

Connections Internship Consortium



Psychology Intern Training Manual
2019-2020

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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 - to 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. Training takes place at these four schools.

Accreditation Status

The Connections Internship Consortium (CIC) is not 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 mid-August and ending late-July each year. The 2019-2020 CIC cohort is comprised of 13 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 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 services, and psychological/psychoeducational assessment to children and adolescents ranging in age from 6 - 21 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, assessment, provision of professional presentations and trainings to colleagues, and adherence to codes of professional conduct and ethics. Interns have a primary placement at one school and meet in-person for shared training activities on a weekly basis.

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. The Ethical Principles and Code of Conduct can be found at <https://www.apa.org/ethics/code/>.

Major Training Emphases

All Interns participate in the same types of experiences throughout the year. There are no partial rotations at the CIC sites. Interns are expected to complete all training and clinical interventions throughout the year such as individual, group, family therapy as well as risk assessment and case management. For all clinical activities, Interns receive supervision from a Licensed Clinical Psychologist. At each individual site, 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 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 Individualized Education Program (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 provide 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 1-2 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 3 assessment 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, Jessnes, 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 student's 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.

Behavioral 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 weekly 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.

Behavioral Management & Crisis Intervention

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, Behavioral 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 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 maintains a required competency in diversity issues, and provides multiple experiences throughout the year to ensure that Interns are both personally supported and well-trained in this area. These training experiences include, but are not limited to, an emphasis on diversity training during initial orientation and within individual and group supervision, provision of treatment to diverse populations, and structured learning activities on diversity related topics. Interns are provided with opportunities to work with a variety of high-risk children, adolescents and their families, including individuals struggling with mild to severe: mood, anxiety, behavior, substance-related, psychotic, developmental, and personality disorders. Interns also get an opportunity to work with students ranging in age from 6 to 21 from diverse cultural, ethnic and socioeconomic backgrounds. Interns regularly discuss the diversity factors that are at play with each of the students that they work with. In addition to discussing the diversity issues relevant to the students, Interns also discuss the impact that their own diversity issues have on the therapeutic relationship.

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 affiliated sites, which includes weekly email updates regarding the students on their caseload and quarterly interdisciplinary team meetings with staff at their respective CIC schools. The goal of this training experience is to provide CIC Interns with an opportunity to develop communication and consultation skills with a multidisciplinary team. All CIC Interns are provided training and experience in productive consultation with Occupational Therapists, Art Therapists, Music Therapists, Vocational Counselors, Autism Consultant, Family Therapy Consultant, Psychiatrists and Substance Abuse Counselor within the Therapeutic Day School Milieu.

Supervision of Therapy Externs

During the beginning of the training year, Interns participate in a weekly group supervision on supervision. During the first half of the training year, Interns learn about the models of supervision and how to apply them to the provision of supervision. This is accomplished through role plays and a discussion of vignette regarding issues that may come up during supervision and how these issues would be addressed by interns if/when they were to arise. During the second half of the training year, at the Primary Supervisor's discretion, Interns have the opportunity to provide 30 minutes per week of informal layered supervision to therapy externs. Primary Supervisors check in weekly during individual supervision with Interns to track

their progress and comfort level with providing supervision as well as discuss the extern's response to supervision.

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.

Application Process & Selection Criteria

The Connections Internship Consortium (CIC) offers 11 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:

- Some experience working directly with children and adolescents;
- An interest in working with high-risk children and adolescents and their families;
- Students from clinical, school, and counseling programs;
- Students from APA- and CPA-accredited programs;
- An interest in working in a school setting;
- Experience providing family therapy services;

- Experience working with a wide variety of presenting issues.

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. Appropriate 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.

****Please note: 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 an Intern applicant.

- All applications will be screened by the CIC Training Committee, using a standard *Application Review & Rating Scale*, and evaluated for potential goodness of fit with the Internship program.
- The CIC Training Committee will hold a selection meeting to determine which applicants to invite for interviews based upon the results of this screening process.
- All applicants will be notified by email by **December 15th** 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-served basis. Applicants are provided the option of participating in their interview in-person or via Skype.
- Applicants interview with a panel of Training Committee Members so that they have the opportunity to meet clinical supervisors from each of the schools. Applicants are welcome to visit and tour at schools other than the one at which the interview takes place so that they have the opportunity to view all settings and meet current Interns.
- During the interview process, each interviewer uses a standard set of questions outlined on the *Doctoral Internship Interview Question sheet* and has the opportunity to ask any site-specific questions. The candidates are rated on a numeric scale during the formal interviewing process.
- After all prospective Interns have been interviewed, the Training Committee meets and ranks the candidates according to their application materials and their interview responses.
- The Training Committee will hold a meeting after final 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 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 Training Director, who will review this information with the 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.** In addition, all 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. CDS, CAE, and SC each have programs that provide alternative educational and therapeutic supports to children and adolescents with primary educational eligibilities of Emotional Disability (ED), Learning Disability (LD), Other Health Impairment (OHI), Autism (AUT), Traumatic Brain Injury (TBI), and/or Intellectual Disability (ID). Additionally, these three sites provide comprehensive Substance Abuse supports as needed. NCA (and part of CAE) are primarily programs that provide alternative educational and therapeutic supports to children and adolescents with primary education eligibilities of Emotional Disability (ED), Learning Disability (LD), Other Health Impairment (OHI), Autism (AUT), and provide supports to children and adolescents with a primary educational eligibility or DSM-V diagnosis of high functioning Autism Spectrum Disorder and may 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 do not have an isolated time-out room. The Behavioral Intervention Specialists, Building Staff, and Doctoral Interns are trained in Non-Violent Crisis Prevention Training (CPI) and use of therapeutic holding which is only employed as a last resort, when a child is determined to be unsafe to self or others. Staff Members at all consortium sites employ a variety of methods to support and assist students in making academic progress, appropriately managing their behavior, and developing and/or improving their coping, problem-solving and social skills. Staff members maintain supportive, nurturing relationships with our students and families.

