, actions, and roles a particular sex performs.
- **Gender-binary:** A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations.
- **Human rights:** Defined by the United Nations as “universal legal rights that protect individuals and groups from those behaviors that interfere with freedom and human dignity.” Inclusion An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all of their identities) and to demonstrate their strengths and capacity. Intersectionality The ways in which forms of oppression (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined separately from one another.
- **Homophobia:** The fear and hatred of or discomfort with people who are attracted to members of the same sex.
- **Inclusion:** An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all of their identities) and to demonstrate their strengths and capacity.

- **Implicit Bias:** Unconscious attitudes or stereotypes that affect our understanding, actions, and decisions. These shortcuts are prevalent when individuals have: (1) ambiguous or incomplete information, (2) time constraints, or (3) compromised cognitive control (e.g., fatigue).
- **Inclusive Integrity:** The outward and unapologetic demonstration of a commitment to equity. Inclusive Integrity requires the removal of self-interest, a commitment to perpetual learning, and an applied understanding of empathy and compassion.
- **Intersectionality:** The ways in which forms of oppression (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined separately from one another.
- **Microaffirmation** (also referred to as micro-moves, micro-gestures, and micro-advantages): The nonverbal (e.g., nods, facial expressions) and verbal (e.g., choices of words, tones of voice) actions that convey active listening, inclusion, and caring; recognize and validate emotional experiences; affirm emotional reactions; and , substitute messages about deficit and exclusion with messages of excellence, openness and opportunity.
- **Microaggressions:** Brief and commonplace daily verbal, behavioral/non-verbal, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward marginalized communities. Though microaggressions represent a subtle or covert form of racism, they can be equally and sometimes even more oppressive and damaging than overt racism. Because of their subtlety and common occurrence, microaggressions are oftentimes difficult to identify. It is in this invisibility that the negative power of a microaggression lies. Perpetrators of microaggressions are often unaware that they engage in such communications.
 - Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, and Esquilin (2007) identified a list of common microaggressions, which we include here for purposes of illustration.
 - **Myth of Meritocracy** - statements assuming that people of Color either receive unfair benefits (i.e., affirmative action) or do not work hard enough to succeed.
 - **Criminality Assumption** - insinuations that associate criminal behavior with people of Color.
 - **Denial of Individual Racism** - statements denying personal biases
 - **Color Blindness** - comments that negate the existence of power and cultural differences between individuals of White descent and those of ethnic or racial backgrounds.
 - **Ascription of Intelligence** - a statement assuming that intelligence depends on the racial or ethnic group to which you belong.

- Alien in Own Land - statements assuming that non-White individuals (i.e., Asian Americans, Latino-Americans) are not American.
 - Second Class Citizen - preferential treatment given to a White person over a person of Color.
 - Pathologizing Cultural Values - comments about the superiority of the ways of being and communicating of White individuals.
 - Environmental Microaggressions - underrepresentation of people of Color in positive TV/movie roles; overrepresentation of people of Color in negative roles (i.e., criminals); few resources allocated to schools of students of Color, and overabundance of resources in predominantly White schools, etc.
- Microinterventions: The everyday words or deeds, whether intentional or unintentional, that communicates to targets of microaggressions (a) validation of their experiential reality, (b) value as a person, (c) affirmation of their racial or group identity, (d) support and encouragement, and (e) reassurance that they are not alone. This can include microaffirmations.
 - Motivated Awareness: The active engagement with uncomfortable topics and discussions that allow us to grow individually and collectively. Motivated awareness balances cultural humility with personal action.
 - Neurodiversity: The neurodiversity paradigm posits that conditions such as autism are naturally occurring variants in human neurology and that autistic brains should be perceived as different and not a disorder.
 - Oppression: Occurs when one group has more access to power and privilege than another group, and when that power and privilege is used to maintain the status quo (i.e., domination of one group over another). Thus, oppression is both a state and a process, with the state of oppression being unequal group access to power and privilege, and the process of oppression being the ways in which inequality between groups is maintained.
 - Prejudice A negative attitude toward another person or group formed in advance of any experience with that person or group. Prejudices include an affective component (emotions that range from mild nervousness to hatred), a cognitive component (assumptions and beliefs about groups, including stereotypes), and a behavioral component (negative behaviors, including discrimination and violence). They tend to be resistant to change because they distort the prejudiced individual's perception of information pertaining to the group. For example, prejudice based on racial grouping is racism; prejudice based on perceived sex, or perceived gender is sexism; prejudice based on chronological age is ageism; and prejudice based on disability is ableism.
 - Queer: A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQ+ movement.

