

The Help Group’s APA Accredited Doctoral Internship Program in Health Service Psychology

Intern Manual 2021-2022
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The Help Group

Overview of the Agency

Founded in 1975, The Help Group is the largest, most innovative and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse and emotional problems.

The Help Group's nine specialized day schools offer pre-K through high school programs for more than 1,600 students. Its broad range of mental health and therapy services, child abuse and residential programs extends its reach to more than 6,000 children and their families each year. The Help Group employs more than 950 staff members in state-of-the-art schools and programs located in the Los Angeles area.

Recognizing that the problems of our community are complex and multifaceted, The Help Group offers a continuum of services, ranging from outpatient therapy to 24-hour residential care. In addition, the programs within The Help Group are offered individually or may be combined to address the unique needs of each child or family. This range of services affords the thousands of children, adolescents, young adults and families served by The Help Group a tremendous opportunity for continuity of care, as clients can move fluidly from one level of care to another as needed.

The programs of The Help Group receive funding from the Los Angeles County Department of Mental Health, the Los Angeles County Department of Children and Family Services, the Los Angeles Unified School District, and other governmental agencies.

The programs of The Help Group serve a broad spectrum of children, adolescents, and families of varied ethnicities, cultural backgrounds and socioeconomic levels. Many of the clients in each of The Help Group programs live below the poverty level. All of The Help Group's services are designed to be sensitive to cultural differences and bilingual needs. Over 60% of The Help Group's clients are from diverse populations. Bilingual staff are employed across all disciplines; current staff includes bilingual Spanish/English speaking psychologists, social workers, in-home counselors and paraprofessionals. All services are offered in both Spanish and English. Our professional and paraprofessional staff is given ongoing in-service training in cultural complexity.

The Help Group is located in the suburban San Fernando Valley as well as in Culver City, both half an hour from downtown Los Angeles. All Help Group campuses are located in the culturally and ethnically diverse metropolis of Los Angeles where cultural, professional and recreational opportunities abound. Numerous major universities, professional schools and training institutes are in close proximity.

The Help Group Child and Family Center (formerly Los Angeles Center for Therapy and Education) is the founding agency of The Help Group, initially established in 1953 as an outpatient treatment program for children with communicative disorders. At that point in our community's history, there were few services available to children and families with special needs. Recognizing this gap in services, The Help Group dedicated itself to creating innovative programs for those in need, including children with emotional and developmental difficulties, as well as those who have been victims of abuse or neglect or who are at risk of being abused. As the community has grown, so have its social problems, and so have The Help Group's efforts to respond to these issues. Over the years, as other and greater needs have arisen, The Help Group has been a pioneering agency, recognizing these special needs and creating programs to fill them.

All children, adolescents and families served by The Help Group's school and residential programs (see below for description of these programs) receive therapeutic services through The Child and Family

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The Child and Family Center's outpatient department offers numerous community-based and in-home treatment programs. Programs currently offered include the following:

FAMILY-CENTERED SUPPORT PROGRAMS

- **Full Service Partnership (FSP)** is a community-based program that provides intensive mental health services.
- **Wraparound** is an innovative program designed to maintain at-risk children in their homes and avoid placement in institutions or other restrictive settings.

MENTAL HEALTH & CLINICAL PROGRAMS

- **Outpatient Services**
The Help Group provides assistance to children and families within their communities through its Child and Family Center therapeutic and educational programs.
- **REACH After-School Day Rehabilitation**
The REACH program (Recreation, Enrichment, Athletics, Counseling and Health) is a unique after-school mental health program funded by L.A. County Department of Mental Health and designed specifically for children ages 5-12 with social, emotional and/or behavioral challenges.
- **Stepping Stones Therapeutic Preschool Program**
Stepping Stones Intensive Day Treatment Program for Preschool Children provides a therapeutic, nurturing and enriching environment for children, ages 2.5 to 5, who need early intervention for social, emotional, behavioral, neurological and/or psychological challenges.
- **Kaleidoscope**
One of The Help Group's newest programs, serving LGBTQ+ children, youth, young adults, and their families with a specialty in working with individuals with Autism Spectrum Disorder, ADHD, LD and social and emotional challenges.

SPECIAL EDUCATION DAY SCHOOL PROGRAMS

The Help Group began its work in special education day schools in 1975. Nine special education day school programs now exist, each with its own unique focus. Together, these schools constitute the largest state-certified special education day school serving students who have serious emotional and behavioral challenges, serious communication and socialization challenges, and serious learning disabilities. Students are referred to these programs by school districts throughout Los Angeles County, the Department of Mental Health, local Regional Centers, and mental health and other service professionals in the greater Los Angeles community. The programs offer individualized and varied curricula in well-integrated, structured and therapeutic environments. Our schools serve preschool, elementary, middle, and high school students.

Schools

- **The Help Group's North Hills Prep (NHP)**, fully accredited by the Western Association of Schools and Colleges (WASC), offers a traditional college preparatory curriculum while

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supporting and challenging creative learners with socioemotional difficulties in a nurturing and inclusive community.

- **Village Glen School**, is a WASC-accredited college preparatory program for students with social and communicative disorders, including Autism Spectrum Disorder and nonverbal learning disabilities. The Pace Program is available for gifted students. The Beacon Program educates students with behavioral challenges.
- **The Bridgeport Vocational Education Center** provides young adults with special needs a unique learning environment where they can develop independent living skills and vocational opportunities.
- **Bridgeport School** integrates an academic curriculum with hands-on life skills training and vocational services for students with mild cognitive delays and challenges in the areas of social communication and/or language development.
- **Young Learners Preschool for Autism** is designed for children with Autism Spectrum Disorder and other developmental delays. This program assesses the nature and degree of the challenges each child is confronting and fosters development in all essential areas through an interdisciplinary approach.
- **Sunrise School** is dedicated to promoting communicative, behavioral, social, academic, motor, adaptive, and independent living skills. These comprehensive programs enable each student to maximize their potential.
- **STEM³ Academy** (or STEM Cubed) is the first high school of its kind. STEM³ Academy's mission is to connect the particular strengths of students with social and learning differences, including Autism Spectrum Disorder, with an innovative and rigorous curriculum that positions students for future success. The school is unique in providing a rich and varied curriculum designed to develop the natural skills and abilities of its students in Science, Technology, Engineering and Mathematics (STEM)-related disciplines.
- **Summit View School** fosters the fullest potential of students with specific learning disabilities. In this dynamic environment, students build their academic skills and, experience the educational process as positive and rewarding.
- **Westview School of Art and Technology** is a supportive and structured educational program for students with academic potential who may struggle with emotional challenges, learning differences, attention issues and/or high functioning Autism Spectrum Disorder.

RESIDENTIAL PROGRAMS

- **Project Six / The Commons**
The mission of Project Six/The Commons is to assist young people in gaining the comprehensive skills necessary to successfully reintegrate into their local school, community, and family home.
- **Project Six Adult Residential Program**
Project Six is dedicated to improving the quality of life of adults with developmental disabilities through endorsing choices and protecting rights. Anchored by the belief that every individual is entitled to the supports and structure necessary to help maximize potential, Project Six is committed to a person-centered team approach which supports each resident in the achievement of self-worth and happiness.

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P.L.A.N. ASSESSMENT CENTER

P.L.A.N. Assessment Center provides comprehensive assessments that are tailored to identify each child's individual strengths and challenges, and provide an understanding of overall development, diagnoses, and treatment recommendations.

The programs of The Help Group continue to grow to meet the ever-changing needs of the community. To accommodate this growth, the agency has expanded in the past ten years from one site to eight: six in the San Fernando Valley, one in Culver City, and our newest site in Orange County. Over 6,000 clients are served through our mental health programs each year. The Help Group is deeply committed to addressing the needs of the community. The number of children and adolescents who require our services continues to grow each year, and the need for new and innovative programs is dramatically increasing.

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The Help Group

Doctoral Internship Program in Health Service Psychology

I. Introduction to the Program

The Psychology Doctoral Internship Program at The Help Group is designed to facilitate the professional growth of interns who are in the process of becoming practicing psychologists. The goals of the internship year include assisting the intern to become more skilled in the breadth and techniques of assessment and intervention with children, adolescents, and families. We also hope to provide an understanding of these intervention strategies within the context of a chosen theoretical rationale. Additionally, the internship year will familiarize students with a host of issues that will involve them in the delivery of mental health services to children, adolescents, and families, and in a variety of treatment modalities appropriate to working with these populations. During the training year, emphasis is also placed on giving the intern exposure to the varied roles a psychologist plays in a large community-based mental health agency, including but not limited to administration, program evaluation, supervision, and consultation.

