

Connections Internship Consortium



Psychology Intern Training Manual
2026-2027

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Aim

The CIC aim is to provide Interns with comprehensive clinical training in the delivery of high quality, culturally competent, individualized clinical services to children, adolescents, families, and communities.

The Connection Internship Consortium (CIC) represents the collaborative effort of four private therapeutic day schools in the Chicagoland Area. Connections Day School, South Campus Day School, New Connections Academy, and Connections Academy East share resources and faculty for the purpose of providing a diversified training program for Psychology Interns. These programs have a shared mission to integrate school, family and community in order to provide the highest quality academic and therapeutic programs. These programs are designed to enable students to become successful learners through a sense of belonging, mastery, generosity and independence. CIC training takes place at these four member sites.

Accreditation Status

[The Connections Internship Consortium \(CIC\) is accredited by the American Psychological Association.](#)

Questions related to the program's accredited status should be directed to the [Commission on Accreditation](#):

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

APPIC Membership Status

CIC is an APPIC member and agrees to abide by all APPIC policies, including that no person at this training facility will solicit, accept, or use any ranking-related information for any Intern applicant. The site-specific match numbers are as follows:

- ❖ **Connections Day School (CDS):** 213413
- ❖ **Connections Academy East (CAE):** 213414
- ❖ **South Campus (SC):** 213411
- ❖ **New Connections Academy (NCA):** 213412

Program Structure and Focus Areas

The Connections Internship Consortium (CIC) offers a twelve-month, full-time Doctoral Internship beginning early-August and ending late-July each year. The 2026-2027 CIC cohort is comprised of 14 Interns. The CIC is comprised of four sites: *Connections Day School* (Libertyville, IL), *South Campus Day School* (Palatine, IL), *New Connections Academy* (Palatine, IL), and *Connections Academy East* (Lake Forest, IL). The CIC program assures that clinical and professional development occurs through experiential learning, as well as the provision of clinical services combined with scholarly inquiry. The CIC training approach is generalist in nature and prepares CIC Interns to function within a multidisciplinary setting. There is a strong emphasis on evidence-based culturally competent training and practice, and CIC Interns are exposed to best-practices through a variety of training, supervisory, and structured learning opportunities. CIC Interns are provided the opportunity to develop skills in the provision of individual, family, and group therapy, as well as risk assessment and crisis management services, and psychological/psychoeducational assessment of children, adolescents, and young adults ranging in age from 6 - 22 who present with a wide variety of emotional and behavioral issues. In addition, there is a focus on providing training and skill development in the areas of multicultural competence in clinical work, professional consultation, supervision, assessment, provision of professional presentations/trainings to colleagues, and adherence to legal and ethical codes of professional conduct. CIC Interns have a primary placement at one member site and meet in-person for shared training activities on a weekly basis as a whole CIC cohort.

The CIC provides clinical training and supervision in accordance with the standards set forth by the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct which can be found at <https://www.apa.org/ethics/code/>.

Major Training Emphases

All CIC Interns participate in the same types of experiences throughout the training year. There are no partial rotations at the CIC sites. CIC Interns are expected to complete all training, supervisions, and clinical interventions (i.e. such as individual, group, family therapy as well as risk assessment and case management) throughout the year. For all clinical activities, CIC Interns receive supervision from Licensed Clinical Psychologists. At each individual member site, CIC Interns receive training in the following areas:

Individual Therapy and Intervention Skills

CIC Interns are provided training in individual therapy and applying evidence-supported clinical interventions with students of various diagnoses. The evidence based practices include but are not limited to: Cognitive Behavioral Therapy (CBT) Techniques, Behavioral Intervention Techniques, Dialectical Behavior Therapy (DBT) Techniques, Narrative Therapy Techniques, Play Therapy Techniques, Trauma Informed Competencies, Video Modeling and Role Play Techniques. CIC Interns are expected to carry an individual caseload of 8-12 clients depending on site and specific intensity of needs of the clients. Individual therapy minutes can range from 5 minute sessions 5 days a week to a 60 minute session one day a week. Specific minutes

minimally required each week are determined by the student's Individualized Education Plan (IEP) and implemented by the CIC Interns based on an individualized schedule for each student. All CIC Interns maintain a primary caseload of students who they provide direct psychological services to on-site on a daily to weekly basis, depending on the student's needs outlined in the IEP. All CIC Interns are expected to work closely with their supervisors to utilize interventions that are evidence based and well supported for the target population being served. The most updated research regarding these evidence based practices are reviewed and discussed in individual and group therapy. Given the high-risk nature of our population, the CIC Interns are trained in taking an integrative approach to treatment that is specifically individualized for the client.

Group Therapy

CIC Interns are provided training in psychoeducational group therapy and have the opportunity to develop group curriculum. The evidence based practices include but are not limited: Cognitive Behavioral Therapy (CBT) Techniques, Psychoeducational Focus on teaching and supporting student's skill acquisition, Behavioral Management Interventions and Role Play Techniques. All CIC Interns maintain a weekly group therapy schedule. CIC Interns will lead or co-lead 3-6 45 minute psychoeducational groups which occur 2-3 times weekly within a classroom of 7-10 students. Specific groups may be classroom (age based) or topic based depending on the group and setting. Some of the specific curricula utilized include but is not limited to: Zones of Regulation, Social Skills Training, Life Skills Training, Relaxation & Stress Management, Drug & Alcohol Education, Anti-Bullying/Acceptance and Belonging, Circle of Courage, Healthy Self/Healthy Relationships Group, among others. All CIC Interns are expected to work closely with their supervisors and co-leaders to utilize interventions that are evidence based and well supported for the target population being served.

Family Therapy

All CIC Interns are expected to offer and provide (as needed) family therapy to students and their families on their primary caseload. CIC Interns are expected to document and review progress and evidence based techniques utilized during monthly Family Seminar and weekly supervision. CIC Interns are also required to reach out to parents weekly with updates and frequent communication about therapeutic progress. All CIC Interns are expected to work closely with their supervisors to utilize interventions that are evidence based and well supported for the target population being served.

Assessment

All CIC Interns are required to participate in at least 2 standardized assessment experiences along with a variety of assessment and data collection experiences throughout the training year, depending on specific site. All CIC Interns are required to complete risk assessments (evaluating harm to self or others) as needed within the therapeutic milieu. All CIC Interns at NCA and those with clients in the Autism Specific Program at CAE, are required to complete quarterly SCERTS® ratings for each student on their caseload. Additionally, each CIC Intern is expected to collect and monitor specific data pertaining to their caseload of students. This could include but is not limited to psychological data, IEP Goal Data, Behavioral Intervention Data, and FBA data. All CIC Interns are provided specific and consistent training and weekly supervision on

assessment techniques along with ethical and legal considerations. These batteries and assessments experiences require additional reports, documentation and presentation of data at specific student meetings. The following are the assessment experiences CIC Interns will participate in during the training year depending on their site:

SCERTS®: At New Connections Academy (NCA) and Connections Academy East (CAE), CIC Interns are provided with specialized training in interventions with individuals with Autism Spectrum Disorder (ASD). When working with children on the Autism Spectrum, CAE and NCA utilize the SCERTS® Model, which is a comprehensive, multidisciplinary approach to enhancing the communication and socioemotional abilities of young children with autism spectrum disorder. SCERTS® refers to Social Communication, Emotional Regulation, and Transactional Support, which are priority goals in supporting the development of children with ASD and their families. The SCERTS® Model is an educational and therapeutic model to determine the students' developmental level and areas in need for improvement for their Autism Spectrum Disorders (ASD). The students' SCERTS® profiles provide the basis for determining successful therapeutic interventions that address the developmental challenges that interfere in the areas of: academic learning, socialization skills, emotional regulation, integration of internal and external sensory information, and restricted/perseverative patterns of thinking or interest. All CIC Interns at NCA and those with clients in the Autism Specific Program at CAE, are required to complete quarterly SCERTS® ratings for each student on their caseload. These quarterly ratings are utilized to indicate progress across goals in the areas of social communication and emotional regulation. The SCERTS® ratings are also provided in individual reports for each student at their 60 day IEP meetings and at triennial re-evaluation meetings (educational diagnostics).

Risk Assessment: All CIC Interns are trained and supervised in conducting Suicide and Violent Risk Assessments. CIC Interns are required to complete risk assessments (as needed) across the therapeutic milieu. CIC interns are trained to complete the CIC risk assessment protocol which is reviewed by a Licensed Clinical Psychologist. The CIC Interns collaborate and consult with the students' inter-agency and private setting service providers to create and maintain appropriate safety planning for students presenting with elevated risk concerns. This could include but is not limited to utilizing emergency services for additional supports and stabilization for safety as needed.

Standardized Assessment: All Interns are provided with training and standardized assessment experiences. This includes but is not limited to review of a variety of standardized assessment tools and techniques, review of psychometrics and selection criteria. Additionally, all Interns have the opportunity to review specific case study examples with supervisors and are expected to review all historical data collected for each student on their caseload so they are familiar and well versed on the standardized assessment history and the significance for students on their caseloads. Interns may conduct parts of the psychological assessment as deemed appropriate by the team for students who are referred for evaluations. Under the supervision of a Licensed Clinical

Psychologist, Interns select and administer tests, interpret data, and write formal psychological reports for submission to the IEP team. As part of triennial re-evaluations and Diagnostic Staffings, Interns conduct Clinical Interviews of the students and their families to better understand the family, social, and society factors at play within each student. All Interns receive supervision and didactic training on assessments and review batteries to interpret data. The most common tests the Interns use are the WISC-V and WAIS-IV (among other cognitive tests including the W-J tests, ADT, WRAML, Decoding Skills Test and others), WIAT-III, VMI, MMPI-A, MACI, APS, RATC, Rorschach, and Incomplete Sentences Blank. The Interns are expected to become adept at using a variety of behavioral questionnaires including the BRIEF, Conner's, ABAS, and Checkmate questionnaires. These evaluations are utilized to support recommendations for special education placement and educational recommendations, training the Interns on the application of data to therapeutic treatment. Interns have the opportunity to review standardized assessments during specific student meetings (e.g. Domain Meetings and Re-Evaluation Meetings).

Individualized Education Program (IEP)

All CIC Interns are provided with specific training on Individualized Education Programs (IEP) and meetings. The IEP is a legal document individualized for each student, outlining accommodations, needs, placement academic and developmental levels and therapeutic goals (Social Emotional Goals) to be tracked and followed throughout the year. CIC Interns are required to attend the IEP meetings (Annual Reviews, 60 day meetings, IEP Update Meetings, Domain Meetings, Re-Evaluations Meetings, and etc.) for all the students on their caseloads and to complete essential components of the IEP as the therapeutic case manager and therapist for the students on their caseloads. IEP meetings can run from 1 hour - 2 hours depending on the focus and amount of information required to review. Specifically, the CIC Interns are expected to complete the Social Emotional Goals, Updates of Present Levels of Performance and SCERTS® Ratings and Profiles when required. CIC Interns are required to prepare and present necessary documentation of the student's progress to the team. This can include collection and synthesis of additional data from the FBAs, Data Collection and Outcome Measures, etc.

Social Emotional Goals: Each student requires social emotional goals to be addressed in their IEP. These goals are required to be clear, concise and measurable goals to track progress in a therapeutic day school and within their individual and group therapy formats. CIC Interns are required to monitor the progress of these goals weekly. CIC Interns are provided specific training and supervision in the development and progress monitoring of Social Emotional Goals. For students with Autism Specific Social Emotional Goals the SCERTS® Model is used to help create and monitor Social Communication and Emotional Regulation focused Social Emotional Goals.

Functional Behavioral Assessments (FBA): Each student requires functional behavioral assessment of their target behaviors. These FBAs are required to be clear, concise and measurable reviews of "specific target behaviors" and the analysis of antecedents and consequences of these behaviors. CIC Interns are required to collaborate with the student's team to develop and update the FBAs for students on their caseloads. CIC

Interns are required to monitor the progress of specific student plans developed to support FBAs. CIC Interns are provided specific training and supervision in the development and progress monitoring of FBAs and Specific Student Plans.

Data Collection and Outcome Measures

All CIC Interns are provided training in specific data collection methods and outcome measures. This includes data tracking methods and strategies for analysis and review of treatment interventions and protocols to ensure efficacy and best practice. All CIC Interns are required weekly to document and monitor the data of all of the students on their caseloads. The following data is collected at all CIC sites for Interns to access and review to review efficacy of interventions and treatment plans:

Daily Point Sheets: Each student has a standardized daily point sheet that documents their individualized daily functioning on a global tracking form.