CDS, South Campus, and CAE also have students placed in Diagnostic and Interim Alternative Educational Setting (IAES) programs. The Diagnostic and IAES Programs allow for programming and evaluations of regular education students and special education students requiring additional supports to be evaluated in an alternative educational setting based on their academic, behavioral, and emotional needs. The school districts offer an alternative placement for a temporary time period to further assess the student's educational needs. Students are placed in either the 60-Day Diagnostic Program or 45-Day IAES Program and at the end of their placement, a staffing is held to review all of the diagnostic data and academic and therapeutic observations to determine the special education needs of the student and placement. Interns serve as primary therapist for students in these programs and complete assessments as needed.

Youth who attend the schools present with a wide variety of diagnoses, including: 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), and/or Obsessive-Compulsive Disorder (OCD).

The CIC includes the following sites:

Connections Day School - CDS (Libertyville, IL)

2 Full-Time Funded Positions

General Information

CDS serves children and adolescents, ages 8-21, who, because of significant special education and mental health needs, require an alternative school program that is both educational and therapeutic. The Internship program at CDS offers experiences with individual, group, family therapy and crisis management with a diverse population of students with emotional and behavioral challenges. Interns at CDS also receive targeted training in and exposure to the areas of consultation, supervision, and psychoeducational assessment, including the administration and interpretation of psychological testing. Because CDS provides a therapeutic milieu with a full array of related services, Interns also have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Substance Abuse Treatment, Art Therapy, Music Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatry, and School Health (Nursing) Services.

Population

CDS has 8 classrooms with 10 students in each classroom for the approximately 80 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). There is 1 elementary classroom, 2 middle school classrooms and 5 high school classrooms. Approximately 3% of students are ages 6-10, 29% of students are 11-13, and 69% of students are ages 14-21. Although this

breakdown changes slightly over the course of the year, 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 as follows: Attention-Deficit Hyperactivity Disorder: 54%; Depressive Disorders: 53%; Anxiety Disorders: 47%; Autism Spectrum Disorder: 20%; Bipolar and Related Disorders: 17%; Trauma-Related Disorders: 15%; Disruptive, Impulse-Control and Conduct Disorders: 14%; Personality Disorders: 10%; Intellectual Disabilities & Specific Learning Disorder: 9%; Substance Related and Addictive Disorders: 7%; Somatic Symptoms and Related Disorders: 4%; Obsessive Compulsive and Related Disorders: 3%; Dissociative Disorders: 3%; Feeding and Eating Disorders: 3%; Elimination Disorders: 3%; Gender Dysphoria: 3%; and Schizophrenia Spectrum and Other Psychotic Disorders: 1%. ***The racial and ethnic breakdown for students at CDS is as follows:*** White: 57%, Hispanic or Latino: 17%, Black or African American: 14%, Multiracial: 11%, and Asian: <2%. ***The gender identity breakdown for students at CDS is as follows:*** Cisgender: 93% (33% female and 60% male); Nonbinary: 4%; Transgender: 3%. ***The sexual orientation breakdown for students at CDS is as follows:*** Heterosexual: 73%; Gay/Lesbian: 8%; Bisexual: 12%; and Pansexual: 7%.

South Campus - SC (Palatine, IL)

3 Full-Time Funded Positions

General Information

SC serves a large catchment area of children ages 6-21 who struggle with emotional, behavioral, academic, and developmental needs requiring an alternative academic environment to promote success. The Internship at SC offers experience in individual, group, family therapy and crisis management with a diverse population of students. Interns 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. Interns at SC also receive targeted training and supervision in the areas of peer supervision and psychoeducational assessment, including the administration and interpretation of psychological testing. Because SC provides a therapeutic milieu with a full array of related services, Interns also have the opportunity to receive experience in consultation and multi-disciplinary team collaboration with professionals from the following disciplines: Substance Abuse Treatment, Art Therapy, Speech and Language Therapy, Occupational Therapy, Psychiatry, and School Health (Nursing) Services.

Population

SC has 9 classrooms consisting of 10 students in each classroom for the approximately 90 students there at any given time. All classes are taught by a Special Education certified teacher and at least 1 instructional aide. There are 2 elementary classrooms, 2 middle school classrooms, and 5 high school classrooms. In other words, approximately 19% of students are ages 6-10, 26% of students are 11-13, and 56% of students are ages 14-21. Although this breakdown

changes slightly over the course of the year, 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: Depression/Anxiety Disorders: 71%; ADHD: 58%; Trauma-Related Disorders: 27%; Disruptive/Impulse Control Disorders: 23%; Autism Spectrum Disorder: 18%; Substance Use Disorders: 18%; Specific Learning Disability: 11%; Bipolar Disorders: 10%; Personality Disorders: 5%; Somatic Disorders: 4%; OCD: 4%; Eating Disorders: 4%; Schizophrenia/Psychotic Disorders: <1%; Dissociative Disorders: <1%; and Neurocognitive Disorders: < 1%. ***The racial and ethnic breakdown for students at SC is approximately as follows:*** White: 64%, Hispanic or Latino: 15%, Black or African American: 12%, Multiracial: 8%, and Asian: <2%. ***The gender identity breakdown for students at SC is as follows:*** Cisgender: 97% (21% female and 78% male); Nonbinary: 0%; Transgender: 2%. ***The sexual orientation breakdown for students at SC is as follows:*** Heterosexual: 88%; Gay/Lesbian: 5%; and Bisexual: 7%.

New Connections Academy - NCA (Palatine, IL)

3 Full-Time Funded Positions

General Information

NCA was started to meet the need for alternative school environment to promote success in students with high-functioning Autism Spectrum Disorder. NCA serves a population of children and adolescents ages 6-21 who require more specialized teaching and treatment specific to the needs and features of Autism Spectrum Disorder. Interns at NCA are afforded the opportunity to engage in individual, group, family therapy and crisis management with students of this population. Interns also have involvement in collaborating with the extended day program, which is designated for students who needs more structure and a continuation of skill building during after school hours. 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 for improvement for their Autism Spectrum Disorders (ASD). Interns at NCA also receive targeted training in peer supervision, as well as psychoeducational assessment, including the administration and interpretation of psychological testing. Because NCA provides a therapeutic milieu with a full array of related services, Interns also 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, Psychiatry, and School Health (Nursing) Services, Behavioral Intervention Specialists and Post Secondary Transition Specialists.

