



IMCES

Institute for Multicultural Counseling & Education Services

·A private non-profit organization, associated with dpi/ngo with ecosoc status of the united nations for human rights·

2020-2021 Doctoral Internship Manual

Doctoral Internship Program in Clinical Psychology

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American Psychological Association (APA) Accredited

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Each Intern will have access to the following documents that will be used to track, monitor, and assess intern progress throughout the training year. They are located on the IMCES shared Google Drive, which is accessed through Google Drive, in Shared Drives\IMCES Google Team Drive Drive\2020-2021 Doctoral Interns.

The documents listed below are in the shared Google Drive:

- IMCES Doctoral Orientation Schedule 2020-2021
- 2020-2021 Doctoral Internship Manual
- IMCES Intern Evaluation Record (ICER) 2020-2021
- Full Assessment/Case Plan Evaluation Form
- Clinical Case Presentation in the Context of Multidisciplinary Group Supervision form
- Supervision Agenda Form
- Doctoral Intern Integrative Case Presentation Evaluation
- Doctoral Intern Self-Assessment and Goals Statement
- Evaluation of Doctoral Internship Form
- Evaluation of Supervision Form
- Culture and Therapy Survey-English
- Culture and Therapy Survey-Spanish
- Verification of Experience Form (Board of Psychology)
- Supervision Agreement Form (Board of Psychology)
- Supervised Professional Experience Weekly Log Form
- IMCES Intern Supervision Signature Log
- Video Recording Evaluation Form
- IMCES Crisis Evaluation Procedures
- Supervisory Contract/Memorandum of Understanding

I. Introduction

This document describes the responsibilities and expectations of the Doctoral Internship Program in Clinical Psychology at the Institute for Multicultural Counseling and Educational Services, Inc. (IMCES). This manual is an overview of clinical training including philosophy, goals, objectives, and instructions for clinical practice, supervision, evaluation, and outcome measures.

II. Program Mission & Philosophy

Mission: The mission of IMCES is to promote human rights and social justice while cultivating healthy, resilient individuals and families through the use of culturally proficient mental health, primary health care, and treatment of co-occurring disorders. IMCES provides an integrative model of service delivery including primary health care, mental health, social services, treatment of co-occurring disorders, forensic/legal advocacy services in a variety of languages by highly trained culturally proficient professionals. Our mission is interwoven in the function of our organization; as a community clinic, we provide direct services to culturally diverse underserved individuals and families in our community. As an educational institute, we provide clinical training/workforce development.

Direct Service: IMCES offers a variety of clinical programs developed to reach children, youth, families, and adults who have many barriers to their wellness, success, and sustainability within the community. IMCES is committed to helping underserved members of the community overcome diversity, achieve independence, and create sustainable and meaningful lives for themselves and their families.

Workforce Development: Our clinical training program is structured to engage new and emerging mental health professionals from different cultural backgrounds to motivate their professional commitment and responsiveness to serve the most needy populations with their competencies in best practices. Our clinical training program is designed as an effective and necessary workforce development to respond to our community's needs, and to develop specific competencies with a strong emphasis on many aspects of leadership development. **We are training the next leaders in our profession who will contribute to future health and wellbeing in local and global levels.**

Training Model

Philosophy:

IMCES's philosophy and model of training is aligned with the mission of our organization. IMCES believes that physical and mental health are fundamental human rights of everyone. Our treatment philosophy focuses on strengths rather than pathology, on wellness rather than illness. We recognize that the 21st century radically changed our lives in many domains in local and global levels. Culture became more evolving, dynamic, and ever changing. The

demand for human and helping services requires a great deal of innovation and adjustment to the traditional model of service delivery. At IMCES, we are prepared to face and meet the challenges by providing an education and professional training model that is “appropriate and important” as well as responsive to the public.

Operating Principles:

- Emphasis on **mutually respectful** relationships.
- Commitment to “**excellence**,” becoming a “**lifelong learner**” and “**reflective practitioner**.”
- **Inclusion by design** to prevent disparities.
- Focus on **whole health** (physical, mental, social, and spiritual) of **individual**, as well as **community health**.
- Emphasis on **integrative model of service delivery** utilizing a multidisciplinary approach and consultation skills.
- Recognition of **interrelatedness of individual and community**.

We are committed to treating clients in the context of family and community. We recognize the impact of social conditions as contributing factors to clients’ presenting problems. By viewing the client in the context of their social environment, we also contribute to the wellness of the community through our advocacy and outreach activities and programs.

III. Clinical Training Goals and Objectives

Internship Goal: The goal of IMCES’ Doctoral Internship clinical training program is to prepare the intern to become a culturally proficient mental health service provider. The overarching goal is to develop a high standard of clinical training for each doctoral intern which in turn preserves and advances our profession. IMCES promotes and provides a high standard of clinical training which has been accredited by APA. This training can be expanded to include the internationalization of clinical training in psychology.

The training program’s approach follows a *practitioner-scholar* model of training. This paradigm seeks a balance between familiarity with clinical psychological research and practical application of this knowledge. While IMCES’ professional staff supervises and teaches a variety of theoretical models, a common theme is *evidence-based practices* (EBPs) in the context of integration of theory and practice.

The philosophy of the training program advances IMCES’ mission “to provide culturally appropriate, proficient, and linguistically responsive services.” Interns participate and provide services in a variety of programs that serve individuals and families from a broad range of cultures and ages.

Training Objectives: Through study and supervised practice, interns learn the wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the intern's clinical competency, strengthen the intern's identity as a professional psychologist, and develop the intern's multicultural clinical knowledge and competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur throughout the program.

Treatment approaches: We believe that both the **individual** and the **community** are our clients. We have parallel services for both components with the ultimate goal of promoting wellness and reducing disparity in our community. The primary building block of our treatment approach includes **promotion** of health education aimed at **prevention** of illness through community outreach and engagement activities. The second building block of our training program is **early intervention** treatment for those who are exhibiting the signs of illness including the provision of **comprehensive and intensive care/treatment** for severely mentally ill individuals. We emphasize the **psychosocial rehabilitation model** where the focus is on an individual's strength and ability to identify risk factors. The goal of this model is to help restore each person's ability for independent living, socialization, and effective life management and develop an attitude to accept limitations and maintain a meaningful life. The third building block of our training program is a focus on **cultural competency**. We recognize that human beings operate within the context of culture. We define culture as the intersection of many layers of our identity, which creates complex, ever changing conditions. At IMCES, we sensitively and sensibly adopt to the principle of "**cultural humility**." We transform our cultural competency to engage in cultural humility practices to demonstrate our integrity as healthcare professionals. We promote a commitment to remain a lifelong learner and reflective practitioner. We develop and maintain respectful and dynamic partnerships with communities. IMCES is recognized as the most culturally proficient service provider in the county, providing linguistically proficient services in ten different languages including Farsi, Mandarin, English, Spanish, Ibibo, Vietnamese, Finnish, Estonian, Arabic, Russian, Arabic, and Caldonese.

Theoretical Orientation: We utilize diverse therapeutic modalities, including behavioral, cognitive-behavioral, psychodynamic, and other appropriate therapeutic modalities. We focus on the client's need, and select interventions as clinically indicated to be the best practice for the context. We believe in the effectiveness of Evidence Based Practices (EBPs). IMCES provides training in many EBPs, as well as Community Defined Practices (CDP) model of treatment/interventions, including but not limited to Attachment Theory, Systems Theory and Trauma-Informed Theory.

Through study and supervised practice, interns learn the wide range of clinical services provided at a community mental health clinic. Practice-based experiences are designed to refine and develop the intern's clinical competency, strengthen the intern's identity as a professional psychologist, and develop the intern's multicultural clinical knowledge and competency/proficiency regarding ethical practice. In addition, scholarly activities such as seminars and professional presentations occur on an ongoing, weekly basis throughout the program.

