



YCS INSTITUTE  
FOR INFANT AND PRESCHOOL  
MENTAL HEALTH

PSYCHOLOGY INTERN ORIENTATION MANUAL

2022-2023

YCS INSTITUTE FOR  
INFANT AND PRESCHOOL MENTAL HEALTH

**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 - 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 total) are offered through the YCS HMS-Institute: Institute-Infant/Preschool Track and Bilingual Child/Adolescent track.

All interns participate in the same weekly didactics, peer consultation, case conference, Baby Steps groups and elective rotations. Rotations occur in outpatient, community, residential, milieu and/or hospital settings. Our clientele is primarily African-American/Black, Latinx, and Caribbean-American families residing in underserved communities.

Each intern has a primary supervisor and a secondary supervisor for weekly individual supervision. They have two weekly group supervisions: Baby Steps Supervision and Testing Supervision. They attend a monthly clinical seminar on Cultural Diversity and a biweekly seminar on Reflective Supervision.

Interns are involved in conducting intakes, testing, treatment planning, and a full complement of treatment modalities (individual, dyadic, group and family). Institute and

Bilingual Child/Adolescent interns carry a caseload of 16-18 cases and the ages of the majority of their clients differ based on their track. All interns are involved in interdisciplinary collaboration with residential clinicians, 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 eight, and their caregivers.”*

### **Core Clinical Staff with Direct Oversight of the Internship**

Dayna Zatina Egan, Psy.D., Vice-President of Practice Integration, Supervisor  
Samantha Spencer, Psy.D., Training Director, Supervisor  
Leslie Lester, Psy.D., Associate Director, Supervisor  
Christina Colón, LPC, AVP of Early Childhood and Community Programming  
Jorge Montañez Murillo, BA, IMH-E, Coordinator of Early Childhood and Community Programming

### **YCS Institute Core Doctoral Internship Training and Supervisory Faculty**

**Dayna Zatina Egan, Psy.D.** IMH-E®, is the VP of Practice Integration at YCS. As a part of this role, she oversees the YCS Institute and Dr. Helen May Strauss Clinics and provides supervision for our doctoral interns. Dr. Egan previously served as the Director of the YCS Institute, and also as the Parent/Infant Services Coordinator before that, prior to stepping into the role of VP Practice Integration in the agency. She is a licensed psychologist in New York and New Jersey and is also endorsed as an IMH-E® Infant Mental Health Mentor- Clinical. Dr. Egan is also a staff psychologist 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 the Immediate Past President of the NJ Association for Infant Mental Health (NJ-AIMH).

**Samantha Spencer, Psy.D.**, is the Director of Training at Youth Consultation Service Institute for Infant and Preschool Mental Health, where she coordinates training and provides reflective supervision to interns and externs in clinical work and assessment. Dr.

Spencer 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. She is a licensed psychologist in New Jersey and New York. Dr. Spencer received her doctoral degree in Clinical and School Psychology from Pace University. She also has advanced training in DIR Floortime®. Clinical and research interests include psychodynamic and psychoanalytic theory and practice, suicidal behavior, differential diagnosis in childhood disorders, and play therapy.

**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.

**Christina Colón, LPC, IMH-E** is the AVP 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 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. She has previous experience providing therapy to caregivers and children involved in the juvenile justice and child welfare system.

**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 Coordinator of Early Childhood and Community Programming 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 Parents as Teachers and Nurse-Family Partnership. Jorge is endorsed as an Infant-Family Specialist by the New Jersey Association for Infant Mental Health, where he also a member and serves as the current 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 a highly trained professional practitioner who applies 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.

1. 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.

2. Emphasis on relationships and mentoring

We seek to foster meaningful relationships within the training cohort and between fellows and staff.

3. Reflective Practice

Our training emphasizes ongoing reflection, consultation, collaboration, and feedback.

4. Relational/Psychodynamic emphasis

We are committed to evidence-based practice but also strongly emphasize practice-based evidence over manualized fidelity. We provide treatment for a diverse, underserved population with complex histories not generally represented in existing research. Our infant mental health approach is relational/ psychodynamic and developmentally-based.

5. 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.

