



Doctoral Psychology Internship Training Program Manual

<https://www.hopeprogram.biz/>

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INTRODUCTION TO HOPE PROGRAM

The purpose of this manual is to help orient you to the internship training program at HOPE Program. This manual will hopefully answer many questions that may come up during your experience at HOPE. As you engage in your training experience at HOPE, you will be uniquely involved in promoting the growth and development of your clients, and an integral component in creating safe communities. We sincerely hope that your time with us will also greatly enhance your own personal and professional development.

PHILOSOPHY AND GOALS OF THE PROGRAM

HOPE is committed to being a Centre of Excellence in the area of forensic mental health services. The core focus at HOPE is on providing evidence-based assessment and treatment to forensic mental health clients in order to promote public safety and enhance the well-being and lives of our clients.

HOPE's core values include:

- Passionate about creating better lives
- Committed to victim prevention
- Approachable and warm
- Collaborative, respectful, motivated, and driven
- Acting with integrity
- Compassionate, conscientious, and thoughtful

TRAINING PROGRAM OVERVIEW

The HOPE Program is a community based Forensic Training Site that specializes in evidenced based treatment for individuals who are mandated to attend individual and group treatment as a result of committing a sexual offense. HOPE additionally treats individuals who are mandated to treatment as a result of being charged with, or convicted of, a Federal crime. Importantly, our clientele often presents with diverse offense histories



and other treatment needs, which underscores the focus and breadth of training HOPE is able to provide. As noted in more detail below, there is ample opportunity for students to learn more about testing and assessment including sex offender risk assessment, cognitive and personality assessment, juvenile assessment, and the assessment and treatment of clients presenting with mental health or substance use disorders. HOPE's client population includes adolescents, adult men and adult women. The HOPE Program encourages pre-doctoral intern applicants to consider their final years of training with our agency. We have had a long-standing, committed belief that the training of interns and students of psychology, social work, and other disciplines is one of our professional responsibilities. The goals of training encompass the development of skilled community service providers and the advancement of excellence in service delivery. Our psychology training program is dedicated to providing outstanding preparation for individuals embarking upon professional careers in health services psychology, with an emphasis on forensic treatment.

CORE TRAINING PHILOSOPHY

The HOPE Program training curriculum supports the Psychology Training Mission Statement; that is, "To provide an organized training experience in forensic psychology to trainees and equip them with the necessary clinical skills and competencies to successfully perform the role of a mental health professional with forensic clients." The general training philosophy of our psychology training program is enacted via a Practitioner-Scholar (Vail) Model. Training experiences pair supervisors with trainees in preparation for professional careers as practitioners of psychology in working with forensic clients. 4 Supervising psychologists are available and heavily involved in the training process to enhance and guide the complexity of the experience and to help tailor it to the training needs of each student. Training, networking, and multi-agency collaboration also occur with other public and private mental health facilities, the courts, as well as probation and parole. Trainees, graduate students, and staff benefit from diverse opportunities to attend lectures and workshops in these and other facilities. The goal of the HOPE Program is to offer training to varying levels of masters and doctoral-level psychology students as well as those that fall under the BBS.

TERMS OF EMPLOYMENT



Interns are employees of HOPE Program and as such, are expected to abide by all policy and procedure detailed in the HOPE Program Employee Manual

- https://drive.google.com/file/d/1eFpU_lfj65OQ2nuW-xihmQy0RphyHUfP/view

Statement of Affirmative Action, Diversity, and Equal Opportunity

HOPE Program is committed to equal employment opportunity and does not tolerate unlawful discrimination against qualified persons in any protected category. The categories include race, sex/gender, sexual orientation, national origin, ancestry, color, language use, religion, religious creed, age, marital status, gender, gender identity, gender expression, cancer-related or genetic-related medical condition, disability, pregnancy, perceived pregnancy, citizenship status, military service status, or any other status protected by law.

For more information on this policy, please contact HR at rtumber@hopeprogram.biz

Alcohol and Drug-Free Workplace Policy

HOPE Program is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. It is a violation of the Alcohol and Drug-Free Workplace Policy to use, manufacture, possess, solicit, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants at any HOPE Program offices. The use of alcohol is strictly prohibited under any circumstance where impairment would impact the delivery of care or present a safety concern to include, but not limited to clinic environments, patient care, or public safety. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of their job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify Human Resources) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of the Alcohol and Drug-Free Workplace Policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deterioration and/or other accidents occur.

For more information on this policy, please contact HR rtumber@hopeprogram.biz



ADA Reasonable Accommodations

The Americans with Disabilities Act and subsequent amendments are civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life,

including jobs, schools, transportation, and all public and private places that are open to the public. It also addresses access issues and removing barriers to allow employees to perform the essential functions of their job. If you need Reasonable Accommodations, please contact HR at rtumber@hopeprogram.biz

Working with Human Resources

In addition to the aspects of working with HR above, interns will attend an in-person HR onboarding new employee orientation during which they will complete necessary forms and paperwork including tax-withholding forms. Human Resources personnel will also explain the nature and extent of any benefits they receive as a function of being temporary employees of Pacific.

For more information about onboarding, please contact HR at rtumber@hopeprogram.biz

Intern Records

The APA Ethical Principles of Psychologists and code of Conduct on Record Keeping will be followed in maintaining intern records. Intern records, including, at a minimum, a description of the training experience, all formal evaluations, and certificates of completion and are maintained permanently by the Executive Director of Training and Human Resources, in a secure digital file.

Records of complaints or grievances filed against HOPE Program shall be maintained permanently by the Executive Director of Training and Human Resources, in a secure digital file.

ETHICAL AND LEGAL STANDARDS

American Psychological Association

HOPE staff functions in accordance with the highest possible ethical standards and adheres to the published code of the American Psychological Association (APA) with regard to ethical aspirations and acceptable behaviors for therapists. A copy of the latest version of the APA Ethical Guidelines is accessible online here:



<https://www.apa.org/ethics/code>

INTERN PROGRAM ADMISSIONS

The aim of our doctoral internship program is to prepare you to become a competent, versatile, and culturally aware Health Service Psychologist who engages in, and helps others attain, lasting change. We are committed to promoting excellence and competence with psychological skill levels and strive to provide experiences that allow for interpersonal depth and enhanced clinical ability within a multicultural framework. The training year begins on July 1 and ends on June 30. As of match year 2025, we have 4 doctoral internship positions available; 2 in Hayward, CA., and 2 in San Diego, CA.

Applicants:

- Must have attended an APA-accredited doctoral program;
- Must have completed their comprehensive exams and successfully proposed their dissertation;
- Must have a minimum of 450 face-to-face intervention hours certified by their Director of Clinical Training at the time of their application and completed all necessary coursework prior to the start of our internship (July 1 each year)

We prefer applicants who have demonstrated experience with forensic populations, specifically with forensic assessment, and who can speak clearly to this experience in their cover letters and letters of recommendation. Additional consideration is provided to those who have successfully defended their dissertation prior to the beginning of the training year.

Interns are typically scheduled 40 hours a week from 9:00am to 8:00pm, 4 days per week. HOPE Program does have multiple schedule options available to interns, based on clinic need and intern preference. Sample schedules include:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Monday through Thursday	9 am to 8 pm	9 am to 8 pm	9 am to 8 pm	9 am to 8 pm		
Tuesday through Friday		9 am to 8 pm	9 am to 8pm	9 am to 8 pm	9 am to 8 pm	



Wednesday through Saturday			9 am to 8pm	9 am to 8 pm	9 am to 8 pm	9 am to 8 pm
Monday through Friday	9 am to 6 pm	9 am to 8 pm	9 am to 6 pm	9 am to 8 pm	9 am to 1 pm	
Tuesday through Saturday		9 am to 8 pm	9 am to 6 pm	9 am to 8 pm	9 am to 6 pm	9 am to 1 pm

California regulations stipulate an intern can count a maximum of 44 hours per week toward Supervised Professional Experience (SPE) hours. Interns are expected to acquire 2,000 hours during their training year (typically July 1 through June 30), with 500 of those hours being direct client services, to successfully complete the internship.