- **Race and Ethnicity:** Race and ethnicity are social constructions that powerfully shape social identity, but also influence our interactions, how we view others, and our social arrangements. According to APA's Racial & Ethnic Guidelines (2019), race is defined as the social construction and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy. The guidelines also define ethnicity as a characterization of people based on having a shared culture (e.g., language, food, music, dress, values, and beliefs) related to common ancestry and shared history.
- **Racism:** Behavior, both individual and institutional, that is based on the belief in the superiority of one group of people and the inferiority of another because of national and ethnic origins. Sexual orientation A multidimensional aspect of human experience, comprised of gendered patterns in attraction and behavior, identity related to these patterns, and associated experiences, such as fantasy.
- **Social justice:** Commitment to creating fairness and equity in resources, rights, and treatment of marginalized individuals and groups of people who do not share equal power in society. Structural racism Results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities, and includes the failure to correct previous laws and practices that were explicitly racist.
- **White privilege:** Unearned power that is afforded to White people on the basis of status rather than earned merit and protects White people from the consequences of being racist and benefitting from systemic racism; such power may come in the form of rights, benefits, social comforts, opportunities, or the ability to define what is normative or valued.
- **White supremacy:** The ideological belief that biological and cultural Whiteness is superior, as well as normal and healthy—is a pervasive ideology that continues to polarize our nation and undergird racism.

Resources

Emory Resources

Emory University School of Medicine Diversity, Equity, and Inclusion

<https://www.med.emory.edu/about/diversity/index.html>

Emory University School of Medicine Policy on Diversity

https://www.med.emory.edu/assets/pdfs/SOM_Policy_on_Diversity_FINAL.pdf

Emory Office of Equity and Inclusion

<http://equityandinclusion.emory.edu/>

University Center for Women

<http://www.womenscenter.emory.edu/>

University Office of International Student Life

<http://www.oisl.emory.edu/>

University Office of LGBT Life

Phone: 404-727-0272; Email: lgbt@emory.edu

<http://www.lgbt.emory.edu/>

University Office of Religious and Spiritual Life

<http://www.religiouslife.emory.edu>

University Office of Accessibility Services

<http://equityandinclusion.emory.edu/access/index.html>

Emory Office of Racial and Cultural Engagement

<http://race.emory.edu/>

Additional Resources

American Psychological Association of Graduate Students (2010). *APAGS Resource Guide for Ethnic Minority Graduate Students*. Retrieved from: <https://www.apa.org/apags/resources/ethnic-minority-guide.pdf>

American Psychological Association (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. American Psychological Association. <https://doi.org/10.1037/10411-000>

Georgia Psychological Association Diversity Directorate

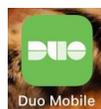
<https://www.gapsychology.org/page/CommitteesDirectorates>

The reader also may find valuable the American Psychological Association's Professional Practice Guidelines for multicultural practice with particular populations, including (1) transgender and gender nonconforming people; (2) girls and women; (3) older adults; (4) lesbian, gay, and bisexual clients; (5) persons with disabilities. These guidelines can be found at: <http://www.apa.org/practice/guidelines/>