Restorative Intervention Data: Each student's significant behavioral incidents requiring additional supports are documented to indicate: number of target incidents, number of therapeutic supports, amount of time receiving intensive supports, antecedents, consequences, time of day and main theme of behavioral incident. Additional data is collected for more significant incidents including a detailed narrative of events, all individuals involved, and medical review of physical status.

Goal Tracking: Each student's progress toward their Individual Treatment and Individualized Education Program (IEP) Goals is charted to document treatment protocol and progress

Specific Student Plans: Several students require additional supportive treatment plans and protocols.

SCERTS® Ratings: All students at NCA and additional students identified with Autism at other CIC affiliate sites have a SCERTS® rating completed each quarter to evaluate and monitor progress with social communication and emotional regulation skills.

Crisis Intervention & Risk Management

All CIC Interns are provided training and experience in implementing behavioral principles, reinforcement schedules, and motivational systems. This also includes site specific trainings in Site-Based Practices, Restorative Intervention and Data Tracking System. Additionally, all CIC Interns are provided with specialized training in Nonviolent Crisis Intervention® Training (CPI) which includes a review and practice of de-escalation techniques and therapeutic holds. This training provides CIC Interns with an effective framework to safely manage and prevent difficult behavior. CIC Interns are not expected to be actively engaged in therapeutic holds with the students on their caseloads but are expected to be familiar with strategies that could help support and de-escalate situations and increase safety within the therapeutic milieu. CIC Interns are provided with specific training and supervision in techniques to process disruptive events with students and families. CIC Interns are expected to provide support to students daily in the therapeutic milieu (including arrival/dismissal) using the basic principles reviewed. Additionally, CIC Interns provide follow up support (as needed) for parents about their child's therapeutic progress and planning of review safety issues as they arise. CIC Interns are expected to contact parents within the same day about any significant behavioral or safety concerns.

Cultural Competency

Connections Internship Consortium (CIC) training program has an aim and mission that includes an emphasis on supporting culturally competent practice. CIC Interns are provided with opportunities during supervision, consultation, training activities, and daily professional practice to engage in self-reflection about their individual values, biases, and intersections of identity. This also includes opportunities within daily activities to increase awareness of others intersections of identity and to engage in culturally competent practices. The CIC program focuses on Cultural Competency is woven into the fabric of the daily practices and therapeutic services that are provided at all of the CIC member sites. CIC Interns specifically participate in targeted supervision practices and training experiences that are embedded into orientation, weekly individual and group supervision, weekly CIC seminar, weekly staff trainings, staff events/activities, daily provision of evidence based services, and site based social and diversity committee activities. All of which emphasizes the CIC program's commitment to inclusion and belonging for clients, families, staff, and community partners. CIC Interns regularly process diversity factors that impact them personally and are encouraged to reflect on the potential impact of their experiences, values and bias on the therapeutic interactions and judgment. CIC Interns are provided with the opportunity to work with a diverse group of high-risk clients ages 6-22 and their families, which includes individuals with complex and varied diagnostic profiles including: mood issues, anxiety concerns, emotional and behavioral dysregulation, self-harm, substance use and abuse issues, psychotic symptomatology, traumatic experiences, and resource insecurities. The clients at the CIC member sites present with diverse intersections of identities within their cultural backgrounds, religious/spiritual affiliations, neurodiversity, gender, sexual orientation, and socioeconomic resources.

Consultation & Community Case Management

All CIC Interns are provided training on consultation and community case management. CIC Interns are required to reach out to private community providers regularly and complete monthly progress reports to private services providers including: Psychiatrists, Psychologists, Specialists, etc. Additionally, all CIC Interns are required to communicate regularly with the inter-agency educational teams and multidisciplinary service providers across the CIC member sites and Connections Organization, maintaining consistent and pertinent updates regarding the clients on their caseload. CIC interns have opportunities to engage in a variety of interdisciplinary team meetings with staff at their respective CIC sites. The goal of these training experiences is to provide CIC Interns with an opportunity to develop professional communication and consultation skills with a variety of providers while also navigating the legal and ethical considerations that accompany consultation practices. All CIC Interns are provided training and experience in productive consultation with Occupational Therapists, Speech Therapists, Art Therapists, Music Therapists, Vocational Counselors, Autism Consultant, Licensed Marriage and Family Therapist, Psychiatrists, Substance Abuse Counselors, Licensed Special Education Teachers, within the Therapeutic Day School Milieu.

Supervision

CIC Interns participate in site based group supervision and CIC Seminar trainings which review specific topics of Supervision. Throughout the training year, CIC Interns learn about the models of supervision and how to apply them to the provision of supervision. This includes differentiating Consultation and Supervision. This is accomplished through role play activities and vignette discussions regarding issues that may come up during supervision and how these issues would be addressed. This includes ethical considerations and dual relationship discussions. Additionally this includes in-vivo peer supervision activities on-site and during CIC Seminar. Occasionally, CIC Interns may even have the opportunity to provide peer supervision to extern level trainees under the guidance and discretion of Primary Supervisors on-site. All supervision role plays and peer supervision opportunities are supported by a Licensed Clinical Psychologist in group and individual supervision formats to track progress and comfort level of participants.

Although all of the CIC Interns receive general and basic review in the following topic, specific CIC sites have a specialized focus as follows:

Autism Specific Focus (NCA & CAE)

At New Connections Academy (NCA) and Connections Academy East (CAE) CIC Interns are provided with specialized training in interventions with individuals with Autism Spectrum Disorder (ASD). When working with children on the Autism Spectrum, CAE and NCA utilize the SCERTS (Social Communication, Emotional Regulation, Transactional Support) educational and therapeutic model to determine the students' developmental level and areas in need for improvement for their Autism Spectrum Disorders (ASD). The students' SCERTS profile provides the basis for use of successful therapeutic interventions to address the developmental challenges that interfere in the areas of: academic learning, socialization skills, emotional regulation, integration of internal and external sensory information, and restricted/perseverative patterns of thinking or interest. All CIC Interns are provided with specific training about evidence-based intervention practices with individuals with Autism, although there is an intensive focus at NCA and CAE.

CIC Application Process & Selection Criteria

The Connections Internship Consortium (CIC) offers 14 Full-Time Internship positions across our 4 CIC sites: CDS, SC, NCA, and CAE. Students from Psychology Doctoral Training Programs who have met all the requirements of their program for application for Doctoral Internship are invited to apply for internship at the CIC. Interns must complete the AAPI and submit it to CIC (Member Number 2134). In their cover letter, Interns must indicate for which site/s they would like to be considered. Connections Internship Consortium adheres to the APPIC Match policies and participates in APPIC Match and uses the online AAPI. (www.appic.org)

Applicant Qualifications

At a *minimum*, applicants who wish to be considered for the CIC must meet the following qualifications prior to beginning internship:

- A minimum of 400 Direct Contact hours (100 Assessment & 300 Intervention)
- 3 Standardized Reference Forms, at least 2 of which are from current/former supervisors familiar with the applicant's clinical work

In addition to these minimum requirements, *preferred requirements* include:

- Experience working directly with children, adolescents, and young adults
- Interest in working with high-risk children, adolescents, young adults and their families
- Experience providing family therapy services
- Experience working with a wide variety of presenting issues
- Students from clinical, school, and counseling programs
- Students from APA and CPA accredited programs
- Interest in working in a school setting

The list of minimum and preferred requirements is listed on the CIC website and our APPIC profile so that it is readily accessible by prospective applicants. The CIC Program strives to consider applicants from a holistic lens, taking into account the wide variety of strengths, potential, experiences, and perspectives they possess that may not be reflected in a list of stringent requirements.

Applicants must indicate to which site/school(s) they are interested in applying in their cover letter, but are reviewed by the CIC Consortium as a whole. Applicants to the CIC Program must demonstrate the absence of any legal history that would preclude them from working with children and adolescents in a school setting.

Application Process

- ❑ Applicants must register with APPIC as a prospective Intern through the National Matching Services: www.natmatch.com/psychint. Applicants must obtain an APPIC registration number to be eligible to participate in the matching process.

❑ **Site Specific Match Numbers:**

- Connections Day School (CDS): 213413
- South Campus (SC): 213411
- New Connections Academy (NCA): 213412
- Connections Academy East (CAE): 213414

❑ Applicants must complete and submit the online AAPI (APPIC standard application) which includes the following:

- Cover letter specifying the site/s for which you would like to be considered
- Completed Program's Verification of Internship Eligibility and Readiness from Director of Training
- Current Curriculum Vita
- Three Standard Letters of Reference, two of which should be from direct supervisors of your clinical work
- Official Transcripts of ALL graduate work
- In addition to the required AAPI components, we ask that all applicants also include a professional writing sample, such as a Case Conceptualization or De-identified Report.
- **All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.**

Screening & Interview Process

- The CIC site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information for a CIC Intern Applicant.
- All applications will be screened by the CIC Training Committee Members, using a standard *CIC Application Review Form*, to evaluate the quality and content of the applications for potential interview with the CIC Internship program.
- The CIC Training Committee will hold selection meetings to determine which applicants to invite for interviews based upon the results of the *CIC Application Review Form* and screening process.
- All applicants will be notified by email by **December 18th** whether they have been chosen for an interview. Interviews will be scheduled in December and January and will be scheduled on a first-come, first-serve basis. Interviews will be conducted virtually for all applicants. Applicants may request a visit to the site(s) in-person but this is not an interview requirement and does not impact the interview or applicant selection process.
- Applicants interview with a panel of CIC Training Committee Members so that they have the opportunity to meet clinical supervisors from the CIC member sites.
- During the interview process, each interviewer uses a standard set of questions outlined on the *CIC Applicant Interview Form* and has the opportunity to ask site-specific

questions. The candidates are rated on a numeric scale during the CIC formal interviewing process.

- After all prospective Interns have been interviewed, the CIC Training Committee meets and ranks the candidates according to their application materials and their interview responses.
- The CIC Training Committee will hold a meeting after interviews are complete, in order to determine applicant rankings. The full application package and overall impressions gleaned from the interview process will be utilized in determining applicant rankings.
- Upon successfully matching with the CIC, Interns will be asked to complete a Site Specific Employment Application prior to their first day of orientation in order to complete their personnel file.

****Please Note:*** All Interns who match with CIC must complete a fingerprint-based criminal background check, medical examination (i.e. TB test, physician attestation regarding communicable diseases, physician attestation regarding physical and emotional capacity to work with children, etc), and drug screening before beginning employment. Instructions for providing this information, completing the background check, and completion of a drug screening will be sent out to all matched CIC Interns after the match process is complete. The offer of employment is contingent upon administrative review of the results of the background check and drug screening, submission of fingerprinting, and all required health and medical examination forms. Interns with history of a Felony Conviction or other charges on their background check may be ineligible for employment with our agency. Should background checks indicate a Felony Charge or any misdemeanor, the Intern will be asked to explain the charges or convictions to the CIC Training Director, who will review this information with the CIC Training Committee for a decision regarding termination of the Match Agreement with APPIC. Drug testing consists of testing for controlled and illegal substances. Should the Intern drug test return with any positive results, the Intern will be asked to provide a letter from a prescribing medical practitioner indicating a medical reason for the substance detected in a drug screen. The CIC program understands that the medical use of marijuana is becoming a more standard practice; however, given the school setting and population of the clientele, the CIC program maintains a drug-free work environment in its programs. The CIC program strictly prohibits CIC Interns with medical marijuana cards from consuming cannabis, being under the influence of cannabis, and/or being impaired from the use of cannabis during work hours. It is also important to note that random drug screenings may be conducted during the training year for Staff and CIC Interns, and these standards remain policy over the course of the training year. In addition, all CIC Interns without US citizenship who match to CIC must provide proof that the Intern is allowed to work in the US.

Connections Internship Consortium Training Sites

The four CIC affiliated schools include: Connections Day School (CDS) located in Libertyville and founded in 1998; South Campus (SC) located in Palatine and founded in 2001; New Connections Academy (NCA) located in Palatine and founded in 2006; and Connections Academy East (CAE) located in Lake Forest and founded in 2015. Each of the schools serve students from surrounding Chicagoland counties and districts who are in need of alternative school programming which is supportive, therapeutic and educational. All CIC member sites provide alternative educational and therapeutic supports to children and adolescents with primary special educational eligibilities of Emotional Disability (ED), Specific Learning Disability (SLD), Other Health Impairment (OHI), Autism Spectrum Disorder (AUT), and Traumatic Brain Injury (TBI), Intellectual Disability (ID) and current DSM Diagnosis of: Anxiety Disorders, Bipolar Disorder, Disruptive Mood Dysregulation Disorder (DMDD), Depressive Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorder, Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Post Traumatic Stress Disorder (PTSD), Autism Spectrum Disorder (ASD), Psychotic Disorders, Obsessive-Compulsive Disorder (OCD), and/or Substance Use and Abuse issues.

