

**FRASER CLINICAL PSYCHOLOGY  
INTERNSHIP  
TRAINING PROGRAM**

**BROCHURE**

**2018-2019 RECRUITMENT CYCLE**



**FRASER**  
*Special needs ★ Bright futures*

## ELIGIBILITY

Internship candidates must be enrolled in an APA-approved clinical, counseling, or school psychology program. Individuals from Ph.D. and Psy.D. programs will be considered. Candidates must have completed all required course work prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate. Applicants should have at least 1000 hours of supervised experience in the areas of child clinical psychology, autism spectrum disorder, and/or clinical neuropsychology prior to beginning the internship.

Fraser demonstrates a commitment to diversity and ethnic minority recruitment and retention. Staff and internship applicants from all cultural and ethnic minorities are considered based on their training and experience and its relevance to our training site.

## STIPEND AND BENEFITS

The stipend is currently \$26,000 for twelve months. Fraser provides a complete benefits package including a flexible Paid Time Off (PTO) Plan. Interns earn PTO at the rate of .10 x hours paid per pay period (approximately 20 days) which may be used for holidays, vacation, and sick days. Additional time off is allowed for dissertation defense and conference attendance with approval from the training director. Interns are eligible for group health, dental, life, and disability insurance, as well as other Fraser offered benefits, at the first of the month following 42 days of full-time employment. In addition, interns are eligible to contribute to Fraser's 403(b) retirement plan immediately upon start date.

Interns are provided financial support to attend a psychological conference in Minnesota (i.e., Minnesota Psychological Association or Minnesota Association for Children's Mental Health).

## PHILOSOPHY AND GOALS

The scholar-practitioner model guides the philosophy of Fraser's internship program. Consistent with this model, we seek to help interns develop the ability to apply scientific theory and knowledge in direct service (assessment, intervention, and consultation) and to evaluate the efficacy of interventions.

The primary goal of the internship is to prepare interns for post-doctoral training with a strong foundation in general clinical skills as well as specialized training in children's mental health, Autism Spectrum Disorder, and neuropsychology. Interns are exposed to a wide variety of educational and clinical experiences, with diverse client populations. The intern should be knowledgeable about and demonstrate sensitivity to cultural and individual diversity in all aspects of their work.

Training is based on evidence-based practices and consistent with standards of professional practice (i.e., Ethical Principles of Psychologists and the Code of Conduct of the American Psychological Association).

## OBJECTIVES

Interns are expected to develop and master profession-wide competencies over the course of the internship year. We utilize competency-based training approaches to help the intern develop strong diagnostic/assessment and conceptualization skills, effective psychotherapeutic intervention, consul-

tation and collaboration, knowledge of and compliance with statutes and rules, professional values, attitudes, and behaviors, ethics and legal standards, supervision, application of knowledge and sensitivity to individual and cultural diversity, and research skills.

These core competencies are developed through clinical experiences, didactic seminars, supervision, literature reviews, case conferences, protected time for research, and opportunities to participate in various committees. Progress is evaluated in weekly supervision, monthly reviews by the Training Committee, and through written performance evaluations conducted in the middle and at the end of each four-month rotation.

## DIRECT CLINICAL HOURS AND WEEKLY ACTIVITIES

The typical caseload for any given intern includes 9 to 12 outpatient psychotherapy cases (children/adolescents, families, groups) per week (half in mental health and half in Fraser's Autism Center of Excellence) and approximately two to three evaluations per week. Another four to six hours will be spent in supervision, with an additional two hours devoted to didactic seminars and at least one hour per week in group case consultation meetings. Interns are also invited to participate in journal clubs (neuropsychology and autism topics). Four hours per week is protected time for research activities. Additional time is generally required for consultation with referral sources, community agencies, schools, and co-therapists. The program is designed to occupy 40 hours per week of a trainee's time, although many trainees report investing additional time completing reports and other paperwork, making telephone contacts with community agencies, or attending special meetings.

## OUTPATIENT TREATMENT SERVICES

Interns are required to provide therapy services for 10 to 15 clients throughout the year. Interns will see clients and families for individual, family, and group therapy throughout the year. Related to therapy, clients have an annual diagnostic assessment, which interns will provide. Past interns have treated clients with a range of mental health diagnoses, including: Autism Spectrum Disorder, Posttraumatic Stress Disorder and other trauma- and stressor-related disorders, depressive disorders, anxiety disorders, Attention-Deficit/Hyperactivity Disorder, and disruptive behavior disorders, such as Oppositional Defiant Disorder and Conduct Disorder.