Interns are urged to know the hour requirement for states where they anticipate getting licensed in order to make certain they earn enough hours during the internship year.

Intern Selection Procedures

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additionally, we adhere to all APPIC guidelines and participate in the Computer Matching process for selecting our interns.

Applications are due each year by November 19th at 11:59pm EST. After the closing deadline, all completed applications will be reviewed over the next three weeks. All applicants will be notified by email on or before December 15 of their status with our program. Interviews typically take place during the first two to three weeks of January.

HOPE offers interviews via free video conferencing software (Zoom; with phone conferencing as a backup if video conferencing does not work). We do not utilize in-person interviews so that applicants who may not have the financial means to travel or who may have responsibilities that interfere with their ability to travel are not discriminated against by not being able to attend an in-person interview. Our interviews typically last approximately 45 minutes and involve all members of the Training Team who are available at that time and one doctoral intern.

Applicants who are interested in visiting HOPE Program’s office in person are encouraged to reach out to the Executive Director of Training to set up a brief tour with a current



intern. Please note that members of the training team will not be available during site tours prior to rank day to ensure fairness for all applicants. If applicants have questions after the interview, they are encouraged to reach out to the Executive Director of Training at cloree@hopeprogram.biz.

At the completion of interviews, candidates will be rank-ordered and submitted to APPIC. We do not notify applicants if the program does not rank them.

Duration of Internship

The internship at HOPE Program provides a full-time, one-year, paid internship. The internship year begins July 1 and ends June 30, and interns are required to acquire 2,000 hours in order to successfully complete the internship.

Intern Financial Support and Benefits

Each intern is paid a stipend of \$40,000 for the training year and HOPE Program provides liability insurance coverage for all interns.

Each intern receives:

1. Benefits package that includes the option to select major medical, dental, vision, and life insurance after 90 days employment
2. All HOPE Program holidays and seasonal days (typically 9 days per year). Interns are provided 5 days of sick leave per year
3. 3 professional development days per year. Professional development time is used to attend conferences, job search interviews, dissertation meetings, and other meetings related to academics. Approval of professional development time is contingent upon the approval of the Executive Director of Training
4. In addition to the professional development and holidays that afford interns with time off, interns will have accrued 15 days of vacation by the end of the internship year
5. Each intern office is equipped with a laptop that provides access to our electronic scheduling/record-keeping software (Treat Anyone), and has a webcam, internet access, word processing, and email capabilities. Additionally, each in-person group room/office is equipped with a camera for recording therapy sessions



Contractual Agreement with Intern's Academic Program

We cooperate and coordinate with each intern's academic program regarding training needs and progress. We do not enter into additional contractual agreements with any specific academic program, and instead honor the contract between HOPE Program and AAPIC.

Requesting Time Off

Requests for scheduled time off must be made to the Clinical Director at least two weeks in advance of when the time off is requested. It is the intern's responsibility to reschedule or arrange coverage for any activities or responsibilities missed including coverage for groups.

Interns who need to take time off due to illness are responsible for notifying HOPE Program of their absence. Interns must notify the site Clinical Director, their primary supervisor, and the Clinic Operations Manager in the event of an unplanned absence. It is appropriate for interns to either send an email to the office broadcast, or make a phone call.

Dress Code and Appearance

The dress code at HOPE Program is business casual in the office and should be adapted appropriately for any external meetings. Please note that employees may not wear tennis shoes or flip flops, sweatshirts, t-shirts, sweatpants, or baseball caps, or attire that is too revealing, tight or low cut.

Employees may only wear jeans on Fridays or Saturdays. Jeans may not be faded, ripped or torn. In addition, all facial, and visible offensive or inappropriate tattoos must be concealed. Employees are expected to use their judgment in proper grooming and choice of clothing that is appropriate for the workplace and representative of the HOPE Program's professionalism and values. If there are issues related to appearance and/or dress, HOPE Program will bring the concern to your attention in private, and discuss solutions.

Pregnancy and Parental Leave



It is the intention of HOPE Program to provide the opportunity for new parents to utilize parental leave. Interns in need of pregnancy or parental leave must meet eligibility standards and follow all application procedures and notification processes, as necessary. Application forms and complete details are available from Human Resources;

rtumber@hopeprogram.biz, and a conversation about how to best support interns in this process must include HR, the site Clinical Director, and Executive Director of Training.

Given the uniqueness of the one-year appointment of the internship program, combined with requirements for a specific number of completed direct service and general working hours, every effort is made to assist interns wishing to take parental leave to still meet the requirements of the internship program without having to extend their time at HOPE. However, if this cannot be accommodated, an intern's time at HOPE may be extended to satisfy the hour requirements of the internship program, which will be discussed on a case-by-case basis.

THE AIM OF THE TRAINING PROGRAM

The aim of the HOPE Program's internship training program is to adequately prepare doctoral interns to demonstrate competence in all areas of health service psychology with young adults and adults within a community mental health care setting. Interns receive exposure and training with diverse and complex clients, including, but not limited to, those with chronic mental health concerns, substance use issues, problematic sexual behaviors, varied and diverse criminal histories, and those who have struggled to reintegrate into the community successfully after incarceration.

PROFESSION-WIDE COMPETENCIES

According to APA's Commission of Accreditation's Standards of Accreditation, the role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. These areas include:

- a. Research
- b. Ethical and legal standards
- c. Individual and cultural diversity
- d. Professional values and attitudes
- e. Communication and interpersonal skills



- f. Assessment
- g. Intervention
- h. Supervision
- i. Consultation and interprofessional/interdisciplinary skills

The training program operates under the principle that early career professionals need to develop a strong professional identity within their own discipline and an ability to work collaboratively with other mental health care professionals. We believe that this development happens through experience, education, supervision, and mentoring. We expect interns to demonstrate self-awareness, self-management, social awareness, cultural awareness, and social management with increasing levels of responsibility over the course of the year as these skills will provide a strong foundation for independence in the practice of Health Service Psychology.

Research

We expect graduates of HOPE Program to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case presentations, publications, and presentations). This includes the ability to produce new knowledge and to use existing knowledge to solve problems. You will demonstrate competency in this area by reading, interpreting, discussing, and implementing research/articles on a day-to-day basis in all your activities at HOPE Program (e.g., didactic training, supervision, and case consultation meetings).

This competency is measured looking at the following criteria:

- Critically evaluates and disseminates research or other scholarly activities (e.g., case conference presentations, in-service presentations, publications) at the local, regional, or national level.
- Demonstrates competence to independently and critically evaluate and discuss empirically supported research and its application to their clinical work.
- Intern demonstrates the ability to discuss how psychological theory and research apply to clinical practice in supervision.
- Intern demonstrates competence in the ability to formulate a case conceptualization within their own preferred theoretical orientation and the ability to draw from other orientations.

Ethical and Legal Standards



We expect graduates of HOPE Program to demonstrate ethical and legal responsibility in all areas and to operate with knowledge of relevant state laws and regulations, to be

knowledgeable of, and act in accordance with, the APA Ethical Principles of Psychologists and Code of Conduct, and to follow relevant professional standards and guidelines.

This competency is measured looking at the following criteria:

- Intern demonstrates knowledge of, and acts in accordance with, the APA Ethical Principles and Code of Conduct.
- Intern demonstrates knowledge of, and acts in accordance with, all relevant professional standards and guidelines, including HOPE Program policy.
- Intern demonstrates knowledge of, and acts in accordance with, California laws and regulations related to the practice of psychology.
- The intern recognizes ethical dilemmas and applies ethical decision-making processes.
- Intern demonstrates the ability to attend effectively to the ethical and legal requirements of emergency and/or crisis situations.
- Intern demonstrates competence in conducting self in an ethical manner in all professional activities.
- The intern seeks guidance and consultation from supervisors in addressing ethical and legal issues

Individual and cultural diversity

We expect graduates of HOPE Program to conduct all professional activities demonstrating a sensitivity to individual and cultural diversity, and deliver high-quality services to all individuals seeking relief. It is expected that the intern actively attends to themes of cultural diversity in all activities including case presentations, didactic trainings, supervision, documentations, and interactions with others.