Specifically, CAE, CDS, and SC sites provide comprehensive Substance Abuse support as needed with a Substance Abuse Counselor on staff. Although these resources are available to all programs as needed. Additionally, all of our member sites work with individuals with an Autism educational eligibility or DSM diagnosis of Autism Spectrum Disorder. However, CAE and NCA sites provide comprehensive support to those individuals with primary special education eligibility of Autism Spectrum Disorders (AUT) or current DSM diagnosis of Autism Spectrum Disorder (ASD-Level 1). Some individuals may also have a previous diagnosis of Asperger's Disorder or Pervasive Developmental Delay (PDD).

All CIC sites provide an educational and therapeutic environment that is based on a nurturing model of the Circle of Courage (Lakota-Sioux Reclaiming Youth) which promotes the development of prosocial skills in four quadrants: Belonging, Mastery, Independence, and Generosity. This is based on a positive, nurturing model, where positive reinforcement and natural consequences for behaviors are frequently utilized. All Connections Internship Consortium sites avoid using restrictive and/or punitive methods of behavioral management and emotional regulation and do not have isolated time-out rooms. The Restorative Intervention Specialists (RIS), Staff, and Doctoral Interns are trained in Nonviolent Crisis Intervention® Training (CPI) and use of therapeutic holding which is only employed as a last resort to ensure the safety of a client or others. Staff Members at all consortium sites employ a variety of methods to support and assist clients in making therapeutic and academic progress, appropriately managing their emotions and behaviors, and developing and/or improving their coping, problem-solving and social skills. Staff members maintain supportive, nurturing relationships with clients and their families.

CDS and SC also have clients placed in Diagnostic and Interim Alternative Educational Setting (IAES) programs. The Diagnostic and IAES Programs provide programming and evaluations for general education and special education students requiring additional support while they are

evaluated further with a focus on their academic, behavioral, and emotional needs. Referring public school districts offer an alternative placement for a temporary time period to further assess the clients' needs while placed in either the 60-Day Diagnostic Program or 45-Day IAES Program. At the end of each client's placement, there is a formal meeting to review observations and diagnostic assessment data; which may include academic, emotional/behavioral, cognitive, fine/gross motor, health, vision/hearing, functional, and adaptive domains to determine potential special education eligibility and needs of the client, including appropriate future services and placement. CIC Interns serve as primary therapists for clients within these programs and complete diagnostic assessments as needed.

The client population across the sites presents with a wide variety of clinical diagnoses, including but not limited to: Anxiety Disorders, Mood Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorder, Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Post Traumatic Stress Disorder (PTSD), Autism Spectrum Disorder (ASD), Psychotic Disorders, Obsessive-Compulsive Disorder (OCD), and/or Substance Use and Abuse issues.

The CIC includes the following sites:

Connections Day School - CDS (Libertyville, IL)

3 Full-Time Funded Positions

General Information

Connections Day School (CDS) is a private therapeutic day school in Libertyville, Illinois (north suburbs of Chicagoland in Lake County) serving a diverse population of children, adolescents and young adults ages 6-22, who require an alternative therapeutic school program that is both educational and therapeutic due to significant special education and mental health concerns and needs. CDS offers experiences with individual, group, and family therapy, risk assessment and crisis management with a diverse population of clients with developmental, emotional and behavioral challenges. CDS provides a therapeutic milieu with a full array of related services, CIC Interns have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Substance Abuse Counselors (CADAC), Art Therapy, Animal Assisted Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatric Services, School Health (Nursing) Services, Restorative Intervention Specialists, Vocational Counselors, and Licensed Special Education Teachers.

Population

CDS has 11 classrooms with 10 students in each classroom for up to approximately 110 students there at any given time. All classes are taught by a Special Education Certified Teacher who is supported by a Program Assistant (1 to 5 staff to student ratio). CDS has 2 elementary classrooms, 3 middle school classrooms and 6 high school classrooms. Approximately 14% of students are ages 6-10, 28% of students are 11-13, and 58% of students are ages 14-22. Although this breakdown changes slightly over the course of the year due to dynamic enrollment, approximately 75% of the population are enrolled in the Day School Program, and 25% are students enrolled in the Diagnostic Program.

The diagnostic breakdown for students at CDS is currently as follows: Depressive/Anxiety Disorders: 59%; Attention-Deficit Hyperactivity Disorder: 49%; Autism Spectrum Disorder: 16%; Specific Learning Disorder: 13%; Bipolar and Related Disorders: 8%; Psychotic Disorders 5%, and Feeding/Eating Disorders 3%. The racial and ethnic breakdown for students at CDS is currently as follows: White: 48%, Hispanic or Latino: 24%, Black or African American: 14%, Multiracial: 11%, and Asian: 3%. The gender identity breakdown for students at CDS is currently as follows: Cisgender: 89%; Nonbinary: 6%; Transgender: 4%; Unspecified 1%. The sexual orientation breakdown for students at CDS is currently as follows: Unspecified: 66%; Heterosexual: 25%; Gay/Lesbian: 3%; Bisexual: 3%, Pansexual: 2%, and Asexual: 1%.

South Campus - SC (Palatine, IL)

3 Full-Time Funded Positions

General Information

South Campus (SC) is a private therapeutic day school in Palatine, Illinois (west suburbs of Chicagoland in Cook County) serving a diverse population of children, adolescents and young adults ages 6-22, who require an alternative therapeutic school program that is both educational and therapeutic due to significant special education and mental health concerns and needs. SC offers experiences with individual, group, and family therapy, risk assessment and crisis management with a diverse population of clients with developmental, emotional and behavioral challenges. SC provides a therapeutic milieu with a full array of related services, CIC Interns have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Substance Abuse Counselors (CADC), Art Therapy, Animal Assisted Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatric Services, School Health (Nursing) Services, Restorative Intervention Specialists, Vocational Counselors, and Licensed Special Education Teachers. CIC Interns at SC also have involvement in collaborating with the extended day program, which is designated for students who need more structure and a continuation of skill building during after-school hours.

Population

SC has 9 classrooms consisting of 10 students in each classroom for up to approximately 90 students at any given time. All classes are taught by a Special Education Certified Teacher who is supported by a Program Assistant (1 to 5 staff to student ratio). There are 2 elementary classrooms, 2 middle school classrooms, and 5 high school classrooms. Approximately 29% of students are ages 6-10, 25% of students are 11-13, and 46% of students are ages 14-22. Although this breakdown changes slightly over the course of the year due to dynamic enrollment, approximately 90% of the population are enrolled in the day school, and 10% are students enrolled in the Diagnostic Program.

The diagnostic breakdown for students at SC is as follows: Depressive/Anxiety Disorders: 37%; Attention-Deficit Hyperactivity Disorder: 25%; Autism Spectrum Disorder: 24%; Specific Learning Disorder: 1%; and Psychotic Disorders <1%. The racial and ethnic breakdown for students at SC is currently as follows: White: 43%, Hispanic or Latino: 19%, Black or African American: 16%, Multiracial: 5%, and Asian: 5%. The gender identity breakdown for students at

SC is currently as follows: Cisgender: 81%; Nonbinary: 5%; Transgender: 1%; Unspecified 1%. The sexual orientation breakdown for students at SC is currently as follows: Heterosexual: 48%; Unspecified: 27%; Gay/Lesbian: 5%; Bisexual: 4%, Pansexual: 3%, and Asexual: 1%.

New Connections Academy - NCA (Palatine, IL)

4 Full-Time Funded Positions

General Information

New Connections Academy (NCA) is a private therapeutic day school in Palatine, Illinois (west suburbs of Chicagoland in Cook County) serving a diverse population of children, adolescents and young adults ages 6-22 who require an alternative therapeutic school program that is both educational and therapeutic due to significant special education and mental health concerns and needs. Specifically, NCA's program is designed to promote success with clients with an educational eligibility of Autism or a current DSM diagnosis of Autism Spectrum Disorder (ASD Level 1). NCA provides specialized teaching and treatment specific to the needs and features of individuals with Autism. CIC Interns at NCA are afforded the opportunity to engage in individual, group, and family therapy, risk assessment and crisis management with clients with a variety of intersectionality in their identity. Additionally, Interns at NCA are trained to utilize the SCERTS® (Social Communication, Emotional Regulation, Transactional Support) educational and therapeutic model to determine the student's developmental level and areas in need of improvement related to social communication and emotional regulation skills. NCA provides a therapeutic milieu with a full array of related services, CIC Interns have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Art Therapy, Music Therapy, Animal Assisted Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatric Services, School Health (Nursing) Services, Restorative Intervention Specialists, Vocational Counselors, and Licensed Special Education Teachers. CIC Interns at NCA also have involvement in collaborating with the extended day program, which is designated for students who need more structure and a continuation of skill building during after-school hours.

Population

New Connections Academy has 7 classrooms consisting of 10 students in each classroom for up to approximately 70 students at any given time. All classes are taught by a Special Education Certified Teacher who is supported by 1-2 Program Assistants (at least 1 to 5 staff to student ratio). NCA consists of 1 elementary classroom, 1 middle school classroom, and 5 high school classrooms. At NCA, approximately 6% of students are ages 6-10, 34% of students are ages 11-13, and 60% of students are ages 14-22.

The diagnostic breakdown for students at NCA is as follows: Autism Spectrum Disorder: 83%; Attention-Deficit Hyperactivity Disorder: <2%; Learning Disorders: 8%; and Unspecified Emotional Disorders 6%. The racial and ethnic breakdown for students at NCA is currently as follows: White: 72%, Hispanic or Latino: 15%, Multiracial: 6%, Asian: 5% and Black or African American: 3%. The gender identity breakdown for students at NCA is currently as follows: Cisgender: 94%; Nonbinary: 3%; Unspecified 3%. The sexual orientation breakdown for

students at NCA is currently as follows: Heterosexual: 56%; Gay/Lesbian: 38%; Pansexual: 3%, and Asexual: 3%.

Connections Academy East - CAE (Lake Forest, IL)

4 Full-Time Funded Positions

General Information

Connections Academy East (CAE) is a private therapeutic day school in Lake Forest, Illinois (north suburbs of Chicagoland in Lake County) serving a diverse population of children, adolescents and young adults ages 6-22, who require an alternative therapeutic school program that is both educational and therapeutic due to significant special education and mental health concerns and needs. CAE is unique in its structure in that it serves both a population with developmental, emotional and behavioral challenges, as well as individuals with Autism educational eligibility or DSM Diagnosis of Autism Spectrum Disorder (ASD Level 1). CAE offers experiences with individual, group, and family therapy, risk assessment and crisis management with a diverse population of clients with developmental, emotional and behavioral challenges. CAE provides a therapeutic milieu with a full array of related services, CIC Interns have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Art Therapy, Music Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatric Services, School Health (Nursing) Services, Restorative Intervention Specialists, Vocational Counselors, Substance Abuse Counselors and Licensed Special Education Teachers.

Population

Connections Academy East has 13 classrooms consisting of 10 students in each classroom for approximately up to 130 students at any given time. All classes are taught by a Special Education Certified Teacher who is supported by a Program Assistant (at least 1 to 5 staff to student ratio). CAE consists of 3 elementary classrooms, 5 middle school classrooms, and 5 high school classrooms. In other words, approximately 15% of students are ages 6-10, 30% of students are 11-13, and 55% of students are ages 14-22.

The diagnostic breakdown for students at CAE is as follows: Autism Spectrum Disorder: 30%; Attention-Deficit Hyperactivity Disorder: 8%; Learning Disorders: 7%; and Unspecified Emotional Disorders 50%. The racial and ethnic breakdown for students at CAE is currently as follows: White: 45%, Hispanic or Latino: 15%, Black or African American: 18%; Multiracial: 15%; Asian: 3%; and Unspecified 19%. The gender identity breakdown for students at CAE is currently as follows: Cisgender: 88%; Nonbinary: 6%; Transgender: 3%; and Unspecified 3%. The sexual orientation breakdown for students at CAE is currently as follows: Heterosexual: 36%; Unspecified 61%; and Bisexual 2%.

Intern Experience

CIC is committed to providing a high quality, evidence-based, culturally competent clinical training experience to our Interns. The CIC program assures that clinical and professional development occurs through experiential learning, as well as the provision of clinical services combined with scholarly inquiry. The CIC training approach is generalist in nature and prepares CIC Interns to function within a multidisciplinary setting. There is a strong emphasis on evidence-based training and practice, and Interns are exposed to best-practices through a variety of training, supervisory, and structured learning opportunities. Interns are provided the opportunity to develop skills in the provision of individual, family, and group therapy, as well as risk assessment and crisis management for children, adolescents and young adults ranging in age from 6 - 22 who present with a wide variety of emotional and behavioral issues. In addition, there is a focus on providing training and skill development in the areas of multicultural competence in clinical work, professional consultation and supervision, and adherence to codes of professional conduct and ethics.