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, a discussion of multicultural, developmental, family and ethical considerations.
  4. 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.
  5. Providing the service:  
In conjunction with a staff or clinical supervisor, being observed by a supervisor, or with consultation from a staff or supervisor.
  6. 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.
  7. 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 2023.*

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 1<sup>st</sup> Street, NE, Washington, DC 20002*

*Phone: (202) 336-5979*

*Email: [apaaccred@apa.org](mailto: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 Guidelines & Principles. 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 32 applicants are selected by December 15 for an interview in January. In-person interviews are preferred but virtual interviews can be arranged if necessary. Additionally, interviews will occur online if needed due to pandemic realities. 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 1000 total practicum hours (Include current placement expected).
4. Has seen an individual child for play therapy.
5. Has clinical experience with preschool-aged children (Institute)
6. Has clinical experience with adolescents for (Child/Adolescent track)
7. Has clinical experience with elementary-school aged children
8. Has worked with families or parents
9. Has completed > 10 WISC's or WPPSI's
10. Has completed >3 Rorschach/Projective tests and/or other Personality Assessment
11. Any previous experience with people of color, low SES populations.
12. Applicant included a psychological report based on a child/adolescent (0 – 17 years) evaluation.
13. 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 preschool and school aged children 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.

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### 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, and other clinical documentation) within 24 hours.
  - e. Completes Intake within 3-5 sessions and develops clinical formulation and initial treatment plan in accordance with 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 are 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.

## **Stipend, Benefits, and Resources**

The annual stipend across YCS training sites is \$27,300. Interns will be employees of Youth Consultation Services, Inc., and will receive comprehensive health benefits, and other optional benefits, as well as paid time off. YCS has established a variety of employee benefit 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 that 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 the 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 retroactive to their first day of work.

YCS interns have access to numerous resources. All interns are provided with private office space and a computer. Attendance at professional conferences is also encouraged and could be funded by YCS when opportunities are available. For example, in the 2021-2022 internship year, interns completed a three-day training on Brazelton Touchpoints and a two-day training on DC:0-5. 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.

# **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 parent or other family member is in need of 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 **a minimum of eight comprehensive assessment batteries** which will be assigned from these sites.

YCS Institute: Some assessment cases completed by interns are assigned from the Institute's referrals, children ages birth to six years, 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. Preschoolers and older children have standard cognitive assessment batteries which include the Wechsler Scales as well as achievement testing, NEPSY-II, objective, and projective measures. Interns consult with the YCS staff psychiatrists and psychiatric APNs to develop a treatment plan; case management assistance is provided to parents as they attempt to secure recommended services.

YCS: several other programs within YCS (including Kid Connection, Emergency Diagnostic Reception Unit, Treatment Homes) 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 standard battery is used 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. **Davis House evaluations are completed on-site in Newark, NJ.**

## **HMS-YCS Institute Doctoral Internship Rotations**

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

1. HMS-Union City rotation (Union City, NJ): The Dr. Helen May Strauss Clinic in Union City serves children and adolescents in a predominantly Latinx community, ages 0-21. Institute interns will have the opportunity to work with children ages 7 and older, complete additional comprehensive testing batteries, and co-lead Circle of Security, Baby Steps, and/or Social Skills/Play groups.
2. 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.
3. Early Childhood Consultation (site varies): Early childhood mental health consultation (ECMHC) is emerging as an effective strategy to help young children and their families increase social and emotional health while decreasing challenging behavior. Past ECMHC sites have included a nursery at a substance abuse treatment center, a cooperative preschool center, and an inclusive preschool. Availability varies from year to year based on site need.
4. CAECMH (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. Opportunities to provide assessment and individual and family therapy services are occasionally possible as well. Clinical supervision will be provided by Dr. Dayna Zatina Egan, and on-site supervision will be provided by Jennifer Faasse, M.A., LPC.
5. Baby Steps Rotation (East Orange, NJ): **Int**erns in the bilingual track have the opportunity to complete a rotation to gain greater experience with dyadic therapy and parent-infant groups for children aged 0-3 and their caregivers. This rotation includes co-leading one parent-infant or Circle of Security group and carrying two dyadic cases in either the Union City or East Orange locations. The Baby Steps rotation is supervised by Dr. Leslie Lester.
6. 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.

7. Eva's Village Hope Residence (Paterson, NJ) – Eva's Village Hope Residence is a substance abuse residential program where women can live together with their children while they are in the process of recovery. Interns can provide on-site therapeutic services to mothers and children including carrying approximately two dyadic cases and co-leading one mother-baby or Circle of Security group.