This competency is measured looking at the following criteria:

- The intern demonstrates an understanding of how own personal and cultural history may impact interactions with those who are different from themselves.
- The intern demonstrates knowledge of current theoretical and empirical knowledge bases as it relates to diversity in all professional activities.



- The intern integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The intern integrates knowledge and understanding of diversity and culture into assessment, case formulation, treatment planning, and interventions.
- The intern independently applies knowledge in working effectively with a range of diverse individuals and groups.
- The intern pursues ongoing learning about individual and cultural diversity

Professional Values, Attitudes, and Behaviors

We expect graduates of HOPE Program to conduct themselves professionally under increasingly complex clinical situations, and behave in ways that reflect the values and attitudes of professional psychology.

This competency is measured looking at the following criteria:

- The intern demonstrates the ability to engage in reflective practice.
- The intern demonstrates openness and responsiveness to feedback and supervision.
- The intern responds professionally in increasingly complex situations with a greater degree of independence.
- The intern regularly attends and actively participates in trainings as an engaged participant; comes prepared to discuss case material and/or readings.
- The intern demonstrates understanding and adherence to HOPE Program clinical and administrative policies and procedures.
- The intern recognizes areas of strength and areas of growth in all professional roles.
- The intern self-monitors own reactions, behaviors, and needs for self-care and takes initiative in addressing concerns.
- The intern demonstrates competence in time management skills, including punctuality, meeting deadlines, and HOPE Program commitments.
- The intern effectively manages clinical demands of the expected client caseload

Communication and Interpersonal skills

We expect graduates of HOPE Program to evidence strong communication skills, both verbally and in writing, as well strong interpersonal skills reflective of the values of professional psychology.

This competency is measured looking at the following criteria:



- The intern develops and maintains good working relationships with a range of individuals, including the training cohort, professional and administrative staff, and the wider community.
- The intern effectively produces and comprehends oral, nonverbal, and written communications, displaying a thorough grasp of professional language.
- The intern demonstrates effective interpersonal skills and the ability to manage challenging interactions.
- Maintains appropriate and timely record-keeping in accordance with professional standards and HOPE Program policies.
- The intern demonstrates the ability to produce written communications that are informative, well integrated, and demonstrates a thorough grasp of professional language and concepts.
- The intern collaborates and provides constructive feedback to supervisor(s), training staff, and training cohort.

Assessment

We expect graduates of HOPE Program to evidence competence in conducting evidence-based assessments within the scope of health services psychology.

This competency is measured looking at the following criteria:

- The intern demonstrates current knowledge of diagnostic classification systems.
- The intern demonstrates current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- The intern demonstrates understanding of human behavior within its context (e.g., family, socially, societal, and cultural).
- The intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including necessary context to the assessment and/or diagnostic process.
- Intern demonstrates the ability to gather accurate and relevant data through selecting and applying assessment methods that draw from the empirical literature reflecting the science of measurement and psychometrics and takes into consideration relevant diversity aspects.
- Intern demonstrates the ability to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment.
- The intern interprets assessment results to inform case conceptualization, diagnostic impressions (that are culturally contextualized and developmentally appropriate), and disposition planning.



- The intern demonstrates the ability to communicate their findings in an accurate and effective manner to clients, supervisors, and appropriate third parties.
- The intern demonstrates the ability to assess danger to self, danger to others, and grave disability.

Intervention

We expect graduates of HOPE Program to evidence the ability to deliver evidence-based interventions from a variety of theoretical orientation. This includes the development of effective therapeutic relationships and the creation and utilization of treatment plans grounded in research and cultural and contextual variables.

This competency is measured looking at the following criteria:

- The intern is able to establish and maintain effective working relationships with clients reporting a range of presenting problems and developmental concerns.
- The intern is able to develop evidence-based intervention plans in accordance with service delivery model and therapeutic goals of client.
- The intern applies relevant research literature to clinical decision-making.
- The intern is able to implement interventions informed by current scientific literature, diversity characteristics, and contextual variables.
- The intern is able to integrate a range of evidence-based therapeutic modalities and interventions as appropriate for clients and in accordance with service delivery model.
- The intern is able to modify and adapt evidence-based approaches when clear evidence base is lacking.
- The intern is able to evaluate intervention effectiveness and modifies intervention goals as necessary in collaboration with the client.

Supervision

We expect graduates of HOPE Program to evidence knowledge related to models of supervision through active participation in individual/group supervision, case conference meetings, and giving and receiving feedback in an appropriate, non-defensive manner. HOPE Program intern graduates are further expected to act as mentors to practicum students.

This competency is measured looking at the following criteria:

- The intern demonstrates knowledge of supervision models and practices.



- The intern applies supervisory models and practice in supervised supervision with practicum students
- The intern demonstrates the ability to mentor and be a role-model with students at an earlier level of training

Consultation and Interprofessional/Interdisciplinary Skills

We expect graduates of HOPE Program to effectively collaborate with professionals in health services psychology and members of HOPE Program's interdisciplinary team to promote optimal effectiveness in all professional activities.

This competency is measured looking at the following criteria:

- The intern demonstrates knowledge and respect for the roles and perspectives of other professions.
- The intern demonstrates competence in understanding the difference between their clinical and consultative roles.
- The intern demonstrates awareness of when consultation or collaboration with other professionals is appropriate.
- The intern demonstrates the ability to consult or collaborate with others including individuals, families, other health care professionals, interprofessional groups, or systems related to health and behavior when appropriate.
- The intern responds sensitively and appropriately to ethical issues, confidentiality, and professional boundaries during consultation.
- The intern provides accurate and relevant information, appropriate referrals, and effective follow-up, as necessary.

CORE TRAINING CURRICULUM

The HOPE Program strictly adheres to evidence-based treatment and, as such, utilizes two widely accepted offender rehabilitation theories (i.e., Risk-Need-Responsivity and Good Lives Models), CBT based interventions, and adherence to the Containment Model. The Practitioner aspect of our training model emphasizes clinical practice and service delivery, which evolves over the training year into an emphasis on empirical based inquiry with creative and individually tailored approaches to intervention, assessment, and consultation. Trainees will have the opportunity to undertake assessment and treatment of individuals who are mandated to attend services as a result of committing a sexual



offense. However, many clients have diverse offense histories adding to both the depth and breadth of the training experience. Assessments include: risk assessment, intellectual and cognitive functioning, psychoeducational, personality and emotional functioning, and more general forensic assessments. An emphasis is placed on the use of diagnostic interviewing in combination with a variety of objective psychometric instruments.

OVERVIEW OF INTERN TRAINING ACTIVITIES

The internship experience is based on a 2,000-hour program over a 12-month span, with an expectation of at least 500 direct clinical service hours. Interns gain experience primarily through experiential learning. An intern's level of involvement in each activity is negotiable and determined by the interests, needs, and clinical experience of the intern and the needs of HOPE Program.

DIRECT SERVICES

EVALUATION AND ASSESSMENT

Initial evaluation/assessment – Sex Offender Specific

In order to establish services at HOPE, clients mandated to treatment meet with a therapist for an Initial Intake. During this initial appointment, interns are required to conduct a biopsychosocial interview and administer specific assessments related to risk for recidivism (sexual and violent), self-report measures designed to assess problematic cognitions related to sex with non-consenting adults and sex with children, and assessments designed to assess treatment readiness and criminal sentiments. Further, the initial evaluation shall include a test of sexual interest, and a personality measure. Specific assessments utilized are listed below. Upon completion of the initial evaluations, clients are assigned to a preparatory group as an orientation to treatment. Clients are additionally assigned to an individual therapist and scheduled for their initial polygraph exam.