Use of Teleconferencing

The CIC places a strong training emphasis on providing a universal training experience including delivery of clinical services to diverse populations which often includes the use of telehealth services to meet client needs. CIC Interns have the opportunity to conduct family therapy sessions, agency wide consultations, treatment planning meetings including Individual Education Plans (IEPs) for clients utilizing videoconferencing technology with over 40 agencies across the north, west and southern suburbs of Chicago. During the course of the CIC Internship Year the CIC Interns will have an opportunity to learn and utilize teleconferencing platforms such as Google Meet which meets HIPAA requirements through the Connections Organization network. CIC Interns are provided supervision, explicit practice and training, and review of ethical and legal considerations of using telehealth formats. All Site Leaders are on-site full time for any “open door” or in-vivo supervision and support that is needed throughout the training year. Occasionally there is a need for a supervisor to conduct supervision via Google Meet due to a meeting or conference schedule. These exceptions are pre-arranged and any telesupervision is provided via the CIC member site’s HIPAA compliant Google Meet platform for confidentiality. The CIC Training Director, at times serves as a Supervisor for CIC Interns and although the primary and preferred mode of supervision is in-person and on-site there are times that, due to scheduling, Google Meet telesupervision platform is utilized.

Additionally the CIC Interns participate in 30 minute biweekly Supervision with a Consulting Psychiatrist and with a Licensed Marriage Family Therapist these are more regularly conducted via Google Meet platform but are at times in-person depending on the rotation and schedule.

The CIC Interns participate in CIC Seminar 4 hrs a week Monday afternoon 11:30-3:30. The location of the CIC Seminar rotates weekly between each CIC member site. The CIC Seminars are usually conducted in-person with the presenters. However, there are specific CIC Seminar activities that are telehealth based to ensure the CIC Interns are trained in and practice utilizing telehealth applications. Currently the platform that is utilized is Google Meet which is through

our HIPAA compliant Connections Organization system. There are WebEx and Zoom accounts available for use if needed but they are not the primary format for video conferencing meetings. If a virtual platform is utilized the host site and presenter ensures that all CIC Interns have appropriate connection and access and can utilize their own Connections supplied electronic devices or the site's large screen smart TV to connect as appropriate.

CIC Sequence of Training, Clinical Work, Supervision and Training

The CIC Training Program provides a planned, programmed sequence of training experiences with the primary focus being on assuring breadth and quality of training.

The Doctoral Internship program utilizes the practitioner-scholar model of training. Rather than the production of original research, the model of training emphasizes the development of professional competencies that are based on current research, scholarship, and practice. CIC Interns have access to a professional library of books, journals, and electronic resources and are urged to critically evaluate current theory, research and practice when approaching their clinical tasks.

Sequence of Training

The Internship training year is designed sequentially such that Interns build competence and become more independent under supervision as the year progresses. The Intern training sequence occurs in four phases:

- The ***first phase*** is the general orientation phase, which involves a multi-day, detailed series of presentations regarding the policies and procedures of the Connections Internship Consortium and the Clinical Training Department.
- The ***second phase*** of training is site orientation, which allows Interns to become familiar with their work setting and school staff from various disciplines.
- During the ***third phase*** of training, Interns receive their own cases and work with their supervisors regarding the disposition of the cases.
- The ***fourth phase*** involves increasingly independent, supervised work on the part of the intern. The Intern will be expected to serve as a leader in clinical staffings and team meetings, develop special treatment programs for their students, complete crisis assessments, and develop more in-depth conceptualizations of emotional and social functioning of students on their caseload.

CIC Interns begin their training in August with two weeks of orientation. Orientation activities include: CIC cohort specific, Site cohort specific and Connections Organization wide training activities. After these initial days of orientation and basic training, CIC Interns are provided caseload assignments and time to organize their work space, review case files and establish introductions to supervisors and the site specific multidisciplinary teams.

After the initial Orientation training, CIC Interns have the opportunity to begin meeting the clients on their caseloads and their families as the school year begins for clients attending the site specific therapeutic day schools. During the first month of training, CIC Interns begin to establish boundaries and develop rapport with clients and their families. Additionally, CIC Interns begin to review expectations and parameters of their supervisory supports and establish connections with members of the site specific multidisciplinary teams. During the first month of training, all initial activities are modeled and supported by Licensed Clinical Psychologists (supervisors) at all CIC sites. CIC Interns have an opportunity in their initial month of training to observe a variety of activities while establishing their schedules and expectations of their training site.

Supervision at the beginning of the training year is more directive and supportive, allowing a transition period for the CIC Interns as they become acclimated to their new training sites. Supervision is initially focused on establishing the working alliance while supporting the acquisition of clinical skills. CIC Interns are provided with targeted skill training with a focus on evidenced based interventions for children and adolescents impacted by significant mental health issues. As the training year progresses, supervision becomes more process focused and is tailored to the individual progress and development of the CIC Intern.

CIC Interns initially begin the training year with updated and completed student files and data documentation. This includes updated IEP documents, releases of information, treatment summaries, and SCERTS ratings (as needed). Initial client meetings are actively supported with a supervisor or veteran staff present. Initial presentations are completed by supervisors and veteran staff to model expectations and allow a period of observation.

As the training year progresses, the CIC Interns have an opportunity to incrementally increase their utilization of independent critical thinking and abstract problem-solving within the therapeutic milieu. After the initial months of training, CIC Interns have the opportunity to practice observed skills with on-site support and supervision. All services provided with the CIC Interns are supported and supervised by Licensed Clinical Psychologists located on-site. The goal is to decrease the level of dependence on the direct modeling and observation while increasing the level of independence and focus on individualization of treatment protocols. Throughout the training year, CIC Interns have the opportunity to share and highlight previously acquired areas of skill while improving overall clinical competencies. CIC Interns will be supported in providing consultation and peer supervision as they demonstrate readiness. Additionally, CIC Interns will be provided with increased opportunities to present relevant evidence-based research and interventions along with leading and creating group activities, staff professional development and parent group activities. All activities will continue to be supported by on-site Licensed Clinical Psychologists.

In order to ensure that Interns are fully prepared to function as independent Psychologists at the completion of their Internship Training Year, the CIC utilizes a developmental supervisory model that is more hands-on during the beginning of the training year and, as the year progresses, Interns are encouraged to function more independently within the milieu while still providing their Primary Supervisors with regular updates regarding their clinical work. Throughout the

training year, CIC Interns are often encouraged to answer the questions that they pose to their Primary Supervisors in supervision so that they learn to feel confident making clinical decisions, while also being able to talk through these decisions with their Primary Supervisors to ensure that they are on the right track and not overlooking any legal or ethical issues.

Clinical Work

At CIC, Interns have the opportunity to participate in a variety of clinical experiences throughout the year, including, but not limited to:

- Provide individual and group therapy to children, adolescents, and their families presenting with a wide variety of clinical issues, including but not limited to: Generalized Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Adjustment Disorder, Conduct Disorder, Oppositional Defiant Disorder (ODD), Post Traumatic Stress Disorder (PTSD), Obsessive-Compulsive Disorder (OCD), and/or Autism Spectrum Disorder (ASD)
- Collaborate weekly with families, and provide parent education and family therapy on a regular basis
- Consult routinely with teachers and milieu staff regarding clinical and behavioral interventions
- Consult routinely with clients' private providers
- Supervision and Consultation with Board Certified Child and Adolescent Psychiatrists
- Supervision and Consultation with a Licensed Marriage Family Therapist
- Develop clients' SCERTS profile and track therapeutic progress and outcome data on a quarterly basis (NCA & CAE sites)
- Develop and track social/emotional treatment goals for the student's Individualized Education Plan (IEP)
- Participate in multidisciplinary treatment staffings and IEP meetings
- Complete Clinical documentation (case notes, risk assessments, service logs, goal updates, etc.)
- Participation in Risk Assessment and Crisis Management as needed
- Support arrival/dismissal of clients as they transfer to and from services including; risk assessments, safety planning, check-ins, etc.
- Complete 2000 hours of training with a minimum of 25% (500 hours) direct client contact hours

Orientation

The first two weeks of the training year (beginning of August) include CIC cohort specific, Site cohort specific, and Organization wide Orientation and Training Activities. Specifically, CIC Interns participate in:

- 2 days of Site cohort training with the multi-disciplinary team of clinical therapists at their CIC member site (CAE, CDS, NCA, or SC)
- 1 day of CIC cohort training at a mutual location
- 4 days of Connections Organization staff trainings

Orientation activities and training are conducted to provide an opportunity for CIC Interns and Staff to begin to establish social and professional relationships as CIC and Site specific cohorts.

Additionally, it is an opportunity to provide initial training to review the Mission and Aim of the CIC Program and establish the competency expectations. Orientation training topics include: Legal/Ethical trainings, Mandated Reporter Certification, Nonviolent Crisis Intervention® Training (CPI) training certification, site/system onboarding, inclusion/belonging activities, risk assessment and crisis management trainings, etc.

Supervision

Throughout the training year, Interns are provided with a multitude of individual and supervision opportunities, with a variety of multidisciplinary professions.

- Individual supervision (**2 hours/week**) with licensed clinical psychologists. Live supervision will be used, including review of audio/video taped sessions, in vivo observation, co-therapy and other modalities.
- Clinical Needs Supervision Group (**1.5 hours/week**) with on-site multidisciplinary clinical team focused on skill development along with case formulation, formal case presentations, and integration of understanding of clinical diagnosis and family dynamics. Each Intern will present a case in the Clinical Needs Supervision Group as well as topic specific presentations. This seminar is facilitated by a licensed clinical psychologist with a strong focus on supervision and skill development in evidence-supported clinical interventions and modalities. Additionally, once a month Family Therapy Supervision Group (**1.5 hours/month**) with a Licensed Marriage and Family Therapist is the focus of Clinical Needs.
- Clinical Team Group Supervision (**45min/week**) with on-site multidisciplinary clinical team and facilitated by a licensed clinical psychologist.
- Supervision (at least **30 min/month**) with a CIC Board Certified Child and Adolescent Psychiatrist on issues related to psychopharmacology.
- Supervision (at least **30 min/month**) with a Licensed Marriage and Family Therapist focused on family therapy work.

Training

In addition to the above site specific individual and group supervision opportunities, CIC Interns participate in weekly Structured Learning Activities covering a broad range of specific topics within the 9 Competency Areas. These Structured Learning Activities are provided by professionals from diverse backgrounds and certified in their topic area. The CIC Intern cohort specifically participates in CIC Intern Seminar (**4 hours/week**) focused on training and skill development of across their competency areas related to practicing in the field of professional psychology; including assessment, ethical/legal issues, consultation, supervision, interventions and clinical practice, professionalism and communication, and intersections of identity and elements of diversity.

CIC Interns also participate in All Staff Professional Development Trainings (**1.5 hours/week**) and All Staff Inservice Professional Development Days throughout the training year (**2-3 days per year**). Topics reviewed include but are not limited to the following topics: Individual Education Plans (IEPs), Functional Behavioral Assessments (FBAs), Behavioral Plans (BIPs), Nonviolent Crisis Intervention® Training (CPI), Intersections of Identity, Diversity, Equity, and

Inclusion, Trauma Informed Practices, Multidisciplinary Team Problem Solving and Consultation, Team Building, Self-Care, Legal/Ethical Issues, Professional Communication and Comportment, Confidentiality, Climate and Culture, Eligibility and Differential Diagnosis, and etc. These trainings are led by a variety of Professionals from the multidisciplinary teams including: Licensed Clinical Psychologists, Certified Art Therapists, Certified Music Therapists, Licensed Occupational Therapists, Certified Drug and Alcohol Counselors, Restorative Intervention Staff, Licensed Special Educators, Licensed Social Workers/Counselors, PostDoctoral Fellows, and at times professional presenters from private/external agencies.

CIC Maintenance of Records Policy

Intern evaluations, supervision agreements, match agreements, certificates of completion, each Intern's individual training plan, and any Due Process Records are maintained indefinitely by the CIC Training Director in a secure digital file on the secure (HIPAA compliant) Google Drive network that allows only specifically authorized individuals to have shared setting access thru an encrypted access process. Records related to grievances or complaints are kept in a separate secure digital file. CIC Intern Evaluations are shared with the Intern's doctoral program's Director of Clinical Training at the midpoint and end of the internship year. CIC Final Hours Log, and the CIC Intern's Certificates of Completion are also shared with the Director of Clinical Training at the Intern's doctoral program at the end of the internship year. Any remediation plans and notices of termination are shared with the Intern's doctoral program's Director of Clinical Training as well.

