EMORY UNIVERSITY SCHOOL OF MEDICINE

CHILD, ADOLESCENT & YOUNG ADULT PSYCHIATRY

INTERNSHIP IN CLINICAL PSYCHOLOGY

Exclusively affiliated with the
Emory University Clinical Psychology Program

POLICIES & PROCEDURES HANDBOOK

**taken from the Internship Training Manual*

LAST MODIFIED: 7/1/2026

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OVERVIEW

This Policies and Procedures Manual lists all relevant policies to the CAMP internship.

ACCREDITED BY:

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Office of Program Consultation and Accreditation
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Washington, DC 20002-4242
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EMORY EQUAL OPPORTUNITY POLICY

Emory is an equal opportunity employer, and qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected veteran status or other characteristics protected by state or federal law. Emory University does not discriminate in admissions, educational programs, or employment, including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. Emory University complies with 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 (for protected veterans and individuals with disabilities). Inquiries regarding this policy should be directed to the Emory University Department of Equity and Civil Rights Compliance, 201 Dowman Drive, Administration Building, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2049 (TDD).

APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT (2002, Amended 2016)

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

APA PRACTICE GUIDELINES

http://www.apa.org/practice/guidelines/index.aspx

Statement on Inclusivity and Belonging

The Child, Adolescent and Young Adult Internship Program of Emory University School of Medicine values the unique perspectives and life experiences that members of our community bring. We recognize and celebrate differences in backgrounds, beliefs, identities, language, and physical abilities. As a program, we emphasize the importance of understanding the many dimensions of a person's identity and strive to create a welcoming and inclusive environment that is conducive to

collaboration and learning. We are proud to support faculty, staff, and trainees who reflect a broad range of lived experiences, identities, and viewpoints.

We aim to foster cultural awareness, understanding, and sensitivity in both our clinical practice and professional interactions. Our program provides training experiences that help interns develop the knowledge and skills necessary to deliver informed and responsive care. These include didactic seminars, case consultations, clinical supervision, and hands-on service opportunities. Our urban setting affords our trainees and faculty the chance to work with people from various underserved communities, thus enhancing experiential learning and professional growth.

We are committed to treating all trainees, staff, faculty and clients with fairness and respect. We continuously assess our practices, seek feedback, and pursue meaningful improvements to ensure a safe and supportive training environment. We believe that humility and a commitment to lifelong learning are essential components of ethical and effective clinical work.

INTERNSHIP SITE

The site of the psychology internship program is the Child and Adolescent Mood Program (CAMP). Joya Hampton-Anderons, Ph.D. and Devon LoParo, Ph.D. are the Internship Training Co-Directors.

CAMP offers a two-year, part time exclusively affiliated internship. Psychology interns have several clinical responsibilities, including providing individual therapy, group therapy, parent training, and assessment for a variety of patients. CAMP specializes in the treatment of children, adolescents, and young adults with a primary diagnosis of a mood, anxiety, ADHD, or eating disorder; individual therapy for these patients consists primarily of Cognitive Behavior Therapy (CBT) and Behavioral Activation (BA). Many of our young patients also struggle with behavioral difficulties related to concurrent diagnoses of externalizing disorders. To address these issues, we also offer Parent Child Interactive Therapy (PCIT) for younger children and their caregivers and parent skills training sessions for parents of older children and adolescents. Parent training assists parents in developing effective contingency management strategies and improving effective communication skills with their child/adolescent.

INTERN SELECTION

SELECTION CRITERIA

As the CAMP internship is an exclusively affiliated internship site, we only accept child-clinical graduate students from the doctoral program in clinical psychology at Emory University. All applicants must be in good academic standing with the program and completed all coursework in personality and psychopathology, clinical assessment, and clinical intervention. Clinically, applicants must have completed the assessment practicum, the required internal practicum at the Psychological Center in Emory University Department of Psychology and at least one externship experience at a secondary practicum site in Atlanta, all with satisfactory ratings on their practicum

evaluations. Consistent with the clinical science model, the student's doctoral proposal must be accepted by March 1st of the first year of the internship.

CAMP provides services to a large, diverse metropolitan area. Our patients come from different backgrounds and have varying life experiences. For this reason, we prefer applicants who have demonstrated clinical or research interests in working with the communities we serve. The ability to speak a second language is highly valued but not required.

All qualifying applicants will be interviewed in February/March and must show evidence of desire to train at CAMP (not just a need to stay in Atlanta). Interviews assess for previous related experience, especially in cognitive, behavioral, and mindfulness-based therapies and exposure to intervention with child/adolescent populations. In addition, interviews will assess flexibility, willingness to be a team player, maturity, and openness to feedback.

SELECTION PROCEDURES

Because CAMP is an affiliated internship site, we do not participate in the Association of Psychology Postdoctoral and Internship Centers (APPIC) national match (using National Matching Services).

Interested applicants should submit a cover letter outlining her/his interest in the internship. Please address the letter to Drs. Joya Hampton-Anderson and Devon LoParo, Internship Training Co-Directors. In addition, each candidate must provide a current CV, at least one letter of recommendation from supervisors with direct knowledge of the candidate's clinical work experience in a prior practicum site, and a completed internship application form that contains their educational background, practicum sites, and assessment/intervention experiences. A letter from the graduate program's Director of Clinical Training will be requested by the training director to indicate students' readiness for internship given our selection criteria. A writing sample will also be requested from the applicant. We strongly encourage interested applicants to obtain external practicum experience in sites outside of CAMP and to look for experiences that offer exposure to child/adolescent patient populations.

