



Institute for Infant and Preschool Mental Health/
Dr. Helen May Strauss Clinics

PSYCHOLOGY INTERN ORIENTATION MANUAL

2024-2025

**TRAINEE ORIENTATION MANUAL
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Part I.

ABOUT YOUTH CONSULTATION SERVICE

YCS, a 501(C)3 organization, was founded in 1918 to help the women and children left alone and/or abandoned by the aftermath of World War I. Programs and services grew from this beginning and today YCS maintains approximately 70 programs throughout the state for children with special needs, from birth to 25 years of age. Programs include: educational, psycho-therapeutic and psychiatric services in home and in our community-based clinics and residential facilities, crisis intervention, foster care and treatment home placements, as well as our newest in home and residential programs for youth with intellectual and developmental disabilities.

YCS Agency Mission Statement

“To partner with at-risk and special needs children, youth and young adults to build happier, healthier, more hopeful lives within families and communities.”

Internship Overview

A component of the outpatient Dr. Helen May Strauss Clinics, the YCS Institute for Infant and Preschool Mental Health is a training service providing relationship-based treatment for children and families. Two APPIC internship tracks (3 positions) are offered through the YCS HMS-Institute: Institute-Infant/Preschool Track and Bilingual Child/Adolescent track.

All of the interns participate in the same weekly didactics, peer consultation, and case conference and choose 1-2 rotations (5-7 hours weekly). Rotations occur in outpatient, community, residential, milieu and/or hospital settings, when available. Our clientele is primarily Black/African-American, Latinx/Hispanic, Portuguese/Brazilian, and Caribbean-American families from underserved communities.

Each intern has a primary supervisor and a secondary supervisor for weekly individual supervision. They have two weekly group supervisions: Reflective Supervision Seminar and Testing Supervision. They also attend Case Conference weekly.

Interns are involved in conducting intakes, testing, treatment planning, and the full complement of treatment modalities (individual, dyadic, group and family). Institute and Bilingual interns carry a caseload of 16-18 cases and the ages of the majority of their

clients differ based on their track. All of the interns are involved in interdisciplinary collaboration with residential assistants, social workers, psychiatrists, and/or advanced psychiatric nurses.

YCS Institute Vision Statement

“We envision an Institute that cherishes the human spirit and vast potential inherent in every infant and young child through developing the resources and capacity to nurture the connections between parents and children.”

YCS Institute Mission Statement

“To create a unique environment in the field of mental health where training, clinical, and research activities converge to meet the specialized needs of infants, birth to three, and young children, three to six, and their caregivers.”

Core Clinical Staff with Direct Oversight of the Internship

Samantha Spencer, Psy.D., Training Director
Christina Colón, LPC, IMH-E, Assistant Vice President of Early Childhood and Community Programming
Leslie Lester, Psy.D., IMH-E, Associate Director
Dayna Zatina Egan, Psy.D., IMH-E, Consulting Psychologist and Supervisor
Jorge Montañez Murillo, IMH-E, Parent/Infant Services Coordinator

YCS Institute Core Doctoral Internship Training and Supervisory Faculty

Samantha Spencer, Psy.D., is the Director of Training at YCS Institute. Dr. Spencer supervises trainees, assigns and supervises testing cases, and helps supervise the CAECMH rotation. Samantha also works as a clinician at Montclair State University’s Center for Autism and Early Childhood Mental Health providing therapy and developmental evaluations for children and families and reflective supervision and consultation to students and other staff. Dr. Spencer received her doctoral degree from Pace University. She also has advanced training in DIR Floortime®.

Christina Colón, LPC, IMH-E is the Assistant Vice President of Early Childhood and Community Programming. With her clinical experience in infant and early childhood mental health, systems building, and policy development, she is responsible for overseeing and supporting the operations of the Institute for Infant and Preschool Mental Health. She also supports the development and expansion of prevention programs, with an emphasis on early childhood, within YCS.

Leslie Lester, Psy.D. IMH-E®, is the Associate Director at the YCS Institute. She is a licensed psychologist who is also an endorsed Infant Mental Health Level- III Infant Mental Health Specialist in New Jersey. Dr. Lester graduated from Marywood University with her graduate research focusing on how trauma and parenting styles affect young adult experiences of eating disorders in American and Indian students. She did her doctoral internship and post-doctoral fellowship at the YCS Institute of Infant and Preschool Mental Health. Dr. Lester’s current areas of interest are dyadic therapy, working with families who are underserved and struggling with addiction, as well as the use of reflective practices in therapy and supervision. In therapy and supervision, she draws from dynamic, interpersonal, attachment and developmental theoretical orientations.

Dayna Zatina Egan, Psy.D., IMH-E®, is a Consulting Psychologist at the Institute and provides supervision for our doctoral interns. Previously Dr. Egan served as the VP of Practice Integration. As a part of this role, she oversaw the YCS Institute and Dr. Helen May Strauss Clinics. Dr. Egan previously served as the Director of the YCS Institute, and as the Parent/Infant Services Coordinator before that. She is a licensed psychologist in New York and New Jersey and is also endorsed as an IMH-E® Infant Mental Health Clinical Mentor. Dr. Egan is also the Associate Director for Relational Health at the Montclair State University Center for Autism and Early Childhood Mental Health. She graduated from the University of Hartford and completed her postdoctoral training at Andrus Children’s Center in White Plains, NY. In addition to infant/early childhood mental health, her area of interest also includes animal assisted therapy. Dr. Egan is a past President of the NJ Association for Infant Mental Health (NJ-AIMH).

Jorge Montañez Murillo, IMH-E®, has been supporting families in Hudson County for over 15 years primarily through home-based intervention programs, home-based parenting support programs, and parenting groups and workshops such as Circle of Security and Active Parenting Today. Presently, Jorge is the Parent-Child Services Coordinator at the YCS Institute for Infant & Preschool Mental Health where he connects families and their children to mental health services. He is also the Program Administrator for YCS Parents as Teachers and YCS Nurse-Family Partnership. Jorge is endorsed as an Infant-Family Specialist by the New Jersey Association for Infant Mental Health, where he serves as the current Vice President and Treasurer.

Part II.

INTERN EXPERIENCE

Program Model

The YCS Institute utilizes the **practitioner–scholar** model. We train psychologists to be scholars, critical consumers of solid theory and research, and highly trained professional practitioners who apply the knowledge and use of reflection to solve problems of clients. Interns are trained to ground their practice of psychology in theory and research. This model is accomplished in an intensive, supervised outpatient and/or milieu experience

working with a multicultural group of interdisciplinary professionals. Permeated in this model are service provision, didactic and experiential instruction, and the use of psychological theory/research. The five following concepts are fundamental in the structure of our internship.

- A developmental/formative approach
Our approach seeks to increase knowledge, develop skills, and cultivate qualities, characteristics, and values as relevant to professional identity and professional practice. Within this approach, we actively attend to the clinician's use of self and self-development as a professional.
- Emphasis on relationship and mentoring
We seek to foster meaningful relationships within the training cohort and between fellows and staff.
- Attention to culture and diversity
We value individual and cultural diversity, and attend to identity, culture, context, difference, and power in clinical and professional interactions.
- Reflective Practice
Our training emphasizes on-going reflection, consultation, collaboration, and feedback.
- Psychodynamic/Relational emphasis
We are committed to evidence-based practice but we also strongly emphasize practice-based evidence over manualized fidelity. We provide treatment for a diverse, underserved population with complex histories not generally represented in the existing research. Our infant mental health approach is relational/psychodynamic and developmentally-based.

Our training model incorporates the following modalities:

1. Orientation: general introduction to all areas of functioning included in the internship and provide background conceptual and/or didactic frameworks.
2. Didactic seminar sessions: provide more in-depth explorations of various topics or encourage interns to contemplate their experiences thus far in the area in order to integrate their didactic and/or scientific knowledge with their provision of the service.
3. Participation in case conferences: includes videotaped sessions and/or written process notes, a discussion of cultural, developmental, family and ethical considerations.
4. Article Reviews and Presentations: Interns are asked to read and present on articles throughout the year, present on a parenting related topic, lead a didactic on a topic of their choice, and present on their dissertation topic.

5. Observation of supervisors and seasoned professionals: performing clinical services providing the opportunity to become familiar with the competencies required to provide the service and the procedures utilized by the agency in performing the service.
6. Providing the service: in conjunction with a staff or clinical supervisor, being observed by a supervisor, or with consultation from a staff or supervisor.
7. Develop competency: participate in training activities including discussions and review of video recordings of their sessions in supervision; discussions and case presentations in didactic seminars; and interaction and discussion with other interns.
8. Evaluation and formative feedback from supervisors and training committee to interns to encourage their development, identify areas needing extra attention and provide remediation, as necessary.

Accreditation Status

The YCS Internship Program is currently accredited by APA as of April 8, 2016. The next accreditation site visit is scheduled for 2025.