CLINICAL ONBOARDING AND POLICIES

Intern Technology Set-up

1. For all IT needs contact IS&T. Available at:
 - a. Ext. 5-6767 (404) 785-6767
 - b. [Careforce Connection](#) → “IS&T Solutions Center”
2. Set Up Your Desk Phone
 - a. Call IS&T
 - b. Change phone number to your name
 - c. The default voicemail password is usually 5437, but check with IS&T
3. Set up Duo Authentication
 - a. Required to access email, working remotely, Emory Self Serve for benefits and billing.
 - b. Download “Duo Mobile” App
 - c. <https://www.choa.org/staff>
 - d. <https://duo.emory.edu>
 - e. To get email directly on your phone go to Careforce Connection > Click Frequently Used Tools (circle icon) > Forms > Mobile Device Request > Answer questions and submit
4. Trainings (*subject to change*)
 - a. Many CHOA trainings are on People IQ through Careforce that will be assigned to you, others you will need to assign yourself by visiting the website and finding the course.
 - b. CITI trainings (Emory and CHOA)
 - i. Pro tip: save all certificates in one folder for easy access! You may be asked to present these several times throughout the year
 - c. Complete in-person EPIC training
 - i. Will need to be scheduled
 - d. Complete CPR Training CBT on People IQ prior to in person training
 - i. CPR Skills Validation
 - e. Complete VALT CBT on People IQ through Careforce
 - i. MarcusValt Program
 - f. Complete trainings for your rotation (if required)
5. Computer Folder Access
6. Request an “N Drive”, if it is not already on your computer. This will be your personal drive.
7. Request access to required folders. These vary per rotation.
 - a. Overall Marcus drive: \\choa-fs2\Share
 - b. Severe: S:\BTC Main Folder\
 - c. Feeding: P:\Feeding Program
 - d. CAD: \\choa-netapp02\pedneurocen\$\Shared
 - e. LLC: Z:\Shared\BTC Main Folder\LLC
 - f. Neuropsychology: check with your individual supervisor for access to the Trainee folder
8. EPIC
 - a. Request access to “Dot Phrases” from rotation supervisor
 - i. Used for clinical notes
 - ii. You may need to request these again for your second rotation



- iii. See CAD intern manual for specific instructions for uploading a DI/Report, adding your supervisor as a co-signer, and dropping charges
9. VALT
- a. After completing the CBT VALT training, request access to record and see videos of appointments on the VALT system
 - b. Email: Taufiq.Hassan@choa.org after completing the training
 - c. Inform him of all departments you need access for (e.g., CAD, Feeding, Severe, LLC)
 - i. For Feeding, it is helpful to schedule recordings in advance. You will need to request this ability specifically through Taufiq Hassan
 - d. Marcusvalt.choa.org
 - e. If accessing VALT from home, be sure to use Google Chrome app (through the VPN)
 - f. **Note: Always be sure to select the correct container based when recording (e.g., select the correct department so that others in the department can view the recording if needed)

Important Links

- 1. Anywhere Choa
 - a. Work remotely; access to email, EPIC, CHOA drives, People IQ
 - b. <https://anywhere.choa.org/vpn/index.html>
- 2. Emory Human Resource System:
 - a. Set up benefits (e.g., insurance)
 - b. Access link to emory employee benefits and discounts
 - c. Payroll
 - d. Complete Emory required onboard training
 - e. Workplace health
 - f. <https://hrprod.emory.edu/psp/hrprod/?cmd=login&languageCd=ENG&>

Onboarding Checklist

Onboarding Checklist	Date Complete
Review handbook	
Tour of building	
Obtain CHOA user ID and email	
Get CHOA Badge and Parking Pass; Dr. Dilly will help schedule	
Trainings:	
<ul style="list-style-type: none"> ● CHOA People IQ – CBT Clinical Orientation 	
<ul style="list-style-type: none"> ● EPIC Training – in person; Dr. Dilly will help schedule 	
<ul style="list-style-type: none"> ● Emory Onboarding Training - https://hrprod.emory.edu/psp/hrprod/?cmd=login&languageCd=ENG& 	
<ul style="list-style-type: none"> ● CHOA People IQ – Valt training and contact Taufiq Hassan for department access 	
<ul style="list-style-type: none"> ● CITI Training (ask primary department which need to be completed) 	
<ul style="list-style-type: none"> ● CPR Training – Schedule through CHOA People IQ 	
<ul style="list-style-type: none"> ● Marcus Crisis Prevention Program; Dr. Dilly will schedule 	
<ul style="list-style-type: none"> ● ADOS-2; Dr. Dilly will schedule 	
<ul style="list-style-type: none"> ● Summer Symposium; Dr. Dilly will schedule 	
Access:	
<ul style="list-style-type: none"> ● Shared drives – Request access from IS&T 	
<ul style="list-style-type: none"> ● Get added to Marcus News email – have one member of cohort email CJ (Kimberly Wittman) to add all of you 	
<ul style="list-style-type: none"> ● Get access to department Smartsheets, reoccurring meeting invites, and any necessary calendars (CAD – Jodi Salim for Smartsheet and Marie Morgan for Outlook Calendar; LLC/Feeding/Severe – Michelle Denney) 	
Discuss with supervisor:	
<ul style="list-style-type: none"> ● Introduction to staff/roles/who does what 	
<ul style="list-style-type: none"> ● Review PTO procedures within department 	
<ul style="list-style-type: none"> ● Procedures for requesting time for Grand Rounds and Seminars 	
<ul style="list-style-type: none"> ● Goals for training experience – Record goals for internship file 	
<ul style="list-style-type: none"> ● General appointment types and format 	