## **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 (4 hours per week - Additional professional conferences not included)
  - Case Conference
  - Didactic Seminar
  - Additional Seminars (occur weekly or monthly)
    - Cultural Conversations
    - Supervision of Supervision
- Treatment Cases (approximately 16-18 hours per week):
  - 14-16 scheduled individual, dyadic or family outpatient cases (2-4 late evenings required)
  - Psychotherapy Groups occur based on client/community need. Interns are encouraged to develop their own groups as well.
- Rotations (must choose at least one for at least 3 months that is not your main track)
- Assessment Cases (approximately 20 hours per month):
  - 8-10 assessment batteries to be completed
  - Testing day of the week assigned (5 hours blocked off time)
  - One comprehensive testing case scheduled each month
- Supervision (approximately 4 hours per week):
  - 2 hours / week of individual supervision  
(Primary and Secondary Supervisors-Licensed Psychologists)
  - Baby Steps Supervision
  - Testing Supervision
- All interns are required to be the East Orange location on Thursdays regardless of track

## Sample Didactic Seminar

Didactics, in person at The Institute on Thursdays from 12:00-2:00PM

<b>Topics Covered in Previous Years</b>	
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	Collaborative Therapeutic Assessment
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 (5-day training)
<b>Developmental, Individual Difference, Relationship-based (DIR/Floortime)</b>	Theraplay
Education Advocacy	Significance of Touch
Sexual Abuse	Play Therapy and Telehealth
Art Therapy	Sandtray
Sensory Processing	Developmental Assessment
Adoption	Play Therapy for Behavioral Disorders
Parent Child Interaction Therapy (PCIT)	The Impact of Immigration on Latino Immigrant Families and Early Childhood Mental Health
Therapeutic/Collaborative Assessment Techniques	Pregnancy and Parenting in Prison

*HMS-Institute for Infant and Preschool Mental Health*  
**Sample Case Conference Format & Presentation**

1. Identifying Information of Infant and Caregiver – names, ages, genders, ethnicities, nature of housing.
2. Date of Referral and Referral Source
3. Treatment: Date began, modalities, length and nature of participation, brief course.
4. Presenting problems: Infant and Caregiver
5. Brief family history: Infant and Caregiver
6. Current Status: Infant and Caregiver
  - Strengths/Weaknesses
  - Nature/Quality of Attachment
  - Language of Interaction
  - Developmental/Medical status
  - Substance Abuse Issues
  - Adult Psychological Functioning
  - Psychiatric/Medication Needs
7. Other Agencies Involved
8. Clinical Formulation
9. Clinical Impressions DSM-5 - Parent and Child, DC: 0-5 Diagnostic System
10. Reflection on Clinical Relationship/Transference and Countertransference: Consider your subjective feelings and responses to the relationship you have with the child and family.
11. Recommendations
12. Genogram and Timeline

## **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 May. 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.

### **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 (February) 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.

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 Minimal Competencies (Intern Expectations Form) that must be achieved and they must have that form signed off on 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.

Intern Expectations

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 Bayley-IV test administration (paired) or other early childhood assessment and at least one Woodcock-Muñoz for Bilingual Track.

\_\_\_\_\_  
(Signature of Testing Supervisor)

\_\_\_\_\_  
(Date)

4. A minimum of 8 evaluations, including two administrations with children under 6, 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. Two Teaching/Outreach/Professional Presentation experiences completed: one for the community and one for staff (i.e., Didactic). This could occur individually, in pairs or a group.

<b>Date</b>	<b>Location (unit)</b>	<b>Topic</b>



**YCS INSTITUTE FOR INFANT & PRESCHOOL MENTAL HEALTH**

**60 Evergreen Pl. 10<sup>th</sup> floor**

**East Orange, NJ 07018**

**973-395-5500**

**Fax: 973-395-9916**

Evaluation of Doctoral Intern

Student Name: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

License Number: \_\_\_\_\_

Internship Site: \_\_\_\_\_

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

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

**Communication/Relationship/Interpersonal Skills**

**A. With Clients and Family**

- 1. Ability to form a working alliance **1 2 3 3.5 4 5 NA**
- 2. Ability to deal with conflict and negotiate differences **1 2 3 3.5 4 5 NA**
- 3. Ability to understand and maintain appropriate boundaries **1 2 3 3.5 4 5 NA**