Questions related to the program's accreditation 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

Our program is a participating member of APPIC and adheres to the APPIC match policies. The Online APPI must be utilized by all applicants to apply to the YCS internship program, and a supplemental psychological evaluation report is preferred.

Intern Application Process, Selection Criteria, and Academic Preparation Requirements

Applicants must be an active student in an accredited doctoral program in psychology (counseling, clinical, school). Interns must be approved for their internship by their university department prior to screening. Interns are at a post-practicum level but have not yet received their doctoral degree.

YCS Institute is a member of APPIC and thus receives applications through the online AAPI. All intern applicants on the APPIC system are screened using structured, measurable criteria (standardized applicant rating form) on areas such as testing experience (focus on cognitive and personality testing) and hours of supervised clinical experience with children, and in accordance with the criteria set forth in APA's Standards of Accreditation. We also expect that the intern would have had at least one practicum experience providing treatment for children and families. Interest in early childhood is necessary for the Institute track. The Bilingual track intern must be able to provide psychological assessment in both English and Spanish.

Approximately 30 applicants are selected by December 15 for an interview in January. Interviews are conducted via Zoom. Generally, there are four interview dates scheduled. Interviewees are scored on the questions posed throughout the interview and ranked by the interviewers through several meetings.

The initial screening selection criteria are based on several factors:

1. Applicant has a Master's Degree.
2. Applicant is attending an APA accredited program.
 Clinical Counseling School Other
3. Minimum 400 intervention and/or assessment hours.
4. Has seen an individual child for play therapy.
5. Has clinical experience with preschool- and elementary- aged children (Institute-East Orange)
6. Is Bilingual in Spanish (Bilingual-Union City track)
7. Has worked with families or parents
8. Has completed > 10 WISC's or WPPSI's
9. Has completed >3 Rorschach/Projective tests and/or other Personality Assessments
10. Any previous experience with individuals from culturally and economically diverse communities.
11. Applicant included a psychological report based on a child/adolescent (0 – 17 years) evaluation.
12. Has a positive reference from a clinical supervisor.

During the interview process we ask questions, provide vignettes, etc. directed at assessing the intern's clinical experience, verbal communication skills, interpersonal skills, assessment skills and response to supervision. These questions are all tied to our training goals and objectives. They are provided with information about the supervisors' theoretical orientation, as well as information about reflective supervision. We participate in the National Matching Service.

Job Description: Psychology Doctoral Intern

Title: Doctoral Psychology Intern

Department: YCS Institute for Infant and Preschool Mental Health

Report to: Training Director

Description

Under supervision, provides psychotherapeutic services to assigned cases within the YCS Institute/Dr. Helen May Strauss Clinic, including specialized psychotherapeutic and assessment services to children and their families. Responsible for attendance and regular assigned case presentations at weekly clinical team meetings. A full-time intern will complete a minimum of 2000 total hours over a 12-month period.

Institute Interns' clinical assignments will include infant (dyadic), preschool, and school age children and families. Their cases are assigned from the Institute for Infant and Preschool Mental Health.

Bilingual Interns' clinical assignments include infant (dyadic), preschool, and school aged children, adolescents, and families at the Dr. Helen May Strauss Clinic in Union City. They may also have some clinical cases at the Institute for Infant and Preschool Mental Health in East Orange, NJ.

Job Responsibilities:

1. Contributes to and supports goals and objectives of the YCS Institute.
2. Under supervision, provides psychotherapeutic interventions/services in accordance with accepted professional and ethical standards of the YCS Institute.
 - a. Provides individual, dyadic (infant-parent), family and group therapy, and related mental health services.
 - b. Provides service to clients and families with empathy and concern
 - c. Involves client and/or family in developing realistic, achievable and understandable treatment plans as discussed and agreed to by supervisor.
 - d. Spends 50-60% of time in direct service "face-to-face" client activity.
 - e. Assumes overall case management responsibilities for assigned clients including coordination of treatment with schools and community agencies.

- f. Collaborates effectively with other trainees and staff, referral sources and social support networks to provide treatment and care for clients and families.
 - g. Consistently ensures that patients' right to fair and equitable treatment, self-determination, individuality, privacy and civil rights are maintained.
 - h. Consistently provides psychotherapy based on sound clinical judgment.
 - i. Consistently provides psychotherapy services with empathy and concern.
 - j. Consistently involves patients and/or family members as clinically indicated, in the development/review of treatment plans.
 - k. Consistently performs case management functions to ensure overall coordination of treatment services via systems linkages, service procurement referrals, patient advocacy and community liaison.
 - l. Effectively collaborates when clinically indicated with other trainees, staff members, referral sources, community - resources, families and support systems.
 - m. Under supervision, administers diagnostic evaluations or specialized psychological testing for children, adolescents and/or adults with intellectual disabilities as assigned.
3. As assigned, participates in training and consultation services provided to YCS programs and community agencies.
- a. Under supervision, participates in planning and presentations of workshops and trainings to community infant, child, health, and education agencies.
 - b. Prepares written materials for distribution and presentation associated with training and consultation activities.
4. Maintains clinical records in compliance with YCS Institute, DMHS and JCAHO standards.
- a. As assigned returns referral calls on the next regular working day to schedule intake.
 - b. Contacts client within 2 working days of case assignment.
 - c. Offers assistance by phone and/or in person following intake until case is assigned, and according to accepted professional standards.
 - d. As assigned, conducts face-to-face intake and completes necessary paperwork (intake, all consent forms, CMHC and billing slips) within 24 hours.

- e. Completes Intake within 3-5 sessions and develops clinical formulation and initial treatment plan in accord the YCS Institute Policies and Procedures manual.
 - f. Present materials to weekly clinical team as assigned by the Associate Director
 - g. Formulates treatment plan reviews in 3-month intervals as required by policies.
 - h. Formulates clinically appropriate progress notes consistent with D (date), A (assessment), P (plan), E (education) format.
 - i. Creates progress note for each service on the date services is rendered, and for each phone and collateral contact outside of sessions with client.
 - j. Formulates clinically appropriate Discharge/Transfer summaries consistent with YCS Institute Policies and Procedures, within 1 week of last client contact, unless active re-engagement of client is being pursued.
 - k. Collects, maintains and provides data and prepares reports on activities in accordance on a monthly basis and as requested by the Associate Director for Clinical Services.
 - l. Contributes to effective Quality Assurance program by compliance to established standards.
5. Maintains appropriate client chart records/billing as mandated by YCS Institute policy.
- a. Submits billing for services rendered within 24 hours, signed by client and submits this administration.
 - b. Confidentiality of records is strictly maintained in compliance with YCS Institute and JCAHO standards.
6. Participates in required didactic offerings including:
- a. Weekly Didactics Seminar: completing assigned readings, periodically serving as facilitator, and completing required "babywatchings".
 - b. Attendance on a voluntary basis at any courses offered through the YCS Institute, providing that such attendance does not interfere with client care.
 - c. Outside trainings, conferences pertaining to the field of Infant and Preschool Mental Health, recommended by the clinical supervisor or for which approval

by the supervisor has been given.

7. Under supervision, participates in data collection, data analysis and research projects in progress within the YCS Institute.
8. As assigned, participate in community-oriented programs to educate the community about the YCS Institute and YCS Services
 - a. As directed, develops and/or provides lectures, workshops and discussion materials for use in program to educate the community about Infant and Preschool Mental Health, the YCS Institute and YCS services
9. Performs other related duties as required. Internship requirements include:
 - a. Interns will engage in elective rotations with an option for a Clinical Project on an identified area of interest.
 - b. Under supervision, participates in ongoing consultation activities with community agencies.
 - c. One required rotation and other elective rotation(s) as developed with Training Director.

Schedule and Responsibilities of Interns

The training year starts in the beginning of July each year and ends at the beginning of July of the following year. Clinical services are provided at YCS Monday through Friday (from 9am-7 pm, with some exceptions – see hours). Assessment appointments are typically held in morning time slots (9AM-12 PM), while clinical appointments are typically offered from 3-7 pm. 2000 hours are required in total for an intern to successfully complete the internship program. The training program is designed to allow interns to function with increasing independence as the training year progresses, while providing supervision throughout.

Your schedule is created with the support of your supervisor during orientation. You are expected to work 35 hours per week. This does not include lunch – you can take lunch however you'd like. Your schedule typically involves 3 days where you end your day at 7pm and 2 days where you end at 5pm. Some rotations require different times. Some work from home opportunities are available – typically in the mornings, but are rarely more than half a day. Being as we work with families, we understand the need for flexibility at times. Please come to your supervisor(s) if you have any needs that may impact your schedule.