• Discuss templates/EPIC input	
• Observe Appointments	

Interpreter Line

When patient appointments are being scheduled, the Patient Access team should be assessing if an interpreter is needed and scheduling one for the visit. In the event that there is no interpreter present but one is needed, Marcus has interpreters available via phone. To access a CYRACOM interpreter using any phone:

1. Dial 1-800-276-2519
2. Enter account: 27930
3. Enter PIN: 3812
4. Say Language
5. Document the interpreter ID number in something patient-specific as proof of using a certified interpreter.

CODE AQUAMARINE

A code aquamarine can assist if you have aggressive or self-injurious patients. If you have a patient that you cannot safely manage using basic de-escalation strategies (redirection, talking to the patient, etc.), you can call a “code aquamarine”.

It’s always a good idea to review the records briefly before seeing patients. Make sure that if you have a risky patient, you are choosing a room that is not far from where others will be working (i.e., not room 268) and let others in the department know that you may need assistance. This is especially true for our older patients. We do not have panic buttons or phones in any of the testing rooms. If you hear something in one of our rooms that may indicate distress, please pop into the observation room to check on the other provider (and/or knock on the door and offer your help). We all want to look out for each other.

How to call a code:

Inform the front desk (dial 0 from any phone) or yell into the hallway that you need someone else to call a code aquamarine.

Here’s what will happen: Someone will walkie-talkie the behavior center staff and they will come to your room to assist. (It may be a good idea to keep your door open until they arrive so that others in the area can help and so they can find you quickly). They will introduce themselves to the patient/parent and get verbal permission to intervene. You can give them a basic description of what lead up to the behavior or describe the behavior and tell them what you need help with. For example, if you need to safely transition a child out of a room, if the child is very self-injurious and needs protection, etc.

After they help, you will need to document on a specific form and in EPIC. You should also consider sending a celebration to the staff that helped you.

Please let us know if you have any questions about this policy, safety, ways to avoid getting into situations requiring a code, or strategies to use with potentially dangerous patients

Appendices

Appendix A APA Internship Complaint Form Letter



The enclosed materials are sent to you in response to your recent request for information on filing a formal complaint against the operations of an accredited program in professional psychology or against an accreditation site visitor(s).

As you consider filing a complaint, it is important to keep in mind the purposes and limitations of the accreditation complaint process. The process is designed to provide an avenue by which individuals may bring to the attention of the Committee on Accreditation (CoA) instances in which an accredited program is not consistent with the Guidelines and Principles. The CoA has no authority to adjudicate disputes between individuals and programs and cannot, for instance, direct a program to change a grade or readmit a student, matters that are under the jurisdiction of academic institutions. In this regard, filing a complaint against an accredited program should be viewed by potential complainants as the provision of a "public service," rather than as a means of obtaining personal redress. To assist you in the presentation of your complaint are copies of the "Guidelines and Principles for Accreditation of Programs in Professional Psychology," the "Accreditation Operating Procedures," and a complaint form. Procedural information regarding the filing of a complaint may be found in Section 6 of the "Accreditation Operating Procedures."

Please call us at (202) 3365979 if you should have any questions regarding any of the enclosed material or further questions or concerns about the complaint process.

Sincerely,

Jacqueline Remondet Wall, Ph.D., Director
Program Consultation and Accreditation
Enclosures
Accreditation Complaint Form
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street N.E.
Washington, DC 200024242

Person Making Complaint: _____

Address:

Phone Number: () _____

Email Address: _____

Program Against Which Complaint is Being Made: _____

Address of

Program: _____

Please indicate the date when the alleged lack of compliance about which you are complaining first came to your attention.

In the space provided below, provide a brief (about 50 words or less) summary of the nature and dates of what you believe to be the program's noncompliance with accreditation guidelines and principles:

Describe the efforts you have made to pursue all grievance procedures provided within the institution in which the program is located:

Describe the current status of legal action, if any, related to the complaint:

On (a) separate sheet(s), please provide a complete account of the situation, including the accreditation guidelines and principles you believe have been violated. Please specify the accreditation guidelines and principles by the domain(s) and the specific sub-paragraph(s) you believe to be applicable to your complaint.