- Stable-2007 - California state authorized assessment for dynamic risk for sexual recidivism
- Level of Service Case Management Inventory (LS/CMI) – California state authorized risk assessment tool for general/violent recidivism
- The Bumby Molest Scale
- The Bumby Rape Scale
- The Criminal Sentiments Scale – Modified (CSS-M)
- The Sexual Offender Treatment Readiness Scale (SOTRS)
- The LOOK Assessment of Sexual Interest



- The Personality Assessment for the DSM 5 (PID-5)

Initial evaluation/assessment – Juveniles

HOPE Program works with Juvenile Probation Departments to provide comprehensive services for youth who have perpetrated sexual violence. During the initial assessment, interns are required to conduct a biopsychosocial interview and administer assessments designed to determine treatment needs and risk for recidivation. Upon completion of the initial evaluation, and in consultation with their supervisor, interns are asked to provide a diagnosis and treatment recommendations. The specific assessments utilized are listed below.

- The Stable-2007 (if the client was age 17 at the time of the offense)
- The Level of Service/Case Management Inventory (if the client is 16 years or older at the time of intake)
- The Personality Inventory for the DSM-5 (if the client is 16 years or older at the time of intake)
- The Sex Offender Treatment Readiness Scale (SOTRS)
- The Desistance Scale for Adolescents Who Sexually Harm (DASH-13; if the client was age 16 or younger at the time of the offense)
- The Youth Needs Progress Scale (if the client was age 16 or younger at the time of the offense)

Initial evaluation/Assessment – Mental Health or Substance Use evaluations

In addition to clients who have perpetrated sexual offenses, HOPE Program provides services to clients mandated to treatment for perpetrating Federal crimes. These clients are typically referred to HOPE Program for a Mental Health Evaluation or a Substance Use evaluation, depending upon the client's area of need. These clients are either pre-trial (not yet convicted of the charges levied) or post-conviction (convicted of the charges levied, served prison time, and are in the community on Parole or Probation), and the evaluation experience differs depending upon client type and conviction status. A full biopsychosocial interview is completed and assessments are administered. The specific assessments utilized for each client type are listed below. Upon completion of the evaluation, and in consultation with their supervisor, the intern is responsible for providing a diagnosis and treatment recommendations.



1. Mental Health Evaluation – Pre-trial
 - The Perceived Stress Scale
 - The Brief Cope Scale
 - The Modified Mini Screen
 - The Personality Inventory for the DSM-5

2. Mental Health Evaluation – Post-conviction
 - The Level of Service/Case Management Inventory (LS/CMI)
 - The Modified Mini Screen
 - The DSM-5 Cross-Cutting Symptoms Measure
 - The Personality Inventory for the DSM-5
 - The University of Rhode Island Change Scale

3. Substance Use Evaluation – Pre-trial
 - The Brief Situational Confidence Questionnaire
 - The University of Rhode Island Change Scale
 - The Substance Abuse Subtle Screening Inventory (SASSI)

4. Substance Use Evaluation – Post-conviction
 - The Level of Service/Case Management Inventory (LS/CMI)
 - The Substance Abuse Subtle Screening Inventory (SASSI)
 - The University of Rhode Island Change Scale
 - The Brief Situational Confidence Questionnaire

GROUP PSYCHOTHERAPY

Group Psychotherapy - Sex Offender Specific

HOPE Program group therapy program for adults who have perpetrated a sexual offense consists of three stages: Preparatory Group, Core Group, and Maintenance Group. Group therapy includes adherence to HOPE Program curriculum wherein the interns will facilitate discussion on topics research has shown to be related to sexual and general recidivism. Interns, are also asked to facilitate the presentation of client homework and periodic evaluation of each client's ongoing progress in treatment to determine readiness to progress to the next phase of treatment. Interns are expected to co-facilitate at minimum, three curriculum-oriented groups during the course of the training year. Group



therapy assignments and cofacilitation pairings for interns are made by Executive Director of Training.

Group Psychotherapy – Juvenile Sexual Offenders

HOPE Program group therapy program for youth who have perpetrated sexual violence uses an adapted curriculum that focuses on specific domains that research has shown lead to sexual and general recidivism. Interns will lead discussion on said topics each week and facilitate the presentation of each client's homework. Further, interns are required to periodically evaluate each client's ongoing progress in treatment, in consultation with their supervisor and the client's supervising officer. Facilitators for juvenile treatment groups is determined based on the intern's interest and clinic need.

Group Psychotherapy – Mental Health

HOPE Program's mental health group therapy program is designed for mandated clients who struggle with ongoing mental health issues. Presenting problems typically include, but are not limited to, depression, anxiety, PTSD, bipolar disorder, personality disorders, etc. Mental health groups are process oriented and designed to assist participants in the ongoing management of their mental health issues. Facilitators for mental health groups is determined based on the intern's interest and clinic need.

Group Psychotherapy – Substance Use

HOPE Program's substance use group therapy program is designed for mandated clients who present with active substance use disorders, or substance use disorders that are recently in remission. Facilitators utilize a structured curriculum (Group Treatment for Substance Abuse, 2nd Edition – A Stages of Change Therapy Manual), over a 16 to 20-week period. Facilitators of substance use groups is determined based on the intern's interest and clinic need.

INDIVIDUAL PSYCHOTHERAPY

Individual counseling at HOPE Program serves to support all clients in achieving their treatment related goals that were identified during the Initial Evaluation. Individual psychotherapy at HOPE Program is designed to be supportive of the group work, in alignment with research indicating that, for person's convicted of sexual offenses, group treatment should be the primary modality utilized. Interns are expected to carry a caseload of approximately 50 individual clients who are seen on a monthly basis. Interns may also have the opportunity, depending upon their interest and clinic need, to see mental health



and/or substance use clients for individual treatment. Individual psychotherapy is designed to be supportive of the work the clients are completing in group. Frequency of individual psychotherapy is determined by the client's unique treatment needs.

CONSULTATION

At HOPE Program, treatment is partially guided by the Containment Model, which became state law in California in 2012. The Containment Model is a collaborative approach to sex offender management, and was mandatory in California beginning July 1, 2012. (See Penal Code §§ 290.09, 1203.067, 3008, 9003) This sex offender management program has three required components: supervising (e.g., probation or parole) officer; sex offender treatment provider; and polygraph examiner, using a victim-centered approach. These three people are the core of the Containment Team, although other team members should participate at times (e.g., the registering law enforcement agency).

- The probation officer or parole agent is responsible for the supervision of the offender.
- The treatment program, as well as the providers in that program, must be certified by the California Sex Offender Management Board
- Polygraph examiners must meet the standards set by CASOMB
- Victim advocates provide necessary perspective to Containment teams.

Communication and collaboration among the supervising officer, treatment provider, and polygraph examiner are mandatory. The treatment provider **must** communicate with the supervising officer **at least once a month** about the offender's progress in the program and dynamic risk assessment issues. The treatment provider must share the dynamic and violence risk scores and information about the scoring with the supervising officer, within 30 days of scoring the tool. (Penal Code § 290.09.) Probation officers and parole agents with sex offender caseloads are required to provide certified sex offender treatment providers with all relevant records pertaining to registered sex offenders in certified treatment programs. (Pen. Code, §§ 290.07, 290.09.) This information is provided solely to enable accurate scoring of risk assessment instruments pursuant to Penal Code section 290.09. Such records are confidential criminal history information which cannot legally be re-disseminated. (Pen. Code, §§ 11075, 11076.)

Interns will have ample opportunity to consult with Parole/Probation officers and polygraph examiners both informally via email or phone calls, and in a structured manner during containment meetings that occur monthly. For containment meetings, interns are asked to create a structured report then asked to summarize the findings in their report verbally with the team. Findings include: current treatment goals and any changes to the treatment plan, progress in treatment, progress on curriculum homework, amelioration in



criminogenic need, reduction in risk score, and any other behaviors that are pertinent to treatment.