If you are unexpectedly late or cannot report to work, please text your primary supervisor(s) directly in addition to notifying relevant reception or administrative support staff. In case of inclement weather, the Admin team will provide information on closures. If you do not feel safe do to a particular weather event, please let us know and we will come up with a solution together. Keep YCS phone numbers and client telephone numbers available out of the building so that you may notify people of changes in your schedule. You are responsible for notifying clients of cancellations, except for extenuating circumstances. If you have questions about this or need support regarding contacting clients, please let your supervisor(s) or Admin team know.

Stipend, Benefits, and Resources

The annual stipend across YCS training sites is \$28,210. Interns will be employees of Youth Consultation Services and will receive comprehensive health benefits, other optional benefits, and paid time off through their employer. YCS has established a variety of employee benefits programs designed to assist employees and their families in meeting the financial burdens that can result from illness, disability, and death, and to help them plan for retirement, deal with job-related or personal problems, and enhance job-related skills. Complete descriptions of group medical, dental, and vision benefit programs are also set forth in YCS' master insurance contracts with its insurance carriers.

Interns will receive a total of eleven (11) paid holidays annually. The eleven (11) holidays which will be observed annually are: (1) New Year's Day, (2) Martin Luther King Jr. Day, (3) Presidents Day, (4) Memorial Day, (5) Juneteenth, (6) Independence Day, (7) Labor Day, (8) Thanksgiving Day, (9) Day after Thanksgiving, and (10) Christmas Day. Employees also receive a floating holiday (11) on a day of their choosing. After completing a 90 day introductory period, full-time employees will begin to accrue vacation and sick days. At that point, employees shall be credited with vacation and sick time retro-active to their first day of work.

Vacation days are accrued on a monthly basis and may be taken after 3 months of employment (unless you are given permission by your supervisor to take it earlier). Vacation time should be taken before the end of the year and can not be paid out upon the end of the training year. Interns will use the UKG system to request time off and your direct supervisor will approve it. Interns are also expected to put time off in the Outlook Calendar and invite supervisors and the Admin Team.

YCS interns have access to numerous resources. All interns are provided with a private office space and a computer. Assessment and other training materials are provided by each training site. Each intern additionally has access to administrative and IT support through their primary training site and the YCS agency.

Trainees are also offered additional trainings. Interns can attend the Todd Ouida Conference at Montclair State University and the NJAIMH Annual Meeting. Other trainings (Brazelton Touchpoints, DC:0-5 Diagnostic Manual, DIR/Floortime 101) are typically offered to interns as well. YCS covers the cost of these trainings.

Clinical Assignments and Rotations for Interns

INSTITUTE & BILINGUAL TRACK

Treatment Cases: Treatment cases will be assigned from the YCS Institute's and/or Dr. Helen May Strauss outpatient clinics' population. Interns will have individual play therapy cases, family therapy case(s), at least one parent-infant/toddler dyad, and a possible DIR intervention case. Adult therapy cases may also be assigned when a caregiver or other family member needs services. In addition, interns will likely have at least one case which is involved with the Division of Child Protection and Permanency (DCP&P), as systems advocacy is an important skill. Interns will carry approximately 16 to 18 treatment cases at any given time. Intern cases tend to be more complex and involve more psychopathology than do extern cases. Interns often share cases with externs and may take a mentoring role in these shared cases.

Assessment Cases:

Interns will be scheduled for at least eight comprehensive assessment batteries assigned from these sites.

YCS Institute: Some assessment cases completed by interns are assigned from the Institute's referrals, who present with suspected developmental delays, attachment disorders, attentional deficits, learning problems, behavioral disorders, etc. Infant assessments include the Bayley Scales and Functional Emotional Assessment Scales. Batteries are developed with the referral question in mind and typically include the Wechsler Scales, achievement testing, NEPSY-II, objective, and projective personality measures.

YCS Treatment Facilities: Several other programs within YCS refer children and adolescents for assessments. The purpose includes determining appropriateness for admission, assistance in treatment planning, and/or developmental assessment to determine intervention needs. Again, a battery is developed based on the referral question and some consultation with referral sources is expected. Depending on the case, you may advocate on the child's behalf with Child Study Teams, DCP&P, case managers, etc. When possible, evaluations are completed on-site at the residential facility. Travel is reimbursed based on mileage.

HMS-YCS Institute Doctoral Internship Rotations

Rotations are subject to change. The COVID-19 Pandemic has impacted availability of some rotations.

1. CAECMH/Mindcrafters (Little Falls, NJ): The Center for Autism and Early Childhood Mental Health (CAECMH) at Montclair State University is a clinic which provides mental health services to children birth-13, and their families. Their Mindcrafters group is a group therapy program targeted for kids 8-12 which focuses on expanding social skills and sensory regulation for the children involved. The psychology intern will be involved in co-facilitating this group, along with other Montclair clinicians and trainees. Interns will also hold a small caseload of individual child or family therapy clients in the clinic. Clinical supervision will be provided by Dr. Samantha Spencer, and on-site/group supervision will be provided by Jennifer Faasse, M.A., LPC.
2. Healthcare Foundations/Essex County Integrated Care Program (Orange, NJ) Integrated Care is a healthcare approach that combines physical and mental health services within one setting to address the holistic needs of individuals by treating their physical and mental health conditions simultaneously. A YCS clinician and doctoral level intern will provide consultation to caregivers and staff at a pediatric office in Orange, NJ. The project will screen and address adverse childhood experiences and mental health, support developmental, and provide resources and referrals. YCS will address three key factors that have significant societal consequences: trauma, relationships, and development (autism/developmental delays). The intern will spend time at the office providing consultation and screening. Molly Silverman, MSW will provide supervision and Christina Colon, M.A., LPC will oversee the project. Bilingual in Spanish is preferred.
3. YCS Residential Treatment (site varies): Children and adolescents at YCS residential facility ages 5 to 18 years, who have histories of significant emotional problems and psychiatric hospitalizations prior to their placement. Treatment is aimed at improving emotional and behavioral functioning prior to placement in a home setting. Interns will be involved in group and/or individual treatment and collaborate with the treatment team, including psychiatrists, social workers, medical professionals, and front-line staff. On-site supervision is provided by a residential clinician and clinical supervision/oversight is provided by an Institute psychologist.
4. Autism Evaluation and Intervention (East Orange, NJ): As part of this rotation, interns will gain training in completing assessments and providing intervention for children suspected of having developmental disabilities. Training in the ADOS-2 will be provided. Additionally, an intern in this rotation will participate in an autism team meeting and carry a caseload of at least 2 clients with autism or another developmental disability, conceptualizing from the DIR/Floortime Model.

Rotations change from year to year based on client need and supervisory coverage. Rotations can also be developed based on intern interest. If there is supervisory coverage and fulfills a clinical need, interns can develop their own project. Grants also contribute to rotation options.

Intern Scheduling

Interns are required to work 40 hours per week (2000 total hours over 12 months). Thursday is a required early day for all trainees.

- Training and Group Supervision (3-4 hours per week - Additional professional trainings not included)
 - Case Conference
 - Didactic Seminar
 - Cultural Conversations/Journal Club
- Treatment Cases (approximately 16-18 hours per week):
 - 16-18 scheduled individual, dyadic or family outpatient cases at YCS Institute/Dr. HMS Clinics for Bilingual & Institute tracks (3 late evenings required, Monday, Tuesday, Wednesday, and/or Thursday)
 - Psychotherapy Groups occur based on client/community need. Interns are encouraged to develop their own groups.
- Rotation – interns must choose 1 year long rotation
- Assessment Cases (approximately 20 hours per month):
 - 6-10 assessment batteries to be completed
 - Testing day of the week assigned (5 hours blocked off time)
- Supervision (approximately 4.5 hours per week):
 - 2-3 hours / week of individual supervision
(Primary and Secondary Supervisors-Licensed Psychologists)
 - Testing Supervision
 - Supervision of Supervision
- All interns are required to be at the Institute in East Orange on Thursdays regardless of track

To supplement learning, interns are asked to read and present on various topics related to infant, child, adolescent, and caregiver mental health. In addition to presenting at Case Conference, interns are asked to read and present on an assigned article, present on a parenting related topic, lead a didactic on a topic of their choice, and present on their dissertation topic.