The selection committee consists of the primary and secondary supervisors at the site. The selection committee will interview all candidates who appear to be a fit for the program. Applicants will also be encouraged to talk with current interns about their training experiences on an "off the record" basis, and they will not be part of the selection committee and will have no selection authority. When interviews are concluded, the selection committee will meet to determine whether or not the applicant is a good fit for the internship site and will rank order the applicants if there are more applicants than slots available.

CAMP will make consistent, systematic and sincere efforts to recruit, select, and retain intern candidates from all backgrounds. In all selection activities, attempts will be made to support the principles of equity and inclusivity.

The Internship retains full responsibility for selection and evaluation of the interns and will submit final evaluations to the doctoral program when a student has satisfied all the requirements for the internship. The Internship Director does not answer to the Director of Clinical Training of the doctoral program although the DCT and Internship Director will work closely to coordinate

resources to enrich the didactic seminars and to informally resolve concerns that may arise, particularly as the program is getting established. The internship site will avoid multiple roles that result in conflicts of interests that might be to the detriment of the student. The internship site is committed to upholding the APA Ethical Principles and Code of Conduct.

The internship lasts two full calendar years on a half-time basis, beginning in mid-August, and ending in mid-August the following year.

REQUIRED TRAINING ACTIVITIES & HOURS

ORIENTATION

Orientation will occur during the first week of the internship. Interns will have the opportunity to meet with staff, supervisors and the Internship Training Director, will be instructed on all CAMP clinical procedures, and will set up meeting times with supervisors.

DIDACTIC SEMINARS

First year interns participate in weekly didactic seminars that focus on a variety of topics relevant to assessment and treatment of various psychological conditions; the training director is in charge of inviting speakers each week. These seminars are designed to provide a broad overview of: the various evidence-based approaches to assessment and treatment, new research findings that can improve treatment efficacy, and psychosocial factors that contribute to treatment success and failures. It supplements the experiences obtained through supervised clinical practice.

Second year interns have the opportunity to deepen their knowledge of certain topics by choosing the workshops and webinars they are most interested in participating. They have a variety of options to complete their 40 hours didactics requirement, including attendance to internship didactics series on evidence-based treatment approaches, departmental grand rounds and workshops, free webinars offered by various professional organizations (e.g., APA, ABCT, ADAA, etc.). Second year interns are also able to count conference symposia and workshops they attend towards their didactics hours.

CAMP PROGRAM, RESEARCH & CONSULTATION TEAM, AND DISPOSITION MEETINGS

CAMP subscribes to the clinical science model of clinical psychology and thus encourages and supports interns in their research efforts. The CAMP Program meetings are attended by CAMP-affiliated psychologists, psychiatrists, postdocs, interns, and research assistants. The meeting is designed to help improve the integration of research and clinical practice. It is also an opportunity for attendees to hear state-of-the-art research from guest speakers and to collaborate on research, clinical, and community outreach projects with other CAMP clinicians.

CAMP interns are encouraged to participate in research projects as clinicians (e.g., assessors, therapists) and/or in research design, data collection, and data analysis in collaboration with faculty members. Interns who volunteer as study therapists for CAMP's ongoing BA study will be asked to attend an additional one hour weekly study supervision. In addition, interns are also encouraged to attend at least one conference per year in which they present findings from CAMP research projects and/or independent research.

Since August 2024, CAMP has integrated the Research Team Meeting and the Consultation Team Meeting into one (occur every Thursdays at 10am). In addition to discussing hot topics in research and checking in on interns' and faculty's research activities, team meetings are also designed to help interns practice various skills. Through case consultation, interns are able to focus on self-awareness/self-reflection, communication/difficult dialogues, and case conceptualization. Each intern is required to present two cases each year. Case presentations provide interns the opportunity to demonstrate their competencies in assessment, consultation, intervention, self-awareness/self-reflection, individual and cultural diversity, communication skills, ethical decision making, and peer supervision.

Disposition meetings occur every Thursday at 9 a.m. and are attended by a multidisciplinary team of psychologists, psychiatrists and other clinic staff. The goals of the meeting are to assign new cases, discuss cases shared by providers, address concerns about specific patients, collaborate on a treatment plan, and generate ideas to improve patient outcomes. This meeting provides an opportunity for interns to practice various skills (consultation, communication, ethical decision making, professionalism, assessment and treatment planning) and to work closely with psychiatrists.

ANNUAL INTERNSHIP RETREAT

At the beginning of the year, an annual internship retreat is also scheduled. It is an opportunity for interns and program faculty to work on team building and discuss various topics relevant to profession-wide competencies, such as diversity, ethics, difficult conversations, self-care and self-awareness, professionalism and personal boundaries, and risk management.

DIRECT SERVICE PROVISION

Psychology interns will spend approximately 60% of their 20-hour work week providing supervised therapy and assessment services to clients. Interns are expected to carry between eight to ten therapy cases at any given time, with the assumption that they will be conducting eight hours of therapy sessions per week, on average. Interns are also expected to complete three psychoeducational evaluations during their first year and approximately four psycho-diagnostic assessments during their second year. Any changes to these expectations need to be approved by the training director.

The following are specialty areas at CAMP that interns participate in:

- Skills Training Group for Children with Anxiety Disorders

This skills group, which uses a Cognitive-Behavioral Therapy (CBT) approach, is designed primarily for children ages 8 to 11 with symptoms of Generalized Anxiety Disorder, Social Phobia, and/or Separation Anxiety Disorder. The program also encourages parental involvement through psycho-educational parent group sessions and individual parent consultations.