Most outpatient staff have received training in DC: 0-5 assessment and treatment for young children ages birth through 5. Interns are expected to attend DC: 0-5 training conducted by a Fraser staff member who is a national trainer, and will be exposed to this framework through evaluations and therapy services.

Several of the families we work with are concerned with the impact of trauma, attachment development, open adoption relationships, grief and loss, transracial family identity, and managing challenging behaviors. Because we believe in strengthening connections with key figures in a child's life, we support foster parents, birth/first parents, adoptive parents, kinship caregivers, siblings or other key family members to support the child. Several clinicians have received Permanency and Adoption Competency Certification and are available to work with, or consult with, interns.

In addition, interns have the opportunity to provide adult psychotherapy to a small number of adult cli-

ents. Typical referral issues for adult clients include: depression, anxiety, trauma history, parent/child and other relationship issues, and family difficulties.

## ROTATIONS for PSYCHOLOGICAL EVALUATIONS

Interns will gain experience providing psychological evaluations in three rotations: Fraser Autism Center for Excellence, Fraser Mental Health, and Fraser Neuropsychology. Each rotation ensures interns will provide comprehensive evaluations for a variety of presenting concerns. Evaluations include completing a review of records, a clinical interview, collaborating with referring and other providers, completing a range of psychological measures, and providing feedback. Interns are supervised in completing, scoring, and interpretation of the measures, providing feedback, as well as in writing comprehensive, integrative psychological reports.

The goals for all evaluation rotations include increasing skills and independence in choosing appropriate assessment measures, expanding the number and types of assessment measures familiar to the intern, diagnostic interviewing, improving proficiency in case conceptualization and differential diagnosis, making appropriate recommendations, writing professional reports, and providing feedback to families.

Referrals for psychological evaluations come from a variety of sources, including physicians, teachers, case managers, mental health providers, and families.

Fraser takes a team approach, with parents/caregivers actively involved in the evaluation process so that they understand their child's diagnosis. While the focus is on children referred for a specific type of evaluation (neuropsychology, autism, or general mental health), the intern's experiences ensure proficiency in differential diagnosis.

Service and strategy recommendations are selected based on the individual client needs and the family's preferences and cultural considerations. The appropriate community and educational, as well as Fraser, resources are recommended to help strengthen social, emotional, behavioral, and academic performance.

## FRASER MENTAL HEALTH

The Fraser Mental Health psychological evaluation rotation consists of a 4-month concentrated assessment focus. These evaluations assess for a variety of mental health diagnoses, including, but not limited to, Depressive Disorders, Anxiety Disorders, ADHD, Posttraumatic Stress Disorder, Disruptive Behavior Disorders, and Reactive Attachment Disorder. The evaluations are designed to be very flexible and reflect the interest of the intern as well as address any deficits in skills. Factors included in the evaluation process may include: clarification of referral questions, client and caregiver interviewing techniques, test selection, administration, and interpretation, report writing, and recommendation of services and strategies. Interns also participate in providing feedback to patients, families, and other professionals.

As part of the evaluation process, interns organize and integrate information about clients and families, including medical data, mental health history, educational information, interview, observations, and testing data. Interns are expected to review mental health and school records and contact current providers and teachers to assist in formulating a comprehensive evaluation.

Interns will gain experience in administration and interpretation of a variety of instruments to assess developmental and cognitive functioning (e.g., Bayley Scales of Infant and Toddler Development; Wechsler Preschool and Primary Scale of Intelligence (WPPSI); Wechsler Intelligence Scale for Children (WISC), Comprehensive Test of Nonverbal Intelligence (CTONI)); academic achievement (e.g., Wechsler Individual Achievement Test (WIAT)); adaptive functioning (e.g., Vineland Adaptive Behavior Scales); executive functioning (e.g., Behavior Rating Inventory of Executive Functioning (BRIEF)); memory and learning (e.g., Wide Range Assessment of Memory and Learning (WRAML)); social, emotional, and behavioral functioning (e.g., Behavior Assessment Scale for Children (BASC); Achenbach Child Behavior Checklist (CBCL); Conners; Parenting Stress Index (PSI); Trauma Symptom Checklist for Young Children (TSCYC); Multidimensional Anxiety Scale for Children (MASC); Children's Depressive Inventory (CDI)); and personality patterns (e.g., Millon Adolescent Clinical Inventory (MACI)). Use of projective measures and semi-structured interviews are also commonly used, including Robert's Apperception Test; Kinetic Family Drawing; House-Tree-Person projective drawings; sentence completion; Children's Yale-Brown Obsessive Compulsive Scale; and Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS).