PROVISION OF SUPERVISION

Learning how to be an effective supervisor is a core competency that is valued by HOPE Program. Interns receive training in the fall semester and have the opportunity to supervise a practicum student during the spring semester (and summer term, if available). Interns are responsible for reviewing trainee documentation, providing feedback, and completing evaluations in collaboration with a staff member and co-supervisor.

INDIRECT SERVICES AND TRAINING ACTIVITIES

ORIENTATION

Interns are introduced to the internship program through an orientation period that occurs in July. Orientation includes opportunities for interns to meet HOPE Program staff, learn about services and internship activities, and become familiar with all relevant policies and procedures. During this time, many topics are covered, including: schedules, training expectations, evaluation, due process, grievance/appeal procedures, record-keeping, and professionalism. Additionally, training is provided on clinical services at HOPE Program, as well as didactic training to familiarize interns with sex offender specific treatment. Finally, during orientation, interns are required to shadow services with an experienced staff member to understand how sex offender treatment works in practice.

INDIVIDUAL SUPERVISION

Interns receive 2 hours of weekly individual supervision from a licensed psychologist. Each semester, supervisors and interns are expected to clarify intern training goals, training expectations, responsibilities and roles, and discuss evaluation procedures. Individual supervisors utilize a variety of teaching methods, including but not limited to review of session videos and clinical documentation, discussion, role plays, case conceptualization, readings, exploration of transference and countertransference, self-reflective practice, ethics, multicultural competencies in therapy, and case management. Supervision follows a developmental model and can include educational, supportive, experiential, administrative-based, or consultative approaches, depending on the supervisor's style and the needs and developmental level of the intern.



Supervisors and interns are required at all times to follow the Board of Psychology's laws and regulations and with the APA Ethical Principles and Code of Conduct (CCR §1387.1(c), (d), (e), (j) and 1387.2(b), (c), (h)) The following are supervision requirements in the state of California:

Supervision Agreement Document: Supervision agreements must be signed prior to the accrual of SPE hours per CCR §1387(b)(10). We complete the California Board of Psychology Supervision Agreement on the first day of internship (and as one of the first tasks of internship) with the Primary Supervisor.

At the end of the year, interns are provided with an original signed copy, a signed copy is put in the signed envelope we provide for you to send to the Board of Psychology once you apply for licensure, and two signed originals are retained in their intern file. Additionally, the intern's home institution receives electronic copies of these signed supervision agreements.

Supervisor Requirements:

1. Primary supervisors must be a psychologist licensed by the California Board of Psychology (CCR §1387.1) and have completed a six-hour course in supervision every two calendar years (CCR §1387.1(b)). All supervisors must be employed by Pacific and available to the intern 100% of the time the intern is accruing SPE (CCR §1387(b)(6)). To be in compliance with California Law, the primary supervisor provides a minimum of one hour of direct, individual, face-to-face (including virtual) supervision each week during which the trainee accrues hours, and the trainee receives supervision 10% of the total of hours worked each week (CCR §1387(b)(4)). To be in compliance with the APA Standards of Accreditation (Standard II.C.3.b-c) interns must receive at least four (4) hours of supervision each week, with at least two (2) hours per week of individual supervision during the course of the internship year.
2. Supervisors ensure that all SPE, including recordkeeping, maintains compliance with the APA Ethical Principles and Code of Conduct (CCR §1387(b)(4)). Supervisors monitor the welfare of the intern's clients (CCR §1387.1(f)), and the performance and professional development of the intern (CCR §1387.1(h)). The primary supervisor must also monitor the supervision performance of all delegated supervisors that is required in CCR §1387.1(n).

Trainee Requirements:



1. Interns may not have proprietary interests in the business of their primary or delegated supervisors and cannot serve in any capacity that would hold influence over their supervisor's judgment in providing supervision (CCR §1387(b)(3)). Interns cannot have ever been a psychotherapy patient of the supervisor (CCR §1387.1(k) and 1387.2(l)). Interns cannot function under another mental health license while accruing SPE (CCR §1387(b)(9)).
2. Interns must ensure that each client they see is informed, prior to the rendering of services by the intern, that: (1) the intern is unlicensed and is functioning under the direction and supervision of the supervisor, and (2) the primary supervisor shall have full access to the client records in order to perform supervision responsibilities (CCR §1387.1(g) and 1391.6(b)).

Supervised Professional Experience (SPE):

Interns must maintain SPE logs (CCR §1387.5) to keep track of their daily activities as documented in Treat Anyone. Interns are asked to use the Time to Track database to maintain accurate logs.

Monthly Logs must be completed and submitted to the Primary Supervisor, not later than the last day of each month. If the last day of the month falls on a day when the intern does not work, or on a weekend, the intern is asked to submit their hours not later than their last working day of each month. The Primary Supervisor will review the training logs and either provide feedback or corrections to be made, or approve the log.

Verification of Experience:

At the conclusion of the internship year, the Training Program completes a Verification of Experience Form (VOE form) (CCR §1387(b)(10)). As with the supervision agreement, the intern is given a signed original, a signed copy is placed in the envelope to provide to the Board of Psychology, an electronic copy is emailed to their home institution, and two signed original forms are placed in their intern file. Per directions from the Board of Psychology, we will give you your original supervision agreements and VOE forms in a sealed and signed envelope at the end of your internship. When you apply for licensure, the Board of Psychology directs you to include that envelope and you will mail it to the Board for processing.



GROUP SUPERVISION

All doctoral interns are required to attend a weekly group supervision for 1 hour, facilitated by a licensed mental health professional. In this meeting, interns will complete oral and written case presentations. They will engage in professional and clinical dialogues regarding their work with clients. Issues discussed may include: case conceptualization, assessment and diagnosis, clinical interventions, treatment planning, legal and ethical issues, multiculturalism, and self-reflective practice. Video clips of trainees' therapy work may be shown at meetings. Collective discussion and appropriate feedback are expected of interns in order to most effectively serve the needs of the intern presenting the case and the client.

CASE CONSULTATION

All interns are required to attend weekly case consultation for 1 hour. All members of HOPE Program's interdisciplinary team are present for weekly case conference where clients are staffed to discuss, among other things, eligibility for treatment titration, updates to the treatment plan, and/or problems or struggles the team may be having engaging the client in treatment. Case consultation is facilitated by the site's Clinical Director; a licensed mental health professional. Interns provide clinical perspectives during this time and receive clinical perspectives and consultation from peers and supervision from the training staff throughout the meeting.

TRAINING SEMINARS

All interns are required to attend a seminar series taught by various members of HOPE Program staff and with outside presenters. Topics are geared towards experiential learning and interaction with staff and colleagues around profession-wide competencies. Training seminars occur weekly for 90 minutes. Additionally, interns have the opportunity to attend once per month All-Staff Training Seminars which are facilitated by forensic experts and cover a broad range of topics related to both Health Service Psychology and forensic practice. All training seminars are CE approved by CAMFT.

CLINICAL ADMINISTRATIVE TASKS

Interns are provided with time during their weekly schedule to engage in administrative tasks such as client paperwork, returning emails/phone calls, report writing, etc. Each



week, you should plan for around 10 (10) hours of clinical administrative time on your schedule.

Your session notes should take you 10 minutes or less to write after an appropriate amount of time to familiarize yourself with HOPE Program standards for progress notes. The sooner you reach this goal, the more time you will have for self-care and balance. As a general rule of thumb, if you are spending more than 10 minutes on the note, the session was either a high-risk session, a complicated session, OR (most likely) you are spending too much time trying to capture every detail. Remember, your notes should be CONCISE and only document relevant and necessary information like attention to criminogenic need and evidence-based interventions.