- ### Dialectical Behavior Therapy (DBT) Clinic

  The Adult Outpatient Clinic (in the Adult Psychiatry Division) offers a Dialectical Behavior Therapy (DBT) program for adolescents and young adults. The program includes both individual therapy and group therapy (skills training) for teens and young adults age 18 to 25. As part of the CAMP internship program, interns have the opportunity to take on individual therapy cases, as well as take a lead role in running DBT-YA groups.

- ### Incredible Years Parenting Program

  CAMP offers a weekly parent group modeled after the Incredible Years Program. This 10-week program is founded on the principles of behaviorism and is designed to help parents of school age children (ages 7 to 13) learn strategies to improve their children's behavior through structures, routines, contingencies and rewards.

- ### Healthy Eating and Weight Services (HEWS)

  This program provides specialist services for eating and weight concerns. Treatment is informed by CBT and DBT as well as AAT (Appetite Awareness Training). Individuals age 7-25 are offered outpatient Individual therapy for excessive restriction, compensatory behavior, binge- and overeating, and over-concern with weight/shape. Additional services include weight management and family-based therapy approaches to eating and weight concerns as well as consultation with community agencies and schools.

- ### Child OCD Program at Emory (COPE)

  The OCD Program is an Intensive Outpatient Program (IOP) for adolescents ages 12-19 with moderate to severe OCD. The program involves 10 hours per week of group, individual, and family-based treatment for OCD, including daily skills groups and exposure and response prevention (ERP). In addition to ERP, groups also draw on acceptance and commitment therapy (ACT) and dialectical behavior therapy (DBT) principles.

- ### Mood Regulation Skills Group

  The Mood Regulation Skills Group is a module-based skills group for adolescents (14-18 years old) who have difficulties managing their mood. Based on the core concepts of DBT and CBT, this group focuses on building skills in the following areas: emotion regulation, distress tolerance, interpersonal effectiveness, and stress management.

- ### Behavioral Activation Treatment Study for Adolescent Depression

  Interns are also assigned some psychotherapy cases through Emory's ongoing depression research studies. One study focuses on Behavioral Activation (BA) for adolescents with

depression. This affords interns the opportunity to get training and supervision in manualized approaches to empirically supported treatments for depression. Interns who elect to serve as a study therapist for the BA study will be required to take on a minimum of 1 patient for the full 16 sessions and attend a weekly BA study supervision at 12PM on Thursdays.

- ### Assessment Clinic

  CAMP offers comprehensive, multidisciplinary clinical evaluations for children, adolescents, and young adults ages 6 - 25, including diagnostic evaluations and psycho-educational testing. Patients and families are provided a comprehensive written report including treatment and academic recommendations. Psychology interns will be involved in assessment and report writing for the duration of their internship experience.

SUPERVISION & EVALUATION

SUPERVISION

The CAMP psychology Internship takes a developmental approach to training and supervision. The primary supervisor for each intern is a licensed psychologist who is responsible for ensuring the quality of patient care. The primary supervisor provides at least one hour of supervision per week. All areas of the interns' work are discussed in supervision, including intakes, psychotherapy, consultation, crisis intervention, ethics, work with diverse populations, applied research, and paperwork. The supervisor also guides and supports the intern regarding professional development. In addition to individual supervision, interns receive two hours of group supervision each week (i.e., one for additional psychotherapy cases and one for assessment cases). Psychology interns will change individual and group supervisors for the second year of the part time internship in order to assure exposure to a range of theoretical perspectives and clinical styles.

There can be an additional hour of supervision if interns are seeing patients for the ongoing research studies. Supervisors and interns coordinate individual and group supervision times during the orientation period. Second-year interns will also have an opportunity to supervise a first-year intern on one case for three months; the second-year intern will be supervised and guided by an internship training faculty supervisor, who will be ultimately responsible for the case, during this three-month period. Interns are expected to spend a total of 20 hours per week in these activities.

It is also expected that interns will interact with the other training staff members at CAMP on a regular basis. For instance, all interns are expected to co-lead at least one therapy group (i.e., anxiety group or DBT group) with a licensed faculty member. Faculty, staff, and interns are all expected to attend the Thursday morning CAMP case disposition meetings. Likewise, interns, staff, and faculty attend a bi-weekly, 1 hour, consultation team meeting. This team meeting serves to provide support for therapists working with high-risk patients. As part of this meeting, all members of the team must be willing to show video of group/individual therapy sessions and present case conceptualizations of new patients. Finally, psychology interns will interact with a

variety of faculty from both the psychiatry and psychology department as part of their participation in didactic and research seminars.

Ongoing Supervisory Responsibilities

Supervisors are responsible for monitoring scheduling on a weekly basis. Based on our graduated model of training, interns will slowly increase the number of patients on their caseload over the course of the first three months. Likewise, the complexity and disorder severity of the cases will increase as the intern gains experience and confidence in his/her capabilities. Supervisors must assure that interns are completing all paperwork in a timely fashion and co-sign all chart notes, intake evaluations, case closing summaries, psychological testing reports, etc. Because we strongly believe that both supervisors and interns learn a great deal from watching live therapy and assessment sessions, the supervisor is expected to review an intern's videotaped sessions or participate in live observation via one-way mirror at least twice a month. With regard to administrative matters, primary supervisors are responsible for monitoring use of vacation time, sick days, and professional leave, making sure that all appropriate paperwork has been submitted to the internship training director. Likewise, supervisors must ensure that all intern, supervisor, and site evaluations are completed in a timely manner. All internship documentations, evaluations, and other intern records are submitted to, maintained, and kept confidentially and securely by the internship training director.