Population

New Connections Academy has 7 classrooms consisting of 10 students in each classroom for the approximately 70 students there at any given time. All classes are taught by a Special Education certified teacher and at least 2 instructional aides. NCA consists of 1 elementary classroom, one middle school classroom, and 5 high school classrooms. At NCA, approximately 14% of students are ages 6-10, 14% of students are ages 11-13, and 70% of students are ages 14-21.

The diagnostic breakdown for students at NCA is as follows: Autism Spectrum Disorder: 99%; ADHD: 57%; Depression/Anxiety Disorders: 36%; Specific Learning Disability: 13%; Disruptive/Impulse Control Disorders: 7%; Bipolar Disorders: 7%; Sleep-Wake Disorders: <3%; OCD: <2%, Feeding and Eating Disorders: <2%, and Schizophrenia/Psychotic Disorders: <2%. ***The racial and ethnic breakdown for students at NCA is approximately as follows:*** White: 79%; Multiracial: 7%; Hispanic or Latino: 4%; Asian: 4%; and Black or African American: <2%. ***The gender identity breakdown for students at NCA is as follows:*** Cisgender: 98% (1% female and 97% male); Nonbinary: 0%; Transgender: 1%. ***The sexual orientation breakdown for students at NCA is as follows:*** Heterosexual: 35%; Gay/Lesbian: 5%; Bisexual: 0%; and Pansexual: 0%; UnSpecified 60%.

Connections Academy East - CAE (Lake Forest, IL)

3 Full-Time Funded Positions

General Information

CAE serves students ages 6-21 with emotional and behavioral challenges, as well as the high-functioning Autism Spectrum Disorder population. Interns at CAE receive training and engage in individual, group, family therapy, and crisis management with a diverse caseload and student body. Interns at CAE receive targeted training in peer supervision, as well as psychoeducational assessment, including the administration and interpretation of psychological testing.

Population

Connections Academy East has 12 classrooms consisting of 10 students in each classroom for the approximately 120 students there at any given time. All classes are taught by a Special Education certified teacher and at least 1 instructional aide. CAE consists of 3 elementary classrooms, 4 middle school classrooms, and 5 high school classrooms. In other words, approximately 30% of students are ages 6-10, 25% of students are 11-13, and 45% of students are ages 14-21. Although this breakdown changes slightly over the course of the year, approximately 99% of the population are enrolled in the day school program, and 1% are students enrolled in the Diagnostic Program.

The diagnostic breakdown for students at CAE is as follows: ADHD: 60%; Specific Learning Disability: 50%; Autism Spectrum Disorder: 38%; Depression/Anxiety Disorders: 30%, Disruptive/Impulse Control Disorders: 30%; Substance Use Disorders: 20%; Trauma-Related Disorders: 16%; Bipolar Disorders: 5%; Personality Disorder: 5%; Somatic Disorders: 4%; Schizophrenia/Psychotic Disorders: 3%; OCD: 3%; Eating Disorders: 2%; Dissociative Disorders: 1%; Neurocognitive Disorders: 1%. ***The racial and ethnic breakdown for students at CAE is approximately as follows:*** White: 68%, Hispanic or Latino: 12%, Black or African American: 11%, Multiracial: 5%, and Asian: 3%. ***The gender identity breakdown for students at CAE is as follows:*** Cisgender Male: 10%; Cisgender Female: 87%; Nonbinary: 2%; Transgender: 1%. ***The sexual orientation breakdown for students at CAE is as follows:*** Heterosexual: 90%; Gay/Lesbian: 4%; Bisexual: <1%; and Pansexual: 0%.

Intern Experience

CIC is committed to providing a high quality, broad-based 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 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 crisis management services, to children and adolescents ranging in age from 6 - 21 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.

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. Interns have access to a professional library of books, journals, and videos 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 2-3 days of orientation at their specific assigned site (CDS, SC, NCA, CAE) followed by 1 day of CIC affiliated training at a mutual location. During orientation, CIC Interns are provided with training in agency specific protocols along with completing Nonviolent Crisis Intervention® Training (CPI) training. After the 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 trainings, CIC Interns have the opportunity to begin meeting the students on their caseloads and their families as the school year begins for students attending the site specific therapeutic day schools. During the first month of training, CIC Interns begin to establish boundaries and develop rapport with students 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, consents, treatment summaries, and SCERTS ratings (as needed). Initial student 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 supervision to staff and extern level therapists 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, 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 Board Certified Child and Adolescent Psychiatrists
- Develop students' SCERTS profile and track therapeutic progress and outcome data on a quarterly basis (NCA & CAE sites)
- Develop social/emotional treatment goals for the student's Individualized Education Plan (IEP)
- Participate in multidisciplinary treatment staffings and IEP meetings
- Clinical documentation
- Participation in crisis and risk assessments as needed
- Complete 2000 hours of training with a minimum of 25% (500 hours) direct client contact hours

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 two licensed clinical psychologists. Live supervision will be used, including review of audio/video taped sessions, in vivo observation, co-therapy and other modalities.
- Clinical Team Group Supervision (**1 hour/week**) with two licensed clinical psychologists.
- Assessment Group Supervision (**1 hour/week**) focused on review of current assessment topics.
- Bi-weekly case consultation with a CIC Board Certified Child and Adolescent Psychiatrist on issues related to psychopharmacology.
- Bi-weekly case consultation with a Licensed Marriage and Family Therapist.

Training

In addition to individual and group supervision opportunities, Interns participate in weekly Structured Learning Activities covering a broad range of topics. These Structured Learning Activities are provided by professionals from a variety of disciplines and backgrounds, and take place both within the CIC Intern cohort, as well as within the school-specific clinical teams.