Interns are supervised closely on every case. Interns receive direct case supervision to promote formulation of diagnostic impressions and treatment recommendations.

#### FRASER AUTISM CENTER FOR EXCELLENCE

The Fraser Autism Center for Excellence evaluation rotation consists of a 4-month concentrated assessment focus. The focus is on Autism Spectrum Disorders as well as behavioral and emotional aspects of children's functioning. These evaluations are conducted with the latest version of the Autism Diagnostic Observation Schedule (ADOS), the "gold standard" for observational assessment of Autism Spectrum Disorders (ASDs). In addition to cognitive and adaptive functioning measures (Wechsler Preschool and Primary Scale of Intelligence (WPPSI); Wechsler Intelligence Scale for Children (WISC); Comprehensive Test of Nonverbal Intelligence (CTONI); Vineland Adaptive Behavior Scales), interns will have opportunities for formal and informal training in administering the ADOS, as well as measures of development (Mullen Scales of Early Learning, Bayley Scales of Infant and Toddler Development). Other measures that interns will gain experience and skills in administration and interpretation of include the Autism Spectrum Rating Scale (ASRS), Childhood Autism Rating Scale (CARS), and the Behavior Assessment Scale for Children (BASC).

The intern's role in these evaluations is focused on client administration of testing measures, as well as scoring and interpretation of all testing. Interns will work with supervisors to integrate all information to generate case formulations, building these skills for independent functioning. Providing feedback and report writing are additional skills that will be honed during internship.

#### NEUROPSYCHOLOGICAL EVALUATIONS

The Neuropsychology Clinic at Fraser serves children, adolescents, and young adults referred for assessment of neurodevelopmental or neurological disorders, including complex cases of ADHD, Autism Spectrum Disorders, language disorders, developmental delay, and learning disabilities. Neurological disorders include seizure disorder, traumatic brain injury, chromosome anomalies, brain tumors, Tourette's disorder, and infectious diseases. Training in several types of assessments will be provided. Cases are often complex and include co-occurring psychiatric and medical issues.

Interns will administer assessment measures and work alongside the staff neuropsychologist to conduct diagnostic interviews with parent/caregivers and the child/adolescent, determine the diagnosis,

develop appropriate intervention recommendations, and provide feedback to the family. Interns will write one or two reports per week.

## SUPERVISION

At the beginning of the internship year, each intern completes a self-assessment. The intern's previous academic training, clinical experiences, and skills are considered along with their individual training goals in order to plan the intern's training experiences.

Each intern has one year-long supervisor for therapy clients through the Mental Health clinic and one year-long supervisor for therapy clients through the Autism Center for Excellence.

Interns have one or two supervisors for each assessment rotation. During each assessment rotation they receive at least one hour of direct supervision (usually more) per week. Interns receive an additional hour of assessment supervision each week in the Neuropsychology Clinic.

Weekly group supervision uses a case-consultation model. The focus of group supervision alternates weekly between assessment and intervention cases.

The intern's rotation and individual therapy supervisors evaluate the intern's progress every two months (at the midpoint and end of each rotation). The evaluations are discussed individually with each supervisor.

A more formal evaluation of the intern is completed mid-year and at the end of the training year to determine if internship requirements and individual objectives have been met. These evaluations are forwarded to the intern's University Director of training mid-year and at the conclusion of the internship.

## RESEARCH

Fraser interns are provided one half day per week (4 hours) of protected time to engage in scholarly activities to promote their competencies in research and evaluation. This time may be used for completion of dissertation research and writing if needed, but is especially intended to make it possible for interns to work with Fraser psychologists in ongoing program evaluation, studies of clinical and psychosocial outcomes, and collaborative research projects with University of Minnesota faculty in psychiatry, child development and other disciplines. Interns present their work at the annual Fraser Conference, and may also submit presentations for local (Minnesota Association for Children's Mental Health, Minnesota Psychological Association) or national conferences. Evaluation and research opportunities are presented to interns during orientation to ensure optimal use of protected time for the entire internship year.

## DIDACTIC SEMINAR SCHEDULE

Didactic seminars will occur every Tuesday from 8:00 to 10:00 A.M. at the Bloomington site.

Didactic seminars will initially relate to introductory topics and progress through more advanced/professional level topics over the course of the internship year. Key topics will include focus on evidence-based assessment and intervention practices, supervision, ethics, and diversity.

Each presenter will send out 1-2 journal articles the week before each presentation, so that interns

have a foundation for the didactic. The presenter will introduce the topic and propose discussion questions for the interns. The interns are expected to be prepared to discuss the topic at a high level. In addition, as the year progresses, interns will be expected to participate in the didactics by presenting topic-related cases for discussion.