EVALUATION & FEEDBACK

Evaluations at CAMP are a collaborative process and are designed to identify areas of strength and difficulties and promote change and growth. Interns complete the "Initial Assessment of Intern Competencies" form at the beginning of the first training year; this form helps supervisors identify specific needs of each intern. Interns are formally evaluated two times per year by primary individual supervisors, group supervisors, and assessment supervisors. Program supervisors meet twice yearly (at midpoint and end of the year) to discuss interns' progress and performance. The training director also schedules a meeting with each intern in the middle and at the end of each training year to provide interns with formative and summative feedback.

Interns also formally evaluate their supervisors two times each year. The Internship Training Director will review these evaluations unless s/he is the primary supervisor of the intern; in that case, Dr. E. W. Craighead, Director of CAMP, will review the evaluation to help identify significant difficulties in the supervision or supervisory relationship. Interns give verbal feedback to the Internship Training Director at the end of each evaluation period (i.e., two times each year). Interns also participate in an exit interview with the Internship Training Director and complete the anonymous "Evaluation of Training Program" form at the conclusion of the second internship year. After graduating from the internship, former interns will be asked to complete the "Evaluation of Training Program" form again every seven years to see if their perspectives have changed after graduation. Revisions to the training program will be made on the basis of this feedback.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies come to the attention of the training staff. The internship director of the site is notified of the problem(s). The Internship

Training Director and the primary supervisor jointly establish a remediation plan with recommendations for skills enhancement. This manual contains a section on Grievance Procedures for further details.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

AIM, COMPETENCIES, REQUIRED ACTIVITIES, AND THRESHOLDS/EXIT CRITERIA

Program Aim

Consistent with our Clinical Science philosophy, the primary aim of the internship program is to train entry-level clinical psychologists who employ evidence-based approaches in all areas of clinical practice.

Profession-Wide Competencies

We are committed to producing entry-level clinical psychologists who demonstrate competencies in the following core areas of health service psychology, as required by the American Psychological Association: (i) research, (ii) ethical and legal standards, (iii) individual and cultural diversity, (iv) professional values, attitudes and behaviors, (v) communications and interpersonal skills, (vi) assessment, (vii) intervention, (viii) supervision, and (ix) consultation and interprofessional/ interdisciplinary skills.

I. RESEARCH

> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

Elements

- Scientific approach to knowledge generation: Participates in research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
- Application of scientific method to practice: Applies scientific methods of evaluating practices, interventions, and programs.
- Scientific mindedness: Independently applies scientific methods to practice.
- Scientific foundation of psychology: Demonstrates advanced level of knowledge of core science (i.e., scientific bases of behavior).
- Scientific foundation of professional practice: Independently applies knowledge and understanding of scientific foundations to practice.

Required Training/Experiential Activities

- Interns receive training in these areas through supervised clinical experience and didactics. On the most minimal level, interns are expected to gather baseline data via validated clinical measures and continue gathering clinical data for the duration of each clinical case.
- Attendance/participation in supervision (use of video-recording or live observation)
- Attendance and participation in bi-weekly research meeting, including presentation of dissertation research or manuscripts prior to publications
- Participation in ongoing research projects at CAMP on multiple levels, such as CBT/BA therapist in ongoing research studies in the clinic (recommended)

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from didactic leaders and the research-meeting leader (Dr. Edward Craighead). Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from didactic leaders, research leader and, as appropriate, supervisee evaluations). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

II. ETHICAL AND LEGAL STANDARDS

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Elements

- Knowledge of ethical, legal, and professional standards and guidelines: Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant and ethical, legal, and professional standards and guidelines of the profession including current law, rules and regulations, and general provisions that apply to licensed psychologists in the state of Georgia.
- Awareness and application of ethical decision-making: Independently utilizes an ethical decision-making model in professional work.

- Ethical conduct: Independently and consistently integrates ethical and legal standards with all competencies.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience and didactics,
- Attendance in didactics on Legal/Forensic Issues in Child Psychology Practice and completion of Child Abuse Reporting Training (certification)
- Attendance/participation in supervision (use of video-recording or live observation)
- Participation in Consultation Team meetings (case conceptualization presentations)
- Attendance and participation in Internship Retreat
- Attendance in a workshop on Ethics (recommended)

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

III. INDIVIDUAL AND CULTURAL DIVERSITY

Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Elements

- Self as shaped by individual and cultural diversity and context: Independently articulates, understands, and monitors own cultural identity in relation to work with others.
- Others as shaped by individual and cultural diversity and context: Independently monitors and applies knowledge of others as cultural beings (i.e. individuals who develop and function in the context of a cultural system) in assessment, treatment, and consultation.
- Interaction of self and others as shaped by individual and cultural diversity and context: Independently monitors and applies knowledge of diversity in others as cultural beings in

assessment, treatment, and consultation.
- Applications based on individual and cultural context: Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision) and didactics
- Attendance/participation in supervision (use of video-recording or live observation)
- Attendance in Didactics Series: Mental Health Interventions for Diverse Individuals and Families
- Participation in Consultation Team (case conceptualization presentations)
- Attendance and participation in Internship Retreat
- Attendance in a diversity-related workshop (recommended)

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members and from supervisee (for 2nd year interns). Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

IV. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

As evidenced in behavior and comportment that reflects the values and attitudes of psychology; practice conducted with personal and professional self-awareness and reflection, with awareness of competencies, and with appropriate self-care.