Sample Didactic Seminar

Didactics, Thursday 10:00-11:30am

Topics Covered in Previous Years	
YCS Agency Training	Evidence-based Trauma Treatment Techniques
Sand Tray Therapy Techniques	Heat-Related Illness/ Medication Education
Parent-Child Observation Techniques	Using Therapeutic Movement with Children
Cultural Approaches to Therapy: Understanding Intersectionalities and Microaggressions in our Work	Domestic Violence Perspectives
History of Psychoanalytic Theory and the Origins of Attachment Theory	School Refusal
Mothers in Substance Abuse Treatment	Sensory Processing
Neurodevelopment, Trauma and its Effects on the Brain	Fatherhood
Interpersonal Neurobiology	Termination
Bayley Developmental Assessment	Mindfulness: Theory and Practice
Immigration and Acculturation	Treatment of Adults with Intellectual Disabilities
Introduction to Family Therapy	Group Therapy Processes
Play Therapy	Introduction to Brazelton Touchpoints
Consultation: School Psychology	Circle of Security
D evelopmental, I ndividual Difference, R elationship-based (<i>DIR/Floortime</i>)	Theraplay
Education Advocacy	Significance of Touch
Sexual Abuse	Play Therapy and Telehealth
Art Therapy	Sandtray
The Diversity-Informed Tenets for Work with Infants, Children and Families	Developmental Assessment
Adoption	Child Centered Play Therapy
Parent Child Interaction Therapy (PCIT)	The Impact of Immigration on Latino Immigrant Families and Early Childhood Mental Health
Therapeutic/Collaborative Assessment Techniques	Why is it easier to get mad than it is to feel sad?: Regulation Focused Psychotherapy for Children (RFP-C)

Case Conference Format & Presentation

1. Identifying Information of Infant and Caregiver – names, ages, genders, ethnicities, cultural background, nature of housing
2. Date of Referral and Referral Source
3. Presenting Problems
4. Brief family history
5. Current Status of Child (and Caregiver/Family)
 - a. Strengths/Weaknesses
 - b. Nature/Quality of Attachment
 - c. Language of Interaction
 - d. Developmental/Medical status
 - e. Substance Abuse Issues
 - f. Caregiver Psychological Functioning
 - g. Psychiatric/Medication Needs
 - h. Culture and Identity Considerations (consider ADDRESSING model)
 - i. Involvement with other agencies or supports
6. Treatment: Date began, modalities, length and nature of participation, brief description of course
7. Reflection on Therapeutic Relationship/Transference and Countertransference: Consider who you seem to be for the client and your subjective feelings and responses to the relationship you have with the child and family
8. Clinical Formulation
9. Diagnostic Impressions, utilizing DSM-5 (Parent and Child) or DC: 0-5 Diagnostic System
10. Genogram and Timeline
11. Questions/Reflections

SUPERVISION

In addition to weekly team meetings, all trainees will receive individual clinical supervision and group supervision. In accordance with requirements established by the New Jersey Board of Psychological Examiners, interns will receive at minimum two hours of individual supervision and two hours of group supervision by a Licensed Psychologist weekly.

Supervision will follow the principles of Reflective Supervision. These are described below:

1. Supervision – a relationship that aims at creating a climate where both the patient’s and the helper’s needs are being considered, so that the effectiveness of the intervention can be optimized.
2. Supervision creates a partnership so that the helper never feels alone, is not overwhelmed by fear or uncertainty, feels safe to express fears, uncertainties, thoughts, feelings, reactions, and learns more about him/herself, the patient and the work.
3. Reflective Supervision is evaluative not in the sense of “being checked on” but helps establish ideas about what the helper and patient need.
4. Three Essential Features of Supervision are:
 - Reflection – stepping back, slowing down, wondering
 - Collaboration – having a “partner” in the process of reflection
 - Regularity – occurs consistently and is “protected” time
5. Supervision is needed because the helper forms a relationship with another to bring about helpful change. This use of oneself requires rigorous and thoughtful attention.
6. Supervision is needed by the beginner and the experienced helper.

Supervision Contract

Trainees are assigned to a primary supervisor who will schedule weekly individual meetings to discuss cases, policies and procedures, adjustment to the Institute, etc. Supervisors and trainees will develop a supervision contract which establishes the frequency of meetings and goals to be covered in supervision. Students may also be seen by additional supervisor – for example, for family therapy supervision or assessment supervision. Therefore, agreements will be made between each supervisor with each trainee.

In addition, a Learning Contract will be developed for each trainee with the primary supervisor. This contract will outline the training goals for the year. This may include

goals related to improving diagnostic skills enhancing intervention strategies, increasing assessment skills, self-reflection and personal growth, understanding diversity issues, etc. Students will be encouraged to establish their learning goals for themselves in collaboration with their supervisor.

The Learning Contract will become the basis for evaluating trainee growth. Formal evaluations occur twice yearly, in December and again in June. If your program requires us to use a specific learning contract or evaluation form, please secure copies of these from your Director of Training and pass these on to your supervisor.

Telesupervision Policy

Telesupervision, as a component of our doctoral program's supervision framework, offers trainees opportunities for reflective practice, collaboration, and professional growth. This policy ensures its alignment with program goals, accreditation standards, and best practices, promoting access to supervision, reflective practice, and the development of clinical competencies in a flexible and supportive learning environment.

1. Rationale and Alignment with Program Goals

Telesupervision serves as an essential component of our doctoral program's supervision framework, providing trainees with opportunities for reflective practice, collaboration, and professional growth. Its integration into our program is founded on the recognition of the evolving landscape of mental health service delivery and the increasing demand for flexible and accessible training modalities. By incorporating telesupervision, we aim to:

- Enhance accessibility: Telesupervision offers trainees greater flexibility in accessing supervision, particularly beneficial for those facing scheduling conflicts.
- Promote inclusivity: Telesupervision ensures that all trainees, regardless of their circumstances, have equitable access to supervision and professional development opportunities.
- Foster innovation: Embracing telesupervision allows us to adapt to emerging technologies and explore innovative approaches to clinical training and supervision.

The utilization of telesupervision aligns with our program's overarching goals of preparing competent and culturally responsive clinicians capable of addressing the diverse needs of clients and communities.

2. Determination of Trainee Participation

Telesupervision is only provided when in-person supervision is not available. Trainees' eligibility for telesupervision is based on readiness, competence, and suitability of remote supervision. Criteria may include technological proficiency, self-directed learning skills, and adherence to ethical and professional standards.

3. Establishment of Supervisor-Trainee Relationships

Strong relationships between supervisors and trainees are established at the onset of the supervisory experience. Clear expectations, roles, and responsibilities ensure effective communication, collaboration, and trust between all parties involved.

4. Evaluation and Feedback

Telesupervision effectiveness will be evaluated through regular feedback mechanisms, including trainee evaluations, supervisor assessments, and program evaluations. These assessments enable us to continuously monitor and adapt our telesupervision practices to meet the evolving needs of trainees and supervisors while ensuring alignment with program goals and accreditation standards.

5. Maintenance of Professional Responsibility

Off-site supervisors maintain full professional responsibility for clinical cases during telesupervision sessions, adhering to ethical guidelines and legal requirements. They actively participate in case discussions, provide guidance, and monitor trainee progress to ensure continuity and quality of care.

6. Management of Non-Scheduled Consultation and Crisis Coverage

Procedures are established for managing non-scheduled consultation and crisis situations during telesupervision. Trainees receive guidelines and protocols for handling emergencies, ensuring timely and appropriate responses to critical incidents.

7. Assurance of Privacy and Confidentiality

Privacy and confidentiality of clients and trainees are assured during telesupervision sessions. Measures are in place to safeguard sensitive information and adhere to HIPAA regulations and ethical standards.

8. Technology and Quality Requirements

Both trainees and supervisors are provided with necessary technology and resources. This includes access to secure platforms such as ZOOM, for synchronous audio and video communication. Additionally, training and support in the use of technology are offered as needed, ensuring that both are equipped with the skills and knowledge to utilize telesupervision effectively.

9. Diversity, Equity, Inclusion, and Accessibility Considerations

Telesupervision, as an integral component of our doctoral program's supervision framework, is guided by principles of diversity, equity, inclusion, and accessibility. We are committed to ensuring that our telesupervision practices promote a supportive and equitable learning environment for all trainees, irrespective of their backgrounds, identities, or circumstances. To uphold these principles, the following considerations are integrated into our telesupervision policy:

- **Cultural Competence and Sensitivity:** Supervisors and trainees are encouraged to cultivate cultural competence and sensitivity to effectively navigate diverse cultural contexts and identities encountered in clinical practice. This includes

awareness of cultural nuances, biases, and social determinants of health that may impact the therapeutic process.

- **Accessibility:** We strive to make telesupervision accessible to all trainees. Reasonable accommodations are provided to ensure that trainees with disabilities can fully participate in telesupervision activities.
- **Inclusive Practices:** Telesupervision sessions are conducted in a manner that fosters inclusivity and respect for all perspectives. Supervisors actively encourage trainees to share diverse viewpoints and experiences, creating a space where all voices are valued and heard.

INTERNSHIP EVALUATION, RETENTION, AND TERMINATION POLICY

The YCS Institute Doctoral Internship Program requires that interns demonstrate minimum levels of achievement across all training competencies. Interns are formally evaluated by their primary supervisor twice annually, at the midpoint (January) and end of the internship year (June). Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of YCS's expected training competencies and the related objectives. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. All intern records are kept confidentially and indefinitely on Microsoft OneDrive.