IV. The Comprehensive Goals and Competencies of IMCES Training:

The training program is designed to include two major, interrelated components of **clinical** and **leadership** competencies. This structure is consistent with our training model and the advanced traditional area of professional psychology. The education and training activities in our clinical training program are sequential, cumulative, and graduated in complexity over the training program. Training includes diverse methodology of didactic education, interactive learning, simulation, direct service, research, development and evaluation, supervision and advocacy competency. Each trainee will be given the opportunity to develop

an individualized training plan to be coordinated within the cohort team. This individualized training plan is to be monitored and evaluated within the context of supervision and multidisciplinary consultation. Our clinical training program is specifically interwoven with our requirement of developing self-awareness competency in the context of cultural diversity.

There are twelve specific training objectives of the internship in which interns are expected to develop competency in these domains. These twelve competencies are measured using various outcome evaluations throughout the year. All of the competencies are evaluated throughout the year through didactic seminars in addition to monitoring via direct observation and evaluation of service delivery by supervisors on an ongoing basis. The specific training objectives, competencies, and outcomes measured are provided in the following table:

I. Research Competency		
Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Develops the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. ● Demonstrates competency of the practitioner-scholar model. 	<ul style="list-style-type: none"> ● Demonstrates competency by conducting a yearlong research project with the focus on diversity, inclusion, social disparity, action oriented advocacy. ● Demonstrates an active ethical commitment to the inclusion of multicultural and diversity contexts in Research. ● Research is aimed at identifying best practices to be shared with the professional community both locally, nationally and globally. 	<ul style="list-style-type: none"> ● Completion of 6 Integrative Case Presentations in Multidisciplinary Group Supervision addressing the latest research findings regarding psychiatric and psychological interventions. ● Supervisor’s evaluation of intern’s participation in Cross-cultural Research Project. ● Direct and ongoing discussion and feedback during individual supervision and Multidisciplinary Group Supervision. ● Satisfactory ratings on Research Competency Evaluation form two times per year.

II. Ethical and Legal Standards Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Demonstrates knowledge of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. ● Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes to resolve the dilemmas. ● Conducts oneself in an ethical manner in all professional activities. 	<ul style="list-style-type: none"> ● Due to the mission of IMCES and its commitment to the provision of mental health services to clients at different ages, settings, programs and target populations from diverse cultural background, the teaching of APA Ethical Principles of Psychologists and Code of Conduct and state of California laws and regulations is of paramount importance in the doctoral training program. ● In full commitment to the IMCES mission of service, the teaching and application of ongoing Legal and Ethical guidelines focus on the doctoral intern’s ethical commitment to the inclusion of multicultural and diversity contexts while working in an intensive community mental health setting. ● The doctoral intern will develop competency in recognizing and resolving any ethical and legal concerns, with a focus on multicultural perspectives and issues. 	<ul style="list-style-type: none"> ● Weekly Seminar participation includes vignette work with direct feedback by seminar leaders. ● Completion of 6 Doctoral Intern Integrative Case Presentations in Multidisciplinary Group Supervision and receive written feedback regarding their knowledge of legal and ethical considerations related to their client’s care. ● Direct and ongoing discussion and feedback during individual supervision and Multidisciplinary Group Supervision. ● Satisfactory ratings on Ethical and Legal Competency Evaluation form two times per year. ● Direct and ongoing discussion and feedback during individual supervision and Law and Ethics seminar.

III. Individual and Cultural Diversity Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Doctoral interns demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. ● Awareness of self triggering points as a window to unconscious biases and our “shadow” - both individual and archetypal. ● Doctoral interns demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, 	<ul style="list-style-type: none"> ● Due to the mission of IMCES and its commitment to the provision of mental health services to diverse cultural backgrounds, the teaching of competency in the recognition and awareness of the impact of intern’s personal/life experiences, values, and beliefs on clinical judgment is of paramount importance. ● The elements included in this competency include: self-awareness, practice of principles of cultural humility, knowledge of how culture affects ideas of normality and pathology, and development of clear understanding of how one’s cultural values and beliefs 	<ul style="list-style-type: none"> ● Seminar leader evaluations on participation and ability to identify individual differences and similarities between clinician and client. ● Feedback from individual supervisor, Multidisciplinary Group Supervision and Cultural Diversity seminar leader. ● Feedback from clients from diverse cultures that receive mental health services from doctoral interns. ● Written feedback during Multidisciplinary Group Supervision regarding client cultural considerations in regard to treatment.

<p>assessment, and supervision/consultation.</p> <ul style="list-style-type: none"> • Doctoral interns demonstrate knowledge of geo-socio-political hearts of diverse ethnic populations. • Doctoral interns demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. • Doctoral Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. 	<p>impact the clinical judgment and relationship with others.</p> <ul style="list-style-type: none"> • IMCES regards “diversity” as an asset and recognizes the distinctions the “differences” make in our community. IMCES facilitates opportunities for each doctoral intern to make a commitment to acknowledge the complex and varied needs of all aspects of cultural diversity. We recognize the intersectionality of our cultural identity and the inherent social oppression and privilege. We provide ongoing diversity training to promote the principle and practice of cultural humility and cultural inclusion. 	<ul style="list-style-type: none"> • Direct and ongoing discussion and feedback during individual supervision and Diversity seminar. • Satisfactory ratings on Individual and Cultural Diversity Competency Evaluation form two times per year. • Demonstration of clear, responsive communication in reflection book and weekly forms. Demonstrate clear culturally sensible communication. • Development of ability to follow self triggering point for perceiving external event and responding.
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IV. Professional Values, Attitudes and Behaviors Competency

Competency Expected	Training Objective	How Outcomes are Measured
<p>Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.</p> <ul style="list-style-type: none"> • Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seek and demonstrate openness and responsiveness to feedback and supervision. • Respond professionally in increasingly complex situations with a greater degree of independence as doctoral interns progress across levels of training. 	<ul style="list-style-type: none"> • Attendance and participation in Cultural Diversity seminar which emphasizes self-reflection, lifelong learning, and awareness of power differential between self, doctoral interns, and clients. • Attendance and participation in Advocacy Seminar while engaging in in interactive learning opportunity to receive and provide feedback from interdisciplinary teams comprised of attorneys, case managers, domestic violence counselors, marriage and family therapists, clinical social workers for the purpose of learning to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. • Attend and participate in Multidisciplinary Group Supervision 	<ul style="list-style-type: none"> • Written feedback during Multidisciplinary Group Supervision meeting regarding responding professionally in increasingly complex situations with a greater degree of independence as doctoral interns progress across levels of training. • In individual and Multidisciplinary Group Supervision interns receive specific feedback regarding their progress towards behaving in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. • On a weekly basis at Quality Improvement meeting with the Training Director, doctoral interns will discuss training goals, objectives and expected outcomes. Doctoral interns discuss what aspects of the training program are