Elements

- Integrity: Monitors and independently resolves situations that challenge professional values and integrity.
- Deportment: Consistently conducts self in a professional manner across settings and situations.
- Accountability: Independently accepts personal responsibility across settings and contexts.

- Concern for the welfare of others: Independently acts to safeguard the welfare of others.
- Professional identity: Displays consolidation of professional identity as a psychologist; demonstrates knowledgeable about issues central to the field; integrates science and practice.
- Reflective practice: Demonstrates reflectivity in context of professional practice [reflection-in-action]; acts upon reflection; uses self as therapeutic tool.
- Self-assessment: Accurately self-assesses competence in all competency domains; Integrate self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills.
- Self-care: Self-monitors issues related to self-care and promptly intervenes when disruptions occur.
- Participation in Supervision Process: Independently seeks supervision when needed.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision).
- Attendance and participation in weekly supervision, didactics, Disposition meetings, Research meetings, and Consultation Team meetings.
- Attendance and participation in Internship Retreat.

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

V. COMMUNICATION AND INTERPERSONAL SKILLS

Effective and respectful communication of ideas to diverse groups of individuals in a variety of settings.

Elements

- Verbal Communication: Communicates effectively verbally; uses appropriate language depending upon the audience (e.g., chooses developmentally-appropriate words when communicating to children, teens or parents).
- Written Expressions: Communicates effectively in writing; writes clearly, accurately, and cohesively; uses appropriate amount of detail in progress notes; and uses professional language in written reports.
- Professional Relationships: Develops and maintains effective professional relationships; uses appropriate boundaries; and works collaboratively with supervisors, colleagues, and peers.
- Clarity: Communicates clearly, seeks clarification to prevent misunderstanding, recognizes diverse perspectives and considers others; suggestions, and engages in respectful and courteous manner in interpersonal interactions across settings and situations.
- Difficult Conversations: Manages difficult conversations in clear, sensitive and non-defensive manner; takes responsibility for mistakes and inappropriate behaviors; apologizes when indicated and takes corrective actions; and employs effective conflict prevention/ management strategies.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision).
- Attendance and participation in weekly supervision, didactics, Disposition meetings, Research meetings, and Consultation Team meetings.
- Attendance and participation in Internship Retreat.

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a “3” (“demonstrates readiness for entry to practice”) on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

VI. ASSESSMENT

Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Elements

- Knowledge and Application of Evidence-Based Practice: Independently applies knowledge of evidence-based practice, including empirical bases of assessment.
- Knowledge of measurement and psychometrics: Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.
- Knowledge of Assessment Methods: Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.
- Application of assessment methods: Independently selects and administers a variety of assessment tools and integrates the results to accurately evaluate presenting question/s appropriate to the practice site and broad area of practice.
- Diagnosis: Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.
- Conceptualization and recommendations: Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.
- Communication of assessment findings: Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision), including conducting psychoeducational testing and psycho-diagnostic assessments, and seeing clients for individual and group therapy for two years.
- Attendance and participation in weekly supervision, didactics (especially the ones that focus on assessment methods, e.g., psychoeducational testing, KSADS, initial assessment, etc.), Disposition meetings, Research meetings, and Consultation Team meetings.

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Evaluations from assessment supervisors (based on written report and supervisors' observations of testing, feedback sessions, etc.) are particularly important. Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

VII. INTERVENTION

Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

Elements

- Knowledge and Application of Evidence-Based Practice: Independently applies knowledge of evidence-based practice, including empirical bases of intervention.
- Intervention planning: Independently plans interventions; case conceptualization and intervention plans are specific to case and context.
- Skills: Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.
- Intervention implementation: Implements treatments with fidelity to evidence-based models and interventions and with flexibility to adapt where appropriate.
- Progress evaluation: Independently evaluates treatment progress and modifies planning as indicated.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision), including conducting psychoeducational testing and psycho-diagnostic assessments, and seeing clients for individual and group therapy for two years.
- Attendance and participation in weekly supervision, didactics (especially the ones that focus on treatment approaches (e.g. CBT, BA, exposure, etc.) for various presenting problems, Disposition meetings, Research meetings, and Consultation Team meetings.

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Evaluations from individual and group therapy supervisors are particularly important. Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

VIII. SUPERVISION

Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Elements

- Expectations and roles: Understands the ethical, legal, and contextual issues of the supervisor role.
- Processes and procedures: Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise.
- Skills development: Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.
- Supervisory practices: Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision), including participation in peer supervision during group supervision meetings, and in a dedicated three-month long Supervision Rotation in which 2nd year interns supervise a therapy case of a 1st year intern under the guidance of a faculty supervisor.
- Attendance and participation in weekly supervision, Disposition meetings, and Consultation Team meetings.
- Attendance and participation in didactics/workshops on supervision (e.g., "CBT Model of Supervision," "Competency-Based Supervision," etc.).

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Evaluations from Supervision Rotation supervisor and from supervisee are particularly important. Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.
- *Distal:* Outcomes for interns are measured by licensure rates and employment data.

Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Elements

- Knowledge and Application of Evidence-Based Practice: Independently applies knowledge of evidence-based practice, including empirical bases of intervention.
- Role of Consultant: Determines situations that require different role functions and shifts roles accordingly to meet referral needs.
- Addressing referral question: Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessments/data gathering that answers consultation referral question.
- Communication of Findings: Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.
- Application of consultation methods: Provides effective consultative services (assessment and intervention) in most routine and some complex cases.
- Interprofessional/Interdisciplinary Collaboration: Respects the roles and perspectives of other professions, and demonstrates good working relationships with those from other disciplines.

Required Training/Experiential Activities

- Interns receive training in this area through supervised clinical experience (with the use of video-recording or live observation for supervision), including participation in peer supervision during group supervision meetings, and in a dedicated three-month long Supervision Rotation in which 2nd year interns supervise a therapy case of a 1st year intern under the guidance of a faculty supervisor.
- Attendance and participation in weekly supervision, Disposition meetings, and Consultation Team meetings.
- Attendance and participation in didactics/workshops on consultation.

Outcome

- *Proximal:* Outcomes for interns are measured by written evaluations two times per year for

each half-time year. Both primary and secondary supervisors complete these evaluations with input from other faculty members (psychologists, psychiatrists) and from supervisee (for 2nd year interns). Evaluations from Supervision Rotation supervisor and from supervisee are particularly important. Program outcomes are measured by anonymous training evaluations completed by the interns and supervisors at the end of each training year.

- *Distal:* Outcomes for interns are measured by licensure rates and employment data. Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

Threshold/Exit Criteria

- For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input from other faculty members). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

TRAINING RESOURCES AND STAFF

STIPEND AND BENEFITS

During the first year of the Internship, the interns are students in the doctoral training program whose stipends are provided by fellowships from the Laney Graduate School, not employees of the psychiatry department. During the second year of the internship, interns will be paid through a grant from a private donor, for which students will be named scholar recipients.

Stipend

The stipend for interns is $42,000 for the first 12 months and a slight increase in stipend for the second 12 months contingent upon university policies; stipends are paid at the end of each month. Each intern is formally titled "Psychology Intern." Positions require a minimum of 20 hours per week and include the benefits listed below:

Benefits

The following are benefits offered to all interns in the program.

- #### Vacation

  Interns receive 10 annual vacation days. The Internship Training Director must be notified in advance of vacation plans. A leave form needs to be submitted to and approved by the primary individual supervisor with a copy given to the Internship Training Director.

- ### Sick Leave

  Sick leave is accrued at the rate of 8 hours per month, resulting in 12 sick days during a year. Sick leave may be used as it is accrued. A leave form will need to be completed indicating the number of hours used for sick time, signed by the primary supervisor, and turned in to the Internship Training Director. Interns may not use their sick leave in lieu of vacation leave; however, it is appropriate to use sick leave for bereavement leave. In addition, sick leave may be used for the intern, and/or when the intern is caring for sick family members/significant others.

- ### Holidays

  Interns have 11 holidays consistent with those of the Emory University School of Medicine Calendar: Labor Day, Thanksgiving (2), Christmas (2), New Year's Eve/Day (2), Martin Luther King Jr. Day, Memorial Day, Juneteenth, and Independence Day. Consideration is given to interns who wish to take leave for religious observances not recognized as Emory University holidays. This time off can be taken as vacation leave.

- ### Parental Leave of Absence

  Consistent with Laney Graduate School policy, interns can take paid parental leave of absence for up to 8 weeks. Interns are required to make up the missed hours in order to successfully complete the internship program.

- ### Professional Leave

  Two days of professional leave are provided for interns as approved by their primary supervisors. During professional leave interns may attend conventions, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. A leave form needs to be signed by the primary supervisor with a copy given to the Internship Training Director.

- ### Workshop/Professional Development Reimbursement

  Depending on our program's annual educational allowance, an intern may request up to $500 to attend and present at a professional psychology conference if he/she is first author on poster/paper/symposium presentations. Additional funds can be requested from the internship training director for workshop registration, books, and training manuals that improve training and patient care. Please note that funds may be limited due to budget.

- ### Research

  Interns attend weekly CAMP team meetings that incorporate both research and clinical consultation.

- ### Health Care and Health Insurance

  All students at Emory University, including Psychology Interns, must have health insurance coverage. Students are required to either enroll in the Emory University Student Health

Insurance Policy (EUSHIP), or have health insurance that meets specific waiver criteria. EUSHIP is offered by Aetna Student Health of Boston, MA. The Laney Graduate School provides health insurance for Ph.D. students for up to five years in the Ph.D. program, including their internship year(s).

For more information on plan design and benefit summary, please go to the following link: http://studenthealth.emory.edu/hs/insurance_fees/aetna/brochure.html.

Emory University Student Health Services (EUSHS) is located at 1525 Clifton Road and provides a wide variety of outpatient clinical and health education services designed to meet the needs of Emory students. EUSHS services include primary outpatient health care; physical examinations; confidential HIV testing; women's health and contraception services; mental health counseling and referral; preventive health; substance abuse counseling and referrals; allergy injections and immunizations; on-site specialty clinic in dermatology and referrals to off-site specialists; health education and wellness programming and individual consultation; international travel clinic and immunizations; nutrition counseling; and laboratory testing.

- ### Photo ID Cards

  Photo ID cards for the Emory Psychiatry Department are provided for interns when they begin their graduate student program. Interns are expected to wear their photo ID while at the internship site.