**B. With Colleagues**

- 1. Ability to work collegially with fellow professionals **1 2 3 3.5 4 5 NA**
- 2. Ability to support others/to gain support for one's own work **1 2 3 3.5 4 5 NA**

**C. With Supervisor**

- 1. Ability to work collaboratively with one's supervisor **1 2 3 3.5 4 5 NA**
- 2. Ability to utilize the supervisory experience to become more autonomous as the year progresses **1 2 3 3.5 4 5 NA**
- 3. Ability to know when to seek out supervision **1 2 3 3.5 4 5 NA**
- 4. Ability to self-reflect **1 2 3 3.5 4 5 NA**
- 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 NA**
- 6. 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 NA**
- 7. Ability to work collaboratively and respectfully with all other agency staff. **1 2 3 3.5 4 5 NA**

## **Intervention Skills**

### A. Individual Therapy

1. Ability to empathize with clients & establish a therapeutic alliance 1 2 3 3.5 4 5
- NA 2. Knowledge of, and sensitivity to, clients' dynamics 1 2 3 3.5 4 5 NA
3. Ability to help clients formulate treatment goals and objectives 1 2 3 3.5 4 5 NA
4. Awareness of therapeutic process 1 2 3 3.5 4 5 NA
5. Understanding of therapy model (i.e. PCIT, CPP, COS) 1 2 3 3.5 4 5 NA
6. Ability to integrate theory and technique 1 2 3 3.5 4 5 NA
7. Maturity of judgment 1 2 3 3.5 4 5 NA
8. Capacity to identify and accept severe pathology 1 2 3 3.5 4 5 NA
9. Capacity to evaluate treatment outcome progress 1 2 3 3.5 4 5 NA

### B. Family Therapy

1. Proficiency in constructing and utilizing Genograms for any kinship network 1 2 3 3.5 4 5 NA
2. Ability to join family members and reframe problems 1 2 3 3.5 4 5 NA
3. Ability to formulate the case systemically 1 2 3 3.5 4 5 NA
4. Sensitivity to culturally diverse system 1 2 3 3.5 4 5 NA
5. Ability to recognize transference/countertransference issue 1 2 3 3.5 4 5 NA

### C. Group Therapy

1. Ability to understand and facilitate group process 1 2 3 3.5 4 5 NA
2. Ability to work collaboratively with a co-therapist 1 2 3 3.5 4 5 NA

## **Psychological Assessment Skills**

1. Ability to choose appropriate measure to answer the referral ques. 1 2 3 3.5 4 5 NA
2. Ability to formulate diagnoses based on data & clinical interview 1 2 3 3.5 4 5 NA
3. Ability to synthesize, summarize and integrate results 1 2 3 3.5 4 5 NA
4. Ability to write professionally (e.g., appropriate grammar, content) 1 2 3 3.5 4 5 NA
5. Ability to complete the reports in a timely fashion 1 2 3 3.5 4 5 NA

## **Professional Behavior and Development**

### A. Clinical Documentation

1. Ability to complete clinical documentation in a timely fashion 1 2 3 3.5 4 5 NA
2. 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 NA
3. Ability to present meaningful clinical documentation that respectful of the client, & mindful of the audience for whom it is intended 1 2 3 3.5 4 5 NA

- B. Self-understanding and reflection that allows for willingness to acknowledge and correct problems 1 2 3 3.5 4 5 NA

**Consultation Skills**

1. Ability to effectively relate to other professionals in accordance with their unique client care roles 1 2 3 3.5 4 5 NA  
 2. Ability to integrate and use all relevant data to provide meaningful recommendations to other professionals 1 2 3 3.5 4 5 NA

**Diversity-Individual and Cultural Differences**

1. Knowledge of the self in the context of diversity issues 1 2 3 3.5 4 5 NA  
 2. Knowledge about the nature and impact of diversity issue in the therapeutic process 1 2 3 3.5 4 5 NA  
 3. 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 NA  
 4. Participation in Cultural Diversity seminar 1 2 3 3.5 4 5 NA

**Ethics**

1. Knowledge of ethical/professional/legal codes, standards & guidelines 1 2 3 3.5 4 5 NA  
 2. Specific knowledge about child abuse reporting guidelines 1 2 3 3.5 4 5 NA  
 3. Specific knowledge about duty to warn issues 1 2 3 3.5 4 5 NA