- Participation in **4.5-5 hours/week** of Structured Learning Activities, including, Case Conference Seminar, Intern Seminar, Family Therapy Seminar and Consultations, and Psychiatric Consultation.
- Intern Seminar (**4 hours/week**) focused on review of various clinical cases and issues related to the field of professional psychology, including ethics, legal issues, supervision, trauma, theory, professional development, and diversity.
- Case Conference Seminar (**1.5 hours/week**) focused on case formulation, formal case presentations, and integration of understanding of clinical diagnosis and family dynamics. Each Intern will present a case in Case Conference Seminar two to three times per year. This seminar is facilitated by licensed clinical psychologists with a strong focus on didactic training in evidence-supported clinical interventions and modalities.
- Family Therapy Seminar (**1.5 hours/month**) with a Marriage and Family Therapist.
- All Staff Developmental Training (**1.5 hours/week**) covering relevant educational, therapeutic and milieu topics.
- Ongoing consultation with multi-disciplinary staff, including an Art Therapist, Music Therapist, Speech and Language Therapists and Occupational Therapists.

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. Records related to grievances or complaints are kept in a separate secure digital file. Intern evaluations and the certificates of completion are shared with the Director of Clinical Training at the Intern's home doctoral program at the mid-point and end of the internship year. Any remediation plans and notices of termination are shared with the home doctoral program's Director of Clinical Training as well.

Consortium Contact Information

For more information about the CIC, please visit www.connectionsinternshipconsortium.net or feel free to contact:

Kati Hefferon, Psy.D. | CIC Training Director
khefferon@counselingconnections.net / (847) 680-2715 ext. 257

Training Committee Contact Sheet

Kati Hefferon, Psy.D. | CIC Training Director
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Connections Day School (CDS) | Libertyville:
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New Connections Academy (NCA) | Palatine:
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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 students 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 difference 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 students 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, school-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, he or she should contact the

Internship Training Director (Kati Hefferon, Psy.D.: khefferon@counselingconnections.net) to discuss.

CIC's goal in diversity training is to ensure that 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, case presentations, and group supervision activities to ensure that Interns are both personally supported and well-trained in this area.

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 Training Director, who will review this information with the 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 person free of communicable disease? 0 Yes 0 No

Is person physically and emotionally able to work? 0 Yes 0 No

Date

Physician Signature

Address/Phone

HEPATITIS B VACCINATION

I have been informed of the benefits of, and the presently known side effects and adverse reactions of, the 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 ___ refuse the Hepatitis B vaccine.

Hepatitis B vaccine completed. Date: _____

Date

Employee Signature

Application & Selection Policy

The Connections Internship Consortium (CIC) offers 11 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:

- Some experience working directly with children and adolescents;
- An interest in working with high-risk children and adolescents and their families;
- Students from clinical, school, and counseling programs;
- Students from APA- and CPA-accredited programs;
- An interest in working in a school setting;
- Experience providing family therapy services;
- Experience working with a wide variety of presenting issues.

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. Appropriate 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.

***Please note: 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 an Intern applicant.
- All applications will be screened by the CIC Training Committee, using a standard *Application Review & Rating Scale*, and evaluated for potential goodness of fit with the Internship program.
- The CIC Training Committee will hold a selection meeting to determine which applicants to invite for interviews based upon the results of this screening process.
- All applicants will be notified by email by **December 15th** 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-served basis. Applicants are provided the option of participating in their interview in-person or via Skype.
- Applicants interview with a panel of Training Committee Members so that they have the opportunity to meet clinical supervisors from each of the schools. Applicants are welcome to visit and tour at schools other than the one at which the interview takes place so that they have the opportunity to view all settings and meet current Interns.
- During the interview process, each interviewer uses a standard set of questions outlined on the *Doctoral Internship Interview Question sheet* and has the opportunity to ask any site-specific questions. The candidates are rated on a numeric scale during the formal interviewing process.

- After all prospective Interns have been interviewed, the Training Committee meets and ranks the candidates according to their application materials and their interview responses.
- The Training Committee will hold a meeting after final 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. In addition, all Interns without US citizenship who match to CIC must provide proof that the Intern is allowed to work in the US.

****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 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 Training Director, who will review this information with the 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.**

Hours Requirements for Interns Policy

All Interns are required to be on-site when school is in session, and be available for consultation, paperwork, inservices, and trainings during Institute Days when students are not present in the building.

- The daily on-site schedule for each site is as follows: Connections Day School (CDS) and New Connections Academy (NCA): 8:00am - 4:00pm; South Campus: 7:45am - 3:45pm; and Connections Academy East (CAE): 7:30am - 3:30pm.

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 “*Intern Hour Log*” document. This form must be completed for review by the Intern’s **Primary Supervisor** and **Auxiliary Supervisor**, at the end of every month.

Based on the 8-hour per day schedule and predetermined school 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:

- In-house Supervision of Consultation done outside of normal school hours.
- Paperwork (e.g., weekly case notes, color charting, monthly progress notes to prescribing physicians, and any other paperwork duties that therapists are asked to complete throughout the course of the school year).
- File review and researching evidence-based treatment plans and interventions.
- Preparation for presentations at the weekly Clinical Team Meeting.
- Family therapy or family contact related to clients (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 Parents' Support Group Meetings (monthly) and any other after-school activities (Open House, Parent/Teacher/Therapist Conferences, Coverage of the Extended Day Program - only available at South Campus & New Connections Academy).
- Independent Study of Clinically Relevant Topics (with supervisor approval) so as to enhance individual, group and family therapy work.

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 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 hearing the intern's viewpoint 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 which 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 student or student'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.