I hereby grant permission to send the complaint, in its entirety, to the program. This permission includes a waiver of any right to subpoena documents or information concerning the case from the Committee or its agents for the purposes of private civil litigation. (The complaint cannot be processed unless your permission is granted).

Signature _____ Date _____

Name (Printed): _____

Please return this form to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202/ 336-5979 – phone
202/ 336-5978 – fax

Appendix B APA Ethics

APA Ethical Principles of Psychologists & Code of Conduct

Available: <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Appendix C Georgia Rules and Regulations and Ethics

Georgia Board of Examiners of Psychologist Rules and Regulations

Available: <http://rules.sos.ga.gov/gac/510-4>

Appendix D Internship Evaluation Competency Benchmarks

Competency Benchmarks in Health Services Psychology

Children’s Healthcare of Atlanta, Doctoral Internship, Evaluation of Trainee Rating Form

Trainee Name:

Name(s) of rotation(s) for this evaluation:

This Review Covers:

- Baseline
- July – mid-October
- mid-October – mid-January
- mid-January – March
- April – June

Name of Person Completing Form (please include highest degree earned):

Licensed Psychologist: Yes No

Does this evaluation include input from other supervisors for this trainee?

No

Yes, by the following individual(s):

	Licensed Psychologist: Yes No

Timing of Review (circle one):

Baseline 1st Quarter 2nd Quarter
 3rd Quarter 4th Quarter End (committee)

Other (please describe below):

The undersigned individuals acknowledge that they reviewed this evaluation:

Supervisor Signature	Supervisor Printed Name	Date
Intern Signature	Intern Printed Name	Date

Below, please, find core competencies along with expected level of mastery for independent practice. Rate each item by responding to the following question with the scale below (for additional guidance in ratings, see separate document that contains APA’s 2012 Revised Competency Benchmarks). If there are competencies that are not involved in the training activities of current rotations, supervisors will need to utilize an alternative form of assessment to directly observe competence in each those areas. This might include conversations, role-plays, written assessments or 360-degree evaluations. In quarterly evaluations with more than one supervisor, please, list a single rating that reflects the consensus of all supervisors.

HOW COMPETENT IS THE INTERN TO PRACTICE IN THIS DOMAIN, TO DEAL WITH BASIC ENTRY-LEVEL PROFESSIONAL SITUATIONS?

Needs Remediation	Requires Close Supervision	Requires minimal supervision	Ready to practice at basic Level	Exceeds entry level of competence
0	1	2	3	4

Comments Section: Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee’s current level of competence, as well as comments about performance in the specific placement. Be sure to address any scores that reflect a need for specific planning to address training needs. ANY SCORES OF “0” or “4” REQUIRE AN EXPLANATORY COMMENT. Also, if interns receive scores that are lower than the previous evaluation periods, please, comment. Submit a signed paper copy to Training Director. For Mid-year, also submit a MS Word version to pass along to the next supervisor.

BL	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
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1. INDIVIDUAL AND CULTURAL DIVERSITY				
A. Demonstrates through discussion and/or action, an awareness of elements of diversity in their own lives and how these elements may affect their professional thinking and behavior.				

	BL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
B. Shows understanding of the implications of ICD for professional activities in assessment, treatment, research, consultation, and training/supervision, including detecting areas of knowledge about ICD which warrant additional study, training and/or consultation.					
C. Consistently show sensitivity and adaptability in responding to ICD and to apply them to core areas of practice.					
Overall					
2. ASSESSMENT					
A. Selects appropriate standardized and/or clinical measures to use in addressing the referral question and administer and score these tools with fidelity.					
B. Independently conducts effective initial clinical interviews or intakes to determine subsequent clinical service.					
C. Is able to describe assessment instruments/methods (including strengths and limitations) and how they may be used to inform treatment recommendations (e.g., determine diagnosis, identify behavioral function, clarify skill level).					
D. Demonstrates awareness of issues of human development and diversity in using assessment or diagnostic information for case conceptualization and treatment planning.					
E. Demonstrates proficiency in writing assessment reports that integrate findings in a way that is accurate and is clear to professionals and consumers.					
F. Demonstrates proficiency in providing the results of the assessment in oral feedback to caregivers in a way that is accurate and is clear.					
Overall					
3. INTERVENTION					
A. Independently develops case conceptualizations and treatment planning that includes consideration of developmental, individual and cultural differences.					
B. Independently creates treatment goals, selects appropriate treatment options, and incorporates ongoing assessment results into treatment planning as needed.					
C. Demonstrates advanced clinical skills and the ability to flexibly utilize them, even in difficult clinical situations.					
D. Demonstrates proficiency in understanding standard treatment protocols and in independently administering them with high fidelity.					
E. Demonstrates the ability to generalize skills (e.g., teaching, assessment, behavior management) across clients, settings, and scenarios when appropriate.					