Connections Internship Consortium(CIC) Information

For more information about the Connections Internship Consortium (CIC), please visit www.connectionsinternshipconsortium.net or feel free to contact:

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CIC Training Committee Contact Sheet

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CIC Diversity and Non-Discrimination Policy

Connections Internship Consortium (CIC) is fully committed to providing a training setting that affirms the dignity, worth, and value of all individuals. We strongly value diversity in all its forms, and seek to understand and honor individual differences including, but not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, physical and mental abilities, size and appearance, and socioeconomic status. The wide variety of challenges that affect our clients and their families often appear to be affected by social forces in the environment related to power and privilege, such as racism, sexism, classism, homophobia, heterosexism, and other forms of marginalization and oppression. These forces are often pervasive and institutionalized and can leave the impacted individual to feel alone, voiceless, and invalidated. The supervisors and staff at CIC consider these forces in the struggles of our students and their families and thus aim to work with them in a culturally sensitive manner, employing approaches that include empowerment and advocacy.

This commitment to culturally sensitive communication extends to interactions among our staff and the greater local community. We seek to understand and honor individual differences among our Interns, our staff as a whole, and our students and their families. We also strive to make CIC an open, affirming, and safe working environment in which everyone feels understood, valued, and accepted. We take personal and organizational responsibility to grow in our awareness, reduce barriers and bias, and strengthen our multicultural competence. CIC believes in creating and maintaining an atmosphere of openness, trust, and respect where diverse attitudes, beliefs, values, and behaviors can be explored and discussed safely. We seek to understand and honor individual differences both among our Interns and among our clients and their families. We support a culture of inclusion, and believe in creating an equitable, hospitable, appreciative, and safe learning environment for our Interns. Every effort is made by the CIC to create a climate where Interns (and all staff) feel respected and comfortable by increasing awareness and comfort with multicultural experiences through inservice training, flexible time off for religious and cultural holidays, site/organization wide diversity initiatives/activities, etc.

CIC welcomes applicants from diverse backgrounds as the training program believes that a diverse training environment contributes to the overall quality of the program. CIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sexual or gender orientation, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, clinical competency, and fit with the

internship. If an applicant or intern requires accommodations, they should contact the Internship Training Director (Gwen Grant, Psy.D., NCSP: ggrant@counselingconnections.net) to discuss.

CIC's goal in diversity training is to ensure that CIC Interns develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To this end, CIC's training program requires an expected competency in individual and cultural diversity. These competencies were developed to comply with the APA's statement on Preparing Professional Psychologists to Serve a Diverse Public: "...professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals." Diversity experiences and training are interwoven throughout the training program in individual supervision, didactics, group supervision, presentations, daily activities, and staff events, to ensure that CIC Interns are individually supported and provided with high quality culturally competent training.

CIC Pre-Employment Screening Policy

All Interns who match with CIC must complete a fingerprint-based criminal background check, medical examination (i.e. TB test, physician attestation regarding communicable diseases, physician attestation regarding physical and emotional capacity to work with children, etc), and drug screening before beginning employment. Instructions for providing this information, completing the background check, and completion of a drug screening will be sent out to all matched Interns after the match process is complete. The Intern's specific site will cover the cost of the drug screening and will reimburse the Intern for the cost of the background check. The Intern is responsible for any costs associated with the physical/medical examination. The offer of employment is contingent upon administrative review of the results of the background check and drug screening, submission of fingerprinting, and all required health and medical examination forms. Interns with history of a Felony Conviction or other charges on their background check may be ineligible for employment with our agency. Should background checks indicate a Felony Charge or any misdemeanor, the Intern will be asked to explain the charges or convictions to the CIC Training Director, who will review this information with the CIC Training Committee for a decision regarding termination of the Match Agreement with APPIC. Drug testing consists of testing for controlled and illegal substances. Should the Intern drug test return with any positive results, the Intern will be asked to provide a letter from a prescribing medical practitioner indicating a medical reason for the substance detected in a drug screen. CIC understands that the medical use of marijuana is becoming a more standard practice; however, given the school setting and population of the clientele, CIC maintains a drug-free work environment in its programs. CIC strictly prohibits Interns with medical marijuana cards from consuming cannabis, being under the influence of cannabis, and/or being impaired from the use of cannabis during work hours. **It is also important to note that random drug screenings may be conducted during the training year for staff and Interns, and these standards remain policy over the course of the training year.**

CIC Employee Health Record

Name: _____

Date of Birth: _____

Blood Pressure: _____ Pulse: _____ Respirations: _____

Tuberculin Skin Test:

Date Given: _____ Results: _____

Chest X-Ray Date: _____ Results: _____

Other: _____

Is this person free of communicable disease? ___ Yes ___ No

Is person physically and emotionally
able to work? ___ Yes ___ No

Is this person physically and emotionally
able to work with children? ___ Yes ___ No

Date

Physician Signature

Phone Number

Hepatitis B Vaccination

I have been informed of the benefits and potential side effects and adverse reactions of Hepatitis B vaccine. I understand that I must receive 3 doses of this vaccine over a 6 month period of time to confer optimal immunity.

I ___ accept ___ reject the Hepatitis B vaccine

Hepatitis B vaccine completed: Date: _____

Date

Employee Signature

CIC Hours Requirements for Interns Policy

All Interns are required to be on-site when sites are in session, and be available for consultation, paperwork, in-services, and trainings during on-site Orientation and/or Institute Days when clients are not present in the building.

- The daily on-site schedule for each site is as follows:
 - Connections Academy East (CAE): 7:30am - 3:30pm
 - South Campus: 7:45am - 3:45pm
 - Connections Day School (CDS): 8:00am - 4:00pm
 - New Connections Academy (NCA): 8:00am - 4:00pm
- Sites are only in session on Monday thru Fridays. There is a yearly site calendar that includes the specific days of on-site attendance for the entire training year.

Interns are required to complete **2,000 hours** of supervised training experiences in no less than a 12 months period in order to successfully complete the Connections Internship Consortium (CIC) training program. Any hours needing to be fulfilled after the 12-month period may result in unpaid hours.

- All hours **must be documented** on the “*CIC Intern Hours Log*” document. This form must be completed and updated for review by the Intern’s **Primary Supervisor** and **Auxiliary Supervisor**, at the end of every month. Final version must be completed and signed by the Intern’s Supervisor at the end of Internship to confirm total hours completed.

Based on the 8-hour per day schedule and predetermined site calendar (which includes national holidays off and typical school breaks), an Intern’s on-site hours total **1,640 for the year**. Therefore, **360 additional hours (average of 9 hours per week)** must be completed throughout the course of the school year in order to meet Connections Internship Consortium requirements of **2,000 hours**.

Additional hours can be met by performing a variety of duties, including:

- Supervision and Consultation done outside of typical site hours
- Paperwork (e.g., weekly case notes, service logs, monthly progress notes to private providers, and any other paperwork duties that therapists are asked to complete throughout the course of the training year, etc.)
- File review
- Researching evidence-based treatments and interventions

- Preparation for presentations (Group Supervision, CIC Intern Seminar, Clinical Needs Supervision, and Team Problem-Solving Meetings, IEPs, etc.)
- Family therapy or family contact related to client work (e.g., in-person contact, phone call, email messages, letter writing to families that cannot be reached, etc.)
- Case management duties (e.g., collateral contact with community organizations, caseworkers, probation officers, private treatment providers, etc.)
- Report writing (e.g., Therapeutic Summaries, SCERTS Profiles, Social Developmental Histories and Therapeutic Summaries; reports for the court, reports for the private agencies, etc.)
- Attending and assisting with Family Night Meetings (monthly) and any other after-school activities (e.g., Open House, Parent/Teacher/Therapist Conferences, Coverage of the Extended Day Program [only available at South Campus & New Connections Academy], etc.)
- Independent Study of Clinically Relevant Topics (with supervisor approval) so as to enhance individual, group and family therapy work

CIC Due Process & Grievance Procedures

DUE PROCESS PROCEDURES

Due Process Procedures are implemented in situations in which a supervisor or other staff member raises a concern about the functioning of a doctoral intern. The CIC Internship's Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

RIGHTS & RESPONSIBILITIES

These procedures are a protection of the rights of both the intern and the doctoral internship training program, and also carries responsibilities for both.

Interns: The Intern has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The Intern has the right to be treated in a manner that is respectful, professional, and ethical. The Intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The Intern has the right to appeal decisions with which the intern disagrees, within the limits of this policy. The responsibilities of the Intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

CIC Doctoral Internship Program: CIC has the right to implement these Due Process procedures when they are called for as described below. CIC and its member sites' staff have the right to be treated in a manner that is respectful, professional, and ethical. CIC has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the CIC include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

DEFINITION OF A PROBLEM

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. an inability to acquire professional skills in order to reach an acceptable level of competency

3. an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. the Intern does not acknowledge, understand, or address the problem when it is identified
2. the problem is not merely a reflection of a skill deficit that can be rectified by the scheduled sequence of clinical or didactic training
3. the quality of services delivered by the intern is sufficiently negatively affected
4. the problem is not restricted to one area of professional functioning
5. a disproportionate amount of attention by training personnel is required
6. the trainee's behavior does not change as a function of feedback, and/or time
7. the problematic behavior has potential for ethical or legal ramifications if not addressed
8. the intern's behavior negatively impacts the public view of the agency
9. the problematic behavior negatively impacts other trainees
10. the problematic behavior potentially causes harm to a client or client's family
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

INFORMAL REVIEW

When a supervisor or other staff member believes that an Intern's behavior is becoming problematic or that an Intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the Intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor will then monitor the outcome of these interventions via documentation in supervision notes.

FORMAL REVIEW

If an Intern's problematic behavior persists following an attempt to resolve the issue informally, or if an Intern receives a rating below a "3" on any element or competency on a supervisory evaluation, the following process will be initiated:

- A. **Notice:** The Intern will be notified in writing, within 10 working days of an attempt to resolve the issue informally, that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. **Hearing:** The supervisor will hold a Hearing with the Review Committee (RC) (consisting of the CIC Training Director, CIC Site Director, and the Intern's Primary Supervisor raising the issue) and Intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Site Director is the supervisor who is raising the issue, an additional Licensed Clinical Psychologist who works directly with Intern can share their

perspective at the Hearing and/or to provide a written statement related to their response to the problem.

- C. **Outcome & Next Steps:** The result of the Hearing will be any of the following options, to be determined by the RC. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:

- a. Issue an "**Acknowledgement Notice**" which formally acknowledges:
 1. that the training committee are aware of, and concerned with, the problem;
 2. that the problem has been brought to the attention of the Intern;
 3. that the training committee will work with the CIC Intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating;

AND

 4. that the problem is not significant enough to warrant further remedial action at this time.

- b. Place the Intern on a "**Remediation Plan**" which defines a relationship such that the RC actively and systematically monitors, for a specific length of time, the degree to which the Intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the Intern. The length of the probation period will depend upon the nature of the problem and will be determined by the RC. A written "**Remediation Plan**" also will be shared with the Intern and the Intern's academic doctoral program and will include:
 1. the actual behaviors or skills associated with the problem;
 2. the specific actions to be taken for rectifying the problem;
 3. the time frame during which the problem is expected to be ameliorated;

AND

 4. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified above, the RC will provide a written statement indicating whether or not the problem has been remediated. The Remediation Plan and this statement will become part of the Intern's permanent file and will be shared with the Intern's academic doctoral program. If the problem has not been remediated, the RC may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

- c. Placing an Intern on "**Suspension**", would include removing the Intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, increased supervision, or additional methods of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the RC. A written "**Suspension**"

Plan” will be shared with the intern and the Intern’s academic doctoral program and will include:

1. the actual behaviors or skills associated with the problem;
 2. the specific actions to be taken for rectifying the problem;
 3. the time frame during which the problem is expected to be ameliorated;
- AND
4. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in ‘c’ above, the RC will provide the Intern and the Intern’s academic doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the Intern on a *probationary status* with a Remediation Plan. In this case, the process in “b” above would be followed. The Suspension Plan and this statement will become part of the Intern’s permanent file.