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 competency on a supervisory evaluation, the following process will be initiated:

- A. Notice:** The intern will be notified in writing, within 10 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 Training Director is the supervisor who is raising the issue, an additional licensed Psychologist who works directly with 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:
 - 1.** Issue an "***Acknowledgement Notice***" which formally acknowledges:
 - a.** that the training staff are aware of, and concerned with, the problem
 - b.** that the problem has been brought to the attention of the intern
 - c.** that the staff will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating

AND

 - d.** that the problem is not significant enough to warrant further remedial action at this time.
- 2.** Place the intern on a "***Remediation Plan***" which defines a relationship such that the 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 will also be shared with the intern and the intern's academic doctoral program and will include:

- a. the actual behaviors or skills associated with the problem
 - b. the specific actions to be taken for rectifying the problem
 - c. the time frame during which the problem is expected to be ameliorated
- AND
- d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the RC will provide a written statement indicating whether or not the problem has been remediated. 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.

3. Place the intern on ***Suspension***, which 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, close mentorship, or engage some other method 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:
 - a. the actual behaviors or skills associated with the problem
 - b. the specific actions to be taken for rectifying the problem
 - c. the time frame during which the problem is expected to be ameliorated

AND

 - d. 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 to 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 #2 above would be followed. 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 internship program may result in *Termination*. The decision to terminate an intern's position would be made by the Training Committee 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 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 the Training Committee 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 CIC Site Director and consisting of themselves (or another supervisor, if appropriate) and at least two other members of the training staff 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 home doctoral program.

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 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 object 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 staff 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 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 the midpoint and end of the internship year, using the CIC's 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 within 10 days of completion and provide an opportunity for discussion at each timepoint.

A minimum level of achievement on each evaluation is defined as a rating of "3" for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following values: 1 = Significant Development Needed, 2 = Development Needed, 3 = Meets Expectations, 4 = Exceeds Expectations, and 5 = Significantly Exceeds Expectations. If an Intern receives a score less than "3" on any training element, 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" or above on all competencies and training elements 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 students. 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 are provided at the midpoint and end of the internship year. Doctoral programs 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 grievance by a supervisor or an inadequate rating on an evaluation, the intern's doctoral program will also be contacted. This contact is intended to ensure that the 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 year. The doctoral program 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 supervisor and a program evaluation at the midpoint and end of the training year 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.

Intern Evaluations, Certificates of Completion and a description of the Interns' training experience are maintained indefinitely by the Site Director at each campus.

Videoconferencing and Telesupervision Policy

The Connections Internship Consortium (CIC) occasionally uses videoconferencing to provide group supervision and other trainings to all Interns. This format is utilized in order to promote interaction and socialization among Interns, since interns are frequently dispersed across separate training sites. Interns and a faculty facilitator meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Trainings and group supervision in this format may be required for any current CIC Intern dependent on the site/program. CIC places high value on cohesion and socialization of Intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings.

CIC recognizes the importance of supervisory relationships. Group supervision and other learning activities are led by members of the CIC Training Committee, on a rotating basis, in order to provide Interns with the opportunity to experience a breadth of supervisory relationships, professional expertise, and training modalities. It is expected that the foundation for these supervisory relationships will be cultivated initially during CIC's orientation, such that Interns will have formed relationships with the entire Training Committee prior to engaging in videoconference group supervision. For all clinical cases discussed during videoconferencing, full professional responsibility remains with the Intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all CIC supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary.

All CIC videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All Interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Site Directors.

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, family emergency, 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 and Intern 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 15 months.

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: (NCA and CDS – 8:00am to 4:00pm; South Campus – 7:45am to 3:45pm; and CAE – 7:30am to 3:30pm). Interns cannot work with students or their families during holidays or on weekends, 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 \$23,000.00 annually paid twice a month. Electronic deposit of paychecks is available.

Interns are eligible for health and dental benefits, 16 sick leave days, and 2 personal days during the training year. Interns are also able to take advantage of free daily staff lunch (provided by Organic Life) and free parking. Interns are covered by the site's professional liability insurance.

Interns across all sites are provided a monthly budget of \$50 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 school'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. In addition to a Clinical Budget, each site is allotted a Professional Development budget for staff, including Interns, to attend trainings. Funding can be provided for Interns to attend conferences and trainings, as determined by the site's administrative team, as long as the training is relevant to the work being done at the school and with the understanding that the Intern will disseminate the learned information to the staff in some capacity. In the past, Intern requests to attend funded trainings have generally been approved with resources available to do so.

All Interns at each school are provided with a company issued laptop/desktop to use for the duration of the school year and an office phone with a private voice mailbox. Each computer is equipped with all programs necessary to complete all required documentation and paperwork. Interns have access to their school's Google Team Drive, which consists of document templates, staff and student handbooks, policies and procedures, schedules, committee meeting notes, student attendance records, contact lists, etc. Interns are also provided with a school Gmail account that gives them access to Google Calendar, their own Google Drive for storing

documents, and other Google apps. All CIC schools utilize an IT agency that updates, monitors, and repairs all of the computers that are used by the staff. All schools have an administrative assistant who is responsible for scheduling all IEP meetings and available to assist with other office tasks. Interns are responsible for completing and filing their own case notes and reports. All necessary office supplies are available and provided to the Interns throughout the duration of the year. At South Campus and NCA, each Intern is provided with their own individual office, and Interns at South Campus have a personal printer in their office. At CDS and South Campus, each classroom is also equipped with a Smartboard that Interns can use when running their various psychotherapeutic groups.

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. Interns at each of the schools have access to a digital voice recorder for audio recording of sessions, as well as to a shared Clinical iPad to use for video recording of sessions and for access to other resources for use with students. To help encourage and increase access to families for family therapy services, all Interns have access to WebEx (HIPAA-compliant video conferencing) and Heartland Translation Services.

Each CIC site has a Clinical Library that houses the DSM-V, assessments, curricula, books, therapy tools/supplies, and other clinical resources within each of the CIC major areas of training, including: individual, group, and family therapy; assessment; evidence-based practices; ethical and legal issues; diversity; supervision; education; and professional development. The resources in these libraries are available to all Interns, regardless of which school they are placed. Interns also have access to an electronic archive of digital peer reviewed articles from the last decade. Furthermore, Interns may request other training materials of interest to them which each Site Director may purchase for them using the money from their Clinical Budget.