	BL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
F. Demonstrates the ability to apply scientific methodology to evaluate treatment progress.					
Overall					
4. CONSULTATION AND INTERDISCIPLINARY SKILLS					
A. Demonstrates an understanding of the fundamental skills and roles involved in consultation.					
B. Selects appropriate and contextually sensitive assessment/data gathering that answer consultation question.					
C. Proposes an appropriate plan of action in response to a consultative referral question.					
D. Demonstrates proficiency in identifying, analyzing and responding to key ethical issues unique to consultative relationships.					
E. Describes how other professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).					
F. Participates and initiates interdisciplinary collaboration/consultation directed toward shared goals.					
Overall					
5. PROFESSIONALISM:					
A. Monitors and resolves situations that require integrity, honesty, personal responsibility, and accountability.					
B. Demonstrates professional deportment: self-presentation, dress, behavior, communication in professional situations.					
C. Demonstrates the ability to understand the concern for the welfare of others which is at the core the profession of psychology, to assimilate this concern with the core values of the workplace, and to translate it in their work as health service providers.					
D. Demonstrates self-awareness and self-direction, related to professional behaviors, and to seek related supervision as appropriate.					
E. Portrays a coherent professional identity that is consistent with the broader profession of psychology and takes into account pertinent current events in the field.					
F. Demonstrates professional work ethic including timeliness, accurate documentation, and accountability					
G. Demonstrates awareness of their own bounds of competence and actively seek guidance, coaching, and/or feedback from their supervisor.					
H. Is prepared for supervision and demonstrates reflection on their own practices within supervision.					

	BL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
I. Self-monitors issues related to self-care and promptly intervenes when disruptions occur.					
Overall					
6. COMMUNICATION AND INTERPERSONAL SKILLS					
A. Demonstrates the ability to establish and maintain good rapport with all stakeholders					
Patients and Families					
Supervisors					
Colleagues including supervisees					
B. Demonstrates clarity, accuracy, professional vocabulary and usage, and parsimony in oral communications.					
C. Demonstrates clarity, accuracy, professional vocabulary and usage, and parsimony in written communications.					
D. Demonstrates self-awareness and self-modification related to non-verbal communications, including appropriate management of their own affect.					
E. Demonstrates strategies to recognize articulate and resolve interpersonal differences or conflicts.					
Overall					
7. ETHICAL & LEGAL STANDARDS					
A. Demonstrates the ability to describe and apply general ethical principles, and to recognize possible breaches of the APA code of conduct.					
B. Is able to articulate and discuss the potentially competing interests among the general ethical principles, and to delineate a model by which ethical decisions may be achieved.					
C. Is able to escribes hypothetical inconsistencies between ethical principles and guidelines versus laws or administrative policies that also guide professional behavior; as well as delineate possible processes by which ethical decisions and actions may be achieved in this context.					
D. Demonstrates proficiency in identifying, analyzing, and responding to key ethical issues related to professional practice: research, individual and cultural differences, clinical care (assessment, intervention, consultation), and supervision.					
Overall					
8. RESEARCH & SCHOLARLY ACTIVITIES					

	BL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
A. Demonstrates advanced knowledge of scientific foundations of psychology, including core science (i.e., biological, environmental, cognitive, and affective), human development, and empirically-supported assessment and intervention for individuals with developmental disabilities.					
B. Demonstrates an advanced understanding of and appreciation for research methodology, data collection and analysis.					
C. Independently consumes and discusses scientific literature, applying these findings to their own clinical practice and/or research.					
D. Demonstrates independence in scholarly endeavors. (Examples may include: independently develops research questions/studies, queries existing data bases, or working toward presenting professional advances in publication or at conferences.)					
E. Demonstrates the ability to understand and communicate scholarly findings to others (e.g., supervisors, supervisees, other researchers/practitioners, caregivers).					
Overall					
9 SUPERVISION					
A. Is able to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.					
B. Fluently describes the primary model(s) that guide their provision of supervision.					
C. Demonstrates awareness of the impact of personal perceptions and styles on their relationships with supervisees and of those of supervisees' on their relationship with clients.					
D. Demonstrates proficiency in assessing, guiding and correcting the work of individuals under their supervision, including appropriate responses to potentially problematic supervision situations.					
Overall					