Create a regular schedule for completing notes. Ideally, you will end your session at the 45- or 50-minute mark and complete your note in the remaining time before your next appointment or meeting. If you find it difficult to complete the note directly after a session, make certain you are setting aside enough time each day to complete your notes. An important aspect of professional development is finding the time management approach that works best for you, but if you are struggling, please work with your primary supervisor and to find the schedule that works best with your style and your needs, while also complying with the timelines detailed in the How to Work at HOPE Manual.

PROFESSIONAL DEVELOPMENT

Weekly Staff Meeting (professional development):

All team members, including interns, attend the weekly HOPE Program staff meeting. This meeting discusses ongoing topics and issues that may be present within HOPE Program and internal and external policy and procedure updates as they pertain to our work. While the topics may not always be directly applicable to the interns, it is important for interns to attend to provide them with the opportunity to share their perspectives, and to understand aspects of being a permanent staff member in a forensic setting.

Professional Presentations (professional development):

Interns are asked to create and disseminate two (2) professional presentations during the time at HOPE Program; one before December 31, and the second before the end of the training year on June 30. Interns are free to pick a topic of their choosing, as it pertains to either Health Services Psychology or Forensic Practice. Interns will work together to conduct the necessary research and create a professional presentation to be given during



a training seminar. The date of the presentation is determined by the Executive Director of Training.

Training Program Administration (professional development):

If interns demonstrate interest, they have the opportunity to be actively involved in reviewing AAPIs, discussing interview selection, and in interviewing applicants. Interns are also available to applicants who wish to visit on-site after the applicant's interview and to consult with potential applicants about the setting.

Professional Development Time Away from the Office:

Interns are encouraged to attend the Association for the Treatment and Prevention of Sexual Abuse (ATSA) Conference each year in October. The Association for the Treatment and Prevention of Sexual Abuse is an international, multi-disciplinary organization dedicated to preventing sexual abuse. ATSA promotes sound research, effective evidence-based practice, informed public policy, and collaborative community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are at risk to abuse.

ATSA's members include treatment providers, researchers and educators, victims' rights advocates, law enforcement and court officials, and representatives of many other stakeholder groups. The core values that guide ATSA are professional excellence, community safety, collaboration, and advocacy. ATSA promotes the philosophy that empirically based assessment, practice, management, and policies enhance community safety, reduce sexual recidivism, protect victims and vulnerable populations, transform the lives of those caught in the web of sexual violence, and illuminate paths to prevent sexual abuse.

Interns are encouraged to become student members of ATSA which offers a discounted rate for membership and conference fees, access to leading professionals in the forensic community via List Serves, research and training databases, and the opportunity to network with interdisciplinary treatment providers.

TRAINING ACTIVITIES QUICK REFERENCE

- 40 hours per week – minimum 2000 hours per year
- 500 direct client service hours per year
- 2-hourS individual supervision per week



- 1-hour group supervision per week
- 1-hour clinical case consultation per week
- 30-minute, weekly team meeting
- 90 minutes weekly didactic
- Minimum 3 co-facilitated groups per week
- Approximately 50 individual clients, seen monthly
- 3 Groups
- Minimum of 10 Initial Evaluation/Assessments
- 2 Professional Presentations
- Provide 1 hour/week of “supervision” to practicum level trainee during the second half of the intern training year
- *Mental Health Groups based on intern interest and clinic need*
- *Substance Use Groups based on intern interest and clinic need*
- *Mental Health or Substance Use individual clients based on intern interest and clinic need*
- *Juvenile sexual offenders based on intern interest and clinic need*
- *Opportunity to join ATSA and attend the ATSA conference, based on intern interest*

EVALUATION PROCEDURES

Intern Evaluation Process:

The training year follows a developmental model that supports and builds on the knowledge interns bring to HOPE Program, and provides opportunities to gain experience and training in fundamental practice areas in Health Service Psychology. Interns build competence and confidence in their practice throughout the year and are afforded more autonomy as appropriate. Formal evaluations with supervisors monitor the development and readiness of interns in the Fall (October), mid-year (January), and finally at the end of the year (June).

Training and supervision are, by design, more structured and focused at the onset of the internship year. As the year progresses, the interns assume more responsibility for identifying their needs and becoming proactive about getting those needs met. Our goal is that all graduates of our training program leave with the ability and competency to practice as entry-level health service psychologists. To make certain that interns are on track to meet the requirements of the internship, we engage in the following evaluation procedures:



All members of the training committee are involved in completing the evaluations that occur for each intern. Evaluations include live and recorded observation of an intern's skills.

Informal evaluation and feedback are provided throughout the year in supervision, seminars, and case consultation meetings by supervisors and seminar facilitators. The first set of evaluations occurs in October: This feedback session is informal and verbal in nature. Interns are provided with oral feedback regarding their strengths and areas of growth for each of the profession-wide competencies. Additionally, interns are given an estimate of where they fall on our rating scale for each of the profession-wide competencies. Interns are provided a written summary of the feedback, and a copy of this summary is placed in their electronic internship file.

Twice a year interns receive an in-depth evaluation that measures where they are on all profession-wide competencies and their associated elements. Members of the training team prepare this evaluation and each intern meets with the training team to discuss their evaluation at mid-year and end-of-year. The mid-year evaluation takes place in January and the year-end evaluation takes place in June. Interns are provided with an electronic copy of the evaluation, and a copy of this evaluation is placed in their electronic internship file.

This structure for ongoing evaluation provides regular feedback and evaluation of the intern throughout the training year. To pass internship, interns are expected to be active participants in meetings, seminars, and supervision. If an intern is not meeting performance standards, a developmental plan is put into place for the intern to bring them up to the expected level of competency (see Due Process & Grievance Policy section of this manual for details).

Completing Intern Evaluations

The Training Program uses two types of evaluations: Oral Feedback Session, and the Mid-Year/End-of-Year Evaluations.

Oral Feedback Session: In the weeks prior to the Oral Feedback Session, The Training Committee meets to discuss and document the strengths and opportunities for growth for each intern on each of the nine Profession-Wide Competencies. Supervisors provide feedback related to their knowledge of an intern's strengths and growth areas. Information is then aggregated by the Executive Director of Training who provides the



informal feedback to the intern in writing. The Training Committee meets with each intern as a group to provide the feedback and allow opportunity for the intern to receive any clarification needed, and to provide their own oral feedback to the program.

Mid-Year/End-of-Year Evaluations: The same evaluation is used for both the Mid-Year and End-of-Year evaluations. Each member of the training team completes an evaluation using the Rating Scale in the following section of this manual for each intern. Training team members provide evaluation on the elements they teach in seminar, supervision, or other training activities.

The Training Committee members can edit/change their responses until the Executive Director of Training finalizes the evaluation. After all supervisors have entered their evaluations, the Training Director aggregates the data by intern and determines the mean scores for each element. Interns are provided with the written evaluation the morning of when they are scheduled to meet with the Training Committee to go over the information contained in the evaluation. This gives each intern time to read through the evaluation and think about questions they may have for the Training Committee. The intern then meets with the Training Committee as a group to verbally go over the evaluation, address any areas of particular concern, and highlight areas of strength. Interns are given a signed copy of their evaluation and are encouraged to follow-up on any items of concern in supervision and seminars. A copy of the mid-year and end-of-year evaluations are sent electronically to the intern's doctoral program.

Evaluation Rating Scale and Minimum Levels of Achievement:

We use the following rating scale to evaluate each intern's progress throughout the training year.

1 – Significantly Below Expected Competency: Ratings of 1 are considered significantly below expected competency for an Intern level of training. Ratings of 1 at midyear requires remediation. Ratings of 1 on the final evaluation may affect the intern's ability to successfully complete the training experience.

2 – In Progress: Ratings of 2 reflect some concerns with an intern's developmental progress at mid-year and may require remediation. Ratings of 2 are below expected competency in the final evaluation.



3 – *Meets Expected Competency*: Ratings of 3 indicate the intern meets the minimal expected level of competency for the mid-year and final evaluation. It is the minimal required rating to successfully complete the competency areas.