Students entering the Internship Program will have finished their course work, completed at least three years of graduate training, been admitted to doctoral candidacy, and received confirmation by their graduate training director of their readiness for internship prior to the beginning of the internship year. The Help Group accepts applications only from students who are attending APA-accredited graduate schools. Furthermore, interested applicants must be U.S. citizens or be able to obtain an F-1 Visa and authorization to participate in Curricular Practicum Training from their university. The Help Group does not sponsor students for visas.

The Help Group’s Doctoral Internship Program is accredited by the American Psychological Association. Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C., 20002-4242
(202) 336-5979
apaaccred@apa.org
www.apa.org/ed/accreditation

The Help Group is a member of APPIC and follows their guidelines.

The stipend for Doctoral interns is accrued hourly with an annual average salary of approximately \$31,200.00 per year, with an additional \$3000.00 for students who are completely bilingual in Spanish. Interns are eligible for health and dental benefits approximately six weeks after the beginning of the internship year. Please see ‘Logistics of the Training Year’ section on page 21 for more details.

II. Philosophy and Model of Training

1. Overall Philosophy of Training

The educational and training model of The Help Group’s Doctoral Internship Program grows out of the Local Clinical-Scientist Model. Consistent with this model of training, the scientific approach is applied to all clinical practice endeavors through a process of learning, doing, and reflecting.

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Interns are exposed to research-based empirical and theoretical knowledge in the field, they are given a wide variety of experiences in service delivery, and they are asked to engage in ongoing analysis, reflection, and dialogue on the nature of this experience. The general knowledge gleaned from scientific and theoretical endeavors is then adapted to the clients' own particular emotional, cultural, and environmental contexts to arrive at treatment strategies that are most fitting. Supervision then offers the opportunity for reflection, incorporating examination of ethical issues and the interns' professional identity.

The process of learning, doing, and reflecting is applied to all psychological roles including service delivery, consultation, supervision, program development, program evaluation, and mental health administration. The scientific principles of careful and systematic observation, as well as those of curiosity, inquisitiveness, skepticism, and openness to divergence are encouraged and valued as a means of carefully reflecting on experiences.

This approach fosters the development of professionals who have a perspective that ranges from the particular to the general, sensitivity to ecological validity and cultural context, and respect for the complexity and subtlety of their work.

2. Training Model

The Doctoral Internship Program's model of training is experiential, based on the belief that professional competency is developed through hands-on direct service contact with clients and subsequent in-depth analysis of that contact. A key component of this analysis is the interns' endeavor to learn who they are as clinicians, and in turn to make increasing use of that knowledge to better understand and help their clients. This growing awareness of self is integrated with the interns' knowledge of theory and research, balancing the art and science of psychology.

Interns have the opportunity to join the multidisciplinary team in a role of autonomy and responsibility, while being provided with the necessary support, supervision, and training that they need to fully assume that role. This approach to learning is carried through in all aspects of the intern's professional training, including experiences with mental health administration, program development and evaluation, consultation, and supervision.

Work at The Help Group demands flexibility and adaptability, as much of the therapeutic work is conducted in non-traditional settings (e.g. a school-based milieu setting, the client's home, etc.). This allows students to develop a conceptualization of their role that is not bound to a specific external structure, fostering the development of psychologists who are able to meet the needs of an ever-changing world while maintaining the basic tenets of their role and their profession.

3. Treatment Philosophy

The Help Group is an organization committed to working within the larger community, creating linkages with governmental agencies, the business and philanthropic communities, and other providers. Our clients must also function within their communities; therefore, a significant part of their treatment involves uncovering, strengthening and creating linkages in their lives. This approach may range from helping an individual link with unacknowledged parts of the self, to helping members of a family link with each other, to facilitating a family's linkage with community resources to meet their needs. Many clients of The Help Group are dealing with problems that are of a chronic and highly complex nature. The intern is trained to understand and appreciate the tremendous energy and hope that can be stimulated by even subtle or fragile linkages, thereby decreasing the individual or family's sense of isolation and hopelessness.

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The treatment methods at The Help Group reflect this dedication to forging links. Two of these treatment approaches are described below.

The Team Approach

In approaching the treatment of children, adolescents and families, The Help Group believes strongly in a treatment team approach. A child must be viewed not in isolation, but rather within the context of the many different arenas in which she/he lives, including family, school, friendship, other support networks and the larger community. Viewing a child from a multitude of vantage points allows areas of strength as well as deficit to be readily evident, and demands that the therapist make sense of apparent differences in functioning in varying environments. This results in more careful and realistic assessments of the child or family, and facilitates the creation of practical and useful treatment plans.

This team orientation is especially essential in the treatment of children and adolescents who are alienated from themselves and their communities, as is common with the population we treat. Through an integrated and cohesive effort by a team of professionals with differing roles and skills, the child is confronted by the same therapeutic messages in a variety of situations and is assisted in integrating new skills across those situations. The treatment team at The Help Group can include the child, the family or significant others, therapists, psychiatrists, group leaders, speech and language therapists, teachers and other school staff, professionals from such agencies as the Department of Children and Family Services, Department of Mental Health, Regional Centers or the Probation Department, and others significant to the child's life.

The intern assumes the role of the team leader, and is responsible for coordinating the contributions of these team members. This role demands a variety of skills, including conceptualization skills (an ability to conceptualize the client's strengths and weaknesses as well as the team's strengths and weaknesses), systems analysis (envisioning the team as a system), consultation, problem solving, and case management. Interns at The Help Group receive extensive supervision and specific training on the analysis and workings of a team.

The value of a team approach is multi-layered, and generates increased understanding of the child and his/her world in many different ways. For example, analysis of the conflicts that emerge as a team works together can lead to an enhanced understanding of the conflicts within the client's internal world. The intern is encouraged to observe and understand the ways in which the internal workings of the client may be projected onto the team and its various members, and how the team enacts these projections. In order to facilitate the creation of a cohesive team, the intern is assisted in developing the skills to manage these conflicts. The clinician's strategies must incorporate an appreciation of each individual team member's strengths and deficits, an assessment of the overall abilities and limitations of the team, and an awareness of the constraints imposed on the larger structure of the agency system. This understanding parallels the clinician's recognition of the client as an individual, a member of a family and a part of a larger community.

An Integrative Treatment Approach

In keeping with this team approach, The Help Group has amalgamated the two treatment perspectives of behavioral and psychodynamic therapy into a fluid and integrated approach.

The overall orientation of the agency's Training Department is psychodynamic in nature. Current patterns of behavior are understood primarily within the context of the internalization of early significant relationships and developmental arrests. The ways in which cultural background, socio-economic status, and genetic predisposition and limitation shape, structure and influence the way one experiences the world and digests information is emphasized.

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While clinicians at The Help Group think dynamically, they work practically, using techniques from behavioral, cognitive-behavioral, developmental and family systems models. Behavioral interventions assist a child to learn to approach situations in new and more adaptive ways, through such techniques as shaping, reinforcing client strengths, and teaching new skills. Social skills training, in both therapy sessions and milieu treatment, can be a powerful tool to enhance social relatedness. Clients are encouraged to expand their repertoire of coping skills by learning problem-solving techniques, socialization skills, communication skills, relaxation techniques, etc.

While these techniques are powerful, they are not, however, sufficient to overcome the ingrained patterns of behavior and relatedness that inhibit client growth. Often these maladaptive patterns include strong prohibitions against the acceptance of adult intervention, which make it difficult for clients to accept and integrate the new behavioral techniques that might serve them.

Clinicians at The Help Group place an emphasis on understanding the relational aspects of the therapeutic connection. The relationship is utilized to uncover patterns of behavior in the here-and-now that may be interfering with the client's growth. Clinicians are not likely to analyze the relationship with their clients, but instead use this understanding to plan interventions with the goal of assisting their clients to develop more supportive, stable and sustaining relationships.

Clients at The Help Group often inadvertently share who they are by making the clinician feel as they do, or as significant others in their life might feel. As a result, the clinician's countertransference reactions are often crucial pieces of data, that when harnessed, significantly contribute to understanding the client. Clinical supervision, therefore, requires that interns be willing to share their countertransference reactions and their emotional experiences of clients with their supervisors. Because clinicians use themselves as "instruments" in the therapeutic encounter, self awareness and self reflection are emphasized. Supervisors assist interns in exploring and understanding the qualities and dynamics they bring to each inter-personal encounter and how these facilitate or hinder effective communication. They may ask supervisees to reflect on their lives and any personal issues that could be affecting their work with a client. Supervisees are encouraged to share personal information in the course of clinical supervision as such disclosure can be quite useful as it relates to the clinical work being discussed.