Our scale is defined by the level of training and experience. Our Likert scale: 1 =Pre-practicum 2=Practicum; 3=Beginning Intern/Fellowship; 4=Advanced Intern/Fellowship; 5=Post-Doc/Professional. A minimum level of achievement on each evaluation is defined as an average rating of "3" for each competency. A score of "1" on any item indicates a need for remediation. We expect an average of "3" by midyear evaluation and average of "3.5" by end of year. There are also requirements (Intern Expectations Form) that must be completed and they must have that form signed off by the end of the year. Their progress with the minimal achievements is reviewed at the mid-year point to ensure that they stay on track.

Additionally, all YCS interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the interns' home doctoral program is provided at the culmination 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 formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by YCS as a result of the Due Process procedures, up to and including termination from the program.

NON-DISCRIMINATION POLICY

1.03 EQUAL EMPLOYMENT OPPORTUNITY AND NON-DISCRIMINATION

YCS provides equal employment opportunities to all employees and applicants for employment without regard to race, creed, color, religion, national origin, age, ancestry, nationality, marital or domestic partnership status, civil union status, sex, gender identity or expression, disability, liability for military service, or sexual orientation, atypical cellular or blood trait, genetic information (including the refusal to submit to genetic testing), or any other category as protected by applicable state and/or federal laws. No one will be discriminated against, or receive preferential treatment because of race, creed, color, religion, national origin, age, ancestry, nationality, marital or domestic partnership status, civil union status, sex, gender identity or expression, disability, liability for military service, or sexual orientation, atypical cellular or blood trait, genetic information (including the refusal to submit to genetic testing), or any other category as protected by applicable state and/or federal laws. Suspected violations of this policy must be reported immediately to Human Resources. Supervisory violations must be reported immediately and directly to the Director of Human Resources or his/her designee. Discriminatory conduct will be grounds for dismissal.

Due Process and Grievance Policy

CLASSIFICATION: The YCS Institute – Clinical Services Component

SUBJECT: Outpatient Services

TITLE: **Outpatient Services – Management of Problematic Intern Performance / Conduct (Due Process)**

PURPOSE:

To develop policies and procedures to identify and intervene when intern and/or extern students demonstrate problematic behaviors which interfere with their ability to function in professional role.

Problematic performance/conduct is defined as those behaviors or attitudes which interfere with the delivery of clinical services; disrupt relations with staff, peers, and other students; and/or suggest an unwillingness on the part of the intern/extern to comply with appropriate standards of professional conduct. This includes those behaviors outlined in the YCS “Guidelines for Appropriate Conduct” (see YCS agency manual). Problematic performance/conduct is not to be confused with the errors in judgment that might ordinarily occur in a trainee; or skill deficits as a matter of typical skill development.

One may distinguish between ordinary errors and problematic performance/conduct by: the extent to which the intern is willing to acknowledge feedback given by supervisors, integrate that feedback into his/her professional repertoire, demonstrate an ability to

acquire new professional skills, and/or manage personal stress so that dysfunctional emotional reactions or behaviors do not disrupt professional functioning.

RESPONSIBILITY:

The Training Director, along with the Associate Director of the Clinic, will ensure compliance with this policy.

POLICY:

1. Intern students will receive informal feedback regarding their performance and conduct during regularly scheduled supervisory sessions.
2. The Training Director will informally discuss intern performance with all supervisors involved in providing training. In addition, quarterly Supervisor Meetings will be scheduled to discuss intern progress in training. These meetings will be an opportunity to identify problematic performance/conduct and distinguish these from skill deficits, expected errors in judgment, and/or personality conflicts between intern students and isolated supervisor(s).
3. Formal written evaluations will be completed twice yearly (see policy entitled **Evaluation, Retention, and Termination Policy**). Written evaluations will be shared with students and the sponsoring universities.
4. The Training Director will maintain regular contact with the sponsoring universities to include, minimally, notification of an offer of internship placement; informal communication (phone contact, e-mail contact) regarding **intern** progress after first quarter, if issues arise; copies of all written evaluations; formal notification of due process procedures (described below) should these be implemented; and ongoing contact until identified problem is resolved.

PROCEDURE:

1. When skill deficits are identified by the mid-year evaluation (or earlier during supervision) decide whether additional action is necessary within 2 weeks of identifying the issue. The following courses of remediation are offered:
 - A. Additional SUPERVISION/LIVE OBSERVATION time
 - B. Additional READINGS provided and reviewed with a supervisor
 - C. Increase in TRAINING: attending conferences, online continuing education. etc.
2. When problematic performance/conduct issues are identified, the Training Director will, with input from involved supervisors, decide whether additional action is necessary

within 2 weeks of identifying the issue. Possible responses may include no action, COUNSELING or initiation of the due process procedure including WRITTEN NOTICE, HEARING, and APPEAL.

- A. COUNSELING takes place when the **intern** meets individually with the supervisor in a one-to-one encounter during which the problematic behavior is clearly stated and described and the steps to be taken to address the behavior are clearly outlined. This counseling session is documented on the *Counseling Form* (see appendix) and signed by the supervisor and student. (Signature by the intern/extern does not signal agreement with the supervisor but, instead, acknowledgement that the counseling session took place as described.) Copies of the completed *Counseling Form* are to be distributed to the intern, the supervisor, and the Training Director. A copy will be filed in the intern's personnel file and the Director of the YCS Institute (Chief Psychologist) will be notified as well.

Counseling may occur one to three times (over the course of two months), depending on the nature of the transgression. Alternatively, if the problematic behavior is of a sufficiently serious nature that more drastic actions are called for, counseling may not occur and, instead, the supervisor may proceed directly to a WRITTEN NOTICE.

- B. When counseling has been unsuccessful and/or the infraction is sufficiently severe to warrant more immediate action, the supervisor will discuss the behavior with the Training Director and Director of YCS (Chief Psychologist) to determine whether a WRITTEN NOTICE is indicated. If so, the supervisor will meet individually with the **intern** and document the outcome on a *Disciplinary Action Notice* (see appendix). This notice will include:

i. a description of the problematic performance/conduct issue which has been identified

ii. steps the **intern** student is expected to take to resolve the issue - which may include:

- increased supervision with same or different supervisor(s)
- change in format or emphasis of supervision
- requirement for personal therapy for intern/extern

iii. a time frame within which the issue is expected to be resolved

iv. the means by which the issue is to be re-evaluated

A follow-up date will be scheduled at which time the

intern's progress will be assessed and documented. Progress will be assessed within 10 working days and again in two months. Copies of the *Disciplinary Action Notice* will be given to the student, supervisor, and Training Director. In addition, a copy will be filed in the student's personnel file and will be shared with the YCS Regional Vice President of Mental Health and with the student's university program.

At the follow-up date, the student's progress in rectifying the problematic behavior will be reviewed with the student, the supervisor, the Training Director, and the Director of YCS Institute (Chief Psychologist). If warranted, the Regional Vice President of Mental Health and the intern's university representative (DCT) may also be included in reviewing the student's progress. If the problem persists, a HEARING will be scheduled. The primary and secondary supervisor, in conjunction with the intern, will determine if the problem persists.

- C. A HEARING will be scheduled when previous attempts at intervening in the problematic behavior have not been successful and/or the intern engages in behavior of such a serious nature that immediate action is required.

Prior to scheduling HEARING, the supervisor must meet with the Training Director and the Director of YCS Institute (Chief Psychologist) and provide evidence of prior attempts to rectify the situation (where appropriate) or evidence of the serious problematic behavior. If the Training Director and the Director of the YCS Institute (Chief Psychologist) believe that a hearing is warranted, a date will be set and the intern will be notified of that date on a *Disciplinary Action Notice*. This notice will be kept in the intern's Institute file and in the YCS Human Resources Department. In addition, the student's university (DCT) will be notified of the situation and a representative will be invited to attend the hearing as will the YCS Regional Vice President of Mental Health Services.

The HEARING will be chaired by the Director of the YCS Institute (Chief Psychologist) and will be open to all those who received the *Disciplinary Action Notice*. The purpose of the HEARING is to determine what additional course of action is indicated. Options include: termination of the student's appointment, recommendation for a leave of absence from internship, recommendation for a second internship, career guidance if student is regarded by supervisors as being unsuitable for career in psychology. Upon completion of the hearing and determination of course of action, a letter will be

forwarded to the student's university and will be filed in the student's personnel file as well.

- D. The student may wish to APPEAL the disciplinary procedure at any step and may do so via the YCS Grievance Policy within 60 days (contained in the student manual and appended here). Briefly, the steps in the Grievance Policy include written notice, sequentially, to the supervisor, to the Director of the YCS Institute (Chief Psychologist), to the Regional Vice President of Mental Health Services, and finally, to the President/CEO of YCS. Binding arbitration is the final step.