- D. **If the Problem is not Rectified** through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the Intern’s placement within the CIC Internship Program may result in **Termination**. The decision to terminate an Intern’s position would be made by the Training Committee (consisting of the CIC Training Director, CIC Site Directors, and Additional Site Leaders) and would represent a discontinuation of participation by the Intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process. The RC may decide to suspend an Intern’s clinical activities during this period prior to a final decision being made, if warranted. The CIC Internship Program will notify APPIC and the Intern’s academic doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

APPEAL PROCESS

If the Intern wishes to challenge a decision made at any step in the Due Process procedures, they may request an **Appeals Hearing** before members of the Training Committee (Training Committee members include all CIC Site Directors {SDs} and the CIC Training Director {CTD}) or the Head of Human Resources {HHR}). This request must be made in writing to the Training Committee or the Head of Human Resources within 5 working days of notification regarding the decision with which the Intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Intern’s Site Director (SD) and consisting of themselves (or another supervisor, if appropriate) and at least two other members of the CIC Training Committee who work directly with the Intern. The Appeals Hearing will be held within 10 working days of the Intern’s request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them,

and has final discretion regarding outcome. Decisions made by the review panel will be shared with the Intern and the Intern's academic doctoral program within 15 working days.

GRIEVANCE PROCEDURES

Grievance Procedures are implemented in situations in which a doctoral intern raises a concern about a supervisor or other staff member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. If an Intern wishes to raise a grievance about a supervisor, staff member, trainee, or the internship program they should follow the steps below:

INFORMAL REVIEW

First, the Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Site Training Director (SD) in an effort to resolve the problem informally.

FORMAL REVIEW

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance, in writing, to the CIC Training Director (CTD). If the CTD is the object of the grievance, the grievance should be submitted to the Site Director (SD). If both the CTD and SD are the objects of the grievance, the grievance should be submitted to the Head of Human Resources (HHR). After receiving the formal grievance document, the CTD (SD or HHR, if appropriate) will meet with the Intern and the individual being grieved within 10 working days. In some cases, the CTD/SD/HHR may wish to meet with the Intern and the individual being grieved separately first. In cases where the Intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.), the CTD and SD will meet with the Intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

1. the behavior/issue associated with the grievance;
 2. the specific steps to rectify the problem;
- AND
3. procedures designed to ascertain whether the problem has been appropriately rectified.

The CTD/SD/HHR will document the process and outcome of the meeting. The Intern and the individual being grieved, if applicable, will be asked to report back to the CTD/SD/HHR in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the CTD/SD/HHR will convene a review panel consisting of the CTD/SD/HHR and at least two other members of the Training Committee within 10 working days. The review panel will review all written materials and have an opportunity to interview the

parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the owners of the CIC Schools in order to initiate the agency's procedures for handling such matters.

Connections Internship Consortium Intern Evaluation, Retention, and Termination Policy

The Connections Internship Consortium (CIC) requires that Interns demonstrate minimum levels of achievement across all competencies and training elements. Interns are formally evaluated by their primary supervisor twice annually, at mid-year (January) and at the end of the internship year (July), using the *Connections Internship Consortium Evaluation Form*. This evaluation includes space for supervisor comments regarding the Intern's performance and progress, or lack thereof. The evaluation form includes information about the Interns' performance regarding all of CIC's expected training competencies and the related training elements. Supervisors review these evaluations with the Interns in a timely manner and provide an opportunity for discussion at each timepoint.

A minimum level of achievement on each evaluation is defined as a rating of at least a "3.00" for each element and competency at mid-year (January) and rating of at least a "4.00" for each element and competency at end-of-the-year evaluation (July). The rating scale for each evaluation is a 5-point Likert scale, with the following values: 1 = Remedial Level: demonstrates barriers in skill acquisition, below entry level expectations, and requires prompt remediation, 2 = Beginning/Emerging Level: demonstrates limited acquisition of skill or competency level and requires an intensive level of supervision, 3 = Intermediate Level: demonstrates intermediate skill and competency level (Internship mid-year), 4 = Proficient Level: demonstrates proficient skill and competency level indicating readiness for entry level practice (Internship exit), 5 = Advanced Proficiency Level: demonstrates advanced skill and competency level. If an Intern receives a score less than "3.00" on any training elements or competency areas at mid-year evaluation, or if supervisors have reason to be concerned about the Intern's performance or progress, CIC's Due Process procedures will be initiated. The Due Process guidelines can be found in the CIC Training Manual. Interns must receive a rating of "3.00" or above during their mid-year evaluation and must receive a rating of "4.00" or above during the final end-of-the-year evaluation on all training elements and competency areas to successfully complete the program.

Additionally, all CIC Interns are expected to complete 2,000 hours of training during the internship year, including a minimum of 500 hours of direct face-face contact with clients. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the Intern has progressed satisfactorily through and completed the Internship program. Intern evaluations and any other relevant feedback to the Interns' Doctoral Programs Directors of Clinical Training are provided at mid-year and at the end of the internship year. Doctoral Programs Directors of Clinical Training are contacted within one month following the end of the internship year and informed that the Intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an Intern enters into the Remediation Plan step of the CIC Due Process procedures due to a concern by a supervisor or an inadequate rating on an evaluation, the Intern's Doctoral Program Director of Clinical Training will be contacted. This contact is intended to ensure that the Intern's Doctoral Program, which also has a vested interest in the Intern's progress, is kept engaged in order to support an Intern who may be having difficulties during the internship training year. The Intern's Doctoral Program Director of Clinical Training is also notified of any further action that may be taken by CIC as a result of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, Interns complete an evaluation of their supervisors and a CIC program evaluation at mid-year (January) and at the end of the training year (July) in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available in the CIC Training Manual and the CIC website: <https://www.connectionsinternshipconsortium.net/>. The current CIC Training Manual is located on the CIC Website at:

<https://www.connectionsinternshipconsortium.net/training-manual-1>.

Connections Internship Consortium (CIC) Intern Evaluations, Certificates of Completion, Hours Log and a description of the Interns' training experience are maintained indefinitely by the CIC Training Director and CIC Site Directors.

CIC Videoconferencing and Telesupervision Policy

Although the Connections Internship Consortium prioritizes face-to-face training and supervision, videoconferencing is utilized to provide occasional individual supervisions, group supervisions, CIC Seminars and multi-site or agency meetings throughout the training year. This format is utilized in order to promote training opportunities with telehealth formats even though our CIC Sites primarily focus on in-person service delivery. Videoconferencing technology offers opportunities when unforeseen circumstances arise in which CIC Interns, Supervisors, or Staff cannot be together in person. CIC Interns are dispersed between four member site locations. Providing training and exposure to videoconferencing and telesupervision formats not only promotes interaction and socialization between CIC Interns but also fosters connections during the intervals between in-person meetings. Using this method, CIC Interns and a Supervisor, CIC Clinical Director, and/or Site Directors interact via high-quality real-time, HIPAA compliant transmission of simultaneous video and audio.

Additionally, Connections Internship Consortium places high value on cohesion and socialization of training cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. CIC Interns have the opportunity to work with a diverse client and provider population. The use of videoconference technology in training is consistent with CICs training aim. The CIC places a strong training emphasis on providing a universal training experience including delivery of clinical services to diverse populations which often includes the use of telehealth services to meet client needs. CIC Interns have the opportunity to conduct family therapy sessions, agency wide consultations, treatment planning meetings including IEPs for clients utilizing videoconferencing technology with over 40 agencies across the north, west and southern suburbs of Chicago.

All CIC interns participate in an introduction to telesupervision and teletherapy during the internship orientation and are provided with continued training and instruction regarding the use of the videoconferencing equipment at the outset and duration of the training year. Supervisors and members of the CIC Training Committee hold PsyPact telehealth certifications and there is explicit training within the CIC Program on ethical and legal considerations of telehealth services. Any supervision or training conducted via videoconferencing is led by a CIC Training Committee Member.

Connections Internship Consortium recognizes the importance of supervisory relationships. It is expected that the foundation for these supervisory relationships will be cultivated initially during Connections Internship Consortium's Orientation, such that CIC Interns will have formed relationships with all supervisors prior to engaging in telesupervision. CIC Interns are asked to

give feedback on their experiences with training and supervision in the CIC Program and Supervisor Evaluations Interns complete at mid-year and at the end of the training year.

All Connections Internship Consortium videoconferencing, telehealth, and telesupervision occurs over a secure CIC member site network using site-provided technology. CIC member sites use a HIPAA compliant Google Meet video platform that utilizes individual user password authentication and implements sharing controls outside of the network/agency.

For all clinical cases discussed during videoconferencing, full professional responsibility remains with the CIC Intern's licensed supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. CIC Interns are provided contact information for all Connections Internship Consortium supervisors including email and phone numbers, so any crises or time-sensitive information can be reported and in-vivo synchronous support can be accessed as necessary. Supervision sessions using this technology are not recorded, thus protecting the privacy and confidentiality of all CIC Interns. All CIC Interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical and accessibility concerns can be directed to the Site Directors to ensure ease of access. Connections Organization employs an IT service to ensure maintenance of the secure network and provide safety for all clients, CIC Interns and staff using the network. It is important that all CIC interns have access to training and application of videoconferencing and telesupervision. The training CIC Training Committee is committed to ensuring this is possible without burden to the CIC Intern.

CIC Family Medical Leave Policy for Interns

Given that the CIC Internship training contract is for a one-year period, Interns do not qualify for the Family Medical Leave Act (FMLA), as the act is only applicable to employees who have been employed for at least a 12-month period. However, Connections Internship Consortium (CIC) recognizes there may be outstanding circumstances that arise requiring an extended leave of absence due to various situations (e.g., medical illness, pregnancy, birth of a child, etc.). Therefore, the Training Committee, in collaboration with the Intern, will determine the time granted for an extended leave, on a case-by-case basis. Each situation will be reviewed independently, based upon both the trainee situation and site demands at the time of the request. Interns are asked to discuss their needs and wishes with the CIC Training Director or Site Director early enough to maximize the opportunity to plan for the Intern's leave. A written plan will be developed outlining the anticipated timeline, coverage, expectations, etc. to ensure both site's and Intern's needs are being met to the best of CIC's ability. Interns may choose to use their sick and personal days toward this leave time, allowing the Intern to continue receiving the stipend during the use of those days. Any time granted to an Intern in excess of sick and personal time will be unpaid. Should additional time be granted, it will be the Intern's responsibility to ensure the full completion of all Internship program requirements (aims, goals, competencies, hours, and outcomes) as stipulated by the training team, allowing the Intern to successfully complete the Connections Internship Consortium training program. In order to complete these requirements, the Intern may be required to remain in the employ of CIC past the typical 12-month period, at the Intern title and at the Intern stipend amount; however, the Internship at CIC must be completed in no more than 14 months.

CIC Stipends, Benefits and Resources Policy

The CIC Internship is 12 consecutive months (interspersed with legal holidays, approximately 2 weeks of winter break, 1 week of spring break, 1 week of summer break and an abbreviated summer schedule) for a total of 197 standard work days. Standard work hours are Monday thru Friday with site-specific start and end times: (CAE: 7:30am to 3:30pm, SC: 7:45am to 3:45pm, CDS and NCA: 8:00am to 4:00pm). Interns cannot work with clients or their families during holidays or on weekends (when sites are not in-session), as supervisors are not present to ensure their safety and oversee their clinical and training responsibilities. Supervisors are on-site full time throughout the standard work hours. Interns receive a stipend of \$33,500.00 annually paid twice a month. Electronic deposit of paychecks is available.

CIC Interns are eligible for health and dental benefits, 13 paid sick leave days, and 5 paid personal days during the training year. CIC Interns are also able to take advantage of free daily staff lunch (provided by Organic Life), snacks, and free parking. CIC Interns are covered by the site's professional liability insurance.

CIC Interns across all sites are provided a monthly budget of \$100 that can be used to purchase therapeutically-relevant items for students on their caseload (e.g., incentives, special birthday lunches, particular book or therapeutic activity/tool). In addition, each school is allotted a Clinical Budget, managed by each site's Site Director that can be used for additional therapeutic resources that Interns may request to have access to, including: clinically-relevant books, publications, workbooks, manuals, group curricula, games, interventions and office materials.

All CIC Interns at each site are provided with a company issued computer to use for the duration of the training year and an office phone with private voicemail access. Each computer is equipped with all programs necessary to complete all required documentation and paperwork. CIC Interns have access to their site's Google Drive, which consists of document templates, staff and student handbooks, policies and procedures, schedules, committee meeting notes, student attendance records, contact lists, etc. CIC Interns are also provided with a site Gmail account that gives them access to Google Calendar, their own Google Drive for storing documents, and other Google apps. CIC Site Google Drives meet HIPAA compliant standards due to the safety protocols and user authentication login steps that are required for electronic devices, sharing capabilities and site network systems. All CIC sites are supported by a private Information Technology (IT) agency that updates, monitors, and repairs all of the technology networks and devices that are company issued and used by staff and clients. All CIC sites have an administrative assistant who is responsible for scheduling meetings (IEPs, District Partner

Meetings, etc.) and are available on-site to assist with office administrative tasks. CIC Interns are responsible for completing and filing their case notes, progress reports, miscellaneous client documents and reports. All necessary office supplies are available and provided to the CIC Interns throughout the duration of the year. All CIC Interns will have office space to utilize on-site that includes a desk, printer access, copier access, and phone. Site classrooms and conference rooms are equipped with SmartTV Interactive Technology Equipment that CIC Interns can use for various psychotherapeutic groups, large group presentations and meetings.