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 supervisee professional development, and provide clarity in supervisor responsibilities including the responsibility of both the supervisor and trainee. The goal is to help trainees 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:

Kathryn J. Hefferon, Psy.D. | Clinical 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 supervisor at (contact #) _____.
The Supervisee may contact a secondary supervisor at (contact #) _____.
The supervisee may contact Dr. Hefferon at 773-991-3016. A supervisor must be contacted for all emergency situations.
- I. Interns may also receive supervision from a Post-Doctoral Fellow /other Program Therapist. Any unlicensed trainee 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. Feedback 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 team 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 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. Ensures a high level of professionalism in all interactions

- K. Raises issues or disagreements that may impact the supervision process to move towards resolution
- L. Signs off on all supervisee case notes
- M. 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. Identifies goals and tasks to achieve in supervision to attain specific competencies
- G. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior
- H. 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
- I. Discloses errors, concerns, and clinical issues as they arise
- J. Raises issues or disagreements that may impact the supervision process to move towards resolution
- K. Consults with supervisor or delegated supervisor in all cases of emergency
- L. 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, Secondary Supervisors, and 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:

Methods used in evaluating competency:

Direct Observation Review of Audio/Video Case Presentation
 Documentation Review Supervision Comments from other staff/faculty

Scoring Criteria:

5 = Advanced. Performance is significantly above expectations – displays an ability to function independently with little supervision, and a superior degree of professional development in this area.

4 = Above Expected Level. Performance is above expectations – displays particular strengths and competencies in this area.

3 = Intermediate Skill. Performance is meeting expectations – displays adequate functioning in this area.

2 = Below Expected Level. Performance somewhat below expectations – displays minor, though noticeable difficulties in this area, however these may improve given time and guidance.

1 = Significant Development Needed. Performance is significantly below expectations – displays serious difficulties in specific area of functioning that requires prompt remediation.

NA = Not Applicable/Not Observed

ASSESSMENT COMPETENCY

Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors	5	4	3	2	1	N/A
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Demonstrates understanding of human behavior within its context	5	4	3	2	1	N/A
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	5	4	3	2	1	N/A
Selects and applies assessment methods that draw from the best available empirical literature	5	4	3	2	1	N/A
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.	5	4	3	2	1	N/A
Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases	5	4	3	2	1	N/A
Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner	5	4	3	2	1	N/A
Average Evaluation of Assessment Competency (Divide total by number of numerical responses)						

Comments:

PROFESSIONAL VALUES AND ATTITUDES COMPETENCY

Behaves in ways that reflect the values and attitudes of psychology and Connections Organization	5	4	3	2	1	N/A
Engages in self-reflection regarding personal and professional functioning	5	4	3	2	1	N/A
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	5	4	3	2	1	N/A
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	5	4	3	2	1	N/A
Demonstrates, reliable and timely attendance at all meetings/appointments	5	4	3	2	1	N/A
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	5	4	3	2	1	N/A
Average Professional Values and Attitudes Competency (Divide total by number of numerical responses)						

Comments:

INTERVENTION COMPETENCY

Establishes and maintains effective relationships with recipients of psychological services	5	4	3	2	1	N/A
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Develops evidence-based intervention plans specific to the service delivery goals	5	4	3	2	1	N/A
Implements interventions informed by the current scientific literature, assessment, diversity characteristics, and contextual variables.	5	4	3	2	1	N/A
Demonstrates the ability to apply the relevant research literature to clinical decision making	5	4	3	2	1	N/A
Modifies and adapts evidence-based approaches	5	4	3	2	1	N/A
Evaluates intervention effectiveness	5	4	3	2	1	N/A
Average Evaluation of Intervention Competency (Divide total by number of numerical responses)						

Comments:

INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY

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	5	4	3	2	1	N/A
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity	5	4	3	2	1	N/A
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles, including the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	5	4	3	2	1	N/A
Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	5	4	3	2	1	N/A
Average Evaluation of Individual and Cultural Diversity Competency (Divide total by number of numerical responses)						

Comments:

COMMUNICATION AND INTERPERSONAL SKILLS COMPETENCY

Develops and maintains effective relationships with a wide range of individuals	5	4	3	2	1	N/A
Produces and comprehends oral, nonverbal, and written communications	5	4	3	2	1	N/A

Demonstrates effective interpersonal skills and the ability to manage difficult communication well	5	4	3	2	1	N/A
Written communication is timely, clear, adequately organized, and appreciates context and purpose of the message (s)	5	4	3	2	1	N/A
Verbal Communication is professional, respectful, culturally sensitive, and attentive	5	4	3	2	1	N/A
Average Evaluation of Communication and Interpersonal Skills Competency (Divide total by number of numerical responses)	4					

Comments:

ETHICAL AND LEGAL STANDARDS COMPETENCY

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct	5	4	3	2	1	N/A
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	5	4	3	2	1	N/A
Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines	5	4	3	2	1	N/A
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	5	4	3	2	1	N/A
Conducts self in an ethical manner in all professional activities.	5	4	3	2	1	N/A
Average Evaluation of Ethics and Legal Standards Competency (Divide total by number of numerical responses)						

Comments:

RESEARCH/OUTCOME & EVALUATION COMPETENCY

Engages in rigorous, disciplined thought concerning outcomes of own interventions	5	4	3	2	1	N/A
Demonstrates the independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.	5	4	3	2	1	N/A
Utilizes scholarly literature and other resources to inform practice with diverse clients	5	4	3	2	1	N/A
Average Evaluation of Research/Outcome & Evaluation Competency (Divide total by number of numerical responses)						

Comments:

SUPERVISION COMPETENCY

Demonstrates recognition of Limits and Use of Supervision/Consultation	5	4	3	2	1	N/A
Demonstrates knowledge of supervision models and practices	5	4	3	2	1	N/A
Raises appropriate supervisory issues	5	4	3	2	1	N/A
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	5	4	3	2	1	N/A
Provides clear expectations of appropriate goals for supervision	5	4	3	2	1	N/A
Average Evaluation of Management & Supervision/Professional Conduct Competency (Divide total by number of numerical responses)						
Average Evaluation of Research/Outcome & Evaluation 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.	5	4	3	2	1	N/A
Demonstrates cooperation and Collaboration with Other Professionals	5	4	3	2	1	N/A
Demonstrates openness and Commitment to Self-Evaluation and Life-Long Learning	5	4	3	2	1	N/A
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	5	4	3	2	1	N/A
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:

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Supervisor Evaluation Feedback Form

This 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 and 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

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

Name:

With which site did you train this year?