	<p>meeting and receive feedback regarding their professional values, attitudes and behaviors.</p> <ul style="list-style-type: none"> ● Provide public education seminar/services to the community, i.e. presentations at local schools on subjects such as bullying, parenting skills, Attention Deficit Hyperactivity Disorder, and decreasing stigma of mental health. ● Provide outreach and engagement activities to the community. 	<p>effective, provide feedback to the Training Director and provide proposed solutions to their requests. This activity is designed to enhance the doctoral interns' leadership skills, develop professional attitudes, accountability, and ethical responsibility. As a result, the doctoral interns develop an action plan regarding their proposed suggestions to the training program.</p> <ul style="list-style-type: none"> ● Satisfactory ratings on Professional Values, Attitudes and Behavior Competency Evaluation form two times per year.
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V. Communication and Interpersonal Skills Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Develops and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. ● Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. ● Demonstrates effective interpersonal skills and the ability to manage difficult communication well. 	<ul style="list-style-type: none"> ● Doctoral interns are to demonstrate knowledge and skills in working with other professionals in a respectful manner. Doctoral interns engage in multidisciplinary consultation opportunities to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals who are affiliated with Wraparound Services, social services, immigration and legal services, educational, and substance abuse services. Doctoral interns establish relationships with other agencies within the community, including schools, court, attend local meetings to provide support for local measures that provide services for clients and reduce stigma of mental health in the community. They observe and practice HIPAA compliance in their treatment of clients and in communication with other helping professionals. Doctoral interns effectively communicate with psychiatric hospitals, police department, psychiatric emergency teams, child and adult protective services, housing and shelter organizations, wellness centers and board and care 	<ul style="list-style-type: none"> ● Written feedback during Multidisciplinary Group Supervision regarding responding professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. ● In individual and Multidisciplinary Group Supervision doctoral intern receives specific feedback regarding their progress towards communication in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. ● Satisfactory ratings on the Culture and Therapy survey. ● Satisfactory ratings on Doctoral Intern Integrative Case Presentation Evaluation form. ● Satisfactory ratings on Communication and Interpersonal Skills Competency Evaluation form two times per year.

facilities. In their communications with other professions, they use professional and descriptive language, avoid use of jargon, and learn and apply elements of problem solving skills and problem resolution.

- Documentation of progress notes that are written within 24 hours of a session.

VI. Assessment Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. ● Demonstrate understanding of human behavior within its many variable contexts including culturally diverse groups. ● Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. ● Select and apply psychodiagnostic testing assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. ● Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. ● Communicate orally and in written 	<ul style="list-style-type: none"> ● The assessment program at IMCES is comprised of two components. The first is the clinical assessment conducted by the interns during the intake process; and the second is the Psycho diagnostic testing program. The purpose of the initial clinical assessment is for diagnostic and treatment planning considerations. Because Psychological Assessment is in the sole province of psychologists, it thus becomes an IMCES imperative to provide to its APA doctoral interns continued strong, clear, and rigorous training in the foundational and theoretical bases and practical, applicable skills of Psycho diagnostic integrated battery evaluation. This program complies with the goals of APA internship profession wide competency development in psychological testing, training interns to build sequentially on knowledge and skills, to engage in an ongoing, interactive, and inclusive process of assessment leading to diagnosis and case formulation, and participate in collaborative or educational interactions with clients or colleagues that indirectly influence the well-being of a targeted group. ● In full commitment to the IMCES mission of service, the Psychological Assessment program places a significant focus on the ethical commitment to the inclusion of multicultural and diversity contexts and considerations in the intern's practice of assessment with underserved populations. The intern, working in an 	<ul style="list-style-type: none"> ● Completion of 10 Initial clinical assessment and care plans inclusive of psychodiagnostic assessments as clinical relevant to the referral question, and the clinical needs of the client. ● Satisfactory ratings on Doctoral Intern Integrative Case Presentation Evaluation Form. ● Satisfactory ratings on Evaluation of Assessment Report Forms. ● Satisfactory ratings on Assessment Competency Evaluation form two times per year.

<p>documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.</p>	<p>intensive community mental health setting will develop competency in the cultural imperative, most clearly defined as the intern’s commitment to inclusionary process where the impact of culture and diversity components on the assessment process is fully investigated and explored. Under supervision, the intern will determine impactful distinctions between the use of culturally-biased and culture-fair or -free testing instrumentation in underserved populations; will develop mastery in broad-based or item-by-item-based hypotheses determining the appropriateness of the assessment process in community mental health settings, and; will develop community-based collaboration clarifying the assessment process with families and agency liaisons.</p>	
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VII. Interventions Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Establish and maintain effective relationships with the recipients of psychological services. ● Develop evidence-based intervention plans specific to the service delivery goals. ● Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. ● Demonstrate the ability to apply the relevant research literature to clinical decision making. ● Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. ● Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. 	<ul style="list-style-type: none"> ● In full commitment to the IMCES mission of the provision of culturally appropriate and appropriate service delivery, competency in interventions is achieved through instruction and lectures with a focus on cultural diversity and commitment to addressing community mental health needs. Interns receive training in the appropriate adaptations of Evidence Based and Community Defined Practices necessary to meet the needs of our target population. 	<ul style="list-style-type: none"> ● Direct and recorded observations by supervisors, program managers, direct observation, role plays, modeling in supervision and during Multidisciplinary Group Supervision meetings. ● Progress notes. ● Reports from Clinical Faculty Training Committee members and Seminar leaders. ● Satisfactory ratings on Doctoral Intern Integrative Case Presentation Evaluation form. ● Satisfactory ratings on Interventions Competency Evaluation form two times per year.

VIII. Supervision Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. ● Apply skill development and practice as providers of supervision to trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. 	<ul style="list-style-type: none"> ● Doctoral interns provide supervision to other health professionals who are part of the multidisciplinary team including agency Counselors, Child and Family Specialists, Parent Partners, Domestic Violence Case Managers and Care Coordinators. Interns are provided with a supervision seminar titled Supervisory Process and Practice which includes core elements of theoretical, cultural and ethical responsibilities in the supervisor-supervisee relationship. A specific focus of this competency is a committed provision of services to multicultural populations and communities of diversity and differences. 	<ul style="list-style-type: none"> ● During individual supervision, doctoral interns discuss and receive feedback regarding effectiveness of supervision provided to other mental health professionals. ● At the conclusion of the Supervision seminar, doctoral interns will present write ups of three supervisory sessions based on their supervisory experience with the assigned supervisees and those write ups are evaluated by the supervisor on the Evaluation of Doctoral Intern Supervisory Skills form. ● Satisfactory ratings on Supervision Competency Evaluation form two times per year.

IX. Consultation/Interprofessional/Interdisciplinary Skills Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Demonstrate knowledge and respect for the roles and perspectives of other professions. ● Doctoral Interns are to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. 	<ul style="list-style-type: none"> ● Doctoral interns are to demonstrate knowledge and skills in working with other professionals in a respectful manner. ● Doctoral interns engage in multidisciplinary consultation opportunities to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals within the agency who are affiliated with social services, immigration and legal services, educational, and co-occurring disorders. 	<ul style="list-style-type: none"> ● Feedback from individual and Multidisciplinary Group Supervision. ● Verbal and written feedback in Multidisciplinary Group Supervision. ● Verbal feedback from consultations with psychiatrists, case managers, attorneys, nurse practitioners, medical doctors,

		<p>marriage and family therapists, clinical social workers, and paraprofessionals within the agency.</p> <ul style="list-style-type: none"> • Satisfactory ratings on Consultation /Interprofessional/ Interdisciplinary Skills Competency Evaluation form two times per year.
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X. Risk Assessment and Management Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> • Demonstrate competency in proactively assessing and managing critical incidences in the context of individual, family and community (i.e. school, home). To demonstrate knowledge in responding to psychological trauma and demonstrate the ability to provide psychological first aid/intervention and assistance with crises in individual and client’s family context. Doctoral intern is to serve as part of IMCES Crisis Response Team which includes an authorized LPS supervisor. 	<ul style="list-style-type: none"> • Attendance and participation in Crisis Intervention and Assessment seminar didactic and experiential vignette reviews. • Attendance and participation during Multidisciplinary team meetings reviewing high risk suicidal or homicidal clients, including review of safety plans, interventions, legal and ethical issues, case management, and client advocacy. • Discuss in individual supervision and in Multidisciplinary Group Supervision current client crises to identify risk and protective factors and assess client risk. Formulate a comprehensive, culturally relevant safety plan for individual clients and their families/support network. • Participate as member of Crisis Response Team on an ongoing rotating schedule basis. 	<ul style="list-style-type: none"> • Satisfactory score on the Crisis Intervention and Assessment seminar posttest exam. • Feedback during individual and Multidisciplinary Group Supervision regarding adequate assessment and management of clients who are at high risk for danger to self or others. • Review of risk and protective factors and safety planning during Multidisciplinary Group Supervision with written and verbal feedback from team members. • Crisis Assessment and Management competency includes: <ol style="list-style-type: none"> 1. Weekly Crisis and Risk Assessment Seminar to discuss and assess Risk and Protective factors and Safety plans. 2. Focused Group supervision discussion actual vignettes or clinical cases. • Interns are to be assigned to IMCES Crisis Response Team 1 week per year to practice functioning as part of Crisis Response Team being supervised by licensed supervisor. • Satisfactory ratings on Risk Assessment Competency Evaluation form two times per year.