Cognitive behavioral techniques are regularly used to help clients manage the flood of affect they experience as a result of their precariously structured internal world. Treatment identifies and supports client strengths, while aiding clients in recognizing their limitations. These distinctions can facilitate a differentiation between areas that are hopeful and those that are best mourned and let go, resulting in the development of realistic expectations of self.

A similar approach is taken in work with families. The focus of family treatment generally includes identifying conflicts, role confusion, and basic needs. Clinicians may aid family members in recognizing and acknowledging their abilities as well as their limitations or disappointments, and in learning new, more realistic and satisfying ways of relating. They may also target specific child behavioral problems and assist parents by encouraging, supporting and strengthening their roles so as to become partners with their children in effecting change. Additionally, they provide education and information, tools that empower families to pursue and maintain their sense of well-being. Moreover, they link families to community support services, and thereby prevent unnecessary crises. All these approaches aid families in maintaining changes and promoting better functioning.

The Help Group is excited to offer interns exposure to this innovative and integrative treatment philosophy. Our emphasis on linkages through teamwork, as well as our conceptualization and execution of this concept is on the cutting edge of mental health delivery and we are pleased to be able to train students in this creative and comprehensive approach.

III. Goals and Objectives

The overall goal of The Help Group's Doctoral Internship Program is to prepare interns for the professional practice of psychology. The program has clearly defined areas of expected competency that are consistent both with our philosophy and training model as well as with more global standards for the training of professional psychologists. By the end of the internship year, it is expected that interns will have developed basic competency in the following areas:

Foundational Competencies

1. Professional Values and Attitudes
2. Reflective Practice/Self-Assessment/Self-Care
3. Research
4. Communication and Interpersonal Skills
5. Individual and Cultural Diversity
6. Ethical-Legal Standards & Policy
7. Interdisciplinary Systems & Consultation

Functional Competencies

1. Assessment
2. Intervention
3. Supervision

IV. Structure of the Program

1. Direct Service

Individual Therapy: Interns are responsible for the diagnosis and treatment of approximately 7-8 individual clients. Clients in the school-based setting are generally seen for two 30-minute sessions per week or one 60-minute session depending on the needs of the client. Clients in the outpatient department are generally seen once a week for 60-minute sessions. Interns are also expected to provide family therapy, case management, crisis intervention, and team consultation for their clients.

In order to ensure exposure to a wide variety of clients, interns' caseloads are carefully chosen. Generally, interns have half of their caseload in our outpatient department and half of their caseload in one of our milieu or non-public school-based programs. The assignment to a particular school based program is made by the Training Committee in consultation with the intern, and is based on the intern's expressed interest, past experience and staff assessment of strengths. Interns' clientele are diverse with regard to psychological disturbance, age, ethnicity, socio-economic status, etc.

School-based clients are generally seen in the school setting for the length of the school year. Outpatient department clients are seen for treatment either in the more traditional clinic setting or in their own homes. Interns are often given at least one in-home case through the outpatient department, thereby exposing them to this innovative treatment modality as well. Treatment of outpatient clients is sometimes shorter term, but most often clients are seen from six months to a year. Caseloads are subject to some variability with regard to the above model.

Group Therapy: Interns conduct weekly therapy groups with children, adolescents or parents. These groups may be in the school-based programs or the outpatient department. Groups often focus on a topic or theme, which is selected by the group leader in conjunction with the supervisor. Topics in the past have included such areas as anger management, social skills, DBT skills, independent living skills, parenting skills, etc. Groups in the school-based programs often focus on social skill development, helping clients listen to, respect, and appropriately interact with peers while functioning within a group setting.

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Outpatient department groups may be structured and on a particular topic, educational in nature, or process-oriented.

Family Therapy: When an intern is assigned a client in the school-based programs, he/she is expected to assess the need for family consultation and to provide that treatment if appropriate. Treatment of outpatient clients generally involves ongoing family work.

Psychodiagnostic Assessment: Throughout the training year, interns complete six to seven psychodiagnostic batteries through the P.L.A.N Assessment Center (Psychoeducational, Learning, Autism, and Neuropsychological Assessment Center). These batteries include tests of cognitive, personality, perceptual and academic functioning utilizing qualitative, quantitative, and projective measures. Referral to the P.L.A.N Assessment Center come from both the community and from within various Help Group programs. Teachers, administrators, and therapists throughout the agency refer their clients for psychological assessment. The referral questions range from differentiating diagnoses to helping with treatment planning. Interns receive supervision from The Help Group's testing supervisor. The supervisor and the intern design the battery that will specifically answer the referral question. Interns then administer the battery using paper and pencil tests, behavioral assessments, and computerized assessment techniques. Tests are scored by hand, as well as by computer scoring programs. A full range of tests is available to interns. Interns choose a minimum of two projective personality measures they want to focus on during the year and gain experience with administration and interpretation of those specific measures. Interns are trained in other projectives, as well, but they will not necessarily be competent to administer those independently by the end of the training year. Interns are expected to provide feedback to children, families, and other professionals through written reports and verbal feedback.

2. Indirect Service

Interns are expected to provide case management for their clients. The intern who treats outpatient or school-based clients serves as the liaison to those outside the agency who are integrally involved in a client's treatment, such as parents and other significant family members, outside psychiatrists, professionals from the County Department of Children and Family Services, Department of Mental Health, Regional Center workers, etc.

In the school-based cases, the intern consults on an ongoing basis with the interdisciplinary team, which includes milieu and intervention staff, deans, principals, teachers, speech therapists, psychiatrists, and any others involved with the case. The intern provides information concerning the individual and family dynamics of a client as well as the treatment focus, while the school, milieu, and intervention staff provide information about the academic, behavioral, and social experience of the client. Together, the team arrives at a plan of behavioral management and therapeutic intervention.

An important component of working with a day treatment population is crisis intervention. Many of our clients have a history and/or potential for self-destructive, suicidal, or aggressive behavior. Interns are actively involved in the crisis management process, working closely with the highly trained Behavioral Specialists. To support the Behavioral Specialists and provide a safe and contained environment, all staff are trained in hands-on behavioral management and crisis intervention techniques, through Crisis Prevention Institute Intervention (CPI) Training.

3. Training

The training program at The Help Group provides interns with training opportunities and seminars that offer theoretical and practical knowledge based on pertinent literature and research as well as on clinical experience. Relevant articles and/or bibliographies are given to interns in conjunction with training and

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supervision experiences. While most training and supervision is exclusively with fellow doctoral interns, some experiences are interdisciplinary in nature, offering interns the opportunity to interact with clinical art therapy, social work, and psychology practicum students. Interns often enjoy the diversity and exposure to various disciplines. Training is sequential and cumulative. All training groups are led by a senior staff member.

Training Seminars

A variety of formal structured training sessions are provided for interns, including the following:

Didactic Seminars: There are several didactic seminars that are outlined below:

One series of didactic training focuses on evidenced-based practices (EBP's), including research that supports such modalities, treatment elements that are central to these practices, and a critical analysis of the limits of such EBP's. These trainings challenge interns to utilize the Local Clinical-Scientist Model to develop a deeper understanding of manualized treatments in conjunction with consideration of factors such as client culture and barriers that may inhibit clients from fully engaging in treatment. The goal of this series is for interns to increase knowledge of treatment based on scientific research and to incorporate elements from evidence-based practices into the treatment of their clients in a thoughtful and nuanced manner.

A second series of training focuses on treatment modalities. A monthly family therapy seminar is offered, which covers theory, techniques, and the utilization of the home setting as a therapeutic milieu. During the first two months of the year the art and technique of group therapy is also addressed. This seminar is participatory and experiential in nature, and includes discussion of both structured and process groups. During the remainder of the first semester a variety of other treatment modalities relevant to clinical work with this population are addressed. These may include psychopharmacology, clinical art therapy, play therapy, behavior therapy, and multi-disciplinary teamwork. Generally, several weeks of lecture and discussion are devoted to each of these topics.

A third series focuses on infusing awareness and understanding of individual and cultural differences in the assessment, conceptualization, and treatment planning of clients. This Cultural Complexity group meets monthly and includes the intern cohort and the training department clinical supervisors. The cultural complexity seminar begins the first week of orientation with discussion and sharing of our own cultural complexity. The group meets monthly to participate in experiential activities and to discuss client and family cultural complexity, and how that intersects with our own cultural lenses.