CLASSIFICATION: The Dr. Helen May Strauss Clinic –

SUBJECT: Outpatient Services

Intern Grievance Policy

PURPOSE:

1. To establish a policy and procedure for students and staff to address all claims, actions, disputes, and controversies arising out of their employment at YCS or their termination of employment from YCS. This will specifically include, but not be limited to, claims arising under the New Jersey Law Against Discrimination; the New Jersey Conscientious Employee Protection Act; Title VII of the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act; the Americans with Disabilities Act, 1983; the Federal and State Wage and Hours Law; COBRA; ERISA; and other local, state, and federal laws.

RESPONSIBILITY:

The Training Director, along with the Associate Director of the Clinic, will ensure compliance with this policy.

POLICY:

1. YCS maintains an “Open Door Policy”. This means that should an employee wish to discuss a matter with his / her /their supervisor, Director, Associate Director for Clinical Services, or the Executive Director, the employee can request and will generally be granted a meeting. The purpose of the Open Door Policy is to encourage communication and is not meant to circumvent the chain of command or the formal grievance procedure. Rather, it is to be used if an employee does not feel comfortable in bringing a particular issue to attention using the formal grievance mechanism.
2. When an employee decides to file a grievance, it is the policy of YCS to expedite the processing of complaints or grievances in a firm manner without threat of discharge or any other reprisal.

PROCEDURE:

1. Level 1: The employee, either alone or accompanied by a representative, must present a grievance or complaint, in writing, to the training director within five (5) working days of the date of the occurrence; or the date that the employee, by reasonable diligence, first knew or should have known of the occurrence. If the object of the complaint is the training director (Associate Director), the grievance

should be presented to the Director. The supervisor shall respond with a decision within five (5) working days of the grievance or complaint.

2. Level 2: Should the employee not be satisfied with the decision reached at the initial step of this procedure, the employee, either alone or accompanied by a representative, must submit the grievance in writing to the Director of the Clinic, or his representative, within five (5) working days of the decision by the supervisor. The Director or his representative shall review all aspects of the employee's grievance and respond in writing within ten (10) working days of the Level 2 grievance or complaint.
3. Level 3: Should the grievance or complaint still remain unresolved to the satisfaction of the employee, the employee either alone or accompanied by a representative, must within five (5) working days of the adverse decision present the grievance in writing to the Regional Vice President of Mental Health Services. The Regional Vice President, or his representative, will consult with all appropriate individuals, review all pertinent facts and issue a written decision within ten (10) working days of the Level 3 grievance or complaint.
4. Level 4: Should the employee still not be satisfied having exhausted all of the above opportunities to resolve the grievance, the employee must submit the grievance in writing to the President/CEO of YCS within five (5) working days of the decision by the Regional Vice President of Mental Health Services. The decision of the President/CEO shall be communicated to the employee within fifteen (15) working days.
5. Level 5, (Final): An appeal from an unfavorable decision at Level 4 may be initiated by the employee by serving upon the agency a notice in writing of the intent to proceed to arbitration within fifteen (15) working days of the decision of the President/CEO. The notice shall identify the provisions of the handbook, the department, the employee involved, and shall include a copy of the grievance or complaint.

The arbitrator is to be selected by the parties jointly within seven (7) working days of the notice of intent to proceed to arbitration. If the parties fail to agree on an arbitrator, either party may request the American Arbitration Association to submit a list of seven possible arbitrators.

Each case shall be considered on its merits. The YCS Policy and Procedure manual and/or applicable law shall constitute the basis upon which the decision shall be rendered. The decisions at Levels 1 through 3 shall not be used as a precedent for any subsequent case.

The arbitrator shall not add to, subtract from, or modify the provisions of the YCS Policy and Procedure Manual. The arbitrator shall be confined to the precise

issue submitted for arbitration and shall have no authority to determine any issues not submitted.

The decision of the arbitrator shall be final and binding on both parties. The arbitrator shall be requested to issue the decision within thirty (30) calendar days after the hearing or receipt of the hearing transcript.

All of the time limits contained in this section may be extended by mutual agreement of the parties. The granting of any extension at any level shall not be deemed to establish precedence.

Note the complete and timely utilization of this Grievance Procedure, from Level 1 to Level 4, is a precondition for bringing any grievance or any subsequent action or claim against YCS in any other forum (i.e. administrative agency or court) involving any aspect of the employee's employment, including but not limited to, termination of the employee's employment.

() HEARING:

Date: _____

Outcome: _____

INTERN / EXTERN ACKNOWLEDGEMENT

I acknowledge that the above performance issue(s), policy / procedure violation(s) have been discussed with me and realize that further incidences will lead to more serious discipline, up to and including termination of my internship position.

Signing this statement does not confirm agreement with its contents but, instead, receipt of this form.

Sign & Date

Training Expectations

General expectations

- Maintain a clean office space.
- In shared office spaces and group rooms, put the toys back to where you found them after you are done using the room.
- When borrowing toys, return them to the office they came from.
- Be on time.
- Read articles when assigned or requested.
- Actively participate by listening and sharing.
- Only bring computers to meetings as needed or requested to do so.
- Be on-site during scheduled YCS time (rotations included); inform supervisors when you have to take time off
- Be aware of time off (externs - two weeks; interns – see UKG for allotment)
- Come prepared to supervision - bring process notes/recordings/questions about clinical work

Clinical Paperwork Expectations

- Maintain expected caseload as established by supervisor / training director.
- Complete session notes within 2 business days of the service.
- Complete treatment plan within 30 days of intake treatment plan and every 4 months following the initial treatment plan.
- Complete an incident report when there is an incident within 24 hours of the occurrence.

Review of expectations

At 90 days of staff date:

- Staff and supervisor will meet and talk about if expectations are being met
- Staff and supervisor will meet and discuss if both parties' needs are being met

Trainees are encouraged to reach out to their supervisors if they are struggling to meet expectations. See manual for more information on how trainees are evaluated throughout the year.

I sign below that I have reviewed and understand the abovementioned training expectations

Printed name

Signature

Intern Requirements

1. Two videotapes/live therapy sessions reviewed by supervisor (One dyad/family AND one individual)

(Signature of Supervisor) (Date)

(Signature of Supervisor) (Date)

2. Two process notes written and reviewed (one for two different supervisors)

(Signature of Supervisor) (Date)

(Signature of Supervisor) (Date)

3. A minimum of one early childhood assessment or one Woodcock-Muñoz for Bilingual Track.

(Signature of Testing Supervisor) (Date)

4. A minimum of 8 evaluations, including two administrations with children under 10, two administrations with projective measures, and two evaluations that include test data reviewed by testing supervisor.

(Signature of Testing Supervisor) (Date)

5. A minimum of three contacts to school, community agency, other provider, hospital, or DCP&P. This can include testing feedback to a school or outside agency.

(Signature of Supervisor) (Date)

6. Completion of one rotation.

(Signature of Supervisor) (Date)

7. 16-18 active client hours per week, including 1 dyad/family case and 1 group, when possible.

(Signature of Supervisor) (Date)

(Signature of Group Supervisor)

(Date)

8. Teaching/Outreach/Professional Presentation/Didactic Seminar

Date	Location	Topic

YCS INSTITUTE FOR INFANT & PRESCHOOL MENTAL HEALTH
60 Evergreen Pl. 10th floor
East Orange, NJ 07018
973-395-5500
Fax: 973-395-9916

Evaluation of Doctoral Intern

Student Name:	
Semester and Year:	
Name of Supervisor:	
Internship Track:	
Rotation(s):	

***Please refer to the final pages for the Rating Scale

***Intern will develop competence in the following areas:

Skills in Application of Research and Theory							N/A
Ability to apply theoretical knowledge to clinical practice	1	2	3	3.5	4	5	
Ability to apply research findings to clinical practice	1	2	3	3.5	4	5	
Ethics							
Knowledge of ethical/professional/legal codes, standards & guidelines	1	2	3	3.5	4	5	
Specific knowledge about child abuse reporting guidelines	1	2	3	3.5	4	5	
Specific knowledge about duty to warn issues	1	2	3	3.5	4	5	
Diversity-Individual and Cultural Differences							
Knowledge of the self in the context of diversity issues	1	2	3	3.5	4	5	
Knowledge about the nature and impact of diversity issue in the therapeutic process	1	2	3	3.5	4	5	
Knowledge about the impact of diversity issue on one's relationship with peers, colleagues, supervisors, and staff members	1	2	3	3.5	4	5	