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	BL
SOURCES: Please, put an "X" next to evaluation techniques were used to derive these scores; check all that apply.					
					Detailed discussion in supervision
					Peer Review/Case Presentation
					Video Review
					Direct Observation (Cases or Other Activities)

					Work Product Review (notes, reports, presentations, papers)
					Written Exam/Quiz
					Evaluation Rubric (key behaviors checklist)
					Objective Structured Clinical Exam (OSCE)
					Other (list):

Overall Assessment of Trainee’s Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions: (a) What are the trainee’s particular **strengths and weaknesses and how may this influence her/his training plan?** Please, be reminded that ANY SCORES OF “0” or “4” REQUIRE AN EXPLANATORY COMMENT. (b) Do you believe that the trainee has reached the overall **level of competence expected at this point in training** by the program? (c) For final Quarter only, is the trainee **ready to move to independent practice?**

Please, submit to Training Director all signed originals, and for the midi-year evaluation, submit an electronic (MS Word) version.

Adapted from APA’s Revised Competencies Overall Rating Form: Downloaded on 2013-August-07 from: <http://www.apa.org/ed/graduate/rating-form.doc>

Appendix E Research Agreement

Research Agreement

Internship-Preceptor Research Agreement 2021-2022

Intern Name:

Faculty Preceptor Name:

Planned Project

Topic:

Existing data or new collection?

New IRB proposal needed or need to add intern will to current IRB?

Anticipated presentation venue (preferred conference or journal name):

Target date for submitting abstract (for a conference):

Required date for completing poster/paper/manuscript is prior to June 15, 2020.

Agreed upon by:

Intern Signature

Date

Preceptor Signature

Date

Appendix F Mentoring Forms

Children's Healthcare of Atlanta
Doctoral Internship in Health Service Psychology
at Emory University School of Medicine
Mentorship Program

The Children's Healthcare of Atlanta Doctoral Internship Mentorship Program exists to encourage interns' professional growth and provide support for all interns as future health service psychologists, particularly in the context of diversity and inclusion factors.

The mentor-mentee relationship may include discussions of topics such as:

- 1) Professional growth opportunities (e.g., clinical, research, service);
- 1) Specific skills (e.g., grant writing, implementation science, program development)
- 2) Professional networking;
- 3) Work-life balance and burnout prevention;
- 4) Aspects of identity (e.g., racial, sexual, gender, religious identity); and
- 5) Ethical considerations within professional work.

Process:

- 1) The Mentorship team (Diversity, Inclusion, and Equity Co-Chairs plus members of the Mentorship Task Force) will share about the program with Mentees (Interns), including the Mentee Information form.
- 2) The Mentorship team will recruit mentors and collect Mentor Information forms. A blanket invitation will be sent to training faculty and targeted invitations will be sent to faculty within the Children's – Emory system to match specific requests of mentees.
- 3) The Mentorship team matches mentors and mentees. Mentors and mentees should not be in an evaluative relationship nor should one be anticipated during the course of the year. Ideally, mentors will be outside of an intern's home Track.
- 4) Mentees and mentors will be sent each other's names by the Mentorship team. Either the mentee or mentor can decline.
- 5) If the potential mentor and mentee pair meet to determine if the match is a good fit.

- 6) If the dyad agrees to enter the mentor-mentee relationship, they should form a written agreement on the general topics to be discussed, frequency of meetings, and plan for communicating.
- 7) If the mentoring relationship is discontinued for any reason and 6 or more months of the internship remain, the intern will be matched with a new mentor.

Evaluation: The mentor-mentee program will be evaluated annually.