Connections Day School
 South Campus
 New Connections Academy
 Connections Academy East

Overall Internship Experience

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

Overall quality of training

1 2 3 4 5

Opportunities for professional socialization with intern cohort.

1 2 3 4 5

Breadth of clinical intervention and assessment experience.

1 2 3 4 5

Clarity of expectations and responsibilities for Interns.1 2 3 4 5

Case load appropriateness to meet educational needs for the Intern1 2 3 4 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: where 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Weekly Group Supervision at your site/program.1 2 3 4 5

Weekly 2 hour Intern Seminar1 2 3 4 5

Weekly supervision of supervision1 2 3 4 5

Weekly assessment supervision1 2 3 4 5

Staff-wide trainings/didactics1 2 3 4 5

Monthly Family Therapy Seminar1 2 3 4 5

Family Therapy specific supervision1 2 3 4 5

Psychiatric Consultations with psychiatrist1 2 3 4 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: where 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Evidence-Based Practice in Assessment1 2 3 4 5

Comments:**Evidence-Based Practice in Intervention**

1 2 3 4 5

Comments:

Ethical and Legal Standards

1 2 3 4 5

Comments:

Individual and Cultural Diversity

1 2 3 4 5

Comments:

Research

1 2 3 4 5

Comments:

Supervision

1 2 3 4 5

Comments:

Professional Values and Attitudes

1 2 3 4 5

Comments:

Interprofessional and Interdisciplinary Consultation

1 2 3 4 5

Comments:

Communication and Interpersonal Skills

1 2 3 4 5

Comments:

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: where 1=poor, 2=fair, 3=not applicable, 4=good, 5=excellent.

Helpfulness of supervision

1 2 3 4 5

Availability of Supervisors

1 2 3 4 5

Frequency of supervision

1 2 3 4 5

Supervisors as professional role models

1 2 3 4 5

Effectiveness of teaching

1 2 3 4 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:

Connections Internship Consortium

Intern Training Supervision & Seminar Schedule 2019-2020

- Training dates, times, and locations are listed below.
- All interns are expected to be at the location listed for the trainings; however, there may possibly be a Webex meeting set up for the presenter if he/she is offsite.

LOCATIONS 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

DATE	LOCATION (all interns report to location)	TIME/TOPIC	PRESENTER
8.19.19	SC	1:30-3:30 WELCOME TO SEMINAR! Introduction and Activities	Dr. Hefferon, Site Directors, Assistant Site Directors, supervisors if available
8.26.19	CDS	12:30-2:30 Diagnostic Assessment Supervision - Introduction to the Dx Program and Assessment Process	Dr. Bailey & Dr. Anast & Dr. Vitullo (Dr. Novotny if available)
9.9.19	SC	11:30 - 1:30 Professional Development: Teams, Boundaries, & How You Present Yourself 1:30-3:30 Autism Spectrum Disorder Introduction	Dr. Hefferon Dr. Edwards
9.16.19	NCA	11:30 - 12:30 Assessment Supervision - Eligibility: how our findings impact school 12:30-2:30 Professional Development: Processing/problem solving "the first	Dr. Grant Dr. Hefferon

		month"/how to use supervision 2:30-3:30 Assessment Supervision - MMPI/PAI placement, treatment, IEP status	Dr. Rappaport
9.23.19	CAE	11:30 - 12:30 Intro to Trauma 12:30 - 1:30 Assessment Supervision - WISC-V/WAIS 1:30-3:30 Legal/Ethical Challenges	Ms. Grimes & Dr. Hefferon Dr. Bailey & Dr. Anast Dr. Rappaport
9.30.19	SC	11:30 - 1pm Diversity Factors through your Lens 1 - 2:30 Professional Development: Goal Writing and Treatment Planning (IEPs and beyond) 2:30-3:30 Theoretical Orientation - How to choose your theory	Dr. Santiago Dr. Hefferon Dr. Novotny/
10.7.19	CDS	11:30 - 12:30 Assessment Supervision - WIAT/WJ 12:30 - 2:30 Troubleshooting tough clients/Risk Assessment/Crisis management 2:30 - 3:30 CDS Post-Doc Presentation (Topic TBD)	Dr. Bailey & Dr. Anast Dr. Hefferon CDS Program Therapists (Dr. Conforti & Dr. Pilot)
10.21.19	NCA	11:30-12:30 Working with Parents part 1 12:30-2:30 Vocational Counseling and Transition Services 2:30-3:30 Assessment Supervision - Rorschach	Dr. Hefferon Ms. Boyd & Ms. Merke Dr. Rappaport
10.28.19	CAE	11:30-12:30 Occupational Therapy part 1 12:30-1:30 Assessment Supervision - Brief/Connors/Narrative 1:30-3:30 How to "read" research	Ms. Hall Dr. Bailey & Dr. Anast Dr. Rappaport
11.4.19	SC	11:30 - 12:30 HAYES model framework 12:30-2:30 Substance Abuse 2:30-3:30 Assessment Supervision - Considerations for testing ASD kids	Dr. Davidson Ms. Taylor Dr. Grant
11.18.19	CDS	11:30 - 12:30 Assessment Supervision - MACI/MPACI/Roberts 12:30-2:00 Differential Diagnosis: Personality Disorders 2:00-3:30 EMDR	Dr. Bailey & Dr. Anast Dr. Hefferon Arlene Messner-Peters