XI. Advocacy/Outreach and Engagement Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Advocacy competency is recognizing the power of activism in our profession. Advocacy competency in the context of our training of psychologists is to develop a social justice orientation with the understanding that “systemic oppression” is interwoven in the complexity of presenting problems. ● Interns will demonstrate their advocacy competency by developing interventions to address “systemic oppression” at the micro, meso, and macro levels. To address “systemic oppression,” intern will develop the following activities: <ol style="list-style-type: none"> 1. Self-advocacy skill for client (e.g., through role playing with client to address oppression) 2. empowerment-oriented activities (e.g., liberating client from oppressive conditions; development of competency in identifying lack of resources and/or limitations in accessibility of mental health resources in our community and facilitating opportunity through public education seminars, use of social media to inform, engage, and empower client. 3. Development of social action projects/research (i.e., community needs assessment;) collaboration between psychologist and community organizations: legislative advocacy, working with law makers to oppose any inconsistency and/or unjust policy and procedure (i.e., anti-LGBTQ legislation, immigrant issues. Police racial profiling). 	<ul style="list-style-type: none"> ● Doctoral interns attend and participate in weekly Advocacy/Outreach and Engagement Seminar. ● Doctoral interns will develop advocacy project/research with the focus on intervention at the micro, meso, and macro levels and study the background of each disparity. ● Doctoral interns will actively participate in the development of an advocacy plan of action, and actively participate to promote necessary systematic change of policy and procedures, including contacting local and state representatives to initiate advocacy for human rights for all. ● Doctoral interns will attend community legislative meetings that focus on increasing mental health services and mental health policies. Doctoral intern presents a status report on their chosen domain of advocacy project and describes what their progress is towards their final advocacy action plan. 	<ul style="list-style-type: none"> ● Verbal feedback will be given by Advocacy/Outreach and Engagement seminar leader on an ongoing, weekly basis. ● Ongoing feedback will be discussed in individual supervision and Cultural Diversity Training and Advocacy Seminars. ● Written and verbal feedback will be given about inclusion of advocacy component in case presentation during the Multidisciplinary Group Supervision. ● Weekly completion of advocacy project assignments. ● Satisfactory ratings on Advocacy/Outreach and Engagement Competency Evaluation form two times per year.

XII. Leadership in QI Competency

Competency Expected	Training Objective	How Outcomes are Measured
<ul style="list-style-type: none"> ● Intern will develop Leadership Competency in the context of our clinical training program implemented through weekly meetings with the Director of Training. The competency includes evaluating the status of the doctoral training program and facilitate the opportunity for doctoral interns to participate in generating ideas about quality improvement in the domains of both individual as well as clinical program. 	<ul style="list-style-type: none"> ● To evaluate the quality improvement in the domains of both individuals' progress toward clinical training goals and clinical training program. Intern will have the opportunity to practice leadership development with an emphasis on the following training objectives: <ul style="list-style-type: none"> ● How to be a self evaluator, self monitor and self corrector ● How to practice the principle of inclusion by design. ● How to collaborate with other professionals ● How to develop advocacy research and intervention projects. ● How to develop and public education and outreach engagement strategies for the purpose of both assessing community's needs and providing community education. ● Demonstration of personal/professional leadership. Individualized training plan is developed by Intern for the purpose of achievement of clinical training goals to become a self evaluator, self monitor, and self corrector. 	<ul style="list-style-type: none"> ● Verbal feedback will be given by Advocacy/Outreach and Engagement seminar leader on an ongoing, weekly basis. ● Seminar leader will provide feedback regarding interns' effective time management skills in order to balance personal self-care with professional responsibilities, in addition to maintain activity schedule balancing personal self-care with professional responsibilities such as development of Advocacy Projects, including Public Education and Outreach and Engagement for the purpose of contributing to the wellness of the community.

[Click here](#) to view IMCES' Doctoral Intern Competency Evaluations

V. Program Overview

- The training staff focuses on three broad areas of responsibility to interns: supervision and instruction; support of personal and professional growth; and evaluation of competencies. These areas of responsibility are discussed in the four sections below.

Orientation and Instruction

During Intern Orientation, Interns are introduced to IMCES and its resources, and receive supervision and instruction in clinical practice, professional role development, and ethics. Toward meeting this responsibility, the training staff members offer a structured and sequenced series of seminars in clinical practice as well as regular opportunities for consultation and supervision. Interns are regarded as members of the professional team. To facilitate the intern's initial adjustment and introduce the intern to IMCES's resources, the training staff has designed an in-depth Intern Orientation. The orientation sessions introduce Interns to state licensing and documentation requirements and procedures. Interns are introduced to IMCES' Electronic Health Record (EXYM) including documenting procedures for assessments, care plans, and progress notes. Orientation also includes structured office policies and procedures for service delivery.

Intern Personal and Professional Growth

Evaluation of intern's performance toward achieving training competency goals is an ongoing process. IMCES facilitates opportunity for intern to receive objective feedback from supervisors through daily, m weekly, and groups supervision in addition to feedback from program managers and other professional Internship is a time of developmental transition that inspires and challenges an intern's personal and professional identity. The internship is designed to provide opportunities that support growth during this transition. Individual and Multidisciplinary Group Supervision, professional development seminars, and meetings with the Training Director address the expected challenges and celebrate the accomplishments during the internship. In addition, Doctoral Interns are asked to prepare and discuss APA style case presentations. The Training Director, supervisors and training committee communicate on an ongoing basis directly and openly with interns and with the training team regarding interns' performance and progress.

Evaluation

Doctoral Interns are formally evaluated two times per year by their supervisors during the internship year. The Training Director provides the Clinical Director at the intern's school with written reports after each regularly scheduled evaluation. The Training Director and team supervisors provide regular feedback to interns on an on-going basis during individual supervision, Multidisciplinary Group Supervision, and other opportunities. **An important task of intern evaluation occurs through intern self-reflection and the giving and receiving of feedback from staff in every context of our service delivery. This strategy is demonstrated in every component of our daily activities.**

Error Policy

In keeping with a philosophy of open and clear communication, IMCES has developed a procedure for responding to inadequate performance by an Intern. IMCES recognizes that error is inevitable; however, the manner in which we approach error involves mandatory and immediate remedy. Supervisors provide open and direct communication to interns to address potential error and require that they prepare an action plan toward immediate remedy. Interns are encouraged to identify errors in their own and peers' performances and support each other in correcting errors. **Therefore, addressing clinical performance is not a private matter.** Errors will be dealt with openly, in the context of all our relationships.

Since we do not support “saving face,” inconsistencies and deficiencies are identified for purposes of providing and receiving support toward resolution. We also believe that error provides an opportunity to learn.