A variety of didactic trainings are held during the two-week orientation period at the beginning of the internship year. Among these trainings is participation in a 12-hour Crisis Prevention Institute Intervention (CPI) Training). Interns also attend two conferences that are hosted by The Help Group over the course of the training year: 1) "The Help Group Summit," a yearly national conference bringing together experts in the field of neuro-developmental psychology and focusing on the latest research and the best practices in Autism Spectrum Disorder, Learning Disabilities, and Attention Deficit Hyperactivity Disorder, 2) as well as the annual Advance.LA Conference, highlighting cutting edge research aimed at supporting young adults in their transition to independence.

Psychodiagnostic Seminar: Interns participate in a year-long seminar focusing on psychodiagnostic assessments. The group meets weekly for the first semester and bi-weekly during the second semester. The goal of the assessment seminar is to improve interns' ability to conceptualize complex presenting problems. This seminar will frequently incorporate both didactic and supervisory components and interns will also be asked to present current challenging cases throughout the training year. One focus of the seminar is to train interns in providing verbal and written feedback in a manner that is understandable to the entire treatment team. Seminar time is spent on conveying the results of assessment in terms of "real

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life" experiences. Seminars and supervision also stress the need to design treatment recommendations in a manner that reflects the client's strengths and utilizes these strengths to improve weaknesses. Special emphasis will be given to the provision of individualized assessment batteries, conceptualization, and feedback to ensure culturally aware and sensitive assessment services for the diverse clients/families we serve. Additionally, significant time will be allotted to discussion surrounding the provision of feedback that will empower those who seek our services with improved understanding of presenting concerns and meaningful recommendations that they can access and utilize readily.

Other Training Experiences

Training in Mental Health Administration/Quality Management:

Interns participate in several training experiences that are intended to familiarize them with the administration and management aspects of mental health service delivery. They are as follows:

Each intern joins the Utilization Review Committee at least two times per year. This committee meets to review current client charts in order to monitor internal consistency of clinical care, and insure compliance with the quality of care and documentation that is expected by our funding sources. Participation in this committee allows interns to familiarize themselves with quality control management.

Training in Legal and Ethical Issues: Legal and ethical issues are addressed through a number of different training arenas. During orientation, policies and procedures governing behavioral emergencies are reviewed. Ethical and legal issues as they arise in treatment are also regularly discussed with the Director of Training in the supervision group entitled, "Professional Development Group" (see below). In addition, a six-hour Continuing Education seminar is offered every other year, for all Licensed staff and doctoral interns, which focuses on practical applications of ethical issues.

Independent Rotation: Interns participate in an independent rotation during the internship year. This rotation gives the intern additional exposure to the varied roles that psychologists play in mental health agencies, and offer involvement with a wide variety of Help Group activities.

Interns choose a rotation that best fits their interests and experience. Rotations can range in duration from four to six months. If an intern's specific needs or interests are not met by any of the listed rotations, they may work with the Director of Training to design an alternative. The specific rotations offered may vary from year-to-year as new programs are developed at The Help Group to meet the ever-changing needs of the community. In addition, rotations reflect the current interests and expertise of the training faculty and Help Group staff.

Examples of previous rotations:

Cultural Complexity Rotations: One intern assessed the training needs of staff therapists, assessed the current training model of various clinical programs as it relates to cultural complexity, and developed a manual/handbook of diversity activities for clinical supervisors to promote cultural competence among their staff in group supervision. The intern learned about program assessment, program development, intervention, and supervision in this rotation.

Community Outreach Rotations: Two interns worked together to develop multi-family group therapy for members of the local community. They provided group therapy in a park setting because that was the most convenient place for our community members to gather. The interns learned about outreach, program development, program evaluation, and group therapy within this one rotation. Another intern provided outreach to local churches and Headstart programs to inform Spanish-speaking families about the signs of Autism.

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Program Evaluation Rotations: Every year, most interns embark on a program evaluation rotation. Given the multitude of programs at The Help Group, and the high interest from our administrators in determining efficacy of our programs, program evaluation rotations are very rich experiences. These rotations are designed to familiarize interns with the types of outcomes-oriented research conducted within community mental health centers. Procedures involve the statistical analysis of research data, as well as the dissemination of the results to the clinical population. In particular, interns will become familiar with the process of how to explain complex results to the consumers of mental health services. Some interns develop their own intervention or program and incorporate pre-and post-measures to assess efficacy. For example, one intern developed a Positive Behavior Support Program in one of our school-based programs, and administered measures to assess efficacy. Others have developed group therapy curriculum (e.g., adolescent bicultural identity group, a narrative therapy group, a photography group focusing on identity development), and used published assessment measures pre- and post. Other interns have evaluated established programs via survey, focus groups, and/or in-person interviews.

Other rotations that we have offered:

Supervision of Supervision of Assessment (SOSA): This rotation is designed for interns interested in supervising others (practicum students) in assessment, including the development of a battery, review of measures, administration, scoring and interpretation, and report writing. Throughout this rotation interns are supervised in their supervision of trainees (once a week or every other week for one hour). Interns help practicum students develop assessment batteries and learn about different assessment measures that may not have been covered in courses in their graduate program. In addition, interns provide written and verbal feedback to practicum students about their report writing as well as their overall assessment and professional skills.

Training Director Rotation: This rotation is intended for interns interested in learning more and getting a glimpse into the roles and responsibilities of a Training Director. During this rotation, the intern is able to research and review information about the various Training Director responsibilities (e.g., learning about the APA standards for internship and postdoctoral training programs, presentations and trainings (online or in person), and interviews and consultations). In addition, the intern is able to shadow and work with the Training Director during various situations or tasks the Training Director is involved in (i.e., meetings about placements for incoming interns).

Functional Analysis, Behavioral Intervention and Positive Programming in a Milieu Environment: This rotation is designed to help interns assess the functioning of a therapeutic environment and design system-wide intervention strategies to improve the workings in that environment. Under the guidance of psychologists serving in the role of Clinical Administrators, interns will perform a needs assessment of some aspect of our school based milieu environment, using observational, interview or other relevant methods. They will collect data on a targeted problem area and generate suggestions for interventions. Suggested strategies may then be presented in a formal presentation to relevant members of the staff. This rotation allows interns to sharpen their consultation, observation, data collecting, problem solving, and presentation skills. The theory and techniques of behavioral management as they are related to functional analysis are addressed throughout this rotation.

Help Group/UCLA Neuropsychology and Learning Disabilities rotation: This rotation is designed to familiarize interns with the administration, scoring and interpretation of instruments measuring neuropsychological domains, as well as assessment and diagnosis of learning disabilities, attention deficit disorders and other cognitive disorders commonly seen in school children. History taking, behavioral observation, and brain-behavior relationships in children as reflected in neuropsychological test data also will be emphasized. Students will have the opportunity to administer and score tests, sit in on case supervision, write report sections, attend seminars and be provided with articles and book chapters on this topic.

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Formal Case Presentation: Interns are expected to do two formal case presentations to several clinical supervisors and agency administrators. They receive feedback on both their style of presentation as well as on the case content.

Intern In-Service Training: Interns are expected to design and deliver at least one in-service training to either a professional, paraprofessional, or parent group. They receive audience as well as supervisory feedback.

School-Based/Milieu Based Clinical Department meetings: Interns participate in weekly team meetings of the school or day treatment program they are assigned to. These meetings allow exchange between clinical staff and school administrators on relevant clinical and program matters within the milieu setting.

4. Supervision

Individual Supervision: Individual supervision is provided for individual and family work, at two hours per week. A primary supervisor and another member of the training faculty, both licensed psychologists, each spend one hour per week with the intern discussing approximately four to five individual and/or family cases. Interns are required to share at least five live observations/videotapes of therapy sessions and review at least four audiotapes (videotapes can be substituted for audio) for a total of nine observations over the course of the training year.

Diagnostic Testing Supervision: Supervision of diagnostic testing is provided by The Help Group's testing supervisor. Interns meet with their testing supervisor for 30-60 meetings each week to review aspects of their testing case(s). Interns are required to review at least three videotapes/live observations of sessions over the course of the training year with their testing supervisor (i.e., one intake meeting, a portion of at least one test battery administration, and one feedback session with clients/families).

Group Supervision on Groups: Interns receive one hour per week of group supervision for group therapy or half an hour per week of individual supervision. These supervision groups may be interdisciplinary in nature with interns from a variety of mental health disciplines participating.