4 – *Above Expected Competency*: Ratings of 4 indicate the intern is performing above the expected competency for their level of training at mid-year and final evaluation.

5 – *Significantly Above Expected Competency*: Ratings of 5 indicate the intern's performance far exceeds the expected competencies for their level of training at mid-year and final evaluation.

N/O: No opportunity to observe during this evaluation period.

Minimum Levels of Achievement (MLA): Interns are expected to demonstrate minimum levels of achievement using the above rating scale at the mid-year (January) and end-of-year (July) evaluation periods to demonstrate proficiency on each Profession-Wide Competency and be able to successfully complete the Internship Training Program.

Mid-Year MLA:

Interns typically achieve score of 2 or 3 at the mid-year evaluation. A score 2 or 3 indicates that the intern is mostly displaying the expected competency on each element of the training program, and that they continue to require guidance, training, education, and ongoing supervision for developing advanced skills on the element that is being rated.

End-of-Year MLA: We expect interns to be at a minimum rating of 3 at the end-of-year evaluation to demonstrate proficiency on each of the Profession-Wide Competencies. A score of 3 indicates that interns who graduate from the program are able to engage with and perform these elements at a level expected for post-doctoral residency and/or the first year of being an early career psychologist.



Ratings below the MLA: Interns who do not reach MLA at formal evaluation periods, or who are deemed by the Training Committee to need remedial support in an area will be placed on a developmental remediation plan (see the Due Process and Grievance Policy section of this manual for more detail). If an intern is placed on remediation, a copy of the remediation plan is given to the intern, electronically sent to their doctoral program, and the Training Director will contact the intern's DCT to clarify why a remediation plan has been put in place and the expectations of the intern. Many interns perform closer to a rating of 4 at the mid-year mark; however, the rating of 3 indicates that the intern is on track for successfully completing the program. Interns and primary supervisors are urged to focus on any ratings that are 2s and 3s at the mid-year mark so that the intern can build their knowledge and ability in these areas.



DUE PROCESS AND GRIEVANCE GUIDELINES FOR INTERNS

Introduction

We encourage staff and interns to discuss and resolve conflicts informally. If this cannot occur, this document provides an outline of HOPE Program's formal mechanisms for responding to issues of concern. Due Process is integrated within the formal review and remediation process. Due Process ensures interns are treated justly, given a reasonable opportunity to hear about, respond to, and remediate problems; receive support and assistance; and have the right to appeal and file a grievance. The Training Program is structured to include due process so behavior and performance expectations are clear, and evaluation processes and procedures for remediation are effective, timely and fair.

Rights and Responsibilities

Interns have the right to a clear statement of general rights and responsibilities upon entry into the training program, including a clear statement of goals and parameters for the training experience. to be trained by professionals who behave in accordance with the APA ethical guidelines. Interns have the right:

1. to be treated with professional respect and with recognition that the trainee brings a wealth of experience with them.
2. to ongoing evaluation that is specific, respectful, and pertinent. Evaluations occur at specified times, with the procedures for evaluation clearly stated in writing.
3. to engage in ongoing evaluation of the training experience.
4. to initiate informal resolution of problems that might arise in the training experience through a request to the individual concerned, the site Clinical Director, and the Executive Director of Training
5. to due process to deal with problems after informal resolution has failed or to determine when rights have been violated.
6. to privacy and respect of one's personal life.

Interns have the responsibility:

1. to read, understand, and clarify, when necessary, the statements of rights and responsibilities.
2. to maintain behavior within the scope of the APA Ethical Principles and Code of Conduct



3. to behave within the bounds set forth by the laws and regulations of the State of California.
4. to be open to professionally appropriate feedback from supervisors, CAPS staff, other trainees, and university staff.
5. to behave in a manner that promotes professional interaction and is in accordance with the standards and expectations of HOPE Program and the profession of Health Service Psychology.
6. to give professionally appropriate feedback regarding the training experience.
7. to conduct oneself in a professionally appropriate manner if due process is initiated.
8. to actively participate in training, service, and overall activities of HOPE Program
9. to meet training expectations by demonstrating proficiency in the Profession-Wide Competencies established by the Standards of Accreditation for APA.

Definitions

1. *Intern*: The term Intern is used to describe any doctoral psychology intern. Throughout the document this term can be interchanged with trainee, psychology intern, doctoral intern, and doctoral psychology intern.
2. *Clinical Director*: This term is used to describe the staff member who oversees a clinic at HOPE Program.
3. *Executive Director of Training*: This term is used to describe the staff member who oversees the training program and all training activities.
4. *CEO*: This term is used to describe the Executive Officer of all HOPE Program offices
5. *Training Committee*: This term is used to describe the training body that implements the policies and procedures of the doctoral psychology internship training program. Throughout the document, this term is used interchangeably with Training Team.
6. *Primary Supervisor*: This term is used to describe the licensed psychologist who is designated on the California Board of Psychology Supervision Agreement for Supervised Professional Experience.
7. *Delegated Supervisor*: This term is used to describe the on-site licensed mental health professionals who may provide supervision and monitor the trainee's clients as well as any delegated training activities.
8. *Work Day*: This term is used to describe the days when an individual is scheduled/in attendance and working at HOPE Program.



9. *Due Process*: The basic meaning of due process is to inform and to provide a framework to act, respond, or dispute. Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific procedures that are applied to all interns' complaints, concerns, and appeals.
10. *Grievance*: The mechanism by which an intern formally notifies the Training Program of difficulties or problems other than evaluation related (such as, poor supervision, unavailability of supervisor(s),
11. *Problematic Behavior*: For the purposes of this document, Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways: an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or an inability and/or unwillingness to control personal stress, psychological disturbance, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than of concern, for the purposes of this document, a problem refers to an intern's behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are perceived to be unexpected or excessive for professionals in training. Problems typically become identified as problematic behavior when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem when it is identified;
- the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
- the quality of services delivered by the intern are sufficiently negatively affected;
- the problem is not restricted to one area of professional functioning;
- a disproportionate amount of attention by training personnel is required; and/or
- the intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

Initial Procedures for Responding to Inadequate Performance by an Intern

When an intern's performance is deemed as less than satisfactory by any supervisor during a Training Committee Meeting, in individual or group supervision, on an



evaluation form (where ratings are lower than the MLA), or if a supervisor notifies the Training Director in writing about any of the following issues in the acquisition of professional skills and competencies:

- Deficits in the acquisition of professional skill and/or competencies
- A lack of ability to meet necessary deadlines for clinical artifacts
- A lack of demonstrated knowledge or use of profession ethics and standards
- Inappropriate management of personal concerns and/or issues as they pertain to professional management

The following procedure will be implemented:

1. The Training Team will meet to discuss the unsatisfactory performance and determine what action needs to be taken to address the issues reflected in the intern's performance.
2. The Executive Director of Training will meet with the intern to notify them that such a review has occurred. The Training Director will inform the intern that the Training Team will welcome information provided in writing within three (3) working days of the meeting. During this meeting, the intern and Training Director will sign an Acknowledgement of Notice of Inadequate Performance.
3. After discussing the areas that are not meeting satisfactory levels of performance and the written response the intern may have provided, the Executive Director of Training and the Training Committee may adopt any one of the following actions, or another action as deemed more appropriate for a particular situation:

Letter of Acknowledgement: The Executive Director of Training will issue a letter to the intern outlining the original concerns, the answer from the intern, and the response from the Training Team after review of the intern response that indicates no need for further action(s) at this time. A copy is placed in their intern file. A copy is sent to the DCT of the intern's home institution.

Intern Developmental Plan - Remediation: This status defines a relationship in which the Executive Director of Training and relevant supervisors actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, or otherwise improves the behavior(s) associated with the unsatisfactory rating.