Children's Healthcare of Atlanta
Doctoral Internship in Health Service Psychology
at Emory University School of Medicine
Mentee Information Form

Name		Degree	
Email		Phone	
University		Program Type	
Internship Track		Internship Minor	

Which of the following topics are you interested in receiving mentorship regarding?
 (Check all that apply)

<input type="checkbox"/>	Career and job opportunities
<input type="checkbox"/>	Research opportunities
<input type="checkbox"/>	Service opportunities – inside and outside the organization
<input type="checkbox"/>	Administration skills
<input type="checkbox"/>	Implementation science
<input type="checkbox"/>	Grant writing
<input type="checkbox"/>	Clinical program development
<input type="checkbox"/>	Research lab development
<input type="checkbox"/>	Networking
<input type="checkbox"/>	Financial concerns around student loan repayment
<input type="checkbox"/>	Work-life balance

<input type="checkbox"/>	Aspects of identity (e.g., ethnicity, race, sexual, gender, religious/spirituality, disability)
<input type="checkbox"/>	Ethics in research and clinical work
Other	
Other	

If you would like to be matched on gender, ethnicity, sexual orientation, spiritual/religious background or other aspects of culture/identity, then please provide the information below. If you have no preference, please leave the below blank. Note: This information is not required. We will make our best effort to make matches based on this information.

Gender		Ethnicity	
Sexual Orientation		Race	
Spiritual/Religious Background		Age	
Disability		Language	
First Generation College Student		Family Care Responsibility (Child, Elder care)	
International Status		Other	

Children’s Healthcare of Atlanta
Doctoral Internship in Health Service Psychology
at Emory University School of Medicine
Mentor Information Form

Name		Degree	
Email		Phone	
Office Number		Department	

Are you willing to provide mentoring regarding the following topics? (Check all that apply)

<input type="checkbox"/>	Career and job opportunities
<input type="checkbox"/>	Research opportunities
<input type="checkbox"/>	Service opportunities – inside and outside the organization
<input type="checkbox"/>	Administration skills
<input type="checkbox"/>	Implementation science
<input type="checkbox"/>	Grant writing
<input type="checkbox"/>	Clinical program development
<input type="checkbox"/>	Research lab development
<input type="checkbox"/>	Networking
<input type="checkbox"/>	Financial concerns around student loan repayment
<input type="checkbox"/>	Work-life balance
<input type="checkbox"/>	Aspects of identity (e.g., ethnicity, race, sexual, gender, religious/spirituality, disability)
<input type="checkbox"/>	Ethics in research and clinical work
Other	
Other	

If you are open to being matched on gender, ethnicity, sexual orientation, spiritual/religious background or other aspects of culture/identity, then please provide the information below. Note: This information is not required.

Gender		Ethnicity	
Sexual Orientation		Race	
Spiritual/Religious Background		Age	
Disability		Language	
First Generation College Student		Family Care Responsibility (Child, Elder care)	
International Status		Other	

I understand that, once matched, I will make a one-year commitment to the program, including responding to mentee requests to meet, completing the mentorship goals contract, and completing the yearly program evaluation. If the mentor-mentee relationship is discontinued, I will communicate this to Laura Dilly.

Signature

Date

Children's Healthcare of Atlanta
Doctoral Internship in Health Service Psychology
at Emory University School of Medicine
Mentorship Contract

Mentee Name		Mentor Name	
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This purpose of this template is to assist you in documenting agreed upon goals and parameters that will serve as the foundation for your mentoring relationship. Feel free to alter the template to fit your needs and make additions as needed. The contract should be signed and dated by each mentee and mentor. A copy should be given to the Training Director to keep in the intern's file.

1. We have agreed that our initial meetings will focus on these goals:

- a. _____
- b. _____
- c. _____

2. What type of assistance does the mentee want from the mentor (e.g., meeting regularly, manuscript collaboration, steps to independence)?

3. What expectations do the mentors have of the mentee?

4. What expectations does the mentee have of the mentor(s)?

5. How often will you meet? When and where will you meet? For how long? Who will be responsible for scheduling the meetings?

6. What information is considered confidential (e.g., conversations with other faculty)? When does permission need to be granted to share information with others?

7. If problems arise within the mentoring relationship, how will they be resolved?

8. How will you know when the mentoring relationship has served its purpose and needs to be terminated?

Mentee Signature

Date

Mentor Signature

Date

Appendix G Emory Equal Opportunity and Affirmative Action Statement

Emory University is dedicated to providing equal opportunities and equal access to all individuals regardless of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, and veteran's status. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor stated above or prohibited under applicable law. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. Emory University complies with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Assistance Act, and applicable executive orders, federal and state regulations regarding nondiscrimination, equal opportunity, and affirmative action. Emory University is committed to achieving a diverse workforce through application of its affirmative action, equal opportunity, and nondiscrimination policy in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. Inquiries regarding this policy should be directed to the Emory University Department of Equity and Inclusion, 201 Dowman Drive, Administration Building, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2049 (TDD).