**Skills in Application of Research and Theory**

1. Ability to apply theoretical knowledge to clinical practice 1 2 3 3.5 4 5 NA  
 2. Ability to apply research findings to clinical practice 1 2 3 3.5 4 5 NA

**Supervision**

1. Ability to understand concept of reflective supervision 1 2 3 3.5 4 5 NA  
 2. Participating during case conferences, testing supervision and Baby Steps supervision groups 1 2 3 3.5 4 5 NA  
 3. Appropriate supervision of extern during therapeutic rotation 1 2 3 3.5 4 5 NA

**Overall Impression and Rating of Student**

1. Overall rating of student’s performance 1 2 3 3.5 4 5 NA  
 2. Additional Comments about student (Strengths/Areas in need of growth):

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**Signature**

I attest to the information I have provided in this evaluation and have discussed the results with the student.

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Supervisor: Please print name and sign.

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Student: Please print name and Sign

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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:** 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: 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 diagnose competently on all Axes. 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:

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**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:

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**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:

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### **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:

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**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:

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---

**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:

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**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:

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**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:

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### **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:

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**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:

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### **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:

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**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:

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**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:

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

Comments:

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### 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): \_\_\_\_\_

## **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 Associate Director for Clinical Services (Training Director) 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; 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

**TITLE:** 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 Associate Director for Clinical Services, along with the 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.

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Sign & Date

## PART III. CLINICAL DOCUMENTATION

### OPENING A CASE

This is a brief summary of the steps needed to open a new case. Your supervisor can help you with specific questions.

#### Initial contact:

Recognize that your first contact with the family signals the beginning of the therapeutic relationship. That means your client will begin forming an opinion about you, YCS, and therapy in general based on the initial telephone call you make to schedule the intake appointment! Therefore, be aware of how you communicate and what message(s) you are sending when you reach out to your client. Therapeutic alliance starts here!

#### Referral Sheet:

This sheet contains pertinent demographic information, ways to contact the client, and the reason for the referral. Be aware that clients may not always *want* services – there may be a third party (DCP&P, the school, an in-law) who decides that services are necessary. Therefore, not every referral will become an active case. As you begin reaching out to the prospective client, document on the back of the referral sheet your attempts to call, messages left, appointments given, etc. Staple to the referral sheet copies of any letters sent to the prospective client. Eventually, your supervisor will ask what you've done to engage the client and these notes will document your efforts. Our policy for *respectful pursuit* means that you will likely make numerous efforts to engage some of these referrals. Discuss with your supervisor the lengths to which you should go – when does respectful pursuit become stalking?!

#### First Intake Appointment:

Congratulations! Once the client arrives to an appointment, it is time to open a case! The file room contains new folders that will become client records. In East Orange, new charts are assembled by the clinician. Inside, each file should have all the forms except the intake form. Please determine which intake form you will need (early child, child, or adult). Please be sure all the forms you need are in the chart, and if not, please ask our AA for assistance. The **goal of your first session is to establish a working alliance**, communicate the various services that YCS has to offer, and *begin* gathering information from the client regarding the presenting problem. You will *not* get all the information you need during this first appointment. That's okay. However, these are essential and *must* be completed at the first visit:

1. Intake Form: the first page (demographics), last page (diagnosis and code), and SUICIDE/RISK ASSESSMENT (if applicable) are essential for the first session. Any other information gained is very helpful, of course, and should be documented. \*Note: The intake form should be completed in full at least by the

time the initial treatment plan is due. Put N/A, no response, or unknown as needed. Genograms should be completed as well, at minimum including current household members.

2. Referral Form should be placed in the chart after the intake form.
3. Consent Forms: Permission to Provide Treatment, Client Bill of Rights, Custody and Legal Statement, HIPAA Notice of Privacy Practices and HIPAA Use and Consent Form, Licensure Acknowledgment Forms, Consent to Publish, and Cancellation Policy Form *must* be signed at first visit. Authorization to Release should be completed if applicable (Note: Only applies for four months. Update as needed, or write “N/A After [four months from signed date]” on bottom. Consent to Observe/Video/ Record should also be completed if applicable. Keep originals for the chart and offer client photocopies of each. At minimum, clients should receive copies of Bill of Rights, Notice of Privacy Practices, and Cancellation Policy. **MAKE SURE ALL FORMS ARE DATED! AND ALL LINES ARE FILLED OUT!**

**\*\*** If DCP&P has custody of the child, the guardian *may not* have permission to consent for treatment. Ask the guardian if they have a FOSTER PARENT IDENTIFICATION LETTER. This authorizes foster parents to sign for therapy, sign Treatment Plans, give consent to talk to outside parties, etc. Make a copy of this letter at intake and file it with the other consents in the chart.