The Executive Director of Training will issue an 'Intern Developmental Plan' that formally acknowledges in writing:



1. The domains in which intern's performance does not meet minimum standards;
2. That the Training Committee is aware of and concerned about the intern's performance;
3. The dates the intern was made aware of these performance concerns prior to this developmental plan;
4. The behavioral expectations to remedy the performance issues;
5. That the Training Committee will identify the appropriate person(s) to work with the intern to rectify the problem or skill deficits addressed in the developmental plan; and
6. That the behaviors associated with the rating are not significant enough to warrant probation or more serious action at this time.

The intern will sign the acknowledgement of receipt of the Intern Developmental Plan (located on the final page of the developmental plan document). The Executive Director of Training will contact the DCT at the Intern's home institution and inform them of the areas of concern and the plan put into place. The Executive Director of Training will provide the intern with a copy of the signed plan. Copies of the plan are also given to the intern's primary supervisor and the DCT at the intern's home institution, and one is placed in the intern's file.

Intern Development Plan - Probation: This status defines a relationship in which the Executive Director of Training and relevant supervisors continue to actively and systematically monitor, for a specific length of time, the degree to which the intern address, changes, or otherwise improves the behavior(s) associated with the unsatisfactory rating. The Executive Director of Training will place the intern on probation and issue an Intern Remediation: Probation Plan that formally acknowledges in writing:

1. A description of the specific behaviors that have resulted being placed on probation;
2. The dates these problematic behaviors were brought to the intern's attention prior to being put on probation;
3. The steps taking previously by the intern to rectify the problematic behaviors;
4. The steps taking previously by the Training Program to address the problematic behaviors;
5. The specific recommendations for rectifying the problem;



6. The time frame during which the problem is expected to be rectified; and
7. The procedures designed to ascertain whether the problem has been rectified.

The intern will sign the acknowledgement of receipt of the Intern Development Plan - Probation (located on the final page of the Intern Development Plan - Probation document). The Executive Director of Training will contact the DCT at the Intern's home institution and inform them that the intern has been placed on probation and the behavior areas that continue to be concerning to the Training Program. The Executive Director of Training will provide the intern with a copy of the signed plan. Copies of the plan are also given to the intern's primary supervisor and the DCT at the intern's home institution, and one is placed in the intern's file.

The Executive Director of Training will then meet with the intern to review the action taken by the Training Team. When the Training Team has assigned the intern to a developmental plan for remediation or probationary status, the intern may choose to accept the conditions outlined or may choose to appeal the action. The procedures for appealing the action are presented in the next section of this document. Once the intern has been put on a remediation plan by the Training Team, it is expected that the status of the rating will be reviewed no later than the time limits defined in the plan. The Executive Director of Training will use the Intern Development Plan - Summary of Progress form to note progress made at each review meeting.

If a problem or unsatisfactory rating is rectified to the satisfaction of the Training Team, this will be noted on the final entry for the Intern Development Plan - Summary of Progress form, and the intern, graduate program, and other appropriate individuals will be informed, and no further action will be taken. If a problem or unsatisfactory rating is not rectified to the satisfaction of the Training Team, this will be noted on the final entry for the Intern Development Plan - Summary of Progress form, and the intern, graduate program, and other appropriate individuals will be informed in writing of the next steps to be taken.

Continuation of the Unsatisfactory Rating

If the Training Team determines that there has not been sufficient improvement in the problematic area stipulated in the developmental plan or probation plan, the team communicates in writing to the intern that the conditions for revoking the plan have not been met. The Training Team may then adopt any of the following actions or another action if deemed more appropriate for a particular situation. All the actions will be communicated by the Executive Director of Training to the intern in writing within five (5) working days of the determination of the Training Team:



1. Institution of a probation plan (if the intern was previously on a developmental plan).
2. Continuation of probation for a specified period of time.
3. Recommendation for suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has been improved or will improve sufficiently. The intern's graduate program will be notified of this recommendation for suspension.
4. Recommend the intern be terminated from the training program. The intern's graduate program and APPIC will be notified of this recommendation.

An intern may choose to appeal the action of the Training Committee by submitting a written notice of such appeal within ten (10) calendar days. The appeal should include information as to why the intern believes the actions of the Training Committee are unwarranted. Failure to submit such an appeal within 10 calendar days or failure to provide reasons why the actions of the Training Team are perceived as unwarranted will be interpreted as compliance with the action of the Training Committee to terminate intern from the program.

Intern Grievance Procedures within HOPE Program

1. In accordance with the Ethical Principles of Psychologists and Code of Conduct, Section I: Resolving Ethical Issues (§ 1.04 and §1.05), interns should attempt to informally resolve conflicts and/or ethical violations with supervisors, staff, and fellow interns. It is the expectation that issues will be addressed in a timely manner.
2. If an intern encounters difficulties or problems other than evaluation related (e.g., poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during their training program, an intern can:
 - Discuss the issue with the staff member(s) involved;
 - If the issue cannot be resolved informally, the intern should discuss the concern with the Clinical Director, or the Executive Director of Training if needed (if the concerns involve the Clinical Director, the intern can consult with the Executive Director of Training directly);



- If the Clinical Director and/or the Executive Director of Training cannot resolve the issue of concern to the intern, the intern can file a formal grievance, in writing with all supporting documents, with the Executive Director of Training;
- Within five (5) working days of receipt of a formal grievance, the Executive Director of Training will implement Review Procedures as described in Section H and inform the intern of any action taken.

Staff Grievance Procedures Regarding Intern Performance

Any staff member of HOPE Program may file, in writing, a grievance against an intern for any of the following reasons:

1. unethical or legal violations of professional standards or laws;
2. professional incompetence; and/or
3. infringement on the rights, privileges, or responsibilities of others.

If such a grievance is filed, the Executive Director of Training will meet with at least two (2) members of the Training Team, including the Clinical Director, to determine if the behavior in question requires further action. The intern is informed of the grievance. The Executive Director of Training may then take one of the following actions:

- Inform the staff member that filed the grievance that the problematic behavior has been reviewed and determined to be rectified; or
- An ad hoc review panel is established, and the review procedures described in Section H are followed.
- At the point of filing a formal grievance by the staff member, the Executive Director of Training will notify the intern's home institution of the grievance and a copy of the formal written grievance will be provided to both the intern and the intern's home institution.

Review Procedures

When needed, a Review Panel will be convened to make a recommendation to the Executive Director of Training about the appropriateness of a Remediation Plan/Sanction for an intern's problematic behavior OR to review a grievance filed by the



trainee. The Panel will consist of three HOPE Program staff members selected by the Executive Director of Training with recommendations from the Clinical Director and the intern who filed the appeal or grievance. The Executive Director of Training will appoint a Chair of the Review Panel. In cases of an appeal, all parties involved have the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern. Related to a grievance, the intern has a right to express concerns about the training program or HOPE Program staff member and the training program or HOPE Program staff member has the right and responsibility to respond. Steps are as follows:

1. Within five (5) working days, the Panel will meet to review the appeal or grievance and to examine the relevant material presented.
2. Within five (5) working days after the completion of the review, the Panel will submit a written report to the Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
3. Within five (5) working days of receipt of the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Director rejects the recommendation, the Director may refer the matter back to the Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the Panel, a report will be presented to the Director within five (5) working days of the receipt of the Director's request for further deliberation. The Director then makes a final decision regarding what action is to be taken and informs the Training Director.
5. The Training Director informs the intern(s) and/or staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.
6. The DCT of the intern's home institution is notified of the decision or any action taken or to be taken.
7. If the intern disputes the Director's final decision, the trainee has the right to appeal through following the steps outlined in the Appeals Procedure.



Appeal Procedures

In the event that an intern does not agree with any of the aforementioned notifications, remediation, or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing to the Executive Director of Training with all supporting documents. The intern must submit this appeal within five (5) working days from their notification of any of the above (notification, remediation, or sanctions, or handling of a grievance).
2. If an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Executive Director of Training, then that appeal is reviewed by the Executive Director of Training in consultation with the CEO of HOPE Program. The CEO will determine if the original decision is upheld.