Professional Development Group: The goal of this supervision group is to facilitate the growth and development of each intern's professional identity as both an integral member of an organization devoted to serving the community, and as an able clinician working to maximize benefits to clients through effective use of the treatment team approach. This includes enhancement of leadership potential and team building skills in balance with the needs and demands of individual treatment. Consistent with this goal, Professional Development Group Supervision provides a forum for exploring and discussing conflicts, dilemmas and questions that arise from a multidisciplinary approach to the treatment of children, adolescents and families. Discussion is invited on issues of teamwork, professional role, professional development, organizational structure, and law and ethics as they arise in the course of daily life at The Help Group. Interns are invited to discuss and process their ongoing experiences, as well as to prepare for what they will face as they emerge from internship into the realm of professional psychology. Issues related to post-doctoral experience, entering the workforce, and licensing are addressed, as are current issues in the field of psychology. Interns meet twice a month with the Director of Training for open-ended discussions. Topics that are often addressed include the following: the many roles of a therapist in a milieu setting; work within a large mental health agency; working with a team of behavioral specialists; termination; confidentiality; social media and its use in professional psychology; incorporating individual and cultural issues in treatment; ethical and treatment issues related to child abuse reporting; self-disclosure; use of reinforcers; life after internship: post-doctoral positions, job hunting, negotiating salary, etc.

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Multidisciplinary Teamwork/Consultation Discussion Group: This group meets once a month to discuss teamwork issues that arise in the various milieu programs. This is an opportunity to further explore the dynamics of teamwork and how to utilize the conceptualization of the client and the team in order to best serve the needs of their clients. This group also discusses consultation and its distinct role as a professional practice.

Cultural Complexity Discussion Group: Once a month, the interns meet with all individual supervisors to discuss issues related to cultural complexity. Discussions revolve around shared experiences, new knowledge, experiential activities, case discussions, and/or journal articles.

Competency Benchmarks Discussion Group: This discussion group meets at the beginning of the training year and is an opportunity to discuss in more detail each of the foundational and functional domains of the APA Competency Benchmarks, which is the tool the internship program uses to train and evaluate interns.

Supervision on Supervision of Therapy: During the second trimester, interns adjunctively supervise either practicum students or pre-masters level students on individual treatment. Interns participate in a weekly supervision group from February through mid-June focused on the art of supervision. Discussion in this group generally includes promoting a safe environment for the supervisee to speak openly, identifying and tracking the supervisee's concerns about a case, making recommendations to a supervisee about interventions, understanding the supervisor/supervisee relationship, and understanding the distinction between supervision and psychotherapy. Tapes of supervision sessions are reviewed in this supervision group. Interns have the opportunity to discuss their experience of being a supervisor in this group. Relevant articles that deal with theories of supervision and various aspects of the supervisory process are also shared.

Supervision on Supervision of Assessment: Interested interns have the opportunity, as an independent rotation, to provide supervision to practicum students while they engage in the assessment process. Interns engage in a weekly supervision group in order to support their supervision, to bring up issues in the supervisory relationship, and to ask questions relevant to either testing or supervising. Supervision of assessment will allow the intern to aid a practicum trainee in building a battery that is responsive to the referral question, test administration, scoring, interpretation of scores, report writing, and providing feedback to clients, caregivers, and teachers. Interns who engage in supervision of assessment are able to compare and contrast the experience of clinical and assessment supervision.

Intensive Case Discussion: Each intern has the opportunity to intensively discuss one case over a six-week period in a group supervision format, ending culminating in the 7th week with a presentation of that case to the fellow interns and training faculty. Interns videotape at least one client session to be shared in the group. Interns also bring in one scholarly article to share with the group that is relevant to the case. A different supervisor is chosen to facilitate this case supervision for each intern thereby giving interns exposure to a variety of approaches in the treatment of children and maximizing the intern's exposure to our varied training staff.

Supervision of Rotations: Interns receive one-half hour of individual supervision weekly or bi-weekly on their rotation. If interns work as a group on an independent rotation project, supervision may be extended to one hour weekly or bi-weekly.

For a breakdown of weekly hours, please see Appendix A.

Availability of Supervisors: In addition to regularly scheduled supervision sessions, individual and group supervisors have an "open door" policy, and are always available for consultation or assistance. Interns are expected to utilize this "open door" policy that is an integral part of the supervisory experience in a milieu setting. All individual supervisors carry cell phones and are therefore available for consultation

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when they are off grounds, including during evening and weekend hours. There is also a designated back-up supervisor who is available to interns when their individual supervisors are not on grounds or are on vacation.

V. Training Department Core Faculty

Priscilla Barajas, Ph.D., Senior Director of Psychology Training

Involvement in Internship: Directs and oversees the internship training program; provides clinical supervision to interns; leads Family Therapy Seminar; leads Professional Development Seminar; provides EBP trainings such as Trauma Focused Cognitive Behavioral Therapy and Seeking Safety; participates in Cultural Complexity Seminar; participates in intern Case Conferences and Formal Case Presentations
Interests: Supervision and Training; Family Systems; Culturally Informed Interventions; Evidenced Based Treatment for Trauma

Bonnie Auerbach, Ph.D., Clinical Director of Advance LA, Supervising Psychologist

Involvement in Internship: Provides clinical supervision to interns; provides supervision of supervision to interns; leads ICD supervision; participates in intern Case Conferences and Formal Case Presentations
Interests: Young Adults – those with Autism Spectrum Disorder and those with other struggles that leave them unable to thrive; Parenting Issues; Substance Abuse; Family Therapy

Jamie Barstein, Ph.D., PLAN Center Coordinator, Supervising Psychologist

Involvement in Internship: provides clinical supervision to interns; participates in psychodiagnostic seminars and trainings; participates in intern Case Conferences and Formal Case Presentations
Interests: Assessment and treatment of neurodevelopmental disabilities (NDD); Family Therapy; Parent Management; Cognitive Behavioral Therapy for anxiety; Gender, Sexuality, and Sexual behaviors in individuals with NDD

Megan Beardmore, PhD, Supervising Psychologist

Involvement in Internship: Provides clinical and assessment supervision to interns; supervises independent rotations; provides EBP trainings with a focus on ASD, social skills, personality assessment, telehealth, school-based psychological services; participates in Cultural Complexity Seminar; participates in intern Case Conferences and Formal Case Presentations; involved in PLAN Center (screenings, assigning cases, etc.)

Interests: School-based service provision and consultation; ax and tx of ASD; parenting/parent support; training and supervision; cultural competence in psychological service delivery

Ilene Bell, Ph.D., Director of Professional Development

Involvement in Internship: Provides Supervision of supervision to Supervising Psychologists; provides quarterly supervision and mentoring to interns; leads monthly Teamwork Seminar; leads ICD supervision; participates in intern Case Conferences and Formal Case Presentations
Interests: Psychology Education and Training; Clinical and Administrative Supervision; Professional Development; Psychodynamic Psychotherapy; Psychotherapeutic Process; Teamwork; Self- Care

Rachel Kavanaugh, Psy.D, Supervising Psychologist

Involvement in Internship: Provides assessment supervision to interns; leads weekly Psychodiagnostic Seminar; leads ICD supervision; provides EBP trainings such as Parent Child Interaction Therapy; participates in intern Case Conferences and Formal Case Presentations
Interests: Children ages 0-12; Supervision and Training, In-Home Psychotherapy; School-Based Psychotherapy; PCIT; Neurodevelopmental Disorders; Differential Diagnosis; Cultural Considerations in Assessment; Psychological and Neuropsychological Assessments

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Claudia Kernan, PhD, Director of THG-UCLA Neuropsychology Program; Clinical Neuropsychologist, Assessment Supervisor

Involvement in Internship: Provides assessment supervision to interns; consultation on neuropsychology assessment cases; participates in intern Case Conferences and Formal Case Presentations

Interests: Neuropsychological Assessment; ADHD and Developmental Learning Disorders; Traumatic Brain Injury and Concussions; Prenatal Substance Exposure; Cultural Identity Development

Lidia Michel, Psy.D, Practicum Training Coordinator, Supervising Psychologist

Involvement in Internship: Provides clinical and assessment supervision to interns; provides EBP trainings such as Incredible Years and Seeking Safety; leads Cultural Complexity Seminar; participates in intern Case Conferences and Formal Case Presentations

Interests: Infant & Maternal Mental Health issues; Bilingual Language Development & Assessment; Community Mental Health; Migration trauma and Attachment relationships; Cultural Competence in the Practice of Psychology; Positive Psychology; Parenting

Ronit Schwartz, Psy.D, Supervising Psychologist

Involvement in Internship: Provides assessment supervision to interns; provides EBP trainings such as Managing and Adapting Practices; participates in Cultural Complexity Seminar; leads ICD supervision; participates in intern Case Conferences and Formal Case Presentations

Interests: Supervision and Training; Psychological Assessment; Infants/Children/Adolescents; Community Mental Health; Evidenced Based Practices; Relational Approaches; Parenting

Laurie Stephens, PhD, Director of Program Development

Involvement in Internship: Provides supervision on independent rotations; participates in intern Case Conferences and Formal Case Presentations

Interests: Differential Diagnosis of the various Autism Spectrum Disorders; The Overlap between ASD and gender non-conformity; the development of theory of mind in ASD and designing intervention strategies to improve ToM; the changing nature of social expectations in the digital era and how this should inform changes to traditional belief and therapeutic interventions for social skills.