- 09/12/17 Didactic Topic: Conducting Clinical Interviews with Children/Adolescents and Caregivers  
Presenter and Credentials: Jacquie Avery, Ph.D., L.P.
- 09/19/17 Didactic Topic: Theories and Practice of Supervision  
Presenter and Credentials: Shelley Brandl, Ph.D., L.P.
- 09/26/17 Didactic Topic: Evidence Based Interventions for Trauma  
Presenter and Credentials: Aric Jensen, Ph.D., L.P.
- 10/03/17 Didactic Topic: Assessment in Early Childhood: The Importance of Observations  
Presenter and Credentials: Kelly Haack, Ph.D., L.P.
- 10/10/17 Didactic Topic: Autism Spectrum Disorders Overview  
Presenter and Credentials: Miranda Gilmore, Psy.D., L.P., LFMT
- 10/17/17 Didactic Topic: Evaluations for Autism and Mental Health  
Presenter and Credentials: Miranda Gilmore, Psy.D., L.P., LFMT and Kelly Haack, Ph.D., L.P.
- 10/24/17 Didactic Topic: Psychiatric Medication Overview  
Presenter and Credentials: Susan Jenkins, M.D.
- 10/31/17 Didactic Topic: Assessment of Children and Adolescents: Special Considerations  
Presenters and Credentials: Kelly Haack, Ph.D., L.P., and Jacquie Avery, Ph.D., L.P.
- 11/07/17 Didactic Topic: Ethical Decision Making  
Presenter and Credentials: Ruth Swartwood, Ph.D., L.P.
- 11/14/17 Didactic Topic: Overview of Early Start Denver Model: Working with Young Children with ASD.  
Presenter and Credentials: Rachel Gardner, M.A, L.P.
- 11/21/17 Didactic Topic: Evaluating the Anxious Child  
Presenter and Credentials: Cathy Avery, Ph.D., L.P.
- 11/28/17 Didactic Topic : Professional Ethics for Psychologists  
Presenter and Credentials: Kimberly Klein, Ph.D., L.P.
- 12/05/17 Didactic Topic: Helping Staff and Families Navigate Crisis Situations  
Presenters and Credentials: Aric Jensen, Ph.D., L.P. and Lily Ramey, LICSW
- 12/12/17 Didactic Topic: Post-Doctoral Training and Career Planning after Internship  
Presenter and Credentials: Pat Pulice, M.A., L.P.; Kimberly Klein, Ph.D., L.P. and Aric

Jensen, Ph.D., L.P.

- 12/19/17 Didactic Topic: DC: 0-3R: Diagnosing Very Young Children, Part I  
Presenter and Credentials: Pat Pulice, M.A., L.P.
- 01/02/18 Didactic Topic: DC: 0-3R: Diagnosing Very Young Children, Part II  
Presenter and Credentials: Pat Pulice, M.A., L.P.
- 01/09/18 Didactic Topic: Successful Implementation of Mental Health Consultation in Schools.  
Presenter and Credentials: Aric Jensen, Ph.D., L.P.
- 01/16/18 Didactic Topic: Risk Assessment  
Presenter and Credentials: Lily Ramey, LICSW and Karin Hampton, Ph.D., L.P.
- 01/23/18 Motivational Interviewing and Brief interventions / Application to Primary Care  
Presenter and Credentials: Jacquie Avery, Ph.D., L.P.
- 01/30/18 Didactic Topic: ASD, Global Developmental Delay and Typical Developmental Trajectories  
Presenter and Credentials: Sue Pederson, M.S., L.P.
- 02/06/18 Didactic Topic: Solution Focused Therapy with Children and Families  
Presenter and Credentials: Karin Hampton, Ph.D., L.P.
- 02/13/18 Didactic Topic: When Parents are Mentally Ill: Interventions for Families  
Presenter and Credentials: Shelly Brandl, Ph.D., L.P.
- 02/20/18 Didactic Topic: Overview of the Various Etiologies and Responses to Trauma and Stress in Children and Teens.  
Presenter and Credentials: Aric Jensen, Ph.D., L.P.
- 02/27/18 Didactic Topic: Understanding the Mechanisms Underlying Mild TBI/Concussion and Post-Concussion Syndrome.  
Presenter and Credentials: Kimberly Klein, Ph.D., L.P.
- 03/06/18 PCIT  
Presenter and Credentials: Rachel Gardner, M.A, L.P.
- 03/13/18 Didactic Topic: Understanding the Philosophy and Application of DBT.  
Presenter and Credentials: Jacquie Avery, Ph.D., L.P.
- 03/20/18 Didactic Topic: Learning Disabilities and Understanding Patterns of Underlying Deficits  
Presenter and Credentials: Cathy Avery, Ph.D., L.P.
- 03/27/18 Integrated Chemical Dependency and Mental Health Treatment for Adolescents  
Carla Olson L.P., R.N. PHN., Program Director Adolescent Dual Services-Fairview
- 04/03/18 Didactic Topic: Working with Interpreters  
Presenter and Credentials: Anne Fleming, MSW, LICSW