If the foster parent does *not* have this letter, all consents *must* be signed by the DCP&P case worker. That means the case worker will have to come to the initial intake appointment to sign consents and will have to sign all subsequent Treatment Plans.

**\*\*\***If parents have joint legal and physical custody but are separated, both parents should sign consent forms. If they have joint legal but one parent has physical, that parent can serve as consentor.

- ~~4. Medicaid / Social Security Cards: make photocopies of each for the chart. If client gives you a copy of the CCN number (a 16 digit number), you will need to contact Medicaid to verify the Medicaid number. To do this: call REVS 1-800-676-6562; press #1; enter this provider number: 0219088; press #3 to enter the CCN number listed on the card (or listen to options to enter by SSN); enter date of birth (listen to prompt if requests 6 or 8 digit date); enter the date of the first intake using six digits (e.g., 07/15/08); then the system will give you the 12-digit Medicaid number. If they say the child is not in the system, try again!.~~
5. Progress Note: is completed after every appointment, including intake appointments. You only need to document that the session occurred and indicate that all necessary consents were signed. Also complete progress notes for phone and collateral contacts, school or court visits, etc.

6. Medicaid Signature Forms should be in the last section of the chart, and clients should sign for every visit.

Allow yourself 90 minutes for the intake and another hour to complete the paperwork since you must complete # 1 – 6 above before leaving for the day!!

### Second Intake Appointment:

If your client misses this second appointment, document this on a contact note. Discuss with your supervisor how to pursue the client. If your client keeps the appointment, congratulations! You've connected! Use the session to continue gathering information and building on your alliance. Before the client leaves:

1. Discuss intake measures with client and decide whether you'll have the client finish some measures during this session or take some measures home to complete.
2. Complete Progress Note and appropriate lines on Intake Form.
3. Begin formulating a Treatment Plan via discussion with client.

## ***PSYCHIATRIC EVALUATIONS***

Clients are not required to participate in a psychiatric evaluation; however, our psychiatric APNs are available for evaluations, consultations, or medication management. Clients who have a recent evaluation from their own treating psychiatrist and who are not interested in changing medication management to YCS should request a copy of the evaluation for the chart. The clinician can also complete an authorization to release to contact the psychiatrist directly for a copy of the evaluation. File the evaluation in the chart.

Consult with supervisor to set up a psychiatric evaluation with one of YCS's APNs or psychiatrist.

## ***TREATMENT PLANS***

Treatment plans must be completed within 30 days of intake. Clients must review and sign treatment plans.

This form must be completed and signed by the client (and therapist, supervisor,) within 30 days of the first intake appointment. Use your supervision sessions to guide you in formulating the Treatment Plan. Goals and objectives should be stated in client action statements, NOT therapist actions. Goals are numbered (1, 2, etc), and objectives are quantifiable breakdowns of the goals (e.g., 1a, 1b, 2a, 2b). Treatment Plans are

revised/updated every 3 months during the first year, and every 4 months after the first year. When updating on progress, document quantifiable progress made and note whether the goal/objective has been met or will be continued to the next Treatment Plan. Any clients who are prescribed psychotropic medications (whether by YCS or from an outside source) should have this mode of treatment documented in the treatment plan as well as a goal. They should also include the name of the medication, dosage, and frequency taken.

Allow yourself another 90 minutes to complete the intake. Since you have 30 days or 3 intake appointments (whichever comes first) to complete the Treatment Plan, you must:

1. Come to the session with a draft of a Treatment Plan. Make necessary revisions and *have the client sign the Treatment Plan* before they leave!
2. Collect intake assessment measures given at last session and decide how to complete the remainder.
3. Have client sign separate Consent to Release Forms for all outside parties you may wish to contact / visit. This must be completed IN FULL – blank releases are not acceptable.
4. Complete the Intake Form, in ink, leaving *no blank lines*. Put N/A, no response, or unknown as needed.