VI. Advisement, Evaluation, & Requirements for Internship Completion

During the initial eight weeks of the internship year, interns work with their primary supervisor to formulate a Training Agreement and Individual Learning Plan for the year, outlining a number of specific individualized goals and objectives. In preparation for creating this contract, interns are asked to fill out a Self-Assessment focusing on the overall training goals for the year. Based on this document, the primary supervisor’s initial assessments, and the intern’s interests, past experience, and long-term professional goals, the primary supervisor along with the intern complete an Individual Learning Plan by the end of October. Three other times during the year, the intern fills out a Self-Assessment which is used by the intern and supervisor to re-assess the Individual Learning Plan.

Interns receive two formal written evaluations during the course of the internship year. The first, or mid-year, evaluation takes place in February, and the second, or year-end, evaluation takes place in August. The mid-year evaluation contains both a narrative and a checklist component. It offers an in-depth analysis of competency areas, noting in particular the intern’s strengths and areas of needed growth. The evaluation prepared at the end of the internship year includes a checklist of the competency areas previously outlined as well as indication of an intern’s progress during the year, areas of strength, and suggested areas of continued focus.

For the mid-year and end-year evaluations, Interns are assessed on the following rating scale, which includes 12 possible points to reflect nuances in strengths and areas for improvement.

| Ready for Independent Practice | | | Requires Occasional Supervision | | | Requires Ongoing Supervision | | | Requires Supplemental Work/ Experiences | | |
|--------------------------------|-------|--------|---------------------------------|------|-------|------------------------------|-------|-------|---|------|-------|
| X+ =12 | X =11 | X- =10 | X+ =9 | X =8 | X- =7 | X+ =6 | X = 5 | X- =4 | X+ =3 | X =2 | X- =1 |

At the mid-year evaluation, Interns typically are rated in the “requires ongoing supervision” column with typical scores being 4, 5, or 6. At the end-year evaluation, Interns must achieve an overall rating of 7 in each of the competency areas, except for the Supervision Competency Domain which must have an overall rating of 4, to have successfully met competency.

Evaluations are prepared by the intern’s primary supervisor, with input from all supervisors and training faculty who work with the intern. The figure on page 20 depicts the different facets of the training program that assist in the development of, and modifications to, the Individual Learning Plan.

An additional measure of whether interns meet competency and successfully complete internship is completed after they conclude their independent rotation. The following is the scale and items included on the evaluation form. Interns must achieve a minimum average score of 3 on the evaluation form in order to successfully complete internship.

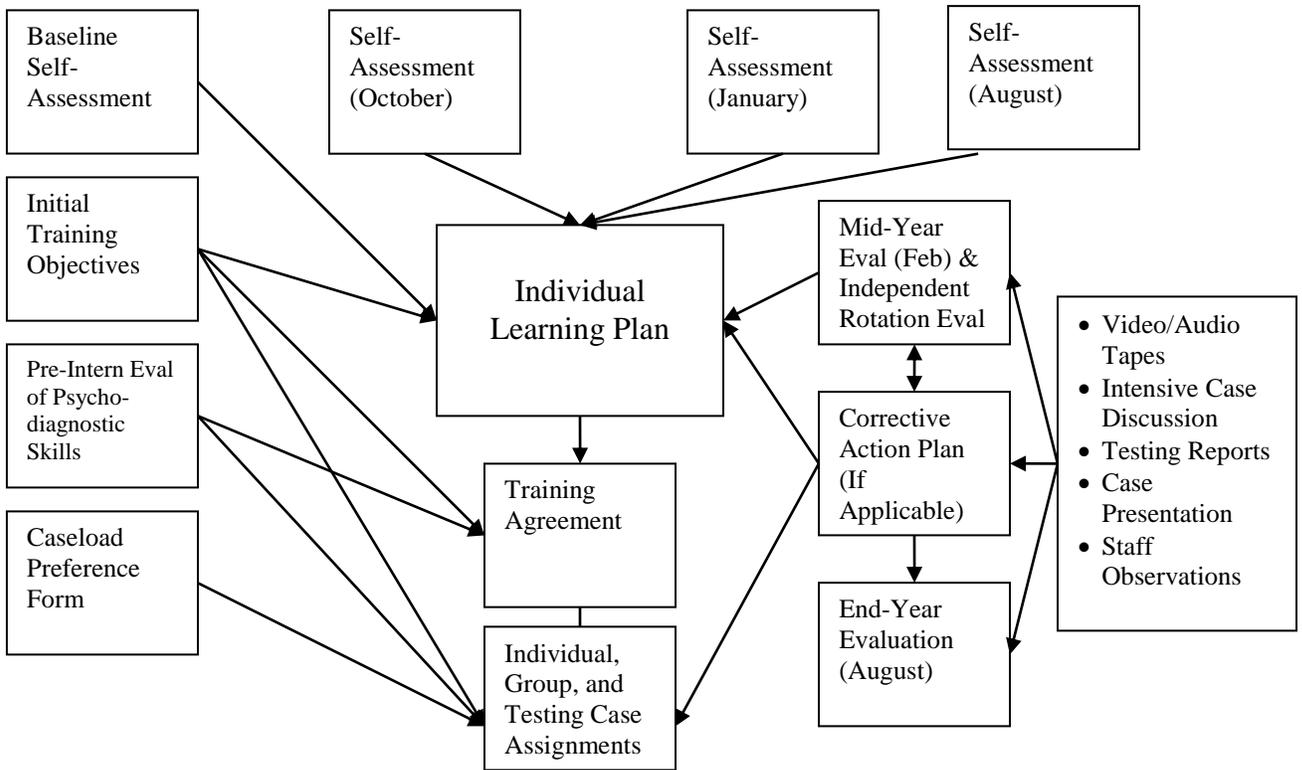
*Please rate student using the following scale on these areas:
5=excellent 4=very good 3=good 2=fair 1=poor*

| | | | | | |
|--|---|---|---|---|---|
| A. Tasks assigned were completed in a reasonable amount of time. | 5 | 4 | 3 | 2 | 1 |
| B. Student was proactive in completing assigned tasks. | 5 | 4 | 3 | 2 | 1 |
| C. Student was reliable and exhibited follow through on tasks. | 5 | 4 | 3 | 2 | 1 |
| D. Student spent the agreed upon amount of time in rotation. | 5 | 4 | 3 | 2 | 1 |
| E. Student worked with staff in a collaborative manner. | 5 | 4 | 3 | 2 | 1 |

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During internship, interns will have specific requirements that need to be completed in order to successfully complete internship. While the intern is expected to demonstrate competency in all ten identified competency areas, there are also several internship activities that include numerical requirements (i.e., sharing of 12 total recorded or live observations of therapy and assessment sessions, completion of a minimum of 6 testing reports, maintenance of therapy caseload, completion of documentation, accrual of at least 1750 Supervised Professional Experience hours, etc.).

The Process of
Developing, Assessing, and Modifying
Individual Learning Plans of Doctoral Interns



VII. Intern Due Process

It is the goal of the Internship Program to identify concerns and problems in an intern's performance prior to those concerns and problems becoming serious, and to assist in the correction of the difficulties through educational opportunities and supervision. Should serious problems arise, disciplinary actions up to and including dismissal from the internship program may occur. Please see Appendix B for details regarding the program's Intern Due Process Procedures and Intern Appeal Process.

VIII. Record Keeping

All records documenting interns' performance evaluations, supervision/training logs, supervision agreements, and California Board of Psychology forms are kept in intern electronic personnel files which will be maintained permanently.

IX. Logistics of the Training Year

1. Stipend and Benefits

The stipend for Doctoral interns is \$31,200 per year, with an additional \$3,000 for interns who are fully bilingual in Spanish and can conduct therapy in Spanish. Health and dental benefits are available to interns beginning approximately October 1. These benefits are chosen from among different plans, requiring different contributions. The Help Group has an Employee Assistance Program available to interns. Additionally, interns who are interested in seeking therapy during internship should feel free to ask training staff for referrals within the Los Angeles Community.

2. Calendar Year & Paid Time Off

The full-time internship year generally begins the second or third week of August and runs for a full calendar year. Interns are expected to be on site Monday through Friday and work 40 hours per week. Interns are expected to work approximately two evenings per week.