- 04/10/18 Didactic Topic: Helping Families Define “A Different Dream” as Part of the Grief Process.  
Presenter and Credentials: Kristi Swenson, Psy.D., L.P.
- 04/17/18 Didactic Topic: Pediatric Bipolar Disorder: Assessment and Differential Diagnosis  
Presenter and Credentials: Kelly Haack, Ph.D., L.P.
- 04/24/18 Didactic Topic: Applications of Consultation: Early Childhood Mental Health in Head Start and Childcare.  
Presenter and Credentials: Michele Fallon, MSW, LICSW
- 05/01/18 Didactic Topic: Theories and Methods of Psychological Consultation  
Presenter and Credentials: Glenace Edwall, Ph.D., L.P.
- 05/08/18 Didactic Topic: Collaborating with Rehabilitative Service Providers  
Presenter and Credentials: Letty Faller, M.S., Director of Fraser Rehabilitative Services
- 05/15/18 Didactic Topic: Sexual Health and ASD  
Presenter and Credentials: Rachel Gardner, M.A, L.P.
- 05/22/18 Didactic Topic: Schizophrenia  
Presenter and Credentials: Aric Jensen, Ph.D., L.P
- 05/29/18 Didactic Topic: Accommodating Diversity: Fraser’s Path toward Inclusion  
Presenter and Credentials: Pat Pulice, M.A., L.P.
- 06/05/18 Didactic Topic: Policy Development, Part I  
Presenter and Credentials: Glenace Edwall, Ph.D., L.P.
- 06/12/18 Fraser Conference
- 06/19/18 Didactic Topic: Differential Diagnosis when ruling out ADHD and Research Updates  
Presenter and Credentials: Cathy Avery, Ph.D., L.P.
- 06/26/18 Didactic Topic: Adoption and Permanency  
Presenter and Credentials: Elana Schuster, MSW, LICSW
- 07/3/18 Didactic Topic: Executive Functioning  
Presenter and Credentials: Sue Pederson, M.S., L.P.
- 07/10/18 Didactic Topic: Use of Bibliotherapy in Treatment of Children with ASD  
Presenter and Credentials: Kristi Swenson, Psy.D., L.P.
- 07/17/18 Didactic Topic: EPPP and Licensure  
Presenter and Credentials: Drew Benson, Ph.D. and Nick Spangler, Psy.D.
- 07/24/18 Didactic Topic: EMDR  
Presenter and Credentials: Gretchen Weber, LICSW
- 07/31/18 Didactic Topic: Policy Development, Part II

Presenter and Credentials: Glenace Edwall, Ph.D., L.P.

08/07/18 Didactic Topic: Sleep  
Presenter and Credentials: Kelly Haack, Ph.D., L.P.

08/14/18 Didactic Topic: ASD across the Lifespan  
Presenter and Credentials: Sue Pederson, M.S., L.P. and Kim Klein, Ph.D., L.P.

08/21/18 Intern Celebration and Luncheon

## INTERN EVALUATION

Competency Benchmarks in Professional Psychology  
Readiness for entry into practice level rating form

1. Intern Name:  
Evaluation Dates:  
Subject Rotation:
2. Evaluator Name:  
Evaluator Status:
3. Name of Rotation:
4. How characteristic of the trainee's behavior is this competency description
  - Not at all slightly
  - Somewhat
  - Mostly
  - Very
  - No opportunity to observe

### General

Overall assessment of trainee's current level of competence: Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

5. What are the trainee's particular strengths and opportunities for growth and development?
6. Do you believe the trainee has reached the level of competence at this point in training? If no, what steps or interventions are being implemented to address deficiencies?