Professional Behavior and Development							
Ability to complete clinical documentation in a timely fashion	1	2	3	3.5	4	5	
Ability to complete clinical documentation that is in accordance with APA Ethical Guidelines, state-of-the-art privacy practices (e.g. HIPAA, and NJ law (e.g. Child Abuse Reporting)	1	2	3	3.5	4	5	
Ability to present meaningful clinical documentation that is respectful of the client, & mindful of the audience for whom it is intended	1	2	3	3.5	4	5	
Self-understanding and reflection that allows for willingness to acknowledge and correct problems	1	2	3	3.5	4	5	
Communication/Relationship/Interpersonal Skills							
A. With Clients and Family							
Ability to form a working alliance	1	2	3	3.5	4	5	
Ability to deal with conflict and negotiate differences	1	2	3	3.5	4	5	
Ability to understand and maintain appropriate boundaries	1	2	3	3.5	4	5	
B. With Colleagues							
Ability to work collegially with fellow professionals	1	2	3	3.5	4	5	
Ability to support others/to gain support for one's own work	1	2	3	3.5	4	5	
C. With Supervisor							
Ability to work collaboratively with one's supervisor	1	2	3	3.5	4	5	
Ability to utilize the supervisory experience to become more autonomous as the year progresses	1	2	3	3.5	4	5	
Ability to know when to seek out supervision	1	2	3	3.5	4	5	
Ability to self-reflect	1	2	3	3.5	4	5	
Ability to explore non-defensively, supervision, the potential impact of one's personal issue on the therapeutic dyad, on the supervisory relationship, and on relationships with peers and colleagues	1	2	3	3.5	4	5	

Ability to identify appropriate arenas within which to work out personal issues and/or reactions that potentially impact on one's professional work.	1	2	3	3.5	4	5	
Ability to work collaboratively and respectfully with all other agency staff.	1	2	3	3.5	4	5	
Psychological Assessment Skills							
Ability to choose appropriate measure to answer the referral ques.	1	2	3	3.5	4	5	
Ability to formulate diagnoses based on data & clinical interview	1	2	3	3.5	4	5	
Ability to synthesize, summarize and integrate results	1	2	3	3.5	4	5	
Ability to write professionally (e.g., appropriate grammar, content)	1	2	3	3.5	4	5	
Ability to complete the reports in a timely fashion	1	2	3	3.5	4	5	
Intervention Skills							
A. Individual Therapy							
Ability to empathize with clients & establish a therapeutic alliance	1	2	3	3.5	4	5	
Knowledge of, and sensitivity to, clients' dynamics	1	2	3	3.5	4	5	
Ability to help clients formulate treatment goals and objectives	1	2	3	3.5	4	5	
Awareness of therapeutic process	1	2	3	3.5	4	5	
Understanding of therapy models (i.e. PCIT, CPP, COS)	1	2	3	3.5	4	5	
Ability to integrate theory and technique	1	2	3	3.5	4	5	
Maturity of judgment	1	2	3	3.5	4	5	
Capacity to identify and accept severe pathology	1	2	3	3.5	4	5	
Capacity to evaluate treatment outcome progress	1	2	3	3.5	4	5	
B. Family Therapy							
Proficiency in constructing and utilizing Genograms for any kinship network	1	2	3	3.5	4	5	
Ability to join family members and reframe problems	1	2	3	3.5	4	5	
Ability to formulate the case systemically	1	2	3	3.5	4	5	

Sensitivity to culturally diverse system	1	2	3	3.5	4	5	
Ability to recognize transference/countertransference issue	1	2	3	3.5	4	5	
C. Group Therapy							
Ability to understand and facilitate group process	1	2	3	3.5	4	5	
Ability to work collaboratively with a co-therapist	1	2	3	3.5	4	5	
Supervision							
Ability to understand concept of reflective supervision	1	2	3	3.5	4	5	
Participating during case conferences, testing supervision, Baby Steps supervision, and reflective supervision groups	1	2	3	3.5	4	5	
Appropriate supervision of extern	1	2	3	3.5	4	5	
Consultation and Interprofessional/Interdisciplinary Skills							
Ability to effectively relate to other professionals in accordance with their unique client care roles	1	2	3	3.5	4	5	
Ability to integrate and use all relevant data to provide meaningful recommendations to other professionals	1	2	3	3.5	4	5	
Overall Impression and Rating of Student							
1. Overall rating of student's performance	1	2	3	3.5	4	5	
2. Additional Comments about student (Strengths/Areas in need of growth):							

Signatures	
I attest to the information I have provided in this evaluation and have discussed the results with the student.	
Supervisor Name	
Signature	
Date	
Intern Name	
Signature	
Date	

**Scale 1=Pre-practicum 2=Practicum 3=Beginning Intern
3.5=Intermediate Level Intern 4=Advanced Intern/Fellow 5=Post-Doc/Professional**

1 – Pre-practicum level of functioning: Students may be open and/or bright, but they do not have a firm grasp of ethics, theory, or diagnosis. Knowledge is seriously lacking, and student is in great need of further instruction or supervision.

2 – Practicum level of functioning: Students may have beginning-level ideas about theory and applying it to clinical work, but still need considerable supervision, and still need significant instruction across most areas. Treatments and assessment as tailored to patients of specific groups of certain populations and cultures needs significant instruction.

3 – Beginning Intern level of functioning: Students have good knowledge of theory, but still need a fair amount of supervision to know when to apply it well to certain populations and cultures. Students may be able to manage straightforward cases well, but need much guidance around complex and subtle issues, including integration of nonverbal and systems issues. Diagnostic appreciation is firm, though differentials may be uncertain at times. Basic knowledge of crisis intervention is present, but such situations evoke strong anxiety and guidance. They appreciate the contribution of culture, though may not always recognize how it plays out. Knowledge of tests is good, though there may be uncertainty as to when and for whom to use them appropriately.

3.5-Intermediate Level Intern: While still a growth area, the intern demonstrates a basic foundation in the knowledge, awareness, and skill and is approaching a developmentally appropriate level of competency. Students have good knowledge of theory, and require a minimal to moderate levels of supervision to know when to apply it well to certain populations and cultures. Students may be able to manage straightforward cases well, make use of guidance for more complex issues, and are becoming more confident in these situations. Diagnostic appreciation is firmer, though a few differentials may be uncertain. Basic knowledge of crisis intervention is present, and these situations evoke less anxiety than in the beginning of the year. They appreciate the contribution of culture, and are starting to recognize how it plays out. Knowledge of tests is good, and they are becoming more confident deciding when and for whom to use them appropriately.

4 – Advanced Intern/Fellowship level of functioning: The intern demonstrates a level of competence appropriate for entry-level practice in health service psychology and is actively working to further enhance competence in the knowledge, awareness or skill area being evaluated. Students have firm understanding of theory and when to apply it. Ethical appreciation is strong and is integrated well with the student's value system, and is applied consistently. Intern/Fellows appreciate and navigate differentials in diagnosis well, and know about the limitations and applicability of tests with populations, and are able to interpret and integrate them coherently. Intern/Fellows appreciate the limitations in their expertise, and know when to seek supervision for complex issues. Intern/Fellows can manage basic crises competently. They know how to solve many problems independently, and work well within systems and teams. They still may need some assistance in managing complex cases. Students appreciate that they have a contribution to the therapeutic and assessment situation, although they may need some more practice to recognize how it plays out in the context of the client's history, culture, and expectations.

5 – Post-Doc/Professional level of functioning: Individuals are ready for independent practice. They know their areas of competence, treat and assess complex cases without assistance in these domains, and know when further supervision or consultation is needed in areas outside their competence. Individuals practice ethically on a consistent basis. They are ready to begin supervising others, though they may still benefit from mentorship around this, and are available for consultation in their areas of competence. Individuals monitor their own reactions, behavior, and personhood within the context of the therapy or assessment. They are confident in handling problems, even in unfamiliar situations. They navigate systems well, and are appreciated as a colleague.

NA - No opportunity to engage in this activity.

PLEASE NOTE: RATINGS OF 4 AND ABOVE AT THE END OF THE INTERN/FELLOWSHIP YEAR (OR AT THE END OF THE ROTATION) INDICATE THAT YOU BELIEVE THE INTERN/FELLOW IS READY FOR INDEPENDENT PRACTICE IN THIS AREA. PLEASE EXPLAIN THE DIFFICULTIES ENCOUNTERED FOR ANY AREA RATED 1 OR 2. AN INTERVENTION PLAN WILL BE REQUIRED.