Interns are required to be on site during all days that clients are present (while school-based treatment programs are in session). Interns are given 80 hours of vacation time, which is used during the winter, spring, and summer school breaks. The agency is typically closed the week of Thanksgiving and the week between Christmas and New Year's, so all interns take those weeks off (the specific dates will be announced at the beginning of the internship year). Interns are also given agency holiday days off to be specified at the start of the training year as well as 80 hours of paid sick leave. The Director of Training must approve any times interns are not on site.

The expectation for interns during school-based program breaks, consistent with their professional development and their role as a member of a team, is that unless time has been petitioned and approved for research or professional development purposes (as designated above), interns will be involved in the myriad of professional activities and tasks generated by the needs of the agency at these times.

Interns may use up to forty optional hours of professional development time during the internship year for purposes such as dissertation defense, school graduation, delivering papers at professional conferences, job interviews, etc. Interns may also request up to forty optional hours of time during the times when school-based programs are not in session for research purposes. This time is designed to support interns who have not yet completed their Dissertation or Psy.D. Project, as well as to support students who are engaged in other ongoing professional research endeavors.

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3. Supervised Professional Experience (SPE) Hours

Interns will accrue a minimum of 1750 hours of Supervised Professional Experience over the course of the training year which is ample experience to fulfill the requirement to be licensed in the state of California (i.e., 1500 hours of SPE earned during the doctoral internship). Interns are responsible for checking with the state they plan to seek licensure in to obtain information about SPE requirements for licensure, as they vary by state. It is possible to accrue up to 2000 hours of SPE for those seeking licensure in states that require that amount but the internship only guarantees 1750 hours due to the amount of paid time off granted by our agency.

X. How to Apply

1. Applications

The Help Group utilizes the Universal Application designed by APPIC, which can only be completed electronically. Students can obtain the APPIC application on the Internet (www.appic.org), and applications will only be accepted via the APPIC webportal. All application materials must be received by 11:59 PM PST on November 15, 2020.

2. Minimum Requirements

Applicants who wish to apply for internship must be attending an APA-accredited graduate school in Clinical, Counseling, and/or School Psychology, have a minimum of three years pre-internship graduate training, have passed their comprehensive exams, and have been admitted to doctoral candidacy. The internship prefers applicants who have a minimum of 450 Direct Contact Intervention Hours but will consider those with less hours if their previous practicum training experience was negatively impacted by the pandemic or if they are currently participating in a practicum training program and are accruing additional hours/experiences. Applicants must complete a minimum of four child assessments prior to starting internship.

Applicant acceptance is pending fingerprint clearance from the Department of Justice, FBI, and the California Board of Psychology, pre-employment physical, and verification of your legal right to work in the United States. A background check will be completed for each applicant. A conviction will not necessarily be a bar to employment, in that those factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. However, you must be cleared by licensing agencies of the State of California in order to work at The Help Group. Interns must have a car.

The Help Group is an equal opportunity employer and prohibits unlawful discrimination based on race, color, creed, gender, gender identity, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, pregnancy, sexual orientation or any other consideration made unlawful by federal, state, or local laws.

3. Interviews & Open Houses

Per APPIC's recommendation and guidance from state/federal officials, due to Covid-19, all interviews and open houses will be held virtually. Applicants will be contacted on or before December 15th to schedule interviews that will be conducted during the month of January. Multiple options for individual interviews during the month of January will be offered. During this period of interviews, applicants are strongly encouraged to attend a virtual Open House to better acquaint themselves with the agency, the Internship Program, and supervisors. They will meet with the training faculty, take a virtual tour of one of the sites, and meet with current and former interns. Students will be interviewed by the Director of Training along with one other training faculty supervisor; interviews will last for approximately 45

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minutes. 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.

XI. Impact of Covid

COVID-19 has significantly impacted Los Angeles County and The Help Group has continued to serve the community by providing ongoing mental health and special education services. The Help Group will continue to serve the needs of the community during this crisis. As such, during the pandemic, interns have and will be expected to continue serving clients throughout internship.

In March, during the 2019-2020 training year, the interns, along with the majority of staff, adopted telehealth, distance learning, and other telecommuting options as short term work arrangements. Interns provided telehealth services via phone and video platforms. Likewise, supervision and trainings were moved to video conferencing methods, and interns were able to telecommute 100 percent of their work time. Further, all of the interns were able to complete the internship requirements needed to successfully conclude internship. The program anticipates that future cohorts will continue to be able to provide services and meet the requirements to complete the internship regardless if the agency continues telecommuting or has returned to providing regular, on-site work.

Please note that this intern manual is subject to change for the 2021-2022 internship year as well as for subsequent years.

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Appendix A

INTERN HOURS

(40 hours/week)

48 weeks of training, including approximately 1-2 weeks of orientation, 2 weeks of vacation time off, 9 agency holidays, 2 weeks of research and professional development time

| <i>Direct Service (includes documentation of cases)</i> | Hours per Week August through Jan | Hours per Week Feb through July |
|--|---|--|
| Individual/Family Therapy/Case Management | 15 | 15 |
| Group Therapy | 2 | 2 |
| Psychodiagnostic Testing | approximately 3 batteries = 5 hrs/week | Approximately 3 batteries = 5.5 hrs/week |
| TOTAL: | 22 | 22.5 |
| <i>Indirect Service</i> | | |
| School Dept. Clinical Meeting | 1 | 1 |
| Independent Rotation | 3 (Sept – Jan/Feb) | 0 |
| Supervision of Practicum Student (clinical) | 0 | 1 (Feb-Jun) |
| Intern Program Requirements (e.g., case presentations, treatment plans, etc) | 3 | 4.5 |
| TOTAL: | 7 | 6.5 |
| <i>Training</i> | | |
| Individual Supervision | 2 | 2 |
| Group Supervision on Groups | 0.5 | 0.5 |
| Testing Supervision | 0.5-1 | 0.5-1 |
| Professional Development Group | 0.5 | 0.5 |
| Supervision on Supervision of Therapy | 0 | 1 (Feb-Jun) |
| Rotation Supervision | .5 | 0 |
| Intensive Case Discussion | 1 | 1 |
| Psychodiagnostic Seminar | 1 (Aug-Dec) | .5 (Jan-Aug) |
| Other Didactic Seminars | 5 | 5 |
| TOTAL: | 11 | 11 |
| GRAND TOTAL: | 40 | 40 |

Appendix B

Intern Due Process

Intern areas of expected competency are clearly delineated in the Intern Handbook and formal and detailed evaluations of performance are presented to interns twice during the internship year. Input from multiple sources, including supervisors and training staff, is solicited in any examination of an intern's difficulties.

Some intern performance issues can be classified as "Competency Concerns," while other performance issues and/or competency skill levels can be classified as "Competency Problems." Competencies *of concern* are those behaviors that are concerning and that may indeed need to be remediated, but these performance issues are not completely atypical for an intern's level of training. Some examples include interns who have never administered projective tests, who have never filed a child abuse report, and/or who struggle with paperwork over a period of time.

"Competency Problems" are defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or
3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

Competency Concerns typically become identified as Competency Problems when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified,
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
3. the quality of services delivered by the intern is sufficiently negatively affected,
4. the problem is not restricted to one area of professional functioning,
5. a disproportionate amount of attention by training personnel is required,
6. the intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. the problematic performance issue has potential for ethical or legal ramifications if not addressed,
8. the intern's performance issues negatively impact the public view of the agency,
9. the problematic performance issues negatively impact the intern class

Examples of Competency Problems include, but are not limited to, the following:

- a) Lack of adequate levels of skill in one or more of the stated expected competencies; such impairment is serious enough that clients' needs are not being met on an ongoing basis and/or professional obligations are not being met.
- b) Nonconformance with Board of Psychology rules of professional conduct.
- c) Nonconformance with The Help Group policies or rules of conduct.
- d) Violation of California State Laws.

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e) Personal stress or psychological dysfunction that interferes with professional functioning.

Should the staff of the Internship Program or The Help Group perceive a problem in an intern's performance of professional duties, specific steps are taken. Serious problems may lead to immediate disciplinary action.

Options for Competency Concerns

Informal discussion and supervision are generally the first avenues used to address Competency Concerns.

Should the concern not be resolved adequately, two levels of intervention are possible.

Option A: Written Acknowledgment

Written Acknowledgment to the intern formally acknowledges:

1. that the Director of Training and the Training Committee are aware of and concerned about the performance,
2. that the concern has been brought to the attention of the intern,
3. that the concern has been added to the Individual Learning Plan
4. that the Director of Training and Training Committee will work with the intern to rectify the problem or skill deficits, and
5. that the performance issues are not significant enough to warrant more serious action.