## I. ASSESSMENT

7. History/Background Information
  - Unsatisfactory (1) information not gathered
  - Development Needed (2) Absent or incomplete
  - Effective (3) Adequate
  - Exemplary (4) Extensive

- N/A (5) Does not apply

#### 8. Current educational performance

- Unsatisfactory (1) Information not gathered
- Development Needed (2) Missing or inadequate
- Effective (3) Sufficient
- Exemplary (4) Extensive/data-based
- N/A (5) Does not apply

#### 9. Previous interventions

- Unsatisfactory (1) Information not gathered
- Development Needed (2) Missing or inadequate
- Effective (3) Anecdotal/descriptive information
- Exemplary (4) Extensive/data-based
- N/A (5) Does not apply

#### 10. Observation data

- Unsatisfactory (1) not collected
- Development Needed (2) Missing or inadequate
- Effective (3) Anecdotal/descriptive information
- Exemplary (4) behavioral data that are summarized and interpreted
- N/A (5) Does not apply

#### 11. Selection of Assessments

- Unsatisfactory (1) Fails to make selections
- Development Needed (2) Needs supervision on selection of assessments
- Effective (3) Occasionally needs reassurance that selected tests are appropriate
- Exemplary (4) Anonymously chooses appropriate tests to answer referral question
- N/A (5) Does not apply

#### 12. Administration of Assessments

- Unsatisfactory (1) Non-standardized or chaotic
- Development Needed (2) Test administration is irregular or slow
- Effective (3) Occasional input needed regarding fine points of test administration
- Exemplary (4) Proficiently and efficiently administers all tests
- N/A (5) Does not apply

#### 13. Summary and interpretation of results

- Unsatisfactory (1) Interpretation not related to test results
- Development Needed (2) Deficits in interpretation and understanding of psychological testing. Reaches inaccurate conclusions
- Effective (3) Adequate interpretation with occasional inaccurate interpretation
- Exemplary (4) Skillful, accurate, and efficient interpretation of tests done autonomously
- N/A (5) Does not apply

#### 14. Diagnosis

- Unsatisfactory (1) Fails to use diagnoses, or relies on limited set of diagnoses
- Development Needed (2) Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM 5 criteria to develop a diagnostic conceptualization
- Effective (3) Understands basic diagnosis terms and is able to accurately diagnose many psy-

chiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making

- Exemplary (4) Demonstrates a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation
- N/A (5) Does not apply

#### 15. Clinical summary conceptualization

- Unsatisfactory (1) No case formulations; lacks theoretical perspective to create
- Development Needed (2) Inadequacies in theoretical understanding and case formulation. Supervisor needs to write summary
- Effective (3) Reaches case conceptualization with supervisor assistance
- Exemplary (4) Reaches case conceptualization on own. Clear, complete, and concise summary. Well-developed and supported diagnostic conclusions and conceptualization
- N/A (5) Does not apply

#### 16. Recommendations

- Unsatisfactory (1) Inappropriate or missing recommendations
- Development Needed (2) Limited appropriateness for the client being evaluated. Limited in providing treatment relevant information
- Effective (3) Appropriate for the client being evaluated. Adequate in providing treatment relevant information
- Exemplary (4) Specific, practical, research-based recommendations based on assessment data
- N/A (5) Does not apply

#### 17. Feedback to Client/Family

- Unsatisfactory (1) Unable to communicate feedback to family
- Development Needed (2) Supervisor frequently needs to assume leadership in feedback session to ensure correct feedback is given to address issues
- Effective (3) With input from supervisor, develops and implements a plan for the feedback session
- Exemplary (4) Explains test results and interpretation in terms the client/family can understand
- N/A (5) Does not apply

#### 18. Writing Skills

- Unsatisfactory (1) Significant communication deficits
- Development Needed (2) Issues with grammar, content, organization, vocabulary, style, and/or tone that require multiple rewrites
- Effective (3) Report is well written with only minor grammar, content, organization, vocabulary, style or tone issues
- Exemplary (4) Report is clear and thorough without serious error
- N/A (5) Does not apply

#### 19. Assessment comments:

### I. INTERVENTION

#### 20. Goals

- Unsatisfactory (1) Consistently absent
- Development Needed (2) Absent or poorly defined

- Effective (3) Adequate
- Exemplary (4) Thoroughly summarized
- N/A (5) Does not apply

21. Theory/Approach

- Unsatisfactory (1) No identifiable theory or approach
- Development Needed (2) Missing or inadequate
- Effective (3) Anecdotal/descriptive
- Exemplary (4) Extensive/data-based
- N/A (5) Does not apply

22. Demonstrates Knowledge of Evidenced-Based Practices

- Unsatisfactory (1) Consistently absent
- Development Needed (2) Limited knowledge
- Effective (3) Adequate
- Exemplary (4) Consistently demonstrates knowledge
- N/A (5) Does not apply