Interns at each of the CIC sites have access to a wide variety of resources and training materials. They are provided with access to a digital file of the CIC Clinical Training Manual on the first day of orientation that is accessible for the duration of the training year. CIC Interns at each of the sites have access to a digital voice recorder for audio recording of sessions as well as additional resources for use with clients. Clients additionally have access to 1:1 chromebooks and individualized Google Drive accounts that are monitored by Go Guardian software. To help encourage and increase access for family therapy services, family night events, large group meetings and presentations, all CIC Interns have access to Google Meet (HIPAA-compliant version), WebEx (HIPAA-compliant video conferencing) and Heartland Translation Services.

Each CIC site has a Clinical Library that houses the current DSM, assessments, curricula, books, therapy tools/supplies, and other clinical resources to support the CIC Interns training and service delivery. This includes topics such as: theory orientation, evidence-based practice in direct intervention (individual, group, and family therapy), assessment, ethical and legal issues (mental health and educational), cultural diversity, supervision, consultation, and professional development. CIC Interns also have access to an electronic archive of digital peer reviewed articles as the CIC maintains APA and NASP article access. Furthermore, CIC Interns may request other training materials of interest to them which each Site Director may purchase from their Clinical Budget. The resources are available to all CIC Interns, regardless of which site they are placed.

CIC Clinical Supervision Agreement

Supervisee Name & Degree:

Site Name:

This document is intended as informed consent for supervision. The purpose is to establish parameters of clinical supervision, assist in promoting professional development, and provide clarity about supervision, including the responsibility of both the supervisor and supervisee. The goal is to help supervisees obtain the assistance they need throughout the year in a manner that provides them with quality training and provides the best services to the clients.

Supervisors:

Primary Supervisor (Name, Degree | Title):

Auxiliary Supervisor (Name, Degree | Title):

Connections Internship Consortium Training Director:

Gwen Grant, Psy.D., NCSP | Licensed Clinical Psychologist & Nationally Certified School Psychologist

1. Competency Expectations

- A. Supervision will occur in a competency-based framework.
- B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes)
- C. Supervisors will compare supervisee self-assessments with their own assessments based on observation and report of clinical work, supervision, and competency-instruments.

2. Context/Procedural Aspects of Supervision

- A. ____ hour(s) of individual supervision per week.
- B. ____ hour(s) of group supervision per week
- C. Review of therapy progress notes
- D. Supervision will consist of multiple modalities including review of audio/video tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem solving, and role-play.
- E. Supervision is not a confidential relationship. The supervisor is both a supervisor and administrator. As such, information obtained in supervision may be shared with other administrators and/or the supervisee's graduate program training department, if deemed appropriate by the supervisor.
- F. Progress reports will be submitted to your home doctoral program, if applicable, describing your development, strengths, and areas of concern.

- G. If the supervisor or the supervisee must cancel or miss a supervision session, every attempt will be made to reschedule the supervision, or provide an opportunity to meet with another supervisor.
- H. The supervisee may contact the primary supervisor at contact #:
The supervisee may contact a secondary supervisor at contact #:
The supervisee may contact Dr. Grant at 773.620.6512.
A supervisor must be contacted for all emergency situations.
- I. Interns may also receive supervision from Post-Doctoral Fellows / other Program Therapists. Any unlicensed individual from whom you receive supervision will receive supervision on their supervision of your work. Your primary supervisor will discuss with you how that supervision is proceeding.

3. Evaluation

- A. Feedback will be provided on an ongoing basis and is related to competency benchmarks.
- B. Summative evaluation will occur at 2 intervals per year (mid-year and final evaluation)
- C. Forms used in summative evaluation are available on the Google Drive and from the CIC Training Director.
- D. The supervisor signs off on the supervisee's supervision notes, and uses these to evaluate supervisee's understanding, retention, and follow through of supervision feedback.
- E. The training site maintains a CIC Due Process and Grievance policy, and this policy will be explained during the initial orientation process to all supervisees.

4. Duties and Responsibilities of Supervisor(s)

- A. Upholds and adheres to APA Ethical Principles of Psychologists and Code of Conduct
- B. Oversees and monitors all aspects of client case conceptualization and treatment planning
- C. Provides live supervision at least once per evaluation period and additionally as needed
- D. Assists in development of goals and tasks to achieve in supervision specific to assessed competencies
- E. Challenges and problem-solves with supervisee
- F. Provides interventions with clients and directives for clients at risk
- G. Identifies theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/ training/ orientation(s)
- H. Identifies and builds upon supervisee strengths as defined in competency assessment
- I. Introduces and models use of personal factors including belief structures, worldview, values, culture, transference, countertransference, and parallel process in therapy and supervision
- J. To foster environments of diversity, equity, and inclusivity and approach dialogue about cultural identity with empathy and intention.
- K. Ensures a high level of professionalism in all interactions
- L. Review issues, potential ruptures or disagreements that may impact the supervision process to move towards resolution
- M. Signs off on all supervisee case notes
- N. Clearly distinguishes and maintains the line between supervision and therapy.

5. Duties and Responsibilities of the Supervisee

- A. Upholds and adheres to APA Ethical Principles of Psychologists and Code of Conduct
- B. Participates in live supervision with supervisor at least once per evaluation period and additionally as requested
- C. Comes prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence-based practices
- D. Is prepared to present integrated case conceptualization that is culturally competent
- E. Brings to supervision personal factors, transference, countertransference, and parallel process, and is open to discussion of these
- F. To foster environments of diversity, equity, and inclusivity and approach dialogue about cultural identity with empathy and intention.
- G. Identifies goals and tasks to achieve in supervision to attain specific competencies
- H. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior
- I. Identifies to clients (and their parents) their status as unlicensed supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor
- J. Discloses errors, concerns, and clinical issues as they arise
- K. Review issues, potential ruptures, or disagreements that may impact the supervision process to move towards resolution
- L. Consults with supervisor or delegated supervisor in all cases of emergency
- M. Implements supervisor directives in subsequent sessions or before as indicated.

I have read the above agreement and will abide by this agreement. In addition, I understand and consent to my Site Training Director, Primary Supervisors, Auxiliary Supervisors, and CIC Training Director to be in contact with my graduate school training department.

Primary Supervisor:

Date:

Auxiliary Supervisor:

Date:

CIC Training Director:

Date:

Intern:

Date:

Connections Internship Consortium: Evaluation of the Intern

Intern:	Supervisor:
Dates of Evaluation:	Training Site:
Midyear Evaluation	Final Evaluation
Other	Self Evaluation
Methods used in evaluating competency:	
Direct Observation	Review of Audio/Video
Supervision	Documentation Review
Comments from other staff/admin	Case Presentation
Scoring Criteria:	
5 = Advanced Proficiency Level: demonstrates advanced skill and competency level	
4 = Proficient Level: demonstrates proficient skill and competency level indicating readiness for entry level practice (Internship exit)	
3 = Intermediate Level: demonstrates intermediate skill and competency level (Internship mid-year)	
2 = Beginning/Emerging Level: demonstrates limited acquisition of skill or competency level and requires an intensive level of supervision	
1 = Remedial Level: demonstrates barriers in skill acquisition, below entry level expectations, and requires prompt remediation	
NA = Not applicable for this training experience/Not assessed during the training experience	
Assessment Competency	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Demonstrates understanding of human behavior within its context within its context (e.g. family, social, societal and cultural).	
Demonstrates ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
Selects and applies assessment methods that draw from the best available empirical literature and reflect the science of measurement and psychometrics.	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.	
Average Evaluation of Assessment Competency (Divide total by number of numerical responses)	

Comments		
<u>Professional Values and Attitudes Competency</u>		
Behaves in ways that reflect the values and attitudes of psychology and Connections Organization including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
Engages in self-reflection regarding personal and professional functioning.		
Engages in activities to maintain and improve performance, well-being, and professional effectiveness.		
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.		
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.		
Average Professional Values and Attitudes Competency (Divide total by number of numerical responses)		
Comments		
<u>Intervention Competency</u>		
Establishes and maintains effective relationships with recipients of psychological services.		
Develops evidence-based intervention plans specific to the service delivery goals.		
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.		
Demonstrates the ability to apply the relevant research literature to clinical decision making		
Modifies and adapts evidence-based approaches effectively when a clear-evidence base is lacking.		
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.		
Average Evaluation of Intervention Competency (Divide total by number of numerical responses)		
Comments		

<u>Individual and Cultural Diversity Competency</u>	
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation and service.	
Demonstrates ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	
Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity.	
Average Evaluation of Individual and Cultural Diversity Competency (Divide total by number of numerical responses)	
Comments	
<u>Communication and Interpersonal Skills Competency</u>	
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
Demonstrates a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well integrated.	
Average Evaluation of Communication and Interpersonal Skills Competency (Divide total by number of numerical responses)	
Comments	
<u>Ethical and Legal Standards Competency</u>	
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct.	
Demonstrates knowledge of and acts in accordance with the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels.	

Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines.	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	
Conducts self in an ethical manner in all professional activities.	
Average Evaluation of Ethics and Legal Standards Competency (Divide total by number of numerical responses)	
Comments	
<u>Research/Outcome & Evaluation Competency</u>	
Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publication).	
Disseminate research or other scholarly activities (e.g. case conference, presentation, publications at the local, regional or national level.	
Average Evaluation of Research/Outcome & Evaluation Competency (Divide total by number of numerical responses)	
Comments	
<u>Supervision Competency</u>	
Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (examples of direct or simulated practice examples of supervision include but are not limited to, role played supervision with others, and peer supervision with other trainees).	
Applies the supervisory skill of observing in direct or simulated practice.	
Applies the supervisory skill of evaluating in direct or simulated practice.	
Applies the supervisory skill of giving guidance and feedback in direct or simulated practice.	
Average Evaluation of Supervision Competency (Divide total by number of numerical responses)	
Comments	

Consultation and Interprofessional/Interdisciplinary Skills Competency	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Applies knowledge about consultation models and practices in direct or simulated (e.g. role played) consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	
Average Evaluation of Consultation and Interprofessional/Interdisciplinary Competency (Divide total by number of numerical responses)	
Comments	
Overall Average of Competency Scores	
Additional Supervisor Comments:	
Additional Training Director Comments:	
Intern Comments:	
Intern Signature:	Date:
Supervisor Signature:	Date:
Auxiliary Supervisor Signature:	Date:
Training Director Signature:	Date:

CIC Supervisor Evaluation Feedback Form

The purpose of this survey is to improve the supervision experience of the trainee as well as open a dialog between trainee and supervisor regarding goals, outcomes, and the supervisory relationship. Please be open in providing your feedback and thank you for helping us develop as supervisors.

Date:

Primary or Secondary Supervisor:

I am scheduled to meet with my supervisor:

- ☐ 1 hour a week
- ☐ 2 hours a week
- ☐ Other:

Please indicate your level of agreement with each statement regarding general supervisor characteristics.

My supervisor...

values our scheduled time commitment (is available at the scheduled time or makes an effort to meet supervision needs at another time or with another supervisor).

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

collaborated with me to set goals for this training year.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

is focused on helping me work toward meeting these goals.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

is accessible for questions, discussions, etc.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

treats me with respect and courtesy.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

supports my successful completion of the internship program.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

presents as a positive professional role model consistent with the program's aims.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

keeps sufficiently informed of cases.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

is interested and committed to supervision.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

is up-to-date in understanding of clinical populations and issues.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

maintains appropriate boundaries with students and trainees.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

provides constructive and timely feedback on my performance.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

encourages an appropriate degree of independence.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

demonstrates concern for and interest in my progress, problems, and ideas.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

communicates effectively with me.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

maintains clear and reasonable expectations for me.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

provides a level of supervision appropriate to my training needs and level.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

Comments regarding any of the above:

Please indicate your level of agreement with each statement regarding the supervisor's development of your clinical skills.

My supervisor.....

assists in coherent conceptualization of clinical work.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

assists in translation of conceptualization into techniques, procedures, and treatment.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

is effective in providing intervention training.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

is effective in providing training in assessment and diagnosis.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

supports me in navigating and responding to students' cultural and individual differences

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

supports me in navigating and responding to my own reactions, triggers, thoughts, etc and how these may impact the therapeutic process

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

is effective in helping to develop short-term and long-term goals for students.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

promotes clinical practices in accordance with ethical and legal standards.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

promotes my general acquisition of knowledge, skills, and competencies.