Option B: Corrective Action Plan

A Corrective Action Plan is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned in order to assist the intern with the skill deficiency. The intern, Director of Training, and Supervisors meet to discuss the area of concern and develop a plan of intervention, which may include the following:

- increasing the amount of supervision, either with the same or other supervisors;
- change in the format, emphasis, and/or focus of supervision;
- reducing the intern's clinical or other workload;
- requiring specific readings, courses, and/or writing
- discussion with the intern's Director of Clinical Training at their graduate school

The area of concern will be added to the intern's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors. After the specified period of time, the Director of Training, intern, and Supervisor will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the intern has adequately corrected the performance issues, they may choose to end the plan at that point.

However, if the concern is still present, the concern now becomes a "Competency Problem." Moreover, if the concern occurs a second time, after a Corrective Action Plan has ended, the concern becomes a "Competency Problem." When this is the case, five levels of intervention are possible.

Options for Competency Problems

Every Option listed below will involve discussion with the intern's Director of Clinical Training at their graduate school.

Option A: Corrective Action Plan

A Corrective Action Plan is a time-limited, remediation-oriented closely supervised period of training when specific tasks are assigned in order to assist the intern with the skill deficiency/problem area. The intern, Director of Training, and Supervisors meet to discuss the Problematic Performance Issue/Competency Problem and develop a plan of intervention. The Director of Training will also have a discussion about the problem with the intern's Director of Clinical Training at their graduate school.

The plan of intervention may include the following:

- increasing the amount of supervision, either with the same or other supervisors;
- change in the format, emphasis, and/or focus of supervision;
- reducing the intern's clinical or other workload;
- requiring specific readings, courses, and/or writing

The Competency Problem will be added to the intern's Individual Learning Plan. The length of a Corrective Action Plan will be determined by the Director of Training in consultation with the Supervisors. After the specified period of time, the Director of Training, intern, and Supervisors will meet to discuss progress and any areas of concern. If the Director of Training and Supervisors feel the intern has adequately corrected the behavior, they may choose to end the plan at that point.

If the Competency Problem is not adequately resolved, the Internship Program can either continue the Corrective Action Plan for another time-limited period, or go to Option B, C, D, or E, depending on the situation.

Before moving to Option B, C, D, or E, a Review Committee is convened. In addition, The Director of Training will also be in contact again with the intern's Director of Clinical Training at their graduate school for their input. The Review Committee is comprised of two members of the Internship Program's training staff who do not individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee interviews the intern, supervisors, Director of Training and others relevant to the problem area and makes a recommendation to the Chief Operating Officer and/or Senior Risk Management Officer as to further action within ten (10) working days of first being convened. The Chief Operating Officer and/or Senior Risk Management Officer will make the final decision. All meetings of the Review Committee are documented.

Option B: Probation

Probation is also a time limited, remediation-oriented, more closely supervised training period. This course of action is taken when an Intern does not improve after being given a Corrective Action Plan and/or when a problematic performance issue is serious enough to require an even higher level of supervision and tracking. The purpose of Probation is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state.

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During Probation, the Director of Training systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves their performance. The intern is informed of the probation in a written statement which includes:

1. the specific performance issues being displayed and the areas of competency that are a problem;
2. the requirements for rectifying the problem;
3. the time frame for the probation during which the problem is expected to be ameliorated, and
4. the procedures to ascertain whether the problem has been appropriately rectified

If the Director of Training determines that there has not been sufficient improvement in the intern's behavior to remove the Probation, then the Director of Training re-convenes the Review Committee to determine the next course of action. This could include continuation of Probation, or movement to Option C, D, or E. The Director of Training will also be in contact with the intern's Director of Clinical Training at their graduate school for their input.

Option C: Suspension of Case Privileges

Suspension of Case Privileges is implemented when the Review Committee determines that the welfare of the Intern's clients is in jeopardy. All direct service activities (e.g., individual, family, group, and testing cases) will be suspended for a specified period of time as determined by the Review Committee. The intern is informed of the Suspension in a written statement which includes:

1. the specific performance issues being displayed and the areas of competency that are a problem;
2. the recommendations for rectifying the problem;
3. the time frame for the suspension during which the problem is expected to be ameliorated, and
4. the procedures to ascertain whether the problem has been appropriately rectified

At the end of the suspension period, based on the plan as specified above, the Director of Training and the intern's supervisors will assess the intern's capacity for effective functioning and determine when direct service can be resumed. If the decision is made that case privileges cannot be resumed, the Director of Training may choose to continue the Suspension of Case Privileges, or re-convene the Review Committee to determine if Option D or E are appropriate. The Director of Training will also be in contact with the intern's Director of Clinical Training at their graduate school for their input.

Option D: Administrative Leave

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency for a specified period of time. Administrative leave would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or when the intern is unable to remain in the internship due to physical, mental or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable time period, and the intern seems unable to alter her/his performance, the Director of Training will convene a Review Committee. The Review Committee is comprised of two members of the Internship Program's training staff who do not

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individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee will discuss the possibility of administrative leave from the Training Program and agency. The Committee will make their determination and provide their final suggestion to the Chief Operating Officer and/or the Senior Risk Management Officer, who will make the final decision. When an intern has been placed on Administrative Leave, the Director of Training will communicate within 24 hours to the intern and to the intern's Director of Clinical Training of their graduate school that the intern is on Administrative Leave.

The intern is informed of the Administrative Leave in a written statement which includes:

1. the specific performance issues being displayed and the areas of competency that are a problem;
2. the recommendations for rectifying the problem;
3. the time frame for the administrative leave during which the problem is expected to be ameliorated, and
4. the procedures to ascertain whether the problem has been appropriately rectified

At the end of the Administrative Leave period, the Review Committee will assess the intern's capacity for effective functioning and determine when the intern can return to work. If the decision is made that the intern cannot return to work, the next step in Due Process could be Option E below.

If the Probation, Suspension of Case Privileges, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Director of Training will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

Option E: Dismissal from the Internship Program

Dismissal/permanent withdrawal from the Internship Program would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or when the intern is unable to complete the internship due to physical, mental or emotional illness. When specific interventions do not rectify the problematic performance after a reasonable time period, and the intern seems unable to alter her/his performance, the Director of Training will convene a Review Committee. The Review Committee is comprised of two members of the Internship Program's training staff who do not individually supervise the intern and one other administrator or clinical staff member of The Help Group. The Review Committee will discuss the possibility of termination from the Training Program and agency. The Committee will make their determination and provide their final suggestion to the Chief Operating Officer and/or the Senior Risk Management Officer, who will make the final decision. When an intern has been dismissed, the Director of Training will communicate within 24 hours to the intern and to the intern's Director of Clinical Training of their graduate school that the intern has not successfully completed the internship.

Intern Appeals Process

Should the intern disagree with an action taken in the Due Process procedures (Written Acknowledgement, Corrective Action Plan, Probation, Suspension of Privileges, Administrative

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Leave, Dismissal from Internship Program), the intern can file an appeal regarding the action taken by the Training Department/Agency.

1. The intern must, within 5 business days of receipt of the decision, inform the Director of Training, in writing, of such an appeal. The Director of Training will then inform the intern's Director of Clinical Training at their graduate school.
2. The Director of Training will convene a Review Committee, which will conduct a review hearing within 7 business days consisting of two training faculty members and/or clinical administrators selected by the Director of Training and two training faculty members and/or clinical administrators selected by the intern. Interns are given a list of training faculty members and clinical administrators during orientation. The review hearing will be chaired by the Director of Training. At this hearing, the appeal is heard and the evidence is presented. The intern will be given the opportunity to hear all facts with the opportunity to dispute or explain his or her behavior.
3. Within 7 business days of the completion of the review hearing, the Review Committee submits a written report to the Chief Operating Officer and/or the Senior Risk Management Officer, including any recommendations for further action. Decisions made by the Review Committee will be made by majority vote. The intern is informed of the recommendations
4. Within 5 business days of receipt of the recommendations, the Chief Operating Officer and/or the Senior Risk Management Officer will either, (a) accept the Review Committee's action, (b) reject the Review Committee's action and provide an alternative, or (c) refer the matter back to the Review Committee for further deliberation. The Review Committee then reports back to the Chief Operating Officer and/or the Senior Risk Management Officer within 5 business days of the receipt of the Chief Operating Officer and/or the Senior Risk Management Officer's request for further deliberation. The Chief Operating Officer and/or the Senior Risk Management Officer then make a decision regarding what action is to be taken and that decision is final.
5. Once a decision has been made, the intern, the intern's graduate school, and other appropriate individuals are informed in writing of the action taken.