Resources:

IMCES provides the following resources to create a safe, comfortable, and resourceful environment for learning, practicing and developing professional skills.

The following resources are available to each Intern/clinician:

- Computer resources: Each Intern/clinician will have access to a desktop and lap top computer and up-to-date software with internet connection.
- Health Insurance Portability and Accountability Act (HIPAA) electronic health records (EXYM) as it relates to clinical practice. Intern/clinician will have access to network and receive training and ongoing support from in-house IT management team.
- Email address and business cards
- ID Badge
- Google application would be used on intern cell phones for client contact
- Two-way mirror room for live observation and supervision to support clinical effectiveness
- Access to psychological testing material
- Access to licensed psychologists on a daily basis
- Access to online American Psychological Association (APA) resources
- Opportunity for evaluation, research and development
- Opportunity for participation in the Leadership Academy and Advocacy projects
- Opportunity for presentation in staff and public education seminars
- Opportunity for participation and presentation in professional conferences locally, nationally, and internationally
- Opportunity for participation in professional committees: CE Workshop, selection of intern, supervision and program development, advocacy task force
- Audio and videotape equipment

Seminars & Workshops:

The seminars are consistent with our training goals and objectives and expected professional competencies.

Seminar topics include:

- Assessment, diagnosis and clinical documentation

- Suicide and Trauma Event Management
- Psychological Intervention: Evidence Based Practice (EBP) Treatments/Interventions, i.e., TF-CBT, DBT, co-occurring disorder interventions, and Community Designed Practices (CDP)
- Cultural/Diversity Training
- Law and Ethics
- Advocacy and outreach

Multidisciplinary Group Supervision:

Intern/clinicians participate in Multidisciplinary Group Supervision meetings for adult and children service programs. The weekly meetings are structured to provide a Multidisciplinary training opportunity. Intern/clinicians discuss integrative case presentations on their cases and participate in case consultation based on the IMCES comprehensive guidelines.

Work Assignments & Weekly Commitment:

Intern/clinicians have a multitude of opportunities to participate in both direct service to clients, professional development, community projects, including advocacy, outreach & engagement, conducting psychological testing, consultation, community liaison, crisis management, research and development, and didactic public education seminars.

Weekly commitment includes:

- Attending didactic seminars
- Attending Multidisciplinary Group Supervision for each clinical program
- Individual Supervision
- A combined case load of clients from children and adult services ranging from prevention early intervention (PEI) to moderately mentally ill (MMI) to severely mentally ill (SMI) target populations
- Leading or Co-Leading one group rehabilitation, therapy or parenting group
- Attending weekly Quality Assurance (QA) meetings for on-going documentation training and support
- Attending weekly QI Leadership Development Seminar
- Individualized training plan is implemented and reviewed weekly in Quality Improvement meetings with Training Director Dr. Tara Pir and reviewed by clinical supervisors.

IMCES provides the opportunity for organizational skill development and time management. Each Doctoral Intern/clinician is required to schedule and maintain their professional appointments, proactively balance their personal and professional time and be responsible and responsive to their clients' as well as self needs.

VI. Supervision and Instruction

Interns are instructed and supervised in many different areas. Instruction is provided through weekly didactic seminars and weekly Multidisciplinary Group Supervision meetings at the Los Angeles facility Monday through Wednesday. The weekly seminars offer instruction in a number of specialized areas.

All instruction is provided through the use of a graded, sequential developmental model, beginning with a strong foundation, skill development and knowledge commonly used in particular competency areas for our client population, then moving to more advanced knowledge/techniques.

Seminar and Training Topics: Regular seminars are provided including, clinical assessment, client care planning, documentation, psychological interventions, Evidence Based Practice and Community Defined Practice, law and ethics, co-occurring disorder interventions, advocacy, Suicide and Trauma Event Management, cultural diversity, Quality Assurance. Some seminars are provided on a weekly, ongoing basis and other seminars occur on a rotational basis throughout the year.

Diversity Training Seminar: Seminars are focused on the philosophy, theory, and practice of cultural diversity.

The aim of the seminar is integrating awareness of unconscious biases with knowledge of philosophy and theory to build skills in demonstrating cultural proficiency with the focus on practicing cultural humility. Cultural humility is one's ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the client. The focus of cultural humility is on self-awareness and self-evaluations, which is the basis of cultural diversity. Interns supplement their exploration of personal and cultural diversity in individual and group supervision with intensive reflection. This seminar utilizes invited speakers, readings, and video recordings as well as case presentations. Experiential activities provide interns with interactive learning opportunities to examine personal stereotypes and diversity experiences. In addition, each intern provides his/her clients with a Therapy & Culture Survey to be anonymously completed by each client in order to assess the client's perception of the intern's cultural awareness and responsiveness in therapy (see Appendix for *Cultural Survey Form*).

Training Objective: Development of profession wide competence in advocacy and cultural competency, with recognition and awareness of the impact of personal/life experiences, values, and beliefs on clinical judgment and professional relationships. Development of competence in delivery of effective responses to the needs of culturally diverse clients.

Clinical Assessment Seminar: Interns meet a minimum of one hour per week with a licensed psychologist in this seminar. Interns learn how to conduct full Adult and Child/Adolescent Assessments and how to document these activities and enter the information in Electronic Health Records (EHR). Supervisors are to evaluate the intern's assessments/care plans as part of the intern's IMCES ICER form. The clinical formulation is based on the information gathered during the assessment, and results in the determination of a diagnosis. Treatment Plan training prepares interns for writing formal clinical goals and outcomes. Goals address the diagnostic conditions and the interventions that facilitate clients reaching their treatment goals. Goals are written in behavioral, observable, and measurable terms. **Interns are expected to complete a minimum of ten initial clinical assessments, clinical formulation and diagnosis, client care planning, and proper documentation in the Electronic Health Record (EHR).** The ten clinical assessments will be scored using the Full Assessment/Care Plan Evaluation form.

Instruction in the full assessments occurs in the following sequence:

- 1) Sitting in and observing either your Supervisor or a licensed psychologist conducting an assessment.
- 2) Conducting an assessment under the supervision of your Supervisor, a licensed psychologist.
- 3) Conducting an assessment on your own, as observed by your Supervisor
- 4) Conducting further assessments independently, with ongoing consultation with your Supervisor.
- 5) Conduct several complete psychological assessment reports of clients during the training year. Individual supervisors will provide verbal and written feedback to interns on their assessment reports. Each report must incorporate cultural considerations in battery instrument selection and interpretation.

The clinical formulation is based on the information gathered during the assessment, and results in the determination of a diagnosis. Additionally, this seminar provides guidance in conducting Child/Adolescent and Adult Full Psychodiagnostic Assessments for the purpose of determining an accurate diagnosis and possible clarification of care plan goals.

Training Objective: Development of profession wide competence in Evaluation and Assessment, Formal Testing, Diagnosis, Conceptualization, Treatment Planning, and Clinical Documentation.

Psychotherapeutic Interventions Seminar: Interns meet a minimum of one hour per week with a licensed psychologist in this seminar. Seminars include didactic, experiential practice, role playing, use of vignettes and case conceptualization discussion. The focus of the Interventions Seminar is on Evidence Based Practice and Community Defined Practices. Instruction is provided in, for example, TF-CBT, DBT, Seeking Safety, Family Therapy, Group Therapy, and co-occurring Interventions. Different approaches are discussed depending on the type of client (individuals or families), or the age (children or adults). Included is the implementation of legal and ethical issues in the context of service delivery and in dealing with severely mentally ill population and difficult clients.

Training objective: Development of profession wide competence in applying clinical psychotherapeutic intervention skills, including Evidence Based Practice (EBP) and Community Defined Practice (CDP).