FACILITIES AND SUPPORT STAFF

CAMP is part of an off-campus location housing the Department of Psychiatry and Behavioral Sciences and all affiliated outpatient services. The building has recently been remodeled and includes multiple patient care rooms and research space. First year interns will share a common space, where they can read and write reports or notes. Second year interns are assigned their individual offices during their clinic days. Patient care offices, testing offices, and group rooms are signed out and reserved as needed for treatment services. All offices are professionally and tastefully furnished with a desk, desk chair, couches, and other typical office accessories. Each intern is issued a work laptop for the duration of their internship training.All psychology interns have access to video recording devices, internet services, and a library of selected workbooks and training materials to help with treatment planning and background reading. Because interns are university students, they also have access to all online journals and books from the university libraries. Testing materials and supplies for psychoeducational and diagnostic assessments are also provided by the clinic.

Two clinic personnel are designated to assist interns with administrative and clerical assistance; these include helping interns with room scheduling, scoring standardized assessment protocols, signing up for malpractice insurance, coordinating research activities, billing for services, ordering supplies, etc. IT support is also available in the clinic through the Department of Psychiatry and Behavioral Sciences.

GRIEVANCE PROCEDURES

ETHICAL STANDARDS

CAMP adheres to ethical and legal standards in all areas including clinical services, training, and research. All site staff members are expected to be thoroughly familiar with the APA Ethical Principles of Psychologists and Code of Conduct as well as all relevant Georgia and Federal Statutes. In addition, staff participating in research must undergo CITI training and complete certification requirements. The Emory University Institutional Review Board (IRB) must approve any research conducted by faculty and interns at CAMP. Ethical issues and Georgia statutes are directly addressed continuously and in various settings during the internship including orientation, didactic training, staff and research meetings, and supervision as they relate to caseload.

Interns are expected to form an awareness and understanding of the following codes of ethics and professional guidelines:

APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT (2002, Amended 2016)
https://www.apa.org/ethics/code/ethics-code-2017.pdf

APA PRACTICE GUIDELINES
http://www.apa.org/practice/guidelines/index.aspx

In addition, interns will be given a document with a list and description of all relevant Georgia statutes as identified by the GEORGIA BOARD OF PSYCHOLOGY.
http://www.lexisnexis.com/hottopics/gacode/default.asp

DRESS CODE POLICY

Psychology interns are expected to wear attire that is in line with the Emory School of Medicine Dress Code Policy as stated here and here. Attire is to be professional, clean, and appropriate to clinical, educational, and administrative responsibilities. Clothing should support patient confidence, permit the intern to perform assigned duties safely and comfortably, and be consistent with the standards of the specific service or setting.

In most settings, business casual attire is appropriate. Examples include slacks, khakis, professional skirts or dresses, collared shirts, blouses, sweaters, and other neat professional clothing. Jeans may be worn when they are clean, in good condition, appropriately fitted, and paired with otherwise professional attire. Jeans that are significantly faded, distressed, ripped, excessively loose, or otherwise very casual are not appropriate for clinical work. More formal professional attire may be expected for presentations, interviews, court-related activities, or other designated events.

Attire should provide appropriate coverage and should not be excessively revealing, transparent, visibly soiled, or significantly torn. Clothing displaying offensive, discriminatory, explicit, or inflammatory language or images is not appropriate in the workplace. Footwear should be safe and suitable for the clinical environment. Athletic wear, leggings worn without appropriate coverage, shorts, crop tops, pajamas, beachwear, and casual graphic T-shirts are not appropriate for routine clinical work unless specifically permitted.

Religious, cultural, disability-related, gender-expression, and pregnancy-related attire and accommodations will be respected. Because expectations may vary by activity, interns should consult their supervisor when uncertain. Concerns about attire should be addressed privately, respectfully, and based on specific professional expectations rather than personal style preferences. Repeated concerns may be addressed through the internship's usual supervision and performance-management processes.

POLICY ON SOCIAL MEDIA

The social media policy at CAMP is consistent with that of Emory University School of Medicine. https://med.emory.edu/education/programs/md/student-handbook/academics/professional-conduct/index.html

Each intern is responsible for his or her postings on the internet and in social media. In all communications, interns are expected to be courteous, respectful, and considerate of others. Inappropriate postings on the internet or social media will be considered lapses in the standards of professionalism expected of interns.

Interns are urged to consider the following before posting any comments, videos, pictures, or essays to the internet or a social media site:

1. There is no such thing as an "anonymous" post. Furthermore, any posts or comments submitted for others to read should be posted with full identification. Where the connection to Emory is apparent, it must be made clear that you are speaking for yourself and not on behalf of Emory. A disclaimer, such as, "The views expressed on this [blog; website] are my own and do not reflect the views of my University or the School of Medicine" are required.

2. Internet activities may be permanently linked to the author, so that all future employment may be hampered by inappropriate behavior on the internet.

3. Making postings "private" does not preclude others copying and pasting comments on public websites.

4. Do not share information in violation of any laws or regulations. Disclosing information about patients without written permission of the patient and the School of Medicine, including photographs or potentially identifiable information is strictly prohibited. This

rule applies to deceased patients also.

5. For Emory's protection as well as your own, it is critical that you show proper respect for the laws governing intellectual property, copyright and fair use of copyrighted material owned by others, including Emory's own copyrights and brands. Curricular materials developed by Emory faculty and staff or faculty/staff of other medical schools or educational institutions should not be used, distributed, or redistributed inappropriately. When in doubt, please seek guidance regarding appropriate use of such materials.
6. Do not share confidential or proprietary information that may compromise Emory's research efforts, business practices or security.