23. Utilizes Evidenced-Based Practices

- Unsatisfactory (1) Consistently absent
- Development Needed (2) Limited application
- Effective (3) Adequate
- Exemplary (4) Consistently demonstrates evidenced-based practices
- N/A (5) Does not apply

24. Methods and strategies

- Unsatisfactory (1) Inconsistent or biased methods and strategies
- Development Needed (2) No evidence that strategies are based on sound theory and research
- Effective (3) Some evidence that strategies are based on sound theory and research
- Exemplary (4) Extensive evidence that strategies are based on sound theory and research
- N/A (5) Does not apply

25. Progress Notes

- Unsatisfactory (1) Consistently absent
- Development Needed (2) Absent or incomplete
- Effective (3) Adequate progress notes
- Exemplary (4) Comprehensive progress notes
- N/A (5) Does not apply

26. Outcome

- Unsatisfactory (1) None specified
- Development Needed (2) Cannot be determined, or intervention is unsuccessful and the outcome is inadequately explained
- Effective (3) Intervention is successful or, if unsuccessful, the outcome is adequately explained
- Exemplary (4) Intervention is successful or, if unsuccessful the outcome is adequately explained and a plan for further intervention is included
- N/A (5) Does not apply

27. Therapy comments:

## II. COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

### 28. Sensitivity to cultural diversity

- Unsatisfactory (1) Biased or prejudicial orientation
- Development Needed (2) Beginning to learn to recognize diversity and has limited effectiveness with certain populations
- Effective (3) Acknowledges and respects differences.
- Actively acquires knowledge when needed
- Exemplary (4) Discussed differences with client/family and/or supervisor when appropriate
- N/A (5) Does not apply

### 29. Application of knowledge, skills, and attitudes toward diversity

- Unsatisfactory (1) Fails to reflect on or acknowledge need to accommodate diversity
- Development Needed (2) Beginning to inquire about child's and family's cultural context
- Effective (3) Tailors interventions to meet child or family needs and preferences
- Exemplary (4) Fluidly interweaves knowledge of research-based interventions and cultural modifications
- N/A (5) Does not apply

### 30. Competence in cultural diversity comments:

## III. CONSULTATION AND INTERPERSONAL/INTERDISCIPLINARY SKILLS

### 31. Interactions with treatment teams and supervisors

- Unsatisfactory (1) Unduly harsh with others or lacking fundamental social skills
- Development Needed (2) Ability to participate in team is limited, or has trouble relating to other, or may be withdrawn, overly confrontational, or insensitive
- Effective (3) Actively participates in team meetings. Appropriately seeks input and assistance with interpersonal concerns
- Exemplary (4) Smooth working relationships, handles differences openly, tactfully and effectively
- N/A (5) Does not apply

### 32. Interactions with other professionals

- Unsatisfactory (1) Fails to understand need for reciprocal relationships
- Development Needed (2) Fails to take advantage of opportunities to engage in professional growth and learning
- Effective (3) Works well with others. Learns from others
- Exemplary (4) Provides mentoring and coaching
- N/A (5) Does not apply

### 33. Provides Consultation

- Unsatisfactory (1) Minimal to no participation in case consultations
- Development Needed (2) Occasionally makes meaningful contributions in case consultations
- Effective (3) Regularly makes meaningful contributions in case consultations
- Exemplary (4) Sought out in case consultations
- N/A (5) Does not apply

34. Seeks Consultation

- Unsatisfactory (1) Rarely or never initiates or solicits consultation requests
- Development Needed (2) Occasionally initiates or solicits consultation requests
- Effective (3) Regularly initiates or solicits consultation requests
- Exemplary (4) Consistently initiates or solicits consultation requests
- N/A (5) Does not apply

35. Consultation and collaboration comments:

IV. SUPERVISION

36. Seeks and Uses Supervision as Needed

- Unsatisfactory (1) Fails to accept supervision; hostility to supervisors
- Development Needed (2) Generally accepts supervision well, but occasionally defensive. May have difficulty assessing own strengths and limitations
- Effective (3) Open to feedback, shows awareness of strengths and weaknesses, uses supervision well
- Exemplary (4) Not only uses supervision well but actively seeks consultation when treating complex cases and working with unfamiliar symptoms
- N/A (5) Does not apply

37. Developing Skills as Supervisor

- Unsatisfactory (1) Unable to assume supervisory role.
- Development Needed (2) Limited ability. Demonstrates skills only as directed.
- Effective (3) Demonstrates beginning level skills on an independent basis.
- Exemplary (4) Consistently demonstrates supervisory skills with some support.
- N/A (5) Does not apply