Suicide and Trauma Event Management/Intervention: Interns attend and extensive seminar and followed up with practice based on actual cases and vignettes on a weekly basis. Seminars are conducted on an ongoing, weekly basis and evaluated for adjustment to include new topics on a quarterly basis.

Interns learn to identify and assess the potential trauma event crises and/or suicidality event in each client situation and develop a crisis management strategy, using both proactive and reactive approaches. Interns develop crisis management goals with specific treatment interventions. Evaluation of the strategy and its implementation are assessed with crisis-oriented standards of care. Supportive services are included in the crisis management/intervention plan for families and significant others affected by the incident. Interns receive critical incident-based instruction.

Specific training in crisis management follows this sequence:

- 1) Didactic training in IMCES procedures relevant to identification and assessment of potential crisis (including suicide risk assessment and management) and referrals to emergency services.

- 2) Didactic training in IMCES procedures relevant to front-line crisis intervention.
- 3) Observation of senior staff providing these services.
- 4) Observation by senior staff as the intern provides these services.
- 5) Providing service with consultation by senior staff as needed.

Crisis intervention procedures are reviewed during Intern Orientation.

Training Objective: Development of profession wide competence in proactively assessing and managing critical incidences including suicide risk assessment in the context of individual, family, and community (i.e., school). Intern will learn to respond to psychological trauma events and suicide risk assessment and management, and to develop competency in providing crisis intervention and assistance in personal and family contexts.

Consultation skills training: Interns actively participate in Multidisciplinary Group Supervision meetings on a weekly basis. Interns meet weekly with a licensed psychologist in multidisciplinary group supervision/seminars. Competency is designed to address the integrating of different components of the assessment, treatment planning, and intervention to meet the specific needs of our target population. IMCES provides multidisciplinary consultation opportunities for interns to integrate different components of Whole Health, including physical health, mental health, psychiatric services, case management services, paraprofessionals who are affiliated with WRAP services, social services, legal, educational, and providers of co-occurring disorder interventions. The intern will attend each Multidisciplinary Group Supervision to interact with different professional providers to discuss cases and develop competency in consultation through giving and receiving feedback. Case presentation is based on IMCES/APA guidelines and the focus is identification of risk and protective factors, culture, integration of theory and practice, and will address diversity issues, and legal issues. Throughout the year, interns are provided verbal and written feedback from supervisors and interns using the Doctoral Intern Integrative Case Presentation Evaluation form.

Training Objective: Development of profession wide competence in consultation

Research and Scholarly Inquiry: This component to clinical training was designed to develop competence in scholarly research. Interns present recent research findings in individual supervision and Multidisciplinary Group Supervision. In addition, interns will work on individual research projects or contribute to ongoing group research projects. Interns will gather research articles, conduct literature reviews, and develop hypotheses with an emphasis on cultural/diversity issues within community mental health.

Training Objective: Development of profession wide competence in research/evaluation and scholarly inquiry.

Advocacy Seminar: This seminar provides opportunities to conduct community needs-assessments to determine areas of inequality in service delivery. Areas of emphasis include, but are not limited to social services, training and employment opportunities, language, mental health stigma, and community resistance to assimilation, creating and implementing a Plan of Action addressing community deficiencies in a sequential procedure. The focus will be on the identification of target populations that are underserved and underrepresented.

Training Objective: Development of profession wide competence in recognizing disparities in identifying and accessing resources. Conduct effective outreach and engagement to diverse cultures in the community. Develop effective advocacy programs.

Law and Ethics Seminar: This seminar provides an overview of professional roles, functions, and relationships with other human service providers, issues related to usage of technology in the provision of psychotherapy, provide an overview of professional organizations, APA Ethical Principles of Psychologists and Code of Conduct, overview of advocacy processes needed to address institutional and social barriers that impede access, introduce cultural self-awareness, professional boundaries, and law and ethics in research.

Training Objective: Development of profession wide competence in knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. In addition, seminar will provide competence in recognizing ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

Supervision Seminar: This seminar provides perspectives on and application of the conceptual and empirical literature on clinical supervision within ethical practice, with an emphasis on clinical and cultural issues. The areas of focus are:

Supervision (as clinical supervisor, from didactic to theoretical models (e.g., developmental, psychodynamic) to personal, experiential, and applied approaches to supervision, transference and countertransference issues)

Relationship (between clinical supervisor and supervisee; interpersonal and relational responsibility, including legal/ethical components)

Intervention (as clinical supervisor and guiding the psychologist's ethical practice)

Assessment/Evaluation (as clinical supervisor regarding self and regarding supervisee utilizing aspects of a worldview genogram, as impacting ethical standards, all relative to issues of culture and diversity)

Training Objective: Development of profession wide competence in applying supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.

Documentation Skills/Quality Assurance training: The development of professional documentation skills is instrumental in clinical training for doctorate interns. Starting in the first month of clinical training, doctoral interns will receive one hour of weekly instruction by licensed staff, technical support and training staff. Training will be given to doctoral interns that is instrumental in the acquisition of clinical documentation skills, including conceptualizing treatment plans, writing progress notes that meet professional standards, outcome measures, and navigating Electronic Health Record systems.

Professional Communication and Organizational Skill training: The development of professional, organizational skills is a fundamental aspect of socialization into our profession. Interns participate in weekly Multidisciplinary Group Supervision. Each Multidisciplinary Group Supervision is composed of multidisciplinary professionals, including a psychiatrist, psychologists, attorneys, case managers, a nurse practitioner, Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), and Rehabilitation specialists. In these meetings, interns are encouraged to

provide and receive feedback regarding case coordination and conceptualization, case presentations, and consultations. Administrative discussions focus on program management, i.e., status of new cases, key events in current cases, and discharges based on goal attainment or administrative decisions for clients who “no-show.” Interns learn professional communications: the acquisition of professional and descriptive language vs. jargon, clarity of clinical documentation, comprehensive written reports, and professional appearance, which includes dress code. Organization includes effective and efficient time management, which includes scheduling client and personal care, punctual attendance, and timely submission of documentation. Interns are trained to demonstrate organizational skills by following a structured schedule with the professional activities as reflected in a weekly schedule. The weekly schedule includes treating clients, visiting clients in the community, attending didactic/interactive seminars, individual and group supervision, and Quality Assurance (QA) meetings.

Training Objective: Development of organizational skills, including professional communications (verbal and written), personal appearance (dress code), and timely submission of clinical documentation.

CANS training: The training on the CANS (Children and Adolescent **Needs and Strength**) is a structured evaluation tool used for identifying youth and family needs amenable to intervention and strengths that can be capitalized upon. It provides a framework for developing and communicating a shared vision for addressing the needs of children as well as identifying areas of strength and actions needed in treatment. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development.

Clinical Training Program Activities: The training program at IMCES has several components and responsibilities of each Intern which include:

- **Direct Service Delivery to Clients/Clinical Practice.** This is an integral part of IMCES clinical training program.
- Competency in all Profession-Wide Competencies is achieved through clinical practice and direct services to clients including assessment and clinical interventions. 20 hours per week, equaling 50% of the training activities are clinical practice in Direct Service Delivery to clients and their families. Doctoral Interns may provide direct services at the Los Angeles office, Glendale office and in the field. The types of services provided at each site are similar.
- **Education/Learning/Didactic Seminar.** IMCES is committed to provide a specialized, extensive experiential and didactic clinical seminar training experience. Each week seminars and trainings are provided via Education/Learning/Didactic Seminar.

Multidisciplinary Group Supervision. IMCES is committed to providing multidisciplinary services to its clients. A significant portion of the training week experiences are in Multidisciplinary Group Supervision Meetings which includes consultation with other professionals.