Interns may consult the American Psychological Association's Social Media/Forum Policy for additional guidance: http://www.apa.org/about/social-media.aspx

DUE PROCESS

As psychology interns at CAMP are all graduate students of Emory University, they must comply with the Laney Graduate School Honor Code, Laney Graduate School Conduct Code, Involuntary Withdrawal Policy and Procedure, and Laney Graduate School Grievance Procedure. Please see http://gs.emory.edu/uploads/LGS-Handbook_2013-14.pdf for details.

In addition, at any time during the year a supervisor, didactic leader, or the research leader may identify aspects of an intern's performance or behavior as inadequate or problematic. Likewise, an intern may identify a problem with staff members or internship policy or procedure. We encourage complainants to first take the issue directly to the person(s) with whom they are having the problem with the goal that all individuals involved will work to informally resolve the issue.

In the event that the individual feels unable to raise the issue with the other individual directly or is dissatisfied with the outcome, the following grievance procedures are established to aid in the resolution of problems.

Grievance Procedures Initiated by an Intern

Psychology interns who have a problem or concern related to some aspect of their training should discuss the issue with either their Internship Director or the Vice-chair of Child, Adolescent, and Young Adult Program, who will attempt to resolve the issue in conversation with the student. All possible precautions will be taken to ensure student confidentiality. If the issue remains unresolved, the student has the option of bringing a formal grievance. The student should describe the grievance and relevant specifics in a letter to the Vice-Chair of Child, Adolescent, and Young Adult Program and the Chair of the Department of Psychiatry and Behavioral Sciences. The Vice-chair will consult with the Department Chair and other Vice Chairs, and will appoint a committee of three faculty drawn from full professors who are psychologists in the Department of Psychiatry and Behavioral Sciences. This appointed committee will review the grievance and propose an appropriate response. If the issue is with the Internship Director or the Vice-chair, the student should contact the Chair directly.

Grievance Initiated by a Staff Member toward an Intern

Should a site staff person feel that an intern is not performing in an appropriate/ professional manner, it is the staff person's responsibility to provide that feedback to the intern. If the problem is not resolved, the clinical supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. The intern will be provided a time frame for problem remediation as well as potential consequences if unresolved. Should the problem persist, the Internship Training Director will work with the supervisor to develop a written (developmental or probation) plan, using the template developed by the Council of Chairs of Training Councils. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and consequences for failure to remediate. The intern, supervisor, and the Internship Training Director will sign and date the document, with copies given to the intern. The graduate doctoral program will also be given a copy of any written complaint and developmental or probation plan. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by Internship Director and the Vice-chair of Child, Adolescent, and Young Adult Program, which may include reporting the incident to outside agencies and/or termination action.

Policies for Intern Termination

If the Internship Training Director and the Vice-chair of Child, Adolescent, and Young Adult Program determine that a serious violation of ethical conduct has occurred warranting termination, the Vice-chair will give the Intern a written notification of the termination action by certified or registered mail. Conduct that would warrant termination include any behavior that threatened the safety of patients, visitors or staff at the internship site, conviction of a felony, and sexual contact with a patient. The Internship Training Director will notify the intern's Director of Clinical Training of the termination action.

Appeal Process. The intern has the right to appeal a termination action. An intern who appeals a termination action has the right to a hearing before an Internship Review Committee. The Internship Review Committee will be an ad hoc committee appointed by the Vice-chair of Child, Adolescent, and Young Adult Program and will consist of the Chair of the Department of Psychiatry and Behavioral Sciences and two additional faculty members with full professor status of the Department of Psychiatry and Behavioral Sciences.

Appeal Procedures

i. Following the receipt of written notification of the termination action, the intern will have no more than thirty calendar days to file a written request for hearing. The request must be delivered to the Vice-chair of Child, Adolescent, and Young Adult Program by certified or registered mail. If an intern fails to request a hearing within the specified time period, he/she will have waived the right to a hearing and to appellate review of the matter. The appeal should include a statement of the reasons the intern is filing the appeal.

ii. Within seven calendar days after receipt of a timely hearing request from an intern entitled to a hearing, the Vice-chair of Child, Adolescent, and Young Adult Program shall schedule a hearing and give written notice to the intern of the time, place and date scheduled.

iii. The Vice-chair is empowered to secure any and all material related to the decision to terminate and to question individuals who may have information helpful to the deliberations of the Internship Review Committee. In addition to the written appeal, the intern may make a personal appearance before the Committee to present oral and/or written testimony. A simple majority will decide all appeal decisions.

iv. Within five working days of the adjournment of the Internship Review Committee, the Vice-chair of Child, Adolescent, and Young Adult Program will advise the intern and the Internship Training director of the final decision.

PROGRAM COMMUNICATION & MAINTENANCE OF RECORDS

The internship program will send formal letters to the intern's graduate program twice during the internship training period (once at the end of the first year of training to update the graduate program of the intern's progress, and a second time at the completion of the internship training). The training director may also send formal correspondence to the graduate program in cases such as intern termination.

The internship program maintains records pertaining to the intern training year. These records include the intern's application materials (form, letters), dates of internship, list of supervisors, supervision and patient logs (i.e., in intern booklet), leave requests, evaluation forms, correspondences with sponsoring institutions, and internship completion documentation. If applicable, records pertaining to management of performance problems, remediation, and/or grievance also are maintained. These records will be kept permanently for the purpose of verifying internship completion in cases of licensure, credentialing, and board certification.