#### *CLOSING A CASE*

1. COMPLETE A DISCHARGE SUMMARY AND GET ALL NECESSARY SIGNATURES.
2. COMPLETE THE ECR DISCHARGE FORM and get supervisor signature.
3. Put the chart to be closed in the designated place in each clinic for the Administrative Assistant to close the chart.

#### *ON-GOING TREATMENT*

At the end of the third visit, intake is completed and treatment has begun! Actually, you will likely have begun treatment from your first visit. However, in terms of paperwork, at the end of 30 days, all intake information has been gathered and a diagnostic formulation is completed as well as a diagnosis entered into ECR. You should have a Treatment Plan written by now. All forms will require signatures (by supervisors, psychiatry, clients, and clinicians) within the 30-day time frame so some advanced planning is necessary.

#### *Progress Notes:*

Are completed at every session. The HMS Progress Note is used for individual or parent sessions. The HMS Family Therapy Note is used for family sessions including the client and dyadic sessions. The group note is used for group participants.

#### *Contact Notes:*

Contact notes are completed for telephone contacts and collateral contacts (that is, contacts with other professionals involved in the case), including missed appointments.

Treatment Plan:

This form must be completed and signed by the client and therapist within 30 days of the first intake appointment. Use your supervision sessions to guide you in formulating the Treatment Plan. Goals and objectives should be stated in client action statements, NOT therapist actions – see the example attached. Treatment Plans are revised every 3 months within the first year, and every 4 months thereafter. When updating on progress, document progress made and note whether the goal/objective has been met or will be continued to the next Treatment Plan. Any clients who are prescribed psychotropic medications (whether by YCS or from an outside source) should have this mode of treatment documented in the treatment plan as well. This should include the name of the medication, dosage, and frequency taken.

Transferring a Case:

Discuss with Associate Director or Program Administrator. Complete the Transfer Summary, and ensure treatment plans are up to date.

Reopening A Case:

Discuss with Associate Director or Program Administrator prior to reopening a case. Complete the “Former Client Readmission” Form. If longer than 6 months since Discharge, complete all new authorization forms and an updated intake form. Place new forms in old chart on top of old forms.

Contacting Outside Parties/Professionals:

Clients should sign separate Consent to Release Forms for all outside parties you may wish to contact / visit. These are valid for 4 months, and should either be updated, or written “N/A after [4 months from signature date]”. Releases are to SPECIFIC PARTIES, clients should NOT sign general releases.

Request for Evaluation Form:

This is used to schedule psychiatric and/or psychological assessments. The original goes to the client to remind him/her of the appointment time; a copy is filed in the chart. Remember, psychiatric appointments are mandatory and should be scheduled (by the clinician) within 30 days of intake. Then, check and make sure the client kept the appointment. If not, it is your responsibility to ensure they reschedule.

Clients that are referred for psychological evaluations: clinician should complete a referral form and discuss this with Associate Director or Program Administrator

Treatment Summaries:

Those clients who are in the custody of DCP&P will be seen in court approximately every 90 days. Often, the DCP&P worker will ask for a treatment summary to take to the court date. These summaries will document reason for referral; number of appointments given, number missed and reasons for these, and number of appointments kept. The

clinician will summarize the treatment goals and progress towards meeting those goals. Findings from any evaluations will also be summarized. Recommendations for future treatment will be included. Use your supervisor whenever you write one of these summaries as they become evidence in court. On occasion, the DCP&P worker or family member may also ask you to appear. Your supervisor will accompany you should it be determined that your appearance is necessary.

Annual Psychosocial Summary:

This form is completed on the anniversary of the opening of the case. It documents interventions and progress towards meeting treatment goals.

Incident Form:

With luck you may never need to use this form! This documents untoward incidences (injuries, suicidal ideation / gestures, assaults) occurring in the Institute. If in doubt, discuss any incident with your supervisor or the supervisor on charge. When completed, the form must be returned to the Associate Director for Clinical Services.

Suicide/Risk Assessment (Also Preschool Version):

If client expresses any suicidal ideation or gestures, this should be assessed with a risk assessment and referred if/as needed. Needs to be completed and reassessed until one indicates low/no longer risk.