Research and Advocacy Program. Interns are required to participate in scholarly research projects at both inter and intra-agency levels with the focus on developing advocacy programs, in which the focus is on with an emphasis on cultural/diversity issues within community mental health. **Supervision.** A minimum of 4 hours per week of supervision is provided, equaling 10% of the training week; 2 of the 4 hours are face-to-face individual supervision, and the other 2 hours consist of Multidisciplinary Group Supervision.

Overall, Interns will be involved with both clinical practice/direct services with clients and didactic trainings. Between documentation, and other clinical activities, interns will accrue a minimum of 2000 clinical hours after one year, and often exceed this. This includes all forms of intervention, assessment and case management. Clinical practice is comprised of practicing mental health services: individual therapy, assessment, crisis intervention, medication consultation, rehabilitation, and case management in individual, family, group, and collateral modalities. Interns are expected to conduct every one of the above services through care planning based on the Full Assessment.

Interns are assigned a supervisory team consisting of a two Licensed Psychologists, a Primary Supervisor and a Delegate Supervisor. However, at IMCES, each supervisor is equally responsible for supervision of the intern. Both supervisors are licensed psychologists, who provide at least 1.0 hour each of weekly individual supervision. Doctoral interns also receive 1 hour per week of supervision with a Resident/peer supervisor.

In addition, interns receive supervision during weekly Multidisciplinary Group Supervision meetings. Clinical Case presentations enable interns to provide feedback to each other on therapy sessions of individual clients. In addition, this experience allows interns an opportunity to build cohesion as an intern cohort. Discussion topics might include clinical issues such as termination, short-term therapy, caseload management, and interpersonal dynamics, as well as professional development. At the beginning of the year, topics generally focus on adjustment to internship training followed by an increased clinical focus. During Multidisciplinary Group Supervision, interns may choose to present an integrated case presentation. Upon completion of such presentations, Supervisors are responsible for completing the Doctoral Intern Integrative Case Presentation Evaluation Form. In the Integrative presentations interns engage in a discussion regarding a relevant journal article pertinent to the topic being discussed. Also, interns must choose a medication that is relevant to the treatment of their client during this presentation. Interns also provide verbal and written feedback using the Doctoral Intern Integrative Case Presentation form at the end of presentation.

VII. Clinical Practice Evaluation Procedures

Overview

The Training Director, primary/delegate/group/peer team of supervisors, program managers, and seminar coordinators meet regularly to review doctoral intern progress. During these meetings the supervisors share perceptions and review the progress of each intern. Intern Evaluations occur two times per year at the 6th month and the 12th month. Interns are evaluated using the Intern Evaluation form on skills in the following areas: Research, Ethical and Legal, Individual & Cultural Diversity, Professional Values, Attitudes and Behaviors, Communication/Interpersonal skills, Assessment, Interventions, Supervision, Consultation and Inter-professional Skills, Risk Assessment and Management and Advocacy/Outreach and Engagement using the Intern

Evaluation Form, allows supervisors to evaluate the intern's performance in these areas on a continuum (see Appendix). At the 6th month of the clinical training year, all ratings on competency evaluations will be a 3 or above. At the end of the training year, all ratings on competency evaluations must be a 4. In addition, Intern Evaluations have sections devoted to supervisor's comments regarding areas of strength, areas of concern and corrective action plan.

The supervisory teams, in collaboration with seminar coordinators and the Clinical Faculty Training Committee review the Interns' progress towards mastery of all competency areas. The Intern Evaluation Form is completed collaboratively and signed by the intern and their supervisor. The Intern Evaluation form is the basis for any evaluation forms that need to be submitted to the intern's school.

Formal evaluation does not take the place of on-going discussions of intern progress. The Training Faculty Committee Team members and supervisory teams make every effort to openly share concerns with interns in a timely manner, as well as point out areas of strength and competence.

Interns are required to attend every meeting on time and to not schedule interfering client or other appointments. Timely, consistent attendance is continuously evaluated by the training committee, the supervision teams, and the Training Director. Interns are required to participate fully in all seminars and training activities.

Doctoral Intern Evaluation Responsibilities

At the beginning of the internship year, the Supervisory Contract/Memorandum of Understanding Form is completed and signed by the intern as well as the primary Supervisor. Three times per year, the Intern completes a Doctoral Intern Self Assessment of Competencies and Goals Statement form, and is used by the training staff throughout the year to gauge intern progress. In the first two months, the intern provides the Supervisor with a Doctoral Intern Self-Assessment of Competencies and Goals Statement form, which is used as a preliminary assessment of intern's adjustment to internship and to gauge progress toward training objectives that addresses the intern's goals and interests for the semester. The Doctoral Intern discusses in narrative form his or her personal strengths and areas of improvement. The self-assessment forms a general guideline for the internship experience.

Interns evaluate intern seminars, and individual supervision with their primary supervisors (see Appendix for *Evaluation of Internship* form). Seminar evaluations are collected at the end of the year by the Clinical Training Director. Evaluation of supervisors occurs two times in the internship year. (see Appendix for *Evaluation of Supervision* form). Intern's complete two evaluations of the internship twice during the internship year. (see Appendix for *Evaluation of Internship* form). Interns are expected to return the necessary evaluation forms to the Supervisors or to the Training Director in a timely manner as they are crucial documents needed to maintain and to submit the required status report to APA.

Interns meet with their Supervisors weekly and with the Training Director on a weekly basis to assess intern status and progress, addressing needs for adjustment and improvement.

Clinical Training Director Evaluation Responsibilities

The Clinical Training Director, Dr. Tara Pir is a licensed psychologist who directs the internship program in collaboration with the Clinical Training Committee. The Clinical Training Director coordinates both the evaluation of interns and the interns' evaluation of IMCES's internship program. The Clinical Training Director schedules and conducts meetings related to internship evaluations. The Clinical Training Director collects intern evaluation data of IMCES's internship program and utilizes that information in self-study meetings with the Clinical Faculty Training Committee to target areas of improvement for the internship. The Clinical Training Director is responsible for making regular and informal contact with each intern in order to identify areas of concern. The Clinical Training Director gathers a variety of feedback sources regarding the training program which focus on strengths, needs and deficiencies.

Supervisor Team Evaluation Responsibilities

The supervisory team, who are licensed clinical psychologists, have primary responsibility of monitoring and evaluating the intern's day-to-day functioning at IMCES. Each primary supervisor is assigned to each intern. The supervisors divide the intern's case load and areas of responsibility. The Intern Evaluation Forms are the primary objective criteria by which the supervisor team evaluates the intern. Listed below are supervision functions fulfilled by the supervisor team:

1. The supervisors collectively meet with the intern for 2.0 hours of individual supervision per week.
2. The supervisors meet with the intern for during Multidisciplinary Group Supervision, including Multidisciplinary case presentation and Risk/Case assessment and intervention seminars.
3. The supervisors, along with the Training Director, assist the intern in meeting the goals and objectives established for the internship.
4. The supervisors monitor the size and composition of the intern's client caseload, and the weekly number of contact hours.
5. The supervisors carry primary responsibility for determining with the intern treatment plans and therapeutic goals for clients.
6. The supervisor carries primary responsibility for supervising intern intakes and referrals.
7. The supervisors review all intern progress notes.
8. The supervisors monitor intern progress in meeting internship requirements as defined in the educational objectives as well as the Intern Evaluation Forms and assists, if needed, in the planning and execution of these requirements.
9. The supervisors collaborate with the Training Director and seminar coordinators in completing regular intern evaluations.
10. The supervisors are responsible for teaching assessment battery selection, and overseeing and approving intern assessment reports.
11. The supervisors integrate into intern supervision ongoing discussion and processing of ethics and standards of professional practice.

12. The supervisors regularly review Interns' video-recordings of psychotherapy sessions and observe Interns counseling sessions.