38. Supervision comments:

V. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

39. Completion time of tasks

- Unsatisfactory (1) Tasks unfinished, and work falls increasingly behind
- Development Needed (2) Multiple tasks completed past timelines. Highly dependent on reminders
- Effective (3) Completed most tasks in a timely manner, generally on time. May need occasional reminders
- Exemplary (4) Completes tasks in a timely manner, without prompting or reminders
- N/A (5) Does not apply

40. Completion of Records

- Unsatisfactory (1) Consistently lacking documentation
- Development Needed (2) Needs considerable direction from supervisor or may seem uncertain about documentation
- Effective (3) Rarely leaves out necessary information
- Exemplary (4) Records always include crucial information
- N/A (5) Does not apply

41. Professional conduct
- Unsatisfactory (1) Consistently presents as immature, awkward or uninformed
  - Development Needed (2) May occasionally present as immature, awkward, or uninformed
  - Effective (3) Presents self and discipline in consistently professional manner
  - Exemplary (4) Integrates competence and warmth in consistent professional presentation
  - N/A (5) Does not apply

42. Socialization into Profession
- Unsatisfactory (1) Disregards evidenced-based practices
  - Development Needed (2) Needs guidance to seek scientific information and utilize data
  - Effective (3) Takes initiative in seeking scientific information and resource information
  - Exemplary (4) Independently scientific information and resource information
  - N/A (5) Does not apply

43. Professional responsibility and documentation comments:

## VI. APPLIED RESEARCH AND PROGRAM EVALUATION

44. Intern case presentations
- Unsatisfactory (1) No incorporation of research material in case presentations
  - Development Needed (2) Sporadic use of research data, or failure to use most relevant sources
  - Effective (3) Case presentations are research-informed
  - Exemplary (4) Case presentations integrate clinical and research data
  - N/A (5) Does not apply

45. Use of clinical outcome data
- Unsatisfactory (1) Does not collect clinical outcome data, or refuses to use data in decision-making
  - Development Needed (2) Most clinical decisions made without outcome data
  - Effective (3) Obtains data when needed for treatment decisions
  - Exemplary (4) Consistently generates and uses clinical outcome data in treatment decisions
  - N/A (5) Does not apply

46. Research or evaluation project
- Unsatisfactory (1) Fails to make progress on dissertation or to participate in staff project
  - Development Needed (2) Dissertation progress not completed, or limited involvement in staff project
  - Effective (3) Completes dissertation or staff-led project
  - Exemplary (4) Completes and presents an applied research project
  - N/A (5) Does not apply

47. Applied research and program evaluation comments:

## VII. ETHICAL AND LEGAL STANDARDS

48. Compliance with statutes and rules
- Unsatisfactory (1) Violations of statute or rule; ignorance of the law



- Development Needed (2) Attempts compliance without full knowledge of state and federal rules
- Effective (3) Knows relevant rules and adheres, but may not consistently explain to clients
- Exemplary (4) Knowledgeable of rules, explains clearly to children and families, and acts consistently
- N/A (5) Does not apply

49. Observance of professional ethics

- Unsatisfactory (1) Fails to understand ethical code; serious lapses in application
- Development Needed (2) Limited or incorrect understanding of ethical code; non-serious lapses in application
- Effective (3) Articulates basic components of ethical code, and acts accordingly
- Exemplary (4) Knows, understands and consistently acts on basis of ethical code
- N/A (5) Does not apply

50. Professionalism and ethical conduct comments:

VIII. COMMUNICATION AND INTERPERSONAL SKILLS

51. Communication and Interaction with Clients and Families

- Unsatisfactory (1) Fails to establish working alliances
- Development Needed (2) Inconsistently establishes working alliances
- Effective (3) Establishes working alliances with occasional support
- Exemplary (4) Actively builds therapeutic rapport and working alliances

52. Communication and Interaction with Other Professionals

- Unsatisfactory (1) Rude or disrespectful in interactions
- Development Needed (2) Inconsistently demonstrates collegiality and respect in interactions
- Effective (3) Demonstrates collegiality and respect in most interactions
- Exemplary (4) Demonstrates collegiality and respect in all interactions with little support
- Seeks to build professional relationships

53. Other Oral and Written Communication

- Unsatisfactory (1) Lack of response to emails and calls
- Development Needed (2) Inconsistent or inadequate response to emails and calls
- Effective (3) Consistently responds to emails and calls but may require some support
- Exemplary (4) Responds quickly and appropriately to emails and calls