12.2.19	NCA	11:30-12:30 Diversity Factors 12:30 - 2:30 NCA Post-Doc Training (Topic TBD) 2:30-3:30 Assessment Supervision - risk assessment for safety	Dr. Santiago NCA Post-Docs (Sitorus, Radosevich, Grigoletti) Dr. Rappaport
12.9.19	CAE	11:30 - 12:30 Assessment Supervision - Testing resistant kids 12:30-2:30 Sand tray and play therapy 2:30-3:30 Occupational Therapy Part 2	Dr. Digby Dr. Vecchiolla Ms. Hall
12.16.19	TBD	11:30 - 2:30 Mid-year holiday break celebration (activity to be determined)	All Supervisors
1.13.20	CDS	11:30 - 12:30 Assessment Supervision - case review 12:30-2:30 Art Therapy 2:30-3:30 Understanding, Preventing & Addressing Compassion Fatigue - Part 1	Dr. Bailey & Dr. Anast Ms. Daab Dr. Pollina
1.27.20	NCA	11:30 - 1:30 Grief and Loss 1:30-3:30 Neurosciences	Dr. Trauthwein Dr. Edwards
2.3.20	CAE	11:30 - 12:30 Assessment Supervision - Case Conceptualization and the Symptom Circle 12:30-2:30 Genogram Analytics 2:30-3:30 Occupational Therapy Part 3	Dr. Bailey & Dr. Anast Dr. Garcia Ms. Hall
2.10.20	SC	11:30 - 1:30 Eating Disorders 1:30 - 2:30 Diversity Factors 2:30-3:30 Gender Fluidity/DBT?	Dr. Devlin Dr. Santiago Dr. Nierstheimer
2.24.20	CDS	11:30 - 12:30 Assessment Supervision - testing kids under 6 years 12:30 - 1:30 Understanding, Preventing & Addressing Compassion Fatigue - Part 2 1:30 - 3:30 Differential Diagnosis: ADHD/ASD	Dr. Digby Dr. Pollina Dr. Edwards
3.2.20	NC	11:30 - 12:30 Termination part 1 12:30 - 2:30 Neurosciences 2:30 - 3:30 Assessment Supervision - discrepancies between reporters	Dr. Hefferon Dr. Edwards Dr. Rappaport
3.9.20	CAE	11:30 - 12:30 Assessment Supervision - case review 12:30 - 1:30 CAE Post-Doc Presentation	Dr. Bailey & Dr. Anast CAE Post-Docs

		(Topic TBD) 1:30 - 3:30 Sexual trauma and the grooming process pt. 1	Dr. Garcia
3.16.20	SC	11:30 - 1pm Diversity Factors 1 - 2:30 Why I Love The Brain 2:30 - 3:30 Assessment Supervision - ADHD/Learning Issues	Dr. Santiago Dr. Edwards Dr. Grant
3.30.20	CDS	11:30 - 12:30 Assessment Supervision - case review 12:30 - 2:30 Professional Development - Therapist response to client admittance of sexual attraction to therapist 2:30 - 3:30 Positive Psychology	Dr. Bailey & Dr. Anast Dr. Hefferon Ms. Henders
4.6.20	NCA	11:30 - 12:30 Problem Solving Supervision Issues 12:30 - 2:30 Judgment and decision making 2:30 - 3:30 Assessment Supervision - Diversity factors in Assessment	Dr. Hefferon Dr. Rappaport Dr. Rappaport/Dr. Grant
4.13.20	CAE	11:30 - 12:30 Assessment Supervision - case review 12:30 - 2:30 Self-Disclosure in Supervision 2:30 - 3:30 Sexual trauma and the grooming process pt. 2	Dr. Bailey & Dr. Anast Dr. Tompkins Dr. Garcia
4.20.20	SC	11:30 - 12:30 SC Post-Doc Presentation (Topic TBD) 12:30 - 2:30 Parental Support for Adolescent Substance Use 2:30 - 3:30 Assessment Supervision - using testing for diagnosis	SC Post-Docs Dr. Novotny Dr. Rappaport
4.27.20	CDS	11:30 - 12:30 Assessment Supervision - ADOS 12:30 - 2:30 Termination part 2 2:30 - 3:30 Attachment and Reactive Attachment Disorder	Dr. Digby & Dr. Anast Dr. Hefferon Dr. Vitullo
5.4.20	NCA	11:30 - 1:30 virtual web-based therapy 1:30 - 2:30 Professional Development - Self of the Therapist 2:30 - 3:30 Legal/Ethical Considerations	Dr. Santiago Dr. Hefferon Dr. Rappaport
5.11.20	CAE	11:30 - 12:30 Assessment Supervision - custody evaluations	Dr. Anast

		12:30 - 1:30 Supervision as Leadership Role 1:30-3:30 Starting/Maintaining a Private Practice	Dr. Tompkins Dr. Rappaport
5.18.20	TBD	End of Academic Year Celebration/Outing	All Supervisors
6.15.20	SC	11:30 - 1:30 Professional Development - Branding/Networking/Application 1:30 - 2:30 Autism in Adulthood 2:30 - 3:30 Topic TBD	Dr. Hefferon Dr. Edwards Dr. Davidson
6.22.20	CDS	11:30 - 1:30 The Impact of Foster Care and Adoption 1:30 - 2:30 Conversion Disorder 2:30 - 3:30 Topic TBD	Ms. Grimes & Dr. Hefferon Ms. Henders Dr. Tompkins
6.29.19	NCA	LAST WEEK OF PROGRAM	
7.6.20			

Acknowledgement

Please sign this acknowledgement page and return to the Site Director.

Acknowledgement - *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 CIC's policies and procedures, and have been provided a copy of the documents to keep in my files.

Intern's Name (please print): _____

Intern's Signature: _____ Date: _____

Acknowledgement - *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 to keep in my files.

Intern's Name (please print): _____

Intern's Signature: _____ Date: _____