VIII. Due Process and Remediation of Problematic Performance

Philosophy and Purpose

Our philosophy is based on the humanistic and existential reality that error is inevitable. Therefore, we accept error and welcome the identification of error along with developing a plan of corrective action, based on the principle of transparency for the benefit of self and others. Our approach is preventative rather than reactive, which leads to punitive action. Our Due Process and Remediation of Problematic Performance is designed to promote professional values, attitudes, and behavior with effective communication and interpersonal skills.

The process includes the opportunity to raise awareness and knowledge by providing additional information and education (values, attitudes); facilitating corrective action (behavior); to be implemented through a collaborative structure that supports interns toward the successful completion of their clinical training program at IMCES (effective communication and interpersonal skills). Our Due Process includes three components:

- Supporting increased self-awareness, including growth oriented personal therapy, as applicable
- Increasing knowledge base
- Infrastructure to monitor and support reaching successful outcome.

Our infrastructure is designed to address the error at the onset and provide constructive feedback in the context of individual and group supervision, and group meetings, from supervisors, peers, and other professionals in a supportive environment. In case a problematic behavior continued as a pattern, IMCES would initiate the following formal Due Process procedures. Accordingly, the preventative measures result in only rarely needing to use the Due Process.

These would be strategically incorporated on a case-by-case basis with relevancy to address the individual concern. Our Policy on Error and Due Process are embedded as a part of our operational protocol to be a signed agreement at the point of entry into our doctoral clinical training program.

This document provides doctoral interns a definition of problematic performance, along with an explicit discussion of the due process procedures.

Due process

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all interns, and make appropriate appeal procedures available to the doctoral intern. All steps are appropriately documented and implemented.

I. General due process guidelines include:

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that an Intern's competence, behavior, attitude, or other characteristics

significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute “problematic performance.” Of course any violation of law or ethics would certainly be framed as “problematic performance” (e.g., a HIPAA violation in the context of our practice) and would automatically require a formal remediation plan, including probation.

B. Informal Staff or Intern Complaints: Supervisory staff and/or Interns are encouraged to seek informal redress of minor complaints directly with the other party, or by using a mentor or the training director as go-betweens. Failure to resolve issues in this manner may eventuate in a formal performance or behavior complaint or Intern complaint, as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the Intern is encouraged to utilize the assigned supervisor, or in the case of conflict of interest, another supervisor, as a consultant on matriculating the formal process.

II. Procedures for Responding to Problematic Performance: When it is identified that an Intern’s skills, professionalism, or personal functioning are problematic, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

A. The negative evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified.

B. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.

2. The Training Committee directs the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.

3. Where the Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following: a. Increased supervision, either with the same or other supervisors. b. Change in the format, emphasis, and/or focus of supervision. c. Change in or adjunctive training experiences d. Recommendations of a leave of absence (with time to be made up at no cost to IMCES).

4. Alternatively, depending upon the gravity of the matter at hand (e.g., a violation of law or ethics, such as a HIPAA or client related violation), the Training Committee may issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the Intern addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the Intern. The Intern’s signature is required; however, in the case of the Intern refusing to sign the Probation Notice, this does not affect the probationary status. The Probation Notice includes the following items: • A description of the problematic performance behavior. • Specific recommendations for rectifying the problems. • A time frame for the probation during which the problem is expected to be ameliorated. • Procedures to assess concurrently whether the problem has been appropriately rectified.

5. Following the delivery of a formal Remediation Plan notice, the Training Director will meet with the Intern to review the required remedial steps. The Intern may elect to accept the conditions or may appeal the Training Committee’s actions. Once the Training Committee has issued an

acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first.

D. Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the Intern seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If an Intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the Training Committee will conduct a formal review and then inform the Intern in writing that the conditions for revoking the probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action:

1. Continue the Remediation Plan for a specified period of time.

2. Inform the Intern and the Training Director that the Intern will not successfully complete the doctoral clinical training program if his/her problematic performance does not change. If by the end of the training year, the Intern has not successfully completed the training requirements, the Training Committee may recommend that the Intern not be graduated. The Intern will then be informed that he/she has not successfully completed the program. The Training Committee may specify to the graduate program those settings in which the former Intern can and cannot function adequately.

3. Inform the Intern that the Training Committee is recommending to the Training Director that the Intern be terminated immediately from the program, and the Training Director move to terminate the Intern from the program.

4. When the Training Committee determines that a Intern is not suited for a career in professional psychology, the committee may recommend a career shift for the Intern, and withhold endorsement for professional practice should the Intern later seek licensing in any jurisdiction.

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process.

In addition, we are open to receiving feedback from Interns based on the same philosophy to make the needed appropriate adjustments in our conducting of the training program. By signing below, I affirm that I have read and understood the Due Process and Remediation of Problematic Performance and that, based on the principle of transparency, the process is not confidential.

By signing below, I affirm that I have read and understood the Due Process and Remediation of Problematic Performance and that, based on the principle of transparency, the process is not confidential.

Signature

Date

Print Name

Grievance Procedure

Philosophy and Purpose:

Based on our Error Policy which recognizes inevitable human error, we are open to receiving feedback from Doctoral Interns and Error Policy to make the appropriate adjustments in conducting of the Doctoral Intern training program.

There are situations in which grievance procedures can be initiated by Doctoral Interns:

In the event an Doctoral Intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, an intern can:

- i. Discuss the issue with their supervisor;
- ii. Discuss the issue with the Clinical Training Faculty Committee.
- iii. If the issue cannot be resolved by the Clinical Training Faculty Committee, the Doctoral Intern may request in writing from the Clinical Training Director to resolve the problem. The Doctoral Intern will provide all supporting documents to the Clinical Training Director.
- iv. The Clinical Training Director will assign within 5 working days a committee including the IMCES Program Manager, supervisors (other than the supervisor that involved in the grievance) and one other staff member chosen by the Doctoral Intern. Within three working days of a grievance, the Clinical Training Director will make a decision.

IX. Human Resources Policies

Required Qualifications for Psychology Clinical Training Program

Applications for our clinical training program are accepted from individuals who are qualified candidates for internship in Psychology. All applicants must have the following qualifications:

- Have a strong interest in and commitment to the community mental health training model and working with underserved populations
- Citizenship (Permanent Resident, Work Visa or Student Visa)
- International Intern Students are accepted with Student Visa
- No felony conviction within the past six years
- Must be able to pass a Department of Justice (DOJ) and FBI background check
- Have some experience in community mental health settings and/or with culturally diverse populations
- Have an interest in developing leadership, administrative, and supervisory skills
- Be willing to acquire skills in developing and utilizing outcome measures to evaluate treatment effectiveness
- Have an ability to be flexible and adaptable to change
- Must have advanced to candidacy status (dissertation either completed or proposal approved) for pre-doctoral intern in Psychology major
- Have a valid driver's license in the United States
- Have reliable transportation, e.g., dependable vehicle with proper insurance and safe driving record
- Must have a 3 years clean driving record (e.g., no record of a DUI)
- All applicants must commit to a minimum of 40 hour per week (flexible schedule to be proactively responsive to self, client and agency needs) and be compliant with clinical training requirements
- Intern must not have outside work or other commitments that would compete with the nature of the training and its full-time engagement. Doctoral interns' responsibilities throughout the training process include diverse assignments and activities in relation to the scope and depth of competencies development

- Must have strong organizational and time management skills with flexible and “can do” attitude.
- Adopt and agree to comply with IMCES transparent Principle of Error Policy and Due Process as a safety measure of our profession
- Have access to personal laptop computer, or request an IMCES laptop for use in field services. Request must come in in advance and devices will be connected with our electronic system to facilitate access and connectivity.