CLINICAL PSYCHOLOGY INTERNSHIP
Intern Evaluation of Internship

Intern Name(Optional): _____ Internship Track: _____
Date/Year: _____ Term ___ Mid-Intern Year ___ End-Intern Year

Evaluation is a collaborative tool for evaluating performance and a vehicle for change. Please provide a rating for Competency Development and Overall Internship sections of this evaluation form using the following scale:

- 5 = Excellent
- 4 = Good
- 3 = Satisfactory
- 2 = Below expected level
- 1 = Unsatisfactory

I. Competency Development

1. Development of clinical skills in application of theory and research to clinical practice

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

2. Development of clinical skills in assessment, diagnostic and conceptual skills

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

3. Development of clinical skills in intervention and treatment planning

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

4. Documentation and Case Management

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

5. Providing Supervision

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

6. Sensitivity to Individual and Cultural Diversity in Professional Work

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

7. Ethical standards in clinical practice

Degree to which you feel competent in this domain

1 2 3 4 5

Strength of Internship in training in this competency domain

1 2 3 4 5

8. Professional Development including professional conduct, professional growth and self awareness, receiving supervision, and public advocacy

Degree to which you feel competent in these domains

1 2 3 4 5

Strength of Internship in training in these competency domains

1 2 3 4 5

II. Overall Internship

Please provide a rating for the items below using the same scale:

5 = Excellent

4 = Good

3 = Satisfactory

2 = Below expected level

1 = Unsatisfactory

1. Professional Atmosphere

- _____ Commitment to serving the psychological needs of clients
- _____ Active collaboration and cooperation between staff members
- _____ Respect for, and use of, professionals from other disciplines
- _____ Commitment to the profession of psychology
- _____ Awareness of, and respect for, individual differences among clients and professionals
- _____ Respect for human rights of clients and professionals
- _____ Opportunity for professional development
- _____ Adherence to APA ethical guidelines

2. Training Atmosphere

- _____ Commitment to training
- _____ Responsiveness of program to personal and individual training needs
- _____ Accessibility of staff for supervision, consultation, and other training needs
- _____ Training not subordinate to service
- _____ Adequate role models
- _____ Atmosphere conducive to intellectual stimulation and professional growth
- _____ Breadth of experience
- _____ Depth of experience
- _____ Challenging program

3. Structured Training:

- _____ Outpatient placement
- _____ Milieu Setting/Therapeutic Nursery
- _____ Residential Setting
- _____ Testing

4. Training Received:

- _____ Individual supervision
- _____ Group supervision (Psychoanalytic)
- _____ Group supervision (Dyadic)
- _____ Group supervision (Testing)
- _____ Case Conference
- _____ Orientation

5. Didactic Training

_____ Intern Seminars (i.e. Cultural Seminar)
_____ Other Didactic Experiences

6. What are the strengths of this training program?

7. What are the limitations of this training program?

8. Recommendations:

9. Please rate the training program overall in helping to prepare you as a psychologist:

1 2 3 4 5

10. Please rate the training program as meeting your own expectations:

1 2 3 4 5

11. Additional comments:



CLINICAL PSYCHOLOGY INTERNSHIP
Intern's Evaluation of Supervisor

Supervisor: _____ Internship Track/Site: _____
Date: _____ Evaluation (circle): Mid Year End-of-Year

Please review each category and specific item on the following pages and rate according to the scale following each item. We will need one evaluation for each individual supervisor. Not every item will be relevant to your setting; you can check "Not applicable" as needed. Please discuss your feedback with your supervisor(s), along with his or her feedback about you. In the feedback, it is helpful to give specific examples if you have concerns or suggestions for change.

Aspects of the Supervisory Relationship

1. Supervisor facilitates the establishment and maintenance of a collaborative supervisory relationship; Clearly discusses expectations regarding the supervisory relationship, openly invites comments about the quality of the supervisory relationship on an ongoing basis, responds to your feedback in a non-defensive manner.

Unsatisfactory Below Expected level Satisfactory Good Excellent
DK/NA
1 2 3 4 5

Comments:

2. Supervisor demonstrates empathy, respect, and understanding of supervisee's experiences; Understands your stated needs in an open manner, despite the limitations of the setting, respects your boundaries/privacy, demonstrates empathic understanding of personal and interpersonal struggles related to the demands of the training program, demonstrates sensitivity and respect regardless of the supervisee's cultural/individual background

Unsatisfactory Below Expected level Satisfactory Good Excellent
DK/NA
1 2 3 4 5

Comments:

3. Supervisor is physically and emotionally available for supervision; Collaborates to schedule an adequate amount of time for supervision, is available and accessible when you need help, including impromptu consultations & crises, helps you establish alternative sources of consultation when unavailable or when specialty consultation is indicated, participates actively during supervision sessions, communicates enthusiasm about and commitment to supervision.

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

4. Supervisor is amenable to working through conflicts, disagreements, or differences in opinions with supervisee; Supervisor openly addresses conflicts or problems in a constructive manner, when conceptual disagreements arise, negotiates them in a nonjudgmental way, if an impasse occurs, arranges for mediation to facilitate conflict resolution.

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

Facilitation of Training Experience

1. Works with you to reach the training goals in your clinical setting: Provides clear expectations for your role and performance, helps you identify your own training needs and goals for the rotation, assists in meeting your training goals.

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

2. Provides feedback on your performance that helps you to develop your clinical skills,

e.g.: Helps you identify your specific strengths and competencies, feedback on your performance and written work is constructive and specific, facilitates your accurate self-assessment (e.g., skill level, limits of competence, need for consultation, interpersonal interactions, diversity issues, other "blind spots")

Unsatisfactory	Below Expected level	Satisfactory	Good	Excellent
DK/NA				
1	2	3	4	5

Comments:

3. Provides supervision and guidance in all stages of the treatment process, e.g.:

Helps prepare you for various types of patients, clinical problems, and staff relationships at your training setting, helps you with case conceptualization, treatment planning, and working through clinical impasses in treatment, helps you to recognize your emotional responses to the clinical process and address personal issues that may interfere with clinical effectiveness, helps you to understand and address termination issues, discusses legal and ethical standards in clinical work and helps you to apply this knowledge in clinical situations, familiarizes you with your role in the system and with patient resources

Unsatisfactory	Below Expected level	Satisfactory	Good	Excellent
DK/NA				
1	2	3	4	5

Comments:

4. Helps you to integrate and apply theory and research literature in your clinical work:

Directs you to consider theory and research literature to enrich your clinical understanding (e.g., with suggested readings, in supervision, from other consultants), facilitates discussion and integration of theoretical perspective(s) in your clinical understanding, is open to discussing theoretical perspectives that differ from her/his own, challenges you to demonstrate your own understanding of clinical situations, interpersonal difficulties, and intervention strategies

Unsatisfactory	Below Expected level	Satisfactory	Good	Excellent
DK/NA				
1	2	3	4	5

Comments:

5. Enhances development of your professional identity: Encourages development of your own professional identity and style, encourages you to develop independence and self-confidence as a professional, assists in clarifying your readiness (skill level, emotional readiness) to pursue your own training and career goals

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

Mentoring

1. The supervisor models professional behavior: The supervisor acts ethically and facilitates discussion of ethical issues, demonstrates flexibility and tolerance of ambiguity, problem-solves effectively, collaborates constructively with referral sources, other staff and outside professionals, models respect and empathy for all patients and their problems, communicates a coherent, well-integrated model of intervention and/or an assessment approach, acknowledges and explores diversity issues and perspectives

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

2. The supervisor provides the intern with opportunities for socialization to the field of psychology: e.g. The supervisor encourages professional activities such as attending conferences, conducting research, and publishing, assists the intern with clarifying professional and career goals, facilitates networking/introduction to other professionals

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

Treatment Team Interactions and Functioning

1. The supervisor facilitates the intern's understanding of the team's functioning and interpersonal interactions: The supervisor helps the intern understand the role of both the supervisor and the intern within the context of the team, helps the intern learn about the role of team members from professions other than psychology, can describe the development of the team and/or team interactions in a way that is beneficial for the intern in working with team members

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

2. The supervisor helps the intern develop skills for working well within the team: The supervisor helps the intern develop his/her particular role within the team, helps the intern find ways to work collaboratively with team members of other professions in order to learn from them and become more fully integrated into the team, helps the intern deal with conflicts or problems he/she experiences in team interactions, demonstrates how to communicate with other team members in a way that conveys, understanding of their point of view and does not use excessive psychological jargon.

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

3. The supervisor utilizes the team context to enhance treatment planning: the supervisor offers recommendations/suggestions about treatment that increase the likelihood that patients are well-served by the team in this setting, facilitates team interactions to help team members function in a collaborative, inter-professional way that enhances treatment for patients

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

Cultural and Individual Diversity

1. The supervisor exhibits knowledge of and respect for cultural and individual diversity in clinical intervention; The supervisor has respect for diversity and at least basic awareness of providing culturally competent services, is aware of his/her limitations of knowledge of cultural and individual diversity, is helpful in seeking out additional information about diverse groups and effective therapeutic interventions with patients of different backgrounds when relevant to the interns cases or training needs, models the process of consultation with colleagues about diversity issues when needed, is aware of own struggles with persons of different backgrounds, is aware of his/her own cultural identity, world view, and value system that is brought to clinical work

Unsatisfactory DK/NA	Below Expected level	Satisfactory	Good	Excellent
1	2	3	4	5

Comments:

Please describe your experience of the training site, including:

Strengths with regard to your particular training experience and overall in providing treatment:

Weaknesses with regard to your particular training experience and overall in providing treatment:

Would you recommend the YCS Psychology Internship to a current graduate student?
_____ Yes _____ No Unsure(Explain): _____