- Strongly agree
- Agree
- Neutral
- Disagree

- Strongly Disagree

Comments regarding any of the above.

Describe how your supervisor has contributed to your learning:

Describe how supervision or the training experience with the supervisor can be enhanced.

Any other comments or suggestions.

CIC Program Evaluation

This Program Feedback Form is used by the Connections Internship Consortium to continually improve and enhance the training program. All responses are reviewed by the Training Committee and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively

Intern's Name:

With which site did you train this year?

Overall Internship Experience

Please indicate your evaluation of the following categories using a scale of 1-5: 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Overall quality of training (rate 1-5)

Opportunities for professional socialization with intern cohort (rate 1-5)

Breadth of clinical intervention and assessment experience (rate 1-5)

Clarity of expectations and responsibilities for Interns (rate 1-5)

Case load appropriateness to meet educational needs for the Intern (rate 1-5)

Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:

Weekly Group Trainings and Opportunities.

Please indicate your evaluation of the following categories using a scale of 1-5: 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Weekly Group Supervision at your site/program (rate 1-5)

Weekly 4 hour Intern Seminar (rate 1-5)

Assessment supervision (rate 1-5)

Staff-wide trainings/didactics (rate 1-5)

Monthly Family Therapy Seminar (rate 1-5)

Family Therapy specific supervision (rate 1-5)

Psychiatric Consultations with psychiatrist (rate 1-5)

Please provide any additional comments/feedback about these training opportunities and provide explanations for any "poor" or "fair" ratings:

Quality of Training within Required Competency Areas:

For the following questions, please consider training you have received through didactic seminars and professional development opportunities, as well as experiential training. Please indicate your evaluation of the following categories using a scale of 1-5: 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Evidence-Based Practice in Assessment (rate 1-5)

Evidence-Based Practice in Intervention (rate 1-5)

Ethical and Legal Standards (rate 1-5)

Individual and Cultural Diversity (rate 1-5)

Research (rate 1-5)

Supervision (rate 1-5)

Professional Values and Attitudes (rate 1-5)

Interprofessional and Interdisciplinary Consultation (rate 1-5)

Communication and Interpersonal Skills (rate 1-5)

Please provide additional comments/feedback related to your training in the required competency areas and provide explanations for any "poor" or "fair" ratings:

Experience with Supervision

Please indicate your evaluation of the following categories using a scale of 1-5: 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Helpfulness of supervision (rate 1-5)

Availability of Supervisors (rate 1-5)

Frequency of supervision (rate 1-5)

Supervisors as professional role models (rate 1-5)

Effectiveness of teaching (rate 1-5)

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings:

Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:

Please provide any feedback that you think would help improve this program evaluation survey:

CIC Intern Seminar:

Training Schedule 2025 - 2026

(updated at start of training year)

- Training dates, times, and locations are listed below. With the exception of Orientation activities; weekly CIC Seminar activities generally take place on Mondays 11:30-3:30.
- **All interns are expected to actively participate in all CIC Intern Seminar activities. This includes being on-site at the location listed for the training. There may be a Google Meet link set up for a presenter if they are off site but Interns are expected to be in-person on site at designated locations.**
- **PLEASE NOTE:** We will be rotating meeting site locations across the schools and the practice. These locations may adjust to meet safe distancing protocols throughout the year. Additionally, there may be virtual seminar days where you can remain at your home site location and log on for the entirety of the intern seminar.

LOCATION KEY:

- ❖ CDS = Connections Day School, 31410 Hwy 45, Libertyville, IL 60048
- ❖ SC = South Campus, 909 E. Wilmette Rd. suite F, Palatine, IL 60074
- ❖ NCA = New Connections Academy, 865 E. Wilmette Rd., Palatine, IL 60074
- ❖ CAE = Connections Academy East, 300 S. Waukegan Rd., Lake Forest, IL 60045
- ❖ CC = Counseling Connections, Suite 320, 900 Technology Way, Libertyville, IL 60048
- ❖ V = Virtual; log on from your home site office space

DATE	LOCATION (all interns report to location)	TIME/TOPIC	PRESENTER
8.5.25	Site Specific	Connections Internship Consortium 8hr Orientation with Site Cohort (Clinical Training Manual Review, Supervision, Training & Intervention Review, etc.)	Site Directors
8.6.25	Site Specific	Connections Internship Consortium 8hr Orientation with Site Cohort (Clinical Training Manual Review, Supervision, Training & Intervention Review, etc.)	Site Directors
8.7.25	SC	Connections Internship Consortium 8hr Orientation with CIC Cohort (Clinical Training Manual Review, Supervision, Training & Intervention Review, etc.)	Dr. Grant

8.8.25	No Seminar	All New Staff 8 hr Training & Orientation at CAE - Restorative Interventions & NVCPI	RIS staff
8.11.25	No Seminar	All New Staff 8 hr Training & Orientation at CAE - Restorative Interventions & NVCPI	RIS Staff
8.12.25	CAE	All Connections Therapist Staff - 2 hr. Legal & Ethical Update Training	Dr. Rappaport
8.18.25	CAE	1:30-3:30 WELCOME TO CIC! Introduction & Activities	Dr. Grant, Site Directors, Assistant Site Directors & All Supervisors if available
8.25.25	Virtual (link in google calendar)	11:30 - 3:30 Telesupervision Supervision Considerations, Telehealth Interventions, & AI Usage	Dr. Grant
9.1.25	No Seminar	No School: Labor Day	N/A
9.8.25	CC	11:30 - 2:30 Assessment & Dx Program Overview including Neurodiversity Topics 2:30-3:30 Intro to Supervision & Consultation Training	Dr. Grant, Dr. AuBuchon, Dr. Johnson, & Dr. Wing (CC) Dr. Grant
9.15.25	SC	11:30-1:30 Hayes Model 1:45-3:30 Neuro Based Topics	Dr. Brankin & Dr. Finis (SC) Dr. Edwards
9.22.25	No Seminar	No School	N/A
9.29.25	CC	11:30-3:30 Bias/Values Supervision/Consult	Dr. Grant
10.6.25	CAE	11:30-3:30 Improv Activities/ Group Intervention Activities	Catherine Napper & Dr. Michael Greenbaum
10.13.25	No Seminar	No School: Indigenous People's Day	N/A
10.20.25	NCA	11:30-3:30 Health Boundaries - Diagnosis, Conceptualization & Treatment Interventions	Dr. Dunne (NCA)
10.27.25	CC	11:30-12:30 Assessment, Data Collection, Diagnosis, Conceptualization & Report Writing 12:30-1:30 Assessment, Diagnosis with Risk	Dr. AuBuchon, Dr. Johnson, & Dr. Wing Dr. Anast

		Assessment 1:30 - 3:30 Assessment, Diagnosis and Consultation with Risk Assessment & Crisis Response	Dr. Grant
11.3.25	CC	11:30 - 3:30 Professional Skills: "Recognizing & Addressing the Intern's Unique Experience with Imposter Syndrome, Compassion Fatigue & Burnout - Part 1"	Dr. Pollina (CDS)
11.10.25	No Seminar	No School Veterans Day	N/A
11.17.25	CC	11:30 - 3:30 An Introduction to Attachment, Adoption, and Foster Care: Conceptualization & Intervention	Ms. Grimes (CDS & CAE) Dr. Vitullo (CDS), and Dr. Rush (CAE)
11.24.25	No Seminar	Parent/Teacher Conferences	N/A
12.1.25	CC	11:30 - 3:30 Reactive Attachment - Diagnosis, Conceptualization & Treatment Interventions	Dr. Vitullo (CDS)
12.8.25	VCA	11:30 - 3:30 Family Systems Conceptualization & Therapy Interventions	Dr. Garcia (VCA)
12.15.25	CAE	1:30-3:30 Mid-year Break Celebration (Lunch & Gift exchange activity)	All Supervisors if available
12.22.25	No Seminar	Shortened Week due to Winter Break & Assisting with Intern Interviews	N/A
12.29.25	No Seminar	No School: Winter Break	N/A
1.5.26	No Seminar	Staff Inservice Day	N/A
1.12.26	VCA	11:30-3:30 Trauma Conceptualization & Interventions	Dr. Garcia
1.19.26	No Seminar	No School: Martin Luther King Day	N/A
1.26.26	CC	11:30-1:30 Dr. Wing - LD/Assessment 1:30-3:30 Dr. Touchett - Sand Tray/Play Therapy	Dr. Touchett (CAE) & Dr. Wing (CC)
2.2.26	CC	11:30 - 1:00 Assessment, Statistics, Legal, and Ethical Concerns with Custody	Dr. Anast (CC)

		Evaluations 1:00-3:30 Supervision, Consultation & Professional Skills: Mid-Year Feedback Review	Dr. Grant
2.9.26	NCA	11:30 - 3:30 Creative Therapeutic Interventions: Gaming Applications	Dr. Chuang (NCA) & Dr. Touchett (CAE)
2.16.26	No Seminar	No School - President's Day	N/A
2.23.26	CC	11:30 - 3:30 Applied Trauma Interventions	Dr. Pollina & Dr. Vitullo (CDS)
3.2.26	No Seminar	No School: Pulaski Day	N/A
3.9.26	CC	11:30-3:30 Substance Use & Abuse	Diane McNelis LCPC, CADC (CDS)
3.16.26	CC	11:30 - 3:30 Professional Skills: "Recognizing & Addressing the Intern's Unique Experience with Imposter Syndrome, Compassion Fatigue & Burnout - Part 2"	Dr. Pollina (CDS)
3.23.26	No Seminar	No School: Spring Break	N/A
3.30.26	CAE	11:30 - 3:30 CAE PostDoc presentation: TBD	CAE Post-Docs & Staff Therapists (CAE)
4.6.26	NCA	11:30 - 3:30 Music & Art Therapy (NCA) / Expressive Arts Termination Interventions	Ms. Stengren (NCA) & Ms. Hedger (NCA)
4.13.26	NCA	11:30-3:30 NCA PostDoc Presentation: TBD	NCA Post Docs (NCA)
4.20.26	CC	11:30-3:30 Ethics/Legal Scenario Review & Prep for APA Site Visit	Dr. Grant
4.27.26	SC	11:30 - 3:30 SC Staff Therapist Presentation: From Trauma to Trust: Addressing Domestic Violence, Co-Parenting and Supporting Student Healing	SC Staff Therapists (SC)
5.4.26	CAE	11:30-3:30 Improv Activity/ Group Therapy Intervention	Catherine Napper, Dr. Michael Greenbaum
5.11.26	CC	11:30-3:30 CDS PostDocs & Staff Therapists	CDS Post-Docs & Staff

		Professional Skills: “Therapist Guilt: Rejection, Resistance & So Much More...”	Therapists (CDS)
5.18.26	CC	11:30-3:30 Supervision Activities: Termination Conceptualization & Intervention	Dr. Grant
5.25.26	No Seminar	No School - Memorial Day	N/A
6.1.26	No Seminar	No School - Summer Break	N/A
6.8.26	CAE	11:30-3:30 Licensing & Next Steps: Professional Skills	Dr. Dunne (NCA) & Dr. Rush (CAE)
6.15.26	CC	11:30-3:30 Professional Skills & Supervision Training: Final Feedback Review & AROs	Dr. Grant
6.22.26	CAE	11:30 - 1:30 Practical Tools from Brain-Based Model of Complex Childhood Trauma 1:30 - 3:30 Integrating Religion & Spirituality into Therapy: Ethical/Practice Considerations	Dr. Rush (CAE) Dr. Tompkins (CAE)
6.29.26	Top Golf: Schaumburg	1:30-3:30 Graduation Activity	All Supervisors if available
7.6.26	No Seminar	Shortended & Last Week of ESY	N/A

Connections Internship Consortium

Acknowledgement

Please sign this acknowledgement page and return to your Connections Internship Consortium (CIC) Site Director.

Acknowledgement - Connections Internship Consortium (CIC) Training Manual

I acknowledge that I have received, reviewed, and been trained in the use of all of the above information/documents. I agree to abide by Connections Internship Consortium's policies and procedures, and have been provided a copy of the documents.

CIC Intern's Name:

CIC Intern's Signature:

Date:

Acknowledgement - Connections Internship Consortium (CIC) Due Process & Grievance Procedures

I acknowledge that I have received and reviewed the **Due Process & Grievance** procedures of the Connections Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document.

CIC Intern's Name:

CIC Intern's Signature:

Date: