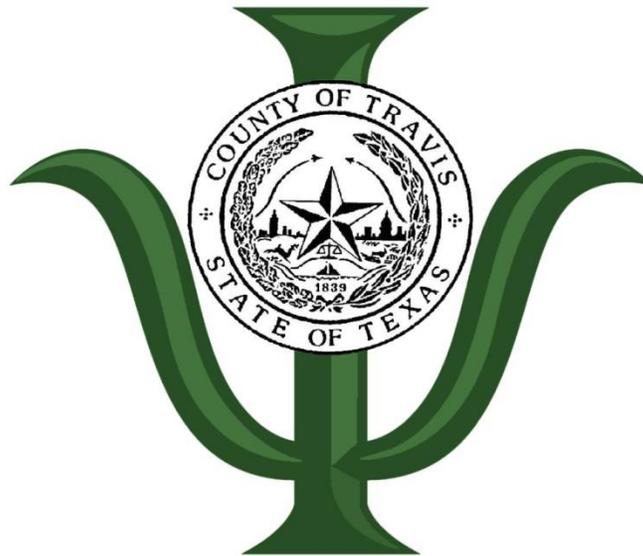


# **Intern Handbook**

## **2016-2017**



**Travis County Psychology  
Internship Program**

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*The mission of the Travis County  
Psychology Internship Program  
(TC-PIP) is to prepare interns to  
enter the field of psychology with  
the skills and training necessary to  
provide culturally competent,  
empirically supported, and clinically  
effective psychological services to  
juveniles and families.*

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## Chapter 1 – Introduction to Juvenile Probation

This handbook serves as a guide to the structure and function of the internship program and presents a formal description of basic policies. It outlines the pragmatic, functional elements of the training program for both interns and program faculty. This handbook also provides references for other policy and program documents, which can facilitate an intern's adjustment to this working environment.

### *The Department*

*The mission of the Travis County Juvenile Probation Department is to provide for public safety while effectively addressing the needs of juveniles, families, and victims of crime.*

Gardner Betts Juvenile Justice Center, the main campus for the Travis County Juvenile Probation Department (TCJPD), is located at 2515 South Congress Avenue in the heart of south central Austin. TCJPD offers services to youth between the ages of 10 and 17 who are involved with juvenile probation. These services include over 30 programs designed to reduce the likelihood that juveniles will re-offend by identifying strengths and targeting specific needs. The majority of youth and families receiving services through TCJPD are Hispanic and African American and come from economically disadvantaged households. Many of the youth report experiencing at least one traumatic event, such as physical, emotional, or sexual abuse or neglect. The most commonly identified mental health concerns among youth seen at TCJPD are mood disorders, conduct and disruptive behavior disorders, substance related disorders, attention-deficit hyperactivity disorder, and posttraumatic stress disorder.

The Gardner Betts Juvenile Justice Center encompasses Court and Probation Services as well as Detention, Residential, and Health Services. The *Court Services Division* works primarily with pre-adjudicated juveniles and their families by providing legal and court services, as well as programs such as deferred prosecution and victim mediation. The *Health Services Division* is comprised of three distinct areas: Assessment, Medical, and Treatment & Counseling. The Assessment Services team conducts psychodiagnostic assessments and screens all youth who are referred to the department in order to direct them to the appropriate services. The Medical Services

team is made up of licensed vocational nurses, registered nurses, contracted physicians and nurse practitioners. The medical group provides around-the-clock healthcare to juveniles housed in the department's detention and residential facilities, to include immediate responses to medical and psychiatric emergencies and weekly medical, dental, and psychiatric clinics. The Treatment & Counseling team provides individual, group, and family therapy throughout the department's detention and residential facilities; this team also provides therapeutic services to juveniles in the department's Day Enrichment Program.

*Detention Services* is a 120-bed facility responsible for housing and supervising youth awaiting trial. The average length of stay in Detention is 12 days. Clinicians from the Treatment & Counseling team provide crisis intervention to youth in acute distress during this period. *Probation Services* provides supervision to post-adjudicated juveniles who are at home or in residential placement. The *Residential Services Division*, located in the W. Jeanne Meurer Intermediate Sanctions Center (ISC), is a 108-bed secure facility that provides substance use treatment, sexual behavior treatment, and behavioral interventions to court-ordered male and female offenders between the ages of 13 and 17. The minimum length of stay for youth in the ISC is four to six months; youth participate in a variety of treatment and intervention activities led by the Treatment & Counseling team (e.g., group and individual therapy, family interventions, artistic/creative programs, gang intervention programs, gender-specific programs, mentorship programs, and academic and vocational training). TCJPD uses a comprehensive continuum of care that incorporates alternative education, mental health and drug courts, substance use services, day treatment programs, in-home family counseling, wrap-around and aftercare services, and numerous collaborations with local partners. Feedback from youth and families is incorporated into this broad provision of individualized services.

TCJPD receives accreditation and licensing from several governing bodies, including the Texas Juvenile Justice Department (TJJD), the American Corrections Association (ACA), and the Department of State Health Services (DSHS). Through collaborative efforts with local, state, and national agencies, TCJPD supports programs that not only improve the lives of youth and families but also lead initiatives for best practices throughout the state.

### *The Assessment and Treatment of Youth*

The department considers the individual needs of youth and their families and tailors interventions and supervision approaches to best fit these specific needs. Within the department, the Health Services Division strives to help identify youths' risks and needs and to provide the most appropriate treatment.

Assessment Services provides graduated assessments in the areas of mental health and substance use in order to make appropriate recommendations for intervention. These assessments range from substance use and mental health screening instruments to comprehensive psychological evaluations. Through this assessment process, juveniles are directed towards appropriate services and interventions.

In addition to screening and assessment, Assessment Services provides crisis intervention for youth in detention and runs group interventions for youth and families in the community. The Juvenile Anger Management (JAM) program is an introductory anger management intervention that addresses such topics as identifying triggers for anger, developing alternatives for acting out in anger, and exploring patterns of anger responses that may be contributing to problems at school, at home, and with the legal system. The STOP Family Violence program is designed for youth with departmental referrals (or needs identified through assessment) related to family and dating violence. This program intends to increase awareness about domestic violence and provides youth with healthier alternatives for resolving conflict. In addition, this program addresses unique features of violence that occur within interpersonal relationships.

The Treatment & Counseling team works throughout Residential Services to provide short term crisis-intervention to youth as well as longer term individual, group, and family interventions. In addition, members of the Treatment & Counseling team provide substance use treatment to youth in the department's Day Enrichment Program. Clinicians in all programs work to effectively meet the behavioral and mental health needs of juvenile offenders and their families through the use of evidence-based interventions. The broad goal of the Treatment & Counseling team is to promote wellness and balance by assisting youth in becoming responsible, productive members of society.

Assessment Services and Treatment & Counseling are led by licensed clinical psychologists who

provide direct oversight of clinical and administrative operations. The professionals who work within these two divisions come from various disciplines, to include psychologists, licensed professional counselors (LPCs), licensed clinical social workers (LCSWs), licensed chemical dependency counselors (LCDCs), and Senior Residential Treatment Officers (Sr. RTOs).

### ***The Core Values of the Internship Program***

*The mission of the Travis County Psychology Internship Program (TC-PIP) is to prepare interns to enter the field of psychology with the skills and training necessary to provide culturally competent, empirically supported, and clinically effective psychological services to juveniles and families.*

The internship program has a set of core values and shared attitudes that guide the actions of the interns and faculty. These core values are modeled after the five APA ethical principles (*See <http://www.apa.org/ethics/code/index.aspx> for a full description of the APA Ethical Principles and Guidelines*) and reflect the program's intent to provide quality care to youth and families while furthering the professional development of our interns.

#### **Helping Others & Avoiding Harm:**

We strive to benefit the youth and families with whom we work by taking care to do no harm and by seeking to safeguard the rights of others. We recognize that the decisions and professional judgments we make can affect the lives of those with whom we work. We further recognize the effects of our own physical and mental health on our ability to help others and strive to maintain a balance in our professional lives that allows us to provide the most appropriate care and assistance.

#### **Professional Responsibility:**

We are aware of our professional and legal responsibilities to the community of Travis County and to the youth and families with whom we work. We accept appropriate responsibility for our actions and consult with other professionals and institutions as needed to best serve the interests of our youth and families.

#### **Integrity:**

We uphold a set of values that promote honesty, integrity, and professionalism in order to ensure public confidence in our programs. We expect our psychology faculty and interns to act ethically at all times. While juveniles are the most evident clients for psychological interventions, there are numerous other clients that are served, including agency administrators, judges and attorneys, juveniles' families, and the greater community. Responding professionally to the valid interests of these constituencies is crucial to the effective delivery of service. For psychologists and interns, these responses are guided by a foundation of professional and scientific knowledge.

**Respect:**

We recognize the inherent dignity of all human beings and their potential for change. We are responsive to the needs of youth and afford them opportunities for self-improvement to facilitate successful re-entry into the community. In accordance with APA's Ethical Principles, we are aware of and respect cultural, individual and role differences including those based on age, sex, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status. We consider these factors when working with our youth and families and as we attend to professional boundaries and strive to eliminate the effects of potential biases on the work we do.

***Staff Responsibilities***

The department's mission, values, and goals guide staff to protect the community and help juveniles learn to live productive and law-abiding lives. Indeed, this role is extremely important because the department strongly subscribes to the belief that staff can make a difference in youths' lives. One of the most important things we can do, for juveniles and for society, is to motivate youth to take advantage of available self-improvement opportunities while under probation. Staff is responsible for modeling pro-social behaviors and assisting youth in making healthy choices and decisions. These elements - helping and motivating - call for a caring attitude towards youth, one that sensibly meshes the department's obligation to protect the community with the responsibility of guiding youth through the rehabilitation process.

## **Chapter 2 - Psychology Services in Juvenile Probation**

The department conducts an initial psychological screening on all youth who are detained to determine the need for further assessment or mental health intervention. Youth who require further assessment meet with members of Assessment Services to clarify needs and make appropriate referrals or recommendations. Direct services for youth in detention include: crisis intervention, brief counseling, group therapy, and psychological assessment. Consultation regarding a juvenile's adjustment and functioning while in detention is provided by counseling staff to unit staff, medical staff, other mental health professionals, work supervisors, and the courts. The courts consider treatment recommendations provided by Assessment Services, the staffing committees, as well as reports from the youth's probation officer when determining whether a youth will remain in the community or be placed outside the home.

All youth who are court-ordered into the department's Residential Services Division have been adjudicated on an offense. Youth entering residential services may present with a variety of behavioral and emotional needs, including the need for substance use treatment, mental health interventions, and psychiatric care. Direct services provided to youth in residential care include group therapy, multifamily group therapy, individual therapy, and individual family therapy.

When working with youth and their families, psychologists need to be firm but fair. It is important to remember that it is possible to maintain institutional safety and security without compromising care; therapeutic encounters with youth are consistent with sound supervision and security. In short, psychologists play an integral role in helping the department fulfill its duty of meeting the needs of youth and families by providing them with opportunities to acquire tools for self-improvement and pro-social behavior.

### ***The Position of the Intern within the Department***

The philosophy of the internship program is an extension of the broad mission of Travis County Juvenile Probation, which is to accept dual responsibility for protecting public safety while helping Travis County youth realize their full potential. The department operates over 30 programs designed to assess and intervene with youth to meet their individual needs and reduce the

likelihood of reoffending<sup>1</sup>. The process of assessment, referral, and intervention with a diverse client population provides interns with a variety of training opportunities. We are committed to providing interns with a unique and challenging training experience that fosters professional growth and competency development.

<b>Program</b>	<b>Description of Services</b>
Assessment Services	The goal of Assessment Services is to screen and assess all youth who are referred to TCJPD in order to direct them towards appropriate services (e.g., to reduce substance use, address mental health issues, and/or address developmental delays to divert youth from a path of serious, violent and chronic delinquency). Psychology interns conduct mental health assessments and psychological evaluations under the supervision of psychology staff.
Collaborative Opportunities for Positive Experience (COPE)	The first mental health court in the state of Texas, COPE is a specialized court that diverts youth with mental health disorders from deeper involvement with the justice system. This is achieved through rigorous evaluation, case conceptualization and individualized treatment plans. Psychology interns have the opportunity to participate in the COPE model court process and provide consultation regarding mental health issues and interventions.
Juvenile Drug Court	This Specialty Court is a strengths-based program serving youth with difficulties related to substance use. The multi-disciplinary Drug Court team collaborates with community-based service providers to assist youth in maintaining a sober and healthy lifestyle. Psychology interns attend Drug Court and have the opportunity to gain exposure to community resources available to youth and families.
Community Partners for Children (CPC)	CPC consists of bi-monthly meetings of local interagency groups comprised of public and private agencies that develop service plans for individuals whose needs can be met only through interagency coordination and cooperation. Psychology interns assist with the CPC process by attending meetings, offering consultation regarding mental health issues of referred youth, and suggesting service recommendations.
Residential Services	Residential Services offers treatment and intervention for male and female youth between the ages of 13 and 17. Youth who are court-ordered into residential placement typically present with a range of behavioral, mental health, and substance use issues. Individual, group, and family therapy are a core focus of individualized program plans. Working within Residential Services is a key component of the internship program.
Day Enrichment Program (DEP)	DEP provides individual and group interventions to court-ordered youth struggling with significant substance use and behavioral problems. At DEP, youth in the community attend school and intensive services aimed at addressing issues related to substance use including mental health concerns, maladaptive behavioral patterns, and family dynamics. Psychology interns have the opportunity to work as part of the clinical team to provide direct services and help shape the course of treatment.

**Table 1**

<sup>1</sup> Table 1 contains a sampling of TCJPD programs; the listed programs highlight a portion of what is involved in the Travis County continuum of care.

While the internship program emphasizes training, especially from the point of view of professional standards and practices, it is also important for interns to understand the parameters of their position within the overall expectations of this department. These include the supervisory hierarchy of the institution and established statements of policy. The department's policies and procedures are available to interns through the department's internal website. An overview of the organization's supervisory hierarchy is provided in *Appendix A*.

An overview of the department and its policies is provided at the beginning of the internship during orientation. A list of helpful websites regarding relevant standards is located in *Appendix B*. Specific responsibilities of the psychology intern are provided by the internship faculty and the interns' assigned supervisor(s). Interns have the opportunity to discuss the program, their responsibilities as interns, and their role in the department during meetings with their assigned supervisor(s) as well as through meetings with the Training Director. Interns are asked to provide feedback on the internship program at the end of each clinical rotation to assist with program development. Interns can expect that interactions with training supervisors and the Training Director will be conducted in a professional and collegial manner, with courtesy and respect underlying training activities and with consistent regard for issues of individual and cultural diversity.

The vital functions of the interns within the department are as follows:

- To provide direct clinical care to a caseload of approximately 4-6 youth and families; co-facilitate at least three cognitive behavioral and process group interventions per week; and co-facilitate at least one multifamily group per week. These functions occur while on the Clinical Services Rotation.
- To complete a minimum of twelve (12) mental health assessments and six (6) psychological evaluations while on the Assessment Services Rotation.
- To ensure that youths' behavioral and emotional difficulties are adequately identified and appropriate intervention is implemented.
- To provide crisis intervention services to youth in a timely and thorough manner.
- To ensure that potentially suicidal youth are properly identified and referred to Medical

Services for evaluation.

- To engage in interpersonal behavior that is consistent with professional expectations.
- To provide appropriate and effective feedback when consulting with others.
- To provide staff development training once per rotation on a topic to be selected by the intern in consultation with his/her supervisor.
- To complete all required documentation in accordance with policies and standards.
- To complete psychological evaluations and integrated reports within identified timelines.
- To ensure compliance with professional and other applicable standards.

Training seminars on a wide variety of mental health topics are provided to juvenile probation staff, including annual training on suicide prevention, adolescent development, communication and counseling skills, special offender issues, and sexual assault prevention. Professional development is strongly supported by the TCJPD administration. Interns have the opportunity to benefit from the department's training efforts throughout the year. In addition, interns will participate in weekly didactic training and scheduled seminars designed to promote professional development and competency. As part of their professional development, interns will have the opportunity to provide training to department staff on areas pertaining to psychology.

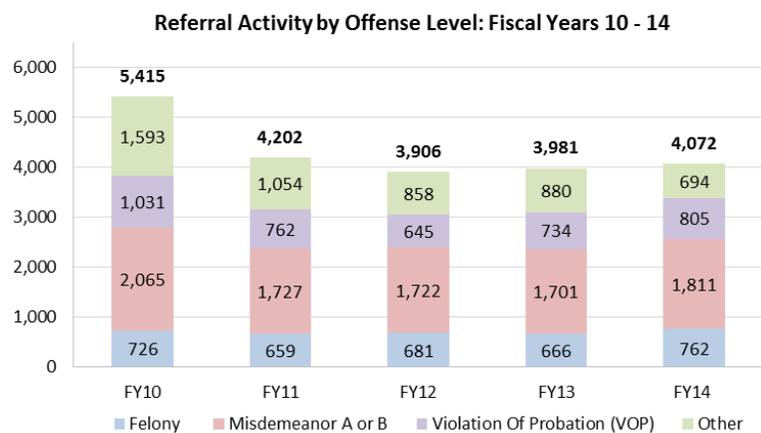
## Chapter 3 – Department Statistics & Population Information

*According to the 2010 US Census results, Travis County is the fifth most populated county in Texas, with a population of 1,024,266. However, Travis County ranks seventh in its juvenile-age population (98,577), which is 12.7% of the entire State’s juvenile population. The county’s juvenile age population consists of 44% Hispanic, 38% Anglo, 10% Black, and 8% other.*

### REFERRAL ACTIVITY

On average, Travis County Juvenile Probation Department provides services to 2,400 youth annually, with each youth averaging two referrals per year. Historically, 60 percent of all referrals to Travis County Juvenile Probation Department have been for first time offenders. For every one female referred, there are three males referred. Nearly 60 percent of youth referred are Hispanic, and most youth referred are 15 to 16

years old. Travis County has experienced a substantial decrease in referral activity over the last five years. The graph to the right provides a snapshot of the referral activity by offense level for fiscal years 2010 through 2014.



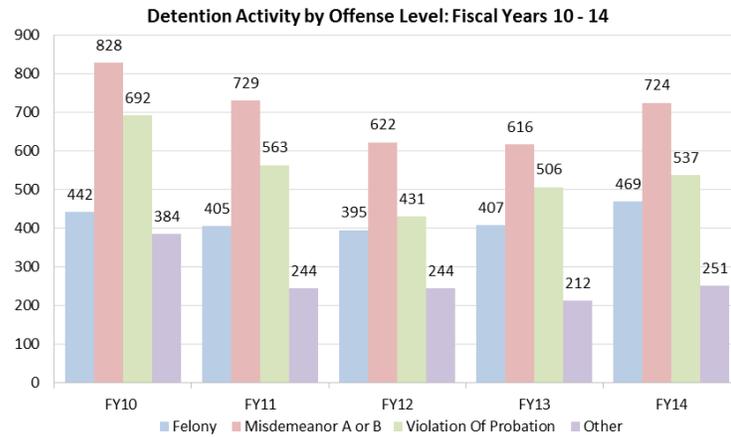
### SUPERVISION ACTIVITY

During a typical fiscal year, there are 1,200 participants supervised on either deferred prosecution or probation. There are more than 150 participants on intensive supervision probation (ISP). Youth on deferred prosecution may remain on supervision for six months, while youth on probation are usually supervised for almost a year. ISP participants’ supervision period averages 163 days. Over three fourths of all youth on supervision complete successfully, and 62 percent of the youth released do not recidivate. More than half of ISP participants complete successfully, and the recidivism rate hovers around 55 percent. Note: recidivism is defined as committing another offense within one year of release.

### DETENTION SERVICES ACTIVITY

Gardner Betts is a 120 bed, 24 hour facility that provides services to both males and females between the ages of 10 and 17. The average length of stay in detention is about 12 days.

The average daily population over the last five years is 62; from fiscal year 2011 forward, the average daily population has increased slightly each year from 58 to 64. As illustrated in the bar graph, most youth are detained for a misdemeanor A or B offense.




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**INTERMEDIATE SANCTION  
CENTER**

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The Intermediate Sanction Center

(ISC) serves an average of 235 participants and discharges around 170 participants each fiscal year. The average daily population for the program is 67. The average length of stay for participants in the program is around 142 days.

Most youth entering ISC are male (80 to 85 percent). The vast majority of the participants are either 15 or 16 years of age at the start of the program. Historically, youth younger than 13 years old have not participated in this program.



**MENTAL HEALTH STATISTICS FOR  
JUVENILES  
Fiscal Year 14**

Screenings Completed	Count
Risk and Needs Assessment	3,108
MAYSI-2	3,706
SUS	2,303

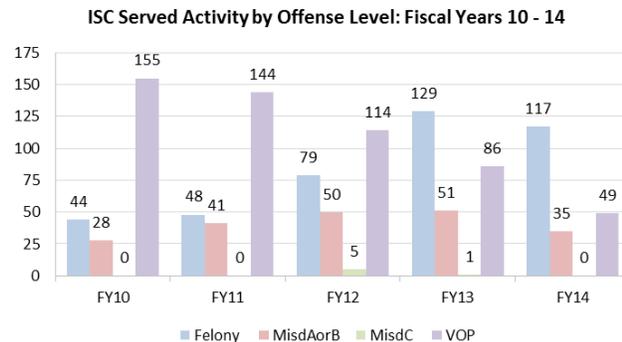
	Count
Juveniles Referred	2,338
Juveniles Screened	85% (1,891/2,338)
Needing Further Assessment (MAYSI-2 or SUS indicates further assessment needed)	34% (636/1,891)
Received Assessment*	66% (419/636)

\*Assessments include MHA, CASI, Psychological, and Psychiatric Assessments

Most Common Diagnoses	Count
Conduct Disorder	44
Depressive Disorder NOS	37
Oppositional Defiant Disorder	31
Post-Traumatic Stress Disorder	28
Attention Deficit Hyperactivity Disorder	25
Adjustment Disorder	25

All youth in the ISC facility have been identified as either medium or high risk level. Additionally, of the youth screened prior to entering the program, 40 percent have screening results indicating a need for further substance use assessments, and 25 percent indicate a need for further mental health assessment. Prior to being placed in the ISC, youth have usually participated in at least one other program or placement.

As illustrated in the chart below, violation of probation (VOP) has historically been the most common offense level for youth served in ISC. In fiscal year 2013, however, the number of VOP offenses decreased and felony offenses increased substantially. Almost three quarters of all discharged participants complete successfully, and over one third of those discharged do not recidivate. Of the youth who participated in programming at the ISC and subsequently recidivated, only three percent are committed to TJJD.



## Chapter 4 – Travis County’s Psychology Internship Program

The Travis County Juvenile Probation Psychology Internship Program (TC-PIP) provides trainees with the opportunity to work with a diverse population that presents with a variety of complex mental health needs and concerns. The program was established in 2011 for the purpose of providing a broad and general educational program for doctoral psychology interns. The overarching goal of the program is to prepare professionals to successfully meet the unique challenges of practicing psychology within a public agency and to ensure clinical competency in working with culturally diverse groups. TC-PIP has defined nine (9) additional goals and related objectives, which are listed below and described in detail in *Appendix C*. The program accepted an increasing number of interns (i.e., increasing from two interns in the first class to four interns in the 2014 cohort). TC-PIP attained APA accreditation during the 2014-2015 internship year. A more complete timeline of program development and accreditation is available in *Appendix D*.

The internship program is a member of APPIC; the Program Code for Travis County is **202911** (see <http://www.natmatch.com/psychint/> for a full list of programs participating in the 2016 APPIC Match). Applicants must access and complete the AAPI online (available through [www.appic.org](http://www.appic.org)) and submit the completed application along with three letters of recommendation and their graduate transcripts. While prior experience in forensic psychology is not a requirement of the program, interested applicants should have experience in working with youth and families as well as experience in psychological test administration and report writing. In addition, given the community’s need for Spanish-speaking mental health providers, applicants who are bilingual in English/Spanish are encouraged to apply. Travis County interns are provided an annual stipend of \$28,000. In addition, interns are provided with County benefits for the training year, to include health, dental, sick leave, and vacation time.

### *Goals and Objectives*

The internship program is designed around nine training goals and their accompanying objectives and competencies. These goals, objectives, and competencies reflect the foundational qualities one would expect in a psychologist entering the profession. Throughout the training year, the interns’ development and actual performance will be measured in relation to the goals, objectives, and

competencies outlined below.

**Goal 1:** *Interns will achieve competence appropriate to their professional developmental level in the area of professional conduct and ethics.*

**Objective A:** Displays professional conduct and appropriate interpersonal behavior.

**Competencies:**

- Utilizes effective verbal and nonverbal communication to handle differences openly and tactfully.
- Demonstrates an awareness of the impact behavior has on others, including clients and the community.
- Demonstrates appropriate physical conduct, including attire that is consistent with the context.

**Objective B:** Demonstrates a command of professional ethics and values.

**Competencies:**

- Has a command of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards.
- Articulates professional values and takes steps to resolve situations that are in conflict with these values.
- Identifies ethical dilemmas and legal issues as they arise and seeks supervision and guidance as appropriate.

**Objective C:** Demonstrates professional accountability and responsibility.

**Competencies:**

- Completes required documentation accurately and in accordance with expected deadlines.
- Demonstrates time management skills regarding appointments, meetings and time off from internship.
- Prioritizes tasks and deadlines efficiently and without need for supervisory input and makes adjustments to priorities as demands evolve.

**Goal 2: *Interns will demonstrate competency in areas pertaining to ongoing professional development.***

**Objective A:** Demonstrates professional self-awareness and reflection.

**Competencies:**

- Systematically reviews own professional practice with supervisors.
- Monitors and evaluates attitudes, values, and beliefs towards others.

**Objective B:** Effectively uses consultation/supervision.

**Competency:**

- Utilizes supervision to strengthen clinical practice and actively seeks consultation (including professional literature) when treating complex cases and/or working with unfamiliar symptoms.

**Objective C:** Uses positive self-care strategies.

**Competency:**

- Has good insight into the impact of stressors on professional functioning and seeks supervisory input and/or personal therapy to minimize this impact.

**Objective D:** Functions effectively in multidisciplinary and interdisciplinary contexts.

**Competencies:**

- Demonstrates the ability to collaborate successfully with other professionals to incorporate psychological information into team planning and interventions.
- Consults with and cooperates with other disciplines in the service of clients.

**Goal 3: *Interns will achieve competence appropriate to their professional developmental level in the area of diversity and cultural effectiveness.***

**Objective A:** Establishes rapport with youth and families.

**Competencies:**

- Establishes quality relationships with almost all youth/families, including relationships with those who differ significantly from oneself.

- Identifies limits to rapport, such as language barriers, and takes appropriate steps to decrease or eliminate barriers in a professional, ethical, and clinically sound way.

**Objective B:** Demonstrates sensitivity to diversity.

**Competencies:**

- Discusses individual differences with clients when appropriate.
- Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables.
- Recognizes when more information is needed regarding client differences and seeks out information autonomously.
- Uses a culturally competent approach to conceptualizing clients' needs and developing individual treatment plans.
- In supervision, recognizes and openly discusses limits to competence with diverse clients.

**Objective C:** Demonstrates an awareness of own cultural and ethnic background.

**Competencies:**

- Accurately self-monitors own responses to differences, and differentiates these from client responses.
- Is aware of own cultural background and uses supervision well to examine this in psychological work.
- Readily acknowledges own culturally based assumptions when these are identified in supervision and works to reduce the impact of these assumptions on clinical work.

**Goal 4:** *Interns will achieve competence appropriate to their professional developmental level in the area of Assessment and Diagnosis.*

**Objective A:** Demonstrates diagnostic skills.

**Competency:**

- Demonstrates a thorough knowledge of psychiatric classification, including current diagnostic procedures and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.

**Objective B:** Effectively selects and administers psychological tests.

**Competencies:**

- Autonomously selects reliable and valid measures that reflect an awareness of the population being served, including an awareness of culturally sensitive instruments and norms.
- Proficiently and efficiently administers selected psychological assessments.
- Collects accurate and relevant data through the use of assessment tools, structured and semi-structured interviews, and mini mental status exams in order to answer referral questions.

**Objective C:** Accurately interprets psychological tests.

**Competency:**

- Accurately interprets and integrates test results prior to supervision session.

**Objective D:** Demonstrates skills in the area of assessment writing.

**Competencies:**

- Reports include a discussion of the strengths/limitations of the assessment measures as appropriate.
- Relevant test results are woven into reports as supportive evidence.
- Reports are thorough, follow a coherent outline and provide meaningful recommendations.

**Objective E:** Demonstrates skills in providing feedback to others.

**Competencies:**

- Writes an effective comprehensive report.
- Effectively communicates results verbally to all appropriate parties.

**Goal 5:** *Interns will achieve competence appropriate to their professional developmental level in the area of psychotherapeutic intervention.*

**Objective A:** Engages in effective communication with clients.

**Competencies:**

- Communicates clearly and effectively with clients.
- Sets realistic goals with clients.
- Generally appears comfortable and relaxed when working with youth/families
- Handles anxiety-provoking or awkward situations adequately and demonstrates an understanding of diverse viewpoints in challenging interactions.

**Objective B:** Demonstrates skills in case conceptualization and creation of effective treatment goals.

**Competencies:**

- Autonomously selects reliable and valid measures that reflect an awareness of the population being served, including an awareness of culturally sensitive instruments and norms.
- Proficiently and efficiently administers selected psychological assessments.
- Collects accurate and relevant data through use of assessment tools, structured and semi-structured interviews, and mini mental status exams in order to answer referral questions.

**Objective C:** Understands and utilizes theories and methods of empirically based/supported treatments.

**Competencies:**

- Applies evidence-based practices to clinical work with youth and families.
- Utilizes evidence-based practices to facilitate client acceptance and change.
- Compares and contrasts evidence-based practices with other theoretical perspectives and interventions in case conceptualization and treatment planning.

**Objective D:** Demonstrates effective use of emotional reactions in therapy (counter-transference).

**Competencies:**

- During session, uses counter-transference to formulate hypotheses about client's current and historical social interactions and presents appropriate interpretations and interventions.
- Able to identify own issues that impact the therapeutic process and generate ideas for coping with them.

**Objective E:** Demonstrates skills for preparing and conducting group therapy.

**Competencies:**

- Elicits participation and cooperation from all members, confronts group problems appropriately, and independently prepares for each session with little or no prompting.
- Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.

**Goal 6:** *Interns will achieve competence appropriate to their professional developmental level in the area of scholarly inquiry & the application of current scientific knowledge to clinical practice.*

**Objective A:** Demonstrates the ability to independently seek current scientific knowledge relevant to practice.

**Competencies:**

- Demonstrates being a critical consumer of research.
- Demonstrates increased knowledge and expanded range of interventions through scientific reading, supervision, and consultation.
- Articulates support for issues derived from the literature.
- Demonstrates the ability to integrate current scientific knowledge relevant to practice into scholarly/community presentations.

**Goal 7:** *Interns will achieve competence appropriate to their professional developmental level in the areas of supervision, consultation, & evaluation.*

**Objective A:** Demonstrates knowledge of providing effective consultative guidance (providing consultation to others).

**Competencies:**

- Demonstrates knowledge of theories and methods of providing consultation to others.
- Demonstrates knowledge of the consultant's role as distinguished from other professional roles.
- Relates well to those seeking input and is able to provide appropriate feedback.

**Objective B:** Demonstrates knowledge of how to provide effective supervision to others.

**Competencies:**

- Demonstrates knowledge of theories and methods of supervision.
- Demonstrates knowledge of models of supervision.
- Demonstrates knowledge of how supervisory relationships can be used to assist supervisees in their professional development.

**Objective C:** Demonstrates knowledge of theories and methods of techniques for program and intervention evaluation.

**Competencies:**

- Demonstrates knowledge of theories and methods of evaluation.
- Provides meaningful input and feedback regarding programs and interventions.
- Engages in program evaluation and development effort and communicates successfully with individuals and groups with differing viewpoints around issues of change.

**Goal 8:** *Interns will achieve competence appropriate to their professional developmental level with respect to psychology's role in the juvenile justice system.*

**Objective A:** Demonstrates knowledge of psychology's role in the juvenile court system.

**Competencies:**

- Demonstrates an understanding of court procedures and specific ethical requirements within forensic psychology, including issues pertaining to confidentiality and the communication of client information.
- Consistently recognizes and discusses ethical and legal issues as they pertain to the role of psychology in juvenile court and appropriately asks for supervisory input.

**Goal 9:** *Interns will achieve competence appropriate to their professional developmental level in the area of teaching clinical and non-clinical personnel.*

**Objective A:** Demonstrates skills in teaching clinical and non-clinical personnel.

**Competencies:**

- Articulates concepts in a manner that is appropriate for the audience and incorporates

relevant research and empirical support.

- Integrates feedback to modify future teaching strategies.

### *Rotations*

All direct care services and internship activities take place within the Travis County Juvenile Probation Department. Interns work with youth who have been placed in Detention or Residential Services as well as with youth who are coming to the facility to complete psychological evaluations or to attend Mental Health Court, Drug Court, or the Day Enrichment Program. Interns participate as members of a multidisciplinary team comprised of judges, psychiatrists, psychologists, counselors, teachers, and probation officers. The program utilizes a practitioner scholar model to provide generalist training and encourage professional development and lifelong learning.

The two rotations are the Assessment Services Rotation and the Clinical Services Rotation. Each rotation is six months in duration. Rotation assignments will be made after the APPIC Match process. Throughout each rotation, interns attend court hearings and work with staff to develop a full understanding of the juvenile justice continuum (i.e., intake, assessment, deferred prosecution, detainment, intervention, reentry, and eventual completion of probation).

The TC-PIP Clinical Services Rotation takes place primarily in the Intermediate Sanctions Center (ISC). The training experiences offered in this setting include individual, group, and family therapy. Interns work with juveniles throughout Residential Services, thus gaining exposure to a variety of programs and interventions (e.g., substance use treatment, trauma-based interventions, behavioral interventions, and female-specific programming). Interns serve as members of an interdisciplinary treatment team in the ISC and obtain experience in consulting and communicating with juvenile justice and child welfare professionals.

While on the Clinical Services Rotation, interns will be expected to carry a caseload of 4-6 youth/families and to provide a minimum of three groups per week. Interns will also participate in weekly treatment team meetings, create and implement individualized treatment plans, and engage in training and program development. During the six-month Clinical Services Rotation, interns will have the opportunity to work with specialized populations, such as youth who have

experienced trauma, are involved in gangs, or are teen parents. Interns may provide clinical services to youth in both secure and non-secure settings.

While on the Assessment Services Rotation, interns conduct mental health assessments, cognitive and emotional evaluations, risk assessments, and psychological evaluations and consult with probation officers and other juvenile justice professionals. The assessments are conducted with youth who are currently under the supervision of the juvenile probation department. Assessments may take place in the ISC building or in the Gardner Betts Detention Services facility. In addition to conducting assessments, interns on the Assessment Services Rotation also have the opportunity to observe and participate in a number of specialty courts and community wrap-around services. Through this involvement, doctoral interns will experience the multi-disciplinary process of working with departmental youth and will provide consultation on mental health issues.<sup>2</sup>

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<sup>2</sup> For a more detailed description of the rotation requirements, please refer to *Appendix E*.

## Chapter 5 – Responsibilities of the Training Program

Primary responsibility for day to day functioning of the program rests with the Training Director, Dr. Daniel Hoard. All trainees report to the Training Director for purposes of program planning and performance evaluations, as well as requests for leave and similar administrative issues. Planning, monitoring, and routine decision-making are generally handled by the Training Director, often in consultation with other faculty. The Training Director reports to Assistant Chief Juvenile Probation Officer, Mr. Darryl A. Beatty. Dr. Casey O’Neal works as the primary psychodiagnostic supervisor, overseeing psychological assessments conducted by the interns. Dr. Blake Harris serves as the primary clinical supervisor, overseeing the direct care work provided to youth throughout Residential Services and the Day Enrichment Program.

Interns have input into decision-making about many aspects of the program. At the beginning of the internship, each intern works with the Training Director to prepare an individualized training plan. As the year progresses, the interns provide feedback on the quality of experiences and supervision they receive by completing an Internship Evaluation Form and a Supervisor Evaluation Form. Suggestions for changes and improvements can be made to the Training Director at any time or addressed in the more formal evaluation format.

In general, the training program provides interns with the opportunity to work in a setting that emphasizes acquiring and practicing the necessary skills of an entry level psychologist. More specifically, the rights of interns include:

- The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of the goals and expectations of the training experience.
- The right to clear statements of standards upon which the intern will be evaluated during the training year.
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege of being treated with respect.
- The right to ongoing evaluation that is specific, respectful, and relevant.

- The right to engage in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience as well as the right to due process to deal with problems after informal resolution has failed.
- The right to request assistance in job searches and applications.
- The right to privacy and respect of personal life.
- The right to operate in an environment that is free of exploitation, sexual harassment, arbitrary, capricious, or discriminatory treatment, unfair evaluation practices, and inappropriate or inadequate supervision or training experiences.
- The right to expect that the training staff will try to make accommodations to meet any special training needs.

### *Training*

Interns will participate in a week-long orientation designed to introduce them to the juvenile justice environment and to working with youthful offenders. Interns will also participate in the department's two week-long Training Academy for new employees. Each intern's individualized training plan will be developed at the onset of the internship year and updated throughout the year as needed. Interns will establish a set work schedule that allows for group interventions with youth in the afternoons as well as one multifamily group per week. Additional time outside of normal work hours may be necessary to complete assessments and reading assignments, prepare for groups, and develop presentations or participate in training activities. Additional off-site work assignments are not authorized during the internship year.

Several types of psychology training activities occur throughout the training year. Interns participate in four didactic seminars: **Clinical Issues**, **Professional Issues**, **Psychodiagnostics**, and **Cultural Diversity**. Each didactic lecture is two hours in length. The Clinical Issues, Professional Issues, and Psychodiagnostics Seminars occur on a rotating schedule, with interns participating in one seminar each week. The Cultural Diversity Seminar takes place on a monthly basis.

The **Psychodiagnostics Seminar** provides guidance and instruction related to diagnostic skills,

test selection and administration, test interpretation, and comprehensive report writing. The seminar addresses the use and interpretation of assessment measures for children and adolescents as well as topics specific to forensic evaluation. Interns have the opportunity to pose questions to the group and discuss assessment experiences. Interns are encouraged to utilize this didactic training as a forum for meeting their own professional development goals in the area of psychodiagnostic assessment.

The **Clinical Issues Seminar** highlights relevant research and promotes the use of psychological literature as a valuable resource in clinical practice. This seminar incorporates a broad range of topics designed to address best practices in psychotherapeutic intervention. Specific topics covered in this seminar include the use of emotional reactions in therapy; case conceptualization models; evidence-based practices for children, adolescents, and families (to include among other topics cognitive-behavioral interventions; trauma-specific interventions; gender-responsive interventions; and substance use treatment); and group therapy. Throughout the year, interns read and discuss articles from the literature, and are encouraged to share relevant research with one another. As a part of this effort, interns are asked to present on topics that are relevant to their current clinical work or professional interests. These clinical presentations occur once per year and incorporate a review of the literature.

The **Professional Issues Seminar** addresses issues that pertain to the field of psychology as a whole as well as to the role of psychology in juvenile justice. The seminar covers topics such as professional conduct and ethics, professional development, program evaluation, scholarly inquiry and application, consultation and supervision, psychology in the juvenile justice system, and teaching skills. The specific topics covered in this seminar include exploring the ethics and values of psychology; utilizing professional conduct within the juvenile setting and the broader community; self-care and the prevention of vicarious trauma; mental health in the criminal justice system; preparation for licensure; providing consultative guidance and supervision to others; and participation in local, state, and professional organizations. Additionally, supervisors and guests from the community present throughout the year on clinical and professional issues impacting the field of psychology. By maintaining a focus on scientific research and current professional issues, the seminar promotes active use of the scientific literature and facilitates professional growth.

In addition to the seminars described above, interns participate in a monthly **Cultural Diversity Seminar**. The overall spirit of the seminar is to promote cultural competence by acknowledging that diverse populations have unique interests, needs, and beliefs. Interns examine cultural case conceptualization models and engage in didactic training with individuals from the department as well as professionals from the community who promote cultural competence in the professional setting. This seminar encourages competency development in areas pertaining to sensitivity to diversity, awareness of one's own cultural and ethnic background, and the ability to establish rapport with youth and families who may differ significantly from oneself. As a part of this seminar, each intern presents twice during the year on a diversity topic assigned by the instructor. In addition to this seminar, the interns' individual supervisors address cultural and linguistic diversity as part of each supervision session.

Professional development is strongly supported by the TCJPD administration. Interns have the opportunity to benefit from the department's training efforts throughout the year. These training efforts include the monthly training sessions hosted by the Court and Probation Services Divisions; these trainings cover topics related to community-based services as well as current trends in juvenile justice and child welfare. Current training efforts also include collaborations with guest speakers from various agencies and community organizations who provide information on therapeutic interventions, community resources, and issues pertinent to working within juvenile justice (e.g., gang prevention and intervention, educational/academic concerns, substance use treatment, gender-responsive programming). Furthermore, interns may have the opportunity to attend conferences and community trainings off-site that promote best practices within the juvenile justice and mental health arenas. These additional training resources allow interns the opportunity to collaborate and communicate with professionals from a variety of disciplines about topics impacting both psychology and the justice system.

In sum, interns participate in applied and didactic activities over the course of the year that focus on developing skills typically associated with psychology internships and specific competencies as defined by TC-PIP. A didactic training schedule is issued to interns at the start of the internship. This schedule may be updated as changes occur.

### ***Supervision***

Interns participate in a minimum of two (2) hours per week of individual face-to-face supervision by a licensed psychologist. Interns also participate in two (2) hours of group clinical supervision per week. This group supervision is also led by a licensed psychologist with the assistance of postdoctoral fellows. Interns maintain an ongoing record of the supervision they receive. Training staff are committed to ensuring that interns are afforded access to scheduled supervision sessions as well as supervision on an "as needed" basis.

### ***Evaluation and Feedback***

Throughout the internship year, the training program is responsible for assessing and providing both formal and informal feedback to interns. Feedback is provided in order to assist each intern in improving skills and addressing areas of concern. The training program takes this responsibility very seriously, as it monitors each intern's skills, competencies, and personal/professional functioning in order to protect the public, the profession, and the intern. Formal evaluations are completed by the Training Committee at the end of each six (6) month rotation. These written evaluations are reviewed with the intern and copies are forwarded to each intern's home doctoral program. Interns also complete evaluations of the training and supervision they receive at the end of each six (6) month rotation; this feedback is utilized to further enhance the training program. Additional information regarding intern evaluation procedures is provided in *Appendix B* of this document.

Interns have opportunities to provide input, raise concerns, and suggest changes and modifications to the training program. The Training Director will meet regularly with the interns in order to facilitate open communication about their training experiences. Interns may also request to meet with the Training Committee, the Director, and/or an agency administrator or staff member in order to discuss problems or concerns about the program.

*Appendix D* contains the requirements for completing each rotation, internship activity logs, and supervision logs. Copies of the evaluation forms are located in *Appendix E*.

### ***Minimum Passing Requirements for Psychology Interns***

In order to successfully pass the internship, all of the following requirements must be met:

1. The intern must satisfactorily attend and complete all required service and training activities, and have completed a sufficient number of hours to satisfy a one-year, full-time internship experience (i.e., 2000 hours). Meeting this hour requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.
2. A minimum level of achievement on each evaluation is defined as a rating of “3” for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values:
  - a. 1= Development Needed
  - b. 3= Meets Expectations
  - c. 5= Exceeds Expectations
3. Broad competency scores are tallied by averaging the intern’s individual competency scores for each of the nine (9) domains assessed on the Intern Competency Assessment Form. These domains are: professional conduct and ethics; professional development; individual and cultural diversity; psychological diagnosis and assessment; effective therapeutic intervention; scholarly inquiry and application of scientific knowledge to practice; consultation; supervision and evaluation; psychology and juvenile justice; and teaching.
4. If an intern receives a broad competency score of less than 3 on any domain of an evaluation, or if supervisors have reason to be concerned about the student’s performance or progress, the program’s Due Process procedures will be initiated.
5. The intern must meet, in the judgment of the Training Director and Training Committee, all of the requirements and expectations outlined under “Professional Conduct and Functioning,” as described in Chapter 6 of this handbook.

## **Chapter 6 – Training Program’s Expectations of Interns**

The training program’s expectations of psychology interns fall into two broad categories: (1) skills and competencies, and (2) professional conduct and functioning.

### ***Skills and Competencies***

Psychology interns are expected to learn and demonstrate a broad range of skills and competencies. The required skills and competencies are related to the overarching goals of the internship program. Throughout the internship year, the following areas will be evaluated:

- Professional Conduct and Ethics
- Professional Development
- Individual and Cultural Diversity
- Psychological Diagnosis and Assessment
- Effective Psychotherapeutic Intervention
- Scholarly Inquiry and Application of Current Scientific Knowledge to Practice
- Consultation, Supervision, and Evaluation
- Psychology and Juvenile Justice
- Teaching

Interns are expected to continually assess their own skill levels, training needs, and professional functioning; to set specific goals in cooperation with supervisors; and to notify their supervisors and/or the Training Director promptly when they become aware of significant deficits in their functioning. Interns complete self-evaluations at the start and completion of the internship year as a means of assessing their skill level and professional growth. These evaluations are completed independently by the interns and are modeled after the Intern Competency Assessment Form completed by the faculty.

### ***Professional Conduct & Functioning***

With regard to intern behavior and performance during the internship year, the general expectations of the training program are that the intern will:

- Practice within the bounds of the APA Ethical Principles of Psychologists and Code of Conduct

- Practice within the bounds of federal and state laws and regulations including those of the Texas State Board of Examiners of Psychologists and the Texas Juvenile Justice Department
- Adhere to Travis County Juvenile Probation Department policies and procedures

Functioning in a professional manner includes, but is not limited to:

- Acting in a professionally appropriate manner that is consistent with the standards and expectations of the internship program (including a reasonable dress code)
- Balancing department needs with personal needs
- Managing personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary
- Being alert to emotional responses that may interfere with professional functioning
- Accomplishing tasks efficiently and meeting identified timelines
- Making appropriate use of supervision, seminars, and other opportunities for learning through such behaviors as arriving on time, being prepared, and being open to accepting and using constructive feedback
- Maintaining appropriate interactions with peers, colleagues, staff, and other trainees
- Using appropriate channels of communication when participating in meetings and department activities
- Giving professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the training experience
- Actively participating in the training, service, and overall activities of the training program with the end goal of being able to provide services across a range of clinical activities

Interns are responsible for maintaining standards of conduct appropriate to their work environment as mandated for all persons who work for or with the department. Examples of unacceptable conduct include, but are not limited to: theft, intoxication on the job, dishonesty, assault, use or possession of drugs, insubordination, and failure to comply with department rules. In addition, interns are expected to exhibit ethical professional behavior, which includes adherence to the APA

Ethical Principles of Psychologists and Code of Conduct. Violations of these guidelines include, but are not limited to: sexual harassment; sexual contact with clients, supervisor, consultants or supervisees; violation of confidentiality; practicing outside one's competency areas without supervision; and infringement on the rights, privileges, and responsibilities of clients, other trainees, and department staff.

## Chapter 7 – Intern Grievance Procedures

Interns are encouraged to report all concerns regarding ethical, professional, or administrative problems. Most issues can be informally resolved through discussion with clinical supervisors and/or the Training Director. Travis County Juvenile Probation emphasizes early identification of potential problems, cooperative efforts at resolution, and open communication.

Interns may address grievances about a supervisor, staff member, trainee, or the training program either informally or formally.

### I. Informal Review

- a. Interns should make every effort to resolve their complaints informally and directly with the person who is the subject of the complaint. When such resolution is not practical due to power and authority differences or other factors, interns are encouraged to seek consultation from the Training Director and/or a senior staff member to explore ways of reaching a resolution.

### II. Formal Review

- a. Interns have the right to activate a formal review when they believe their rights have been violated. Additionally, interns may report concerns to their academic institution, APA, or APPIC, as appropriate.
- b. In instances of workplace-related complaints, interns are expected to follow the procedures outlined below.
  - i. If the intern wishes to file a formal complaint, this will need to be submitted in writing to the Training Director with sufficient details describing the nature of the problem. The Training Director will review the complaint to determine if it merits further inquiry. If the Training Director determines the complaint does not merit further inquiry but the intern perceives a continued problem, the intern may bring his/her complaint to the Chief Juvenile Probation Officer or his/her designee. If the Training Director is the subject of the intern's complaint, one of the other psychologists who make up the Training Committee will become the point of contact regarding

the intern's grievance. The Training Director (or Training Committee member, if applicable) will meet with the intern and the individual being grieved within 10 working days of receipt of the intern's written grievance. The goal of the joint meeting is to develop a plan of action to resolve the issue. In some cases, the Training Director may wish to meet with the intern and the person being grieved separately first.

- ii. The Training Director will document the outcome of the meeting, including the identified plan of action. The intern and the person being grieved will be asked to report back to the Training Director within 10 working days as to whether the issue has been adequately resolved.
  - iii. If the plan of action fails to adequately resolve the issue, the Training Committee will convene to review the issue within 10 working days of the Training Director receiving the follow-up report from the intern and the individual being grieved. The Training Committee will review all written materials and have an opportunity to interview the parties involved as well as other individuals who have relevant information. The Training Committee has final discretion regarding outcome. If the panel determines that a grievance against a staff member has merit, the issue will be turned over to the department to initiate due process procedures as outlined for employees.
- c. If the intern's complaint indicates ethical misconduct or potential for harm, the Training Director may choose to suspend the potentially harmful relationship until further investigation has been completed.

## Chapter 8 – Due Process

The training program has procedures in place to address inadequate or unacceptable trainee performance. These procedures help ensure that judgments or decisions made by the internship program about interns are not arbitrary or personally biased.

For the purposes of procedural policy, inadequate or unacceptable trainee performance is defined broadly as interference in professional functioning that 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 professional behavior,
2. an inability and/or unwillingness to acquire professional skills necessary to reach an acceptable level of competency,
3. an inability and/or unwillingness to manage personal stress, psychological problems, and/or excessive emotional reactions that interfere with professional functioning.

Problems affecting an intern's performance may be identified either through formal evaluation procedures or through the informal interactions of supervisors and other training staff working with the intern. Some situations of inadequate or unacceptable intern performance can be successfully addressed through a remediation plan, while other such situations cannot. Problems typically become identified as impairments when one or more of the following characteristics are present:

1. the intern does not acknowledge and/or successfully address the problem when it is identified,
2. the problem is not a skill deficit that can be rectified by further academic or didactic training,
3. the quality of services delivered by the intern is negatively affected and may be considered destructive to clients,
4. the problem is not restricted to one area of professional functioning,
5. a disproportionate amount of attention by training personnel is required, compared to other interns in the group,
6. the intern's behavior does not change as a function of feedback, remediation efforts, and/or

time,

7. the problematic behavior has potential for ethical or legal ramifications if it is not addressed,
8. the intern's behavior negatively impacts the public's view of the department,
9. the problematic behavior negatively impacts the intern class.

The Training Committee will consider the number and severity of the characteristics noted above when determining how to address identified impairments in functioning. The Training Committee may use either an informal or formal review when addressing identified impairments.

#### 1. Informal Review

- a. If a supervisor believes that an intern is not performing in an appropriate/professional manner or that the intern's behavior is becoming problematic, the supervisor will address the issue directly and as soon as possible with the intern in an attempt to resolve the problem. This process will be documented in writing by the supervisor, but it will not become part of the intern's professional file.

#### 2. Formal Review

- a. If an intern's problematic behavior persists following an attempt to resolve the issue informally, or if the intern receives less than a "3" on a broad competency domain within a supervisory evaluation, the following steps will be taken:
  - i. The intern's supervisor will meet with the Training Director and the intern within 10 working days to review the problem(s). If the Training Director is the intern's immediate supervisor, a member of the Training Committee will be included in the meeting.
  - ii. The intern will be provided with the opportunity to offer a response to the problem in writing.
  - iii. After discussing the problem and the intern's response, the supervisor and Training Director will define the trainee's problem as concretely and behaviorally as possible, decide on the severity, and assess the potential for remediation.

- iv. The Training Director and supervisor may:
  1. issue a verbal warning,
  2. generate a remediation plan without probation,
  3. place the intern on probationary status with a remediation plan,
  4. terminate the intern from the training program.
- v. The Training Director's and supervisor's response will be provided to the intern within 5 working days of the initial meeting. In the case of probation or termination, the intern, the intern's academic program, and other relevant persons will be notified in writing. Furthermore, as deemed necessary by the Training Director, the intern's academic program may be consulted or notified at any time regarding concerns about the intern's performance. If the intern wishes to challenge the decisions made, s/he may request to appeal the decision as outlined in the *Procedures for Appeal*.

#### ***Explanations of Recommended Actions***

1. A verbal warning is issued to the intern: If a remediation plan is not deemed necessary, the Training Director and supervisor may choose to issue a verbal warning to modify the problematic behavior. A verbal warning is primarily designed to be educational in nature and typically occurs within the context of the intern's supervision. Depending on the nature of the identified problem, the amount of supervision received might increase and/or case responsibilities may be changed.
2. A remediation plan is generated without probation: If termination or probation is not deemed appropriate, the Training Director and supervisor will generate an appropriate plan of remediation. All remediation plans will comply with juvenile probation policies and procedures. Several possible courses of action designed to remediate deficiencies may include (but are not limited to):
  - a. increasing supervision with the primary supervisor or changing the primary supervisor,
  - b. changing the format, emphasis, and/or focus of supervision,
  - c. recommending or requiring a psychological assessment and/or personal therapy, and clarifying to all parties involved whether or not the assessment and therapy contacts will be used in the intern evaluation process, and if so, how they will be

used,

- d. reducing or limiting the type of direct client contact or other internship responsibilities or increasing certain types of client contacts, if the problem behavior is related to insufficient competency,
  - e. requiring specific continuing education,
  - f. recommending, when appropriate, a leave of absence from the internship.
3. The Trainee is placed on probation with a remediation plan: Probationary status is defined as a situation where the intern is actively and systematically monitored by supervisors and the Training Director for a specific length of time regarding the necessary and expected changes in the problematic behavior. The intern is given a written statement notifying him/her of the probationary status and specifying:
- a. the behaviors which need to be changed,
  - b. the stipulations for remediating the problem,
  - c. the time period during which the problem is to be ameliorated,
  - d. the procedures designed to evaluate whether the problem has been appropriately addressed.

Following the intern's written notification of his/her probationary status, the Training Director will meet with the intern to review the probationary conditions. The intern may then choose to accept the conditions of the probation or to challenge the action. The procedures for appealing the action are presented in a subsequent section. If the action is not challenged by the intern, the remediation plan is put into action.

4. Termination is recommended: Termination from the internship program at this point in the process would be recommended only in extreme circumstances (e.g., the problem represents gross misconduct or ethical violations that have potential to cause harm). Examples of such circumstances are acts of physical aggression against a staff member or a client, or serious ethical misconduct such as a sexual relationship with a client. After the trainee is notified in writing of the recommendation, s/he may choose to appeal the decision as outlined in the *Procedures for Appeal*.

When a remediation plan is put into action, the Training Director and supervisor will work with the intern to facilitate and monitor change over a specified period of time. If the intern

demonstrates sufficient positive change, s/he will be formally notified, in writing, that satisfactory change has been accomplished. For an intern placed on probationary status, demonstration of sufficient positive change will be documented in writing and the intern will be notified that the probationary period has ended. At the end of the probationary period, the intern's academic program will be notified that probationary status has been lifted. If, at the end of the probationary period, the Training Director and supervisor determine that insufficient positive change has taken place, they will review the situation and recommend one of the following:

1. The intern remains on probation: The intern remains on probation with a new time period specified. The intern may challenge this recommendation or may accept the new remediation plan.
2. A new plan is generated: A recommendation of termination is not deemed to be appropriate at this time, and a new plan for remediation is generated in another effort to promote change. This plan may include (but is not limited to) psychological/psychiatric treatment, careful screening of clients, closer and more intense supervision, and/or suspension of certain activities.
3. Termination is recommended: The Training Director and supervisor, after reviewing the problem, conclude that it is both serious and resistant to change; on this basis, termination is recommended. Again, at this point the intern may choose to challenge the decision according to the appeal procedures outlined below. In the case of termination, the Training Director will notify APPIC and the intern's graduate program of the termination.

The trainee is notified of the final decision and, again, may appeal the decision. If the intern accepts the decision, his/her academic program and other appropriate individuals will be notified. If the trainee chooses to appeal, these individuals will be notified of the final decision at the conclusion of the appeal process.

### ***Procedures for Appeal***

Within five working days of notification of (1) remediation plan, (2) probationary status, or (3) termination, an intern may submit a letter (or email) to the Training Director requesting an appeal.

Within five working days of the receipt of the appeal request, the Training Director will request

that the department's Chief Juvenile Probation Officer or his/her designee convene an Appeals Committee. The Chief Juvenile Probation Officer or his/her designee will then select the members and a Chair. The Appeals Committee will have fifteen working days to conduct a fact-finding review.

The procedures invoked for a special fact-finding review by the Appeals Committee are as follows:

1. The intern and his/her supervisor or the staff member(s) involved will be notified that a special review meeting will be held.
2. The Appeals Committee may request personal interviews and/or written statements from individuals as it deems appropriate.
3. The intern may submit to the Appeals Committee any written statements s/he believes to be appropriate, may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff members involved will also be afforded the same privilege.

Following the fact-finding review, the Chief Juvenile Probation Officer or his/her designee will communicate a summary of the Appeals Committee's findings and any recommendations to the Training Director, within five working days of the end of their deliberation. The Appeals Committee may choose to sustain any previous actions taken or may implement a new course of action as deemed necessary. The Appeals Committee has final discretion regarding outcome.

## Chapter 9 – Routine Tasks

Throughout the internship year, there are typical tasks that must be completed and staff works together to ensure that vital functions are appropriately addressed in a timely fashion. As listed previously, the vital functions of the intern are:

- To provide direct clinical care to a caseload of approximately 4-6 youth and families; facilitate at least three cognitive behavioral and process group interventions per week; and co-facilitate at least one multifamily group per week. These functions occur while on the Clinical Services Rotation.
- To complete a minimum of twelve (12) mental health assessments and six (6) psychological evaluations while on the Assessment Services Rotation.
- To ensure that youths' behavioral and emotional difficulties are adequately identified and appropriate intervention is implemented.
- To provide crisis intervention services to youth in a timely and thorough manner.
- To ensure that potentially suicidal youth are properly identified and referred to Medical Services for evaluation.
- To engage in interpersonal behavior that is consistent with professional expectations.
- To provide appropriate and effective feedback when consulting with others.
- To provide staff development training once per rotation on a topic to be selected by the intern in consultation with his/her supervisor.
- To complete all required documentation in accordance with policies and standards.
- To complete psychological evaluations and integrated reports within identified timelines.
- To ensure compliance with professional and other applicable standards.

### Crisis Intervention and Suicide Prevention

For youth in Residential Services, treatment services and referrals are made through the Probation Officer or assigned Treatment & Counseling representative. Youth may be assessed by the department's contract psychiatrist as needed to address symptoms of acute distress, psychotic processes, or abnormal or disruptive behavior. In general, the department defines crises as thoughts/plans to inflict serious self-harm, serious thoughts/plans to harm someone else, and serious thoughts/plans to attempt an escape. Youth presenting with these concerns are seen

immediately and monitored closely and appropriately while these concerns are being addressed. Documentation is essential and consultation with medical, mental health, and institutional staff is usually necessary. The department has the resources to place youth on a heightened supervision plan as outlined in the department's suicide precaution and suicide watch policies. The department's suicide precaution and suicide watch policies are available on the juvenile probation department's internal website. These policies are also covered in detail during orientation.

### Screening & Assessment Procedures

The TCJPD Assessment Service Division provides graduated assessments in the areas of mental health and substance use to identify juvenile needs and make appropriate recommendations for intervention. These assessments range from substance use and mental health screening instruments to psychological evaluation. Youth who are detained complete the Massachusetts Youth Screening Inventory-2 (MAYSI-2) during the intake process. If scores are elevated, youth will be referred to Assessment Services for a MAYSI-2 follow-up assessment. This is conducted by a member of the Assessment Services team and may lead to further evaluation, including a mental health assessment or a full psychological evaluation. Through the assessment process, juveniles are directed towards appropriate services and interventions.

### Drug Education and Treatment

Substance use education and treatment occurs at many different levels. The most inclusive programming occurs on the residential substance use treatment units, which are licensed by the Department of State Health Services (DSHS). Youth on the substance use treatment units receive over 20 hours of intervention per week, including chemical dependency process groups, life skills education, and substance use education. The core curriculum for this program is *Pathways to Self-Discovery and Change (PSD-C)*. PSD-C is a cognitive-behavioral intervention program designed for juveniles with a history of behavioral difficulties and substance use issues. The residential substance use treatment program is a minimum of six months in duration. Youth who are not receiving substance use treatment on one of the licensed DSHS units have access to substance use education through group processes and individual work with a licensed chemical dependency counselor.

### Behavioral Interventions

Comprehensive behavioral interventions are provided via two core cognitive behavioral curricula: *Thinking for a Change (T4C)* and *The Prepare Curriculum*. Youth who are placed on behavioral units within Residential Services may receive interventions and psychoeducation through these two programs. T4C teaches pro-social skills development and problem-solving. The Prepare Curriculum teaches anger replacement techniques, moral decision making, and situation perception training. The Behavioral programs for male and female youth are a minimum of four months in duration. However, length of stay in any Residential Services program is dependent upon court order as well as each youth's individual progress.

### Treatment Team

Psychologists and interns serve as members of the treatment team and attend weekly meetings where youth and their goals are individually reviewed by the unit staff, the unit coordinator, the group leader or counselor, and the probation officers. A representative from Austin Independent School District may attend or provide relevant academic information on youth and all interested staff members are invited to attend and provide input. The purpose of these team meetings is to review each youth's progress towards his/her goals, involvement in appropriate programming, reentry concerns, and concerns identified by the youth or family.

### Consultation

Psychologists and interns frequently consult with unit staff, work supervisors, supervision staff, medical staff, and other mental health staff about the adjustment and functioning of specific youth. Psychologists and interns may assume the role of mental health advocate and assist youth in improving communication skills and increasing positive interactions with other youth and staff. Consultation is also provided through involvement with community programs and the courts.

### Safety & Security

All staff members need to be mindful of the secure nature of the environment in which they work, regardless of job description and title. As such, all staff members have a responsibility for maintaining a safe and secure institution and for modeling prosocial values and norms. For the most part, these duties include maintaining key security, being mindful of department policies, and

assisting with staff and youth accountability.

## **Chapter 10 – Resources and Staff**

### Stipend & Benefits

The annual stipend for the internship program is a minimum of \$28,000. County health benefits are provided to all interns, to include sick leave, vacation time, and medical and dental benefits. A comprehensive review of the County's benefits is provided to all interns by the main human resources department at the beginning of the training year.

### Resources

TC-PIP interns have access to numerous resources. Assessment and other training materials are provided, and additional materials may be purchased through the County with Training Committee approval. Each intern has access to administrative and IT support via the department.

Within Detention and Residential Services, group interventions are typically conducted on the units. Space is available throughout the department for individual work, training sessions, and conferences. Client records are maintained in secured areas on assigned units. Interns are provided with keys to access these areas when they start the internship program.

Interns have a shared office space with access to computer workstations on an institutional network with Internet access. Due to the nature of the work environment, computer security is essential. Prior to use, each intern is issued a password, and additional passwords may be necessary to access other programs. Passwords must be changed every 90 days at a minimum. Most information accessed and printed through the various computer systems is confidential information and must be shredded prior to disposal.

A resource library has been created to provide interns with books, videos, and other materials commonly used in treatment. This collection of resources has been placed in the interns' office for use throughout the year.

The Assessment Services Division maintains a wide variety of standard testing material and equipment to screen and assess intellectual functioning, behavioral functioning, personality dynamics, and neuropsychological functioning. A listing of these materials is provided in

## *Appendix F.*

Some specialized programs, such as scoring programs, are located on designated computers for use with report writing, and a variety of assessment instruments are available for use. At present, the department maintains computer scoring and interpretation programs for the following tests: Child Behavior Checklist, Youth Self-Report, MACI, MMPI-A, and the PAI-A.

As with any institution or agency, there are many acronyms used throughout the juvenile probation department. To help interns navigate this new language, we have compiled a list of the more commonly used acronyms/abbreviations; this list is located in *Appendix G*. Additionally, we have put together a collection of the more commonly used client documents; these sample documents are located in *Appendix H*.

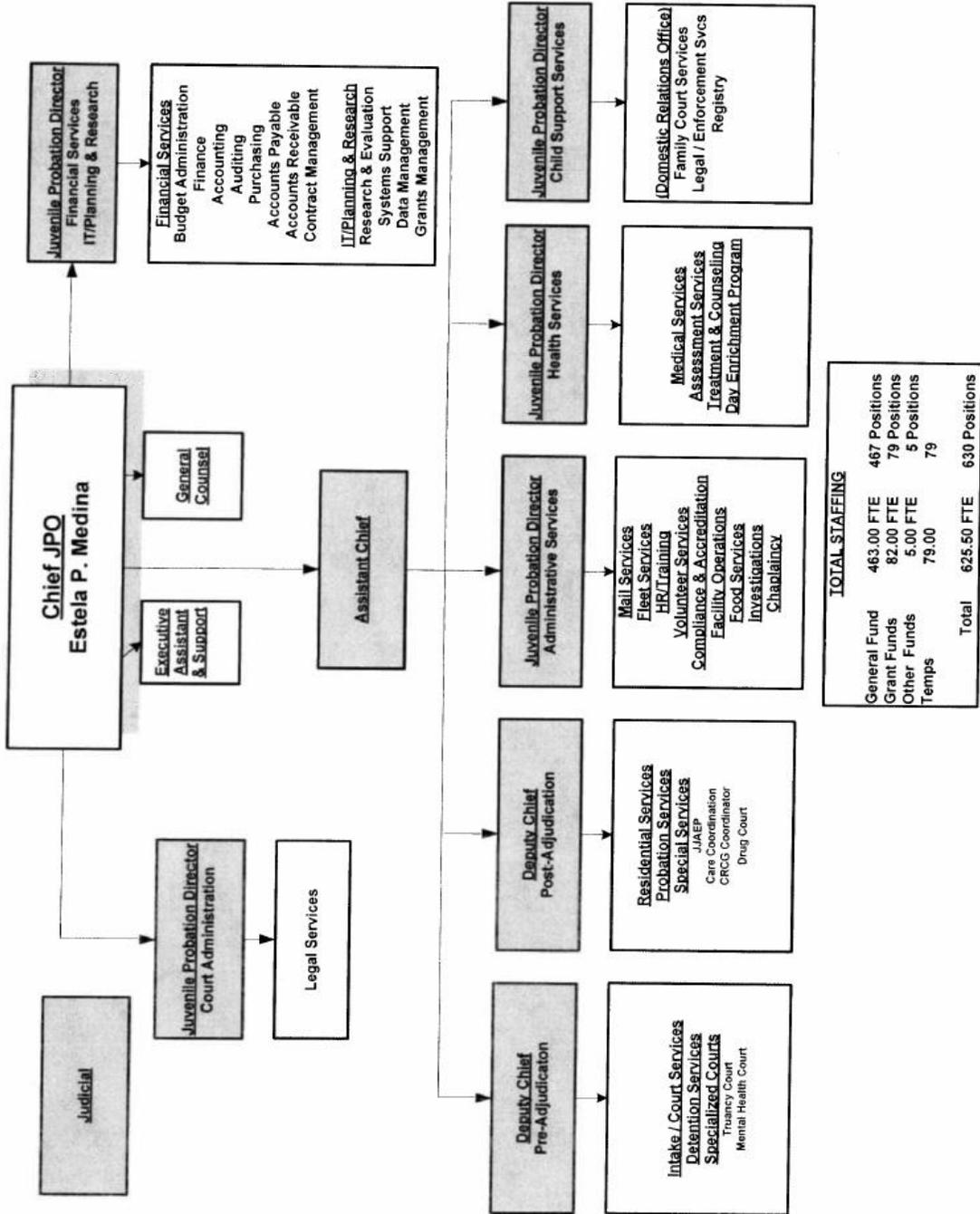
### Internship Faculty

- Daniel Hoard, Ph.D., Training Director  
University of Texas at Austin - 2007  
Licensed in the state of Texas
  
- Blake Harris, Ph.D., Faculty  
California School of Forensic Studies, Alliant International University - 2012  
Licensed in the state of Texas
  
- Casey O’Neal, Ph.D., Adjunct Faculty  
University of Texas at Austin, - 2006  
Licensed in the state of Texas
  
- Rafael Reyes, Psy.D., Adjunct Faculty  
Illinois School of Professional Psychology, Chicago Campus – 2002  
Licensed in the states of Texas and California

## APPENDIX A: Organizational Chart

### TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT Organizational Chart

FY'14



TOTAL STAFFING		
General Fund	463.00 FTE	467 Positions
Grant Funds	82.00 FTE	79 Positions
Other Funds	5.00 FTE	5 Positions
Temps	79.00	79
<b>Total</b>	<b>625.50 FTE</b>	<b>630 Positions</b>

## **APPENDIX B: Policies, Procedures, and Standards**

Departmental policies and procedures can be found on your office computer via the internal department website.

### **APA Practice Guidelines**

<http://www.apa.org/practice/guidelines/index.aspx>

### **APA Ethical Principles of Psychologists and Code of Conduct**

<http://www.apa.org/ethics/code/index.aspx>

### **Texas Constitution and Statutes**

<http://www.statutes.legis.state.tx.us/>

**Texas Department of State Health Services: Chapter 448—Substance Abuse Standards of Care Rules** – a complete copy of this documentation will be provided to each intern

### **The Acts and Rules of the Texas State Board of Examiners of Psychologists**

<http://www.tsbep.state.tx.us/act-and-rules-of-the-board>

### **Texas Juvenile Justice Department**

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=3&ti=37&pt=11](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=37&pt=11)

## *Application Process and Selection Criteria*

The Travis County Psychology internship Program (TC-PIP) offered two (2) full-time positions in 2012-2013 and three (3) full-time positions in 2013-2014. Starting with the 2014-2015 training year, the program accepts four (4) full-time interns.

The internship program is a member of APPIC; the Program Code for TC-PIP is **202911**. Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)).

A complete application consists of the following materials:

1. A completed on-line AAPI (APPIC's standard application)
2. Cover letter (as part of the on-line AAPI) stating why you are interested in the internship
3. A current Curriculum Vitae (as part of the on-line AAPI)
4. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI) - *please submit no more than three letters*
5. Official transcripts of all graduate coursework
6. A sample psychological report

All application materials must be received December 1<sup>st</sup> in order to be considered. If applicants are invited to interview, they will be notified by email on or before the December 15<sup>th</sup> deadline. Interviews will be scheduled in early January. Onsite interviews are preferred, but accommodations may be made for individuals who cannot interview in person.

TC-PIP will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

- 1) A minimum of 500 intervention hours
- 2) A minimum of 50 assessment hours
- 3) Dissertation proposal defended
- 4) Comprehensive exams completed
- 5) Some experience or special interest in working with youth and families
- 6) Experience in psychological test administration and report writing

In addition, given the community's need for Spanish-speaking mental health providers, applicants who are bilingual in English/Spanish are encouraged to apply.

### *Diversity and Non-Discrimination Policy*

The Travis County Psychology Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by TC-PIP to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. TC-PIP strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. TC-PIP's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area.

TC-PIP welcomes applicants from diverse backgrounds. It is the belief of the program faculty and Travis County administrators that a diverse training environment contributes to the overall quality of the program. TC-PIP provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

### *Intern Evaluation Procedures*

The Travis County Psychology Internship Program requires that interns demonstrate minimum levels of achievement across all training competencies, as outlined in the description of the program's goals, objectives, and competencies. Interns are formally evaluated by the Training Committee twice annually, at the midpoint and end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors provide specific written feedback regarding the intern's performance and progress. The evaluation form includes information about the intern's performance regarding all of TC-PIP's expected training objectives and related competencies. The primary supervisor, the assessment supervisor, and the Training Director provide written feedback on the evaluation regarding areas of strength and areas for future growth. The Training Director reviews these evaluations with the intern and provides an opportunity for discussion if the intern has questions or concerns about the feedback.

A minimum level of achievement on each evaluation is defined as a rating of "3" for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1= Development Needed, 3= Meets Expectations, 5= Exceeds Expectations. Interns receive individual competency ratings on their evaluations as well as broad competency scores. The broad competency scores are tallied by averaging the intern's individual competency scores within each of the nine areas assessed by the program. These areas are: professional conduct and ethics; professional development; individual and cultural diversity; psychological diagnosis and assessment; effective therapeutic intervention; scholarly inquiry and application of scientific knowledge to practice; consultation, supervision and evaluation; psychology and juvenile justice; and teaching.

If an intern receives a broad competency score of less than 3 in any domain, or if supervisors have reason to be concerned about the intern's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines are outlined in the Intern Handbook and in a separate document provided to interns during orientation.

Additionally, all TC-PIP interns are expected to complete 2,000 hours of training during the internship year. Meeting this requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the intern's home doctoral program is provided at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern's progress, is informed in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by TC-PIP as a result of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns must complete a self-evaluation form at the

beginning and end of the internship. Additionally, interns will complete a program and supervisor evaluation at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program.

### *Internet Policy*

The Internet must be used with the understanding that all searches, movements, and transactions are monitored. Employees are not allowed to send or transmit unprofessional or offensive files. During work hours, the Internet may be used for work related tasks. During non-work hours, the Internet may be used for personal and informational purposes but employees may not access questionable sites (such as gambling, pornographic, or drug advocating), visit chat rooms, or conduct any type of business.

### *Telephone Supervision Policy*

The Travis County Psychology Internship Program (TC-PIP) provides opportunities for Spanish-speaking interns to enhance their skills in the provision of clinical services in Spanish throughout the training year. Because the department recognizes that linguistic matching is most effective in supervision as well as treatment, TC-PIP incorporates the active involvement of an adjunct faculty member who can provide interns with supervision in Spanish as needed. This adjunct supervisor is available to provide telephonic supervision in Spanish in order to address issues that arise for interns who are providing direct services to families in Spanish. This supervision occurs in addition to rather than in lieu of regularly-scheduled supervision provided by the intern's primary supervisor. For all clinical cases discussed during telephone supervision, full professional and clinical responsibility remains with the intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.

TC-PIP utilizes telephone supervision to provide this additional resource to its interns. It is expected that the foundation for this supervisory relationship will be initially cultivated during TC-PIP's orientation, when interns are introduced to the adjunct faculty member. This telephone supervision occurs at least one (1) hour each month at a regularly scheduled time via telephone call with the Spanish-speaking supervisor. This format is utilized to promote consistent communication opportunities with the adjunct faculty member who provides this supervision, in order to support interns' development of competency related to the linguistic and cultural components of these clinical cases. If supervision is provided to an intern in Spanish, the adjunct faculty member will also meet with the intern once per month in person. In addition, this faculty member works in collaboration with the intern and the intern's primary supervisor to provide this valuable adjunctive service.

## APPENDIX C: Mission, Goals, & Objectives

**Mission:** *The mission of the Travis County Psychology Internship Program is to prepare interns to enter the field of psychology with the skills and training necessary to provide culturally competent, empirically supported, and clinically effective psychological services to juveniles and families.*

**Overarching Goals:** The Travis County Psychology Internship Program (TC-PIP) has been established for the purpose of providing a broad and general educational program for doctoral psychology interns. The overarching goal of the program is to prepare professionals to successfully meet the unique challenges of practicing psychology within public agencies and to ensure clinical competency in working with culturally diverse groups. The TC-PIP offers one year, full-time internship positions at the juvenile probation department. It is expected that by the conclusion of the internship year, interns will have accomplished the following goals and objectives:

**Goal 1: Interns will achieve competence appropriate to their professional developmental level in the area of professional conduct and ethics.**

- Objective A: Displays professional conduct and appropriate interpersonal behavior.
- Objective B: Demonstrates a command of professional ethics and values.
- Objective C: Demonstrates professional accountability and responsibility.

**Goal 2: Interns will demonstrate competency in areas pertaining to ongoing professional development.**

- Objective A: Demonstrates professional self-awareness and reflection.
- Objective B: Effectively uses consultation/supervision.
- Objective C: Uses positive self-care strategies.
- Objective D: Functions effectively in multidisciplinary and interdisciplinary contexts.

**Goal 3: Interns will achieve competence appropriate to their professional developmental level in the area of diversity and cultural effectiveness.**

- Objective A: Establishes rapport with youth and families.
- Objective B: Demonstrates sensitivity to diversity.
- Objective C: Demonstrates an awareness of own cultural and ethnic background.

**Goal 4: Interns will achieve competence appropriate to their professional developmental level in the area of assessment and diagnosis.**

- Objective A: Demonstrates diagnostic skills.
- Objective B: Effectively selects and administers psychological tests.
- Objective C: Accurately interprets psychological tests.
- Objective D: Demonstrates skills in the area of assessment writing.
- Objective E: Demonstrates skills in providing feedback to others.

**Goal 5: Interns will achieve competence appropriate to their professional developmental level in the area of psychotherapeutic intervention.**

- Objective A: Engages in effective communication with clients.

Objective B: Demonstrates skills in case conceptualization and creation of effective treatment goals.

Objective C: Understands and utilizes theories and methods of empirically based/ supported treatments.

Objective D: Demonstrates effective use of emotional reactions in therapy (counter-transference).

Objective E: Demonstrates skills for preparing and conducting group therapy.

**Goal 6: Interns will achieve competence appropriate to their professional developmental level in the area of scholarly inquiry & the application of current scientific knowledge to clinical practice.**

Objective A: Demonstrates the ability to independently seek current scientific knowledge relevant to practice.

**Goal 7: Interns will achieve competence appropriate to their professional developmental level in the areas of supervision, consultation, & evaluation.**

Objective A: Demonstrates knowledge of providing effective consultative guidance (providing consultation to others).

Objective B: Demonstrates knowledge of how to provide effective supervision to others.

Objective C: Demonstrates knowledge of theories and methods of techniques for program and intervention evaluation.

**Goal 8: Interns will achieve competence appropriate to their professional developmental level with respect to psychology's role in the juvenile justice system.**

Objective A: Demonstrates knowledge of psychology's role in the juvenile court system.

**Goal 9: Interns will achieve competence appropriate to their professional developmental level in the area of teaching clinical and non-clinical personnel.**

Objective A: Demonstrates skills in teaching clinical and non-clinical personnel.

### APPENDIX D: Program Development Timeline

Training Year	Number of Interns	APPIC Membership	APA Accreditation
2012-2013	Two	<ul style="list-style-type: none"> <li>• Participated in APPIC Match as non-member</li> <li>• Submitted APPIC application by September 1, 2012</li> <li>• Obtained APPIC membership November 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Not accredited</li> </ul>
2013-2014	Three	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> </ul>	<ul style="list-style-type: none"> <li>• Not accredited</li> <li>• Submitted Self-Study prior to 08/01/2013</li> </ul>
2014-2015	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> </ul>	<ul style="list-style-type: none"> <li>• Completed and submitted application for APA accreditation</li> <li>• Completed site visit February 2014</li> <li>• Received letter from the APA Commission on Accreditation stating that the program was granted accreditation by the APA</li> </ul>
2015-2016	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited, next site visit in 2021</li> </ul>
2016-2017	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited, next site visit in 2021</li> </ul>

## APPENDIX E: Rotation Requirements and Competencies

### *The Clinical Services Rotation*

**Primary Supervisor:** Dr. Blake Harris

**Description:** The Clinical Services Rotation is a six-month rotation that provides interns with unique opportunities to expand their knowledge and skill in case conceptualization and therapeutic intervention. Providing psychological services throughout the department's residential facility requires knowledge of TJJD and DSHS standards. All interns complete DSHS training at the start of the internship year along with the core training required by TJJD. Throughout the course of the year, interns demonstrate the ability to communicate and effectively collaborate with other treatment providers, medical staff, education providers, unit supervisors, treatment officers, and probation staff.

The Clinical Services Rotation offers interns the opportunity to work with post-adjudicated youth who have been court-ordered to the department's residential facility. The residential facility, located primarily within the ISC building includes behavioral programming, substance use treatment, sexual behavior treatment, and specialized interventions for issues such as trauma, gang involvement, and teen parenthood.

The substance use treatment units abide by a highly structured treatment schedule and interns are expected to adhere to the treatment standards of these units (as defined by DSHS). Youth on the substance use treatment units receive 20 hours of group intervention per week aimed at addressing chemical dependency as it intersects with significant behavioral and emotional difficulties. These group interventions include chemical dependency process groups, chemical dependency education, life skills education, and multifamily therapy. Youth on the substance use treatment units also receive one hour of individual therapy per week and individual family therapy as needed.

The Residential Services behavioral intervention programs are designed for youth who are experiencing significant behavioral and emotional difficulties, including behaviors typically seen with Conduct Disorder and Oppositional Defiant Disorder. However, given the growing

complexity of the juvenile justice population and the need for mental health treatment amongst youth referred to the department, interns can expect to work with youth who are experiencing a variety of mental health concerns including depression, anxiety, grief and loss, and post-traumatic stress.

### **Rotation Requirements:**

1. While on the Clinical Services Rotation, interns carry a caseload of 4-6 youth and are responsible for providing weekly individual therapy as well as family therapy on an as needed basis. Interns are also responsible for co-leading one multifamily group per week and leading a minimum of three weekly group interventions. Interns are expected to maintain documentation on all clients in accordance with relevant DSHS and TJJD standards.
2. Interns read and learn the content of the Pathways to Self-Discovery & Change Curriculum (PSD-C); opportunities to learn and practice administering the curriculum are provided through observation of group interventions, co-facilitation, and in vivo supervision.
3. Interns read and learn the content of Thinking for a Change (T4C) and The Prepare Curriculum; opportunities to learn and practice administering the curricula are provided through observation of group interventions, co-facilitation, and in vivo supervision. Interns are also required to read and learn other curricula as needed (e.g., ART, Seeking Safety, Voices, Matrix Model, etc.).
4. Interns learn and follow TJJD and DSHS standards (to include documentation).
5. Interns participate in weekly treatment team meetings.
6. Interns engage in unit specific activities and attend judicial hearings as needed.

Interns work with their primary supervisor to address ethical and legal dilemmas as they arise and are expected to seek guidance from their supervisor and others as needed and appropriate. Interns also work closely with their primary supervisor as they complete required documentation and manage the demands of the clinical rotations. Interns submit treatment plans for their individual clients and work with their primary supervisor to ensure that such plans accurately reflect treatment concerns and individual differences. Developing effective treatment plans requires interns to understand adolescent development and adolescent culture as it pertains to behavior and decision

making so that this knowledge can be successfully incorporated into treatment plans and interventions. It is expected that the written work produced by interns will demonstrate the ability to communicate relevant clinical information clearly and concisely. All documentation is reviewed and cosigned by the intern's primary supervisor.

Through supervision, direct clinical practice, and scholarly inquiry, interns are encouraged to identify a preferred theoretical orientation and to develop case conceptualizations within the context of both this model and others. Interns are also encouraged to take into account the unique needs of diverse populations when formulating cases. Specifically, interns develop case conceptualizations within their preferred theoretical model but also draw insight from other theoretical orientations. Through the process of case conceptualization, interns demonstrate the ability to relate science to their practice, treatment planning, and responses to patient-specific factors.

Throughout each clinical rotation, interns select, plan, and adapt therapeutic interventions to meet the unique needs of a diverse recipient population. Interns are expected to demonstrate the ability to utilize interventions and clinical interpretations to facilitate change. Interns are also expected to expand their knowledge and range of interventions through reading, consultation, and clinical supervision.

It is expected that interns will demonstrate the ability to establish rapport with youth and families. Establishing such rapport may require interns to develop skills in treating new populations (i.e., a population with which s/he has no or limited prior experience). As such, interns are expected and encouraged to use supervision and consultation to help address new clinical experiences or any anxiety-provoking or difficult clinical situations so as to not undermine therapeutic success.

Cultural diversity is a key component of the internship program, and interns are expected to develop competency in the area of diversity and cultural effectiveness. To this end, interns are expected to discuss and demonstrate the ability to acknowledge and respect the differences that exist between themselves and their clients in terms of race, ethnicity, culture, and other individual diversity variables. Interns are encouraged to utilize supervision to openly discuss limits to

competence with diverse patients and to recognize and seek supervision when more information is needed as it pertains to issues of cultural identity and diversity.

Interns provide direct clinical services in a juvenile justice setting and are expected to demonstrate professional growth as they become acclimated to this environment. Throughout the clinical rotation, interns have opportunities to create and maintain communication channels with other divisions within the juvenile probation department in order to pass on clinically useful and relevant information and to learn from colleagues in other areas of juvenile justice. Examples of departmental divisions with which interns will have contact include medical, assessment, probation, detention, and residential.

At least once during the Clinical Services Rotation, interns develop and provide training to clinical and/or non-clinical staff that incorporates research and/or current practices in psychology. The topic for this training will be discussed and reviewed with the intern's primary supervisor prior to the training occurring. In addition, interns are asked to present a case conceptualization and supporting research from the literature at least once during the Clinical Services Rotation.

### *The Assessment Services Rotation*

**Primary Supervisor:** Dr. Casey O’Neal

**Description:** The Assessment Services Rotation is a six-month rotation that focuses on strengthening interns’ skills in the areas of psychological evaluation and report writing. Interns complete mental health assessments, cognitive and emotional evaluations, risk assessments, and comprehensive psychological evaluations with juveniles within the probation system. Interns also participate in community programs as well as mental health and substance use specialty courts.

**Rotation Requirements:**

1. Interns gather assessment data through a variety of methods, including reviewing records, conducting clinical interviews with parents and youth, and administering standardized assessment measures.
2. Interns complete a minimum of twelve (12) mental health assessments, which typically include a review of records, clinical interview(s) with youth and families, and parent and child self-report measures.
3. Interns complete a minimum of six (6) full psychological evaluations, which typically include a review of records, clinical interview(s) with youth and families, measures of cognitive functioning and academic achievement, and measures of emotional and personality functioning.
4. Mental health assessments and psychological evaluations are completed under supervision and all reports are reviewed and cosigned by the assessment supervisor.
5. Interns present assessment findings to a variety of involved parties (e.g., parents, probation officers, and treatment providers).
6. Interns observe elements of the court process, with a particular focus on the role of psychological assessment in the juvenile court system.
7. Interns adhere to deadlines as well as professional standards.
8. Interns attend community meetings and specialty court sessions to observe as well as provide appropriate consultation regarding mental health.

Throughout the rotation, the interns’ training in assessment is based on best practices, which include addressing child-specific and family-specific referral questions. This assessment process

aids in the development of treatment plans that respect each juvenile's specific developmental stage and clinical needs. By the end of the rotation, interns are expected to demonstrate competence in selecting and proficiently administering the appropriate tests to answer referral questions. Interns conduct clinical interviews, complete behavioral observations, and administer psychological tests (including objective and projective personality tests, intelligence tests, academic achievement measures, and neuropsychological measures) in a manner that is responsive to the unique needs of a juvenile population. When engaging in psychological assessment, interns are encouraged to actively utilize supervision and consultation as they conceptualize the strengths and needs of the juveniles with whom they work.

**Internship Weekly Log of Activities - Sample**

**Intern's Name:**

**Training Activities for the Week of:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat / Sun
<b>Supervision &amp; Training</b>						
Face to face individual supervision w/ clinical supervisor						
Face to face individual supervision w/ psychodiagnostic supervisor						
Group Supervision (describe as clinical or assessment focused)						
Face to face individual supervision w/ Training Director						
Training Activities/Didactics (describe on back of sheet)						
<b>Professional Services Performed</b>						
Individual psychotherapy						
Group psychotherapy						
Testing & assessment (admin, scoring, interpretation, report)						
Crisis intervention/Brief contacts						
Consultation						
<b>Other Work Performed</b>						
Administrative duties						
Treatment team meetings						
Research/literature review						
Other professional activities (describe on back of sheet)						
<b>TOTAL # of HOURS for THIS week</b>						
Intern Signature & Date: _____	I certify that the information on this form accurately represents the training activities of:  _____ Intern Name  _____ Primary Supervisor's Signature & Date					
Clinical Supervisor Signature & Date: _____						
Psychodiagnostic Supervisor Signature & Date: _____						

***Internship Supervision Log - Sample***

Name of Intern: \_\_\_\_\_

Current Rotation: \_\_\_\_\_

<b>Date:</b>	<b>Duration/Type of Supervision:</b> 1. One hour/Individ Face-to-Face 2. One hour/Group 3. Other (Specify)	<b>Supervision Task(s):</b> 1. Case Staffing 2. Record/Report Review 3. Review of Test Data 4. Other (Specify)	<b>Topics Addressed in Supervision:</b> • Critical issues discussed during supervision (to include issues of cultural diversity) • Goals set for next supervision hour	<b>Signatures/Date Reviewed:</b>
				Supervisee Signature/Date
				Supervisor Signature/Date
				Supervisee Signature/Date
				Supervisor Signature/Date

## APPENDIX F: Evaluation Forms

### Psychology Intern Competency Evaluation

*This evaluation addresses the goals, objectives, and competencies of the internship program and provides a summary of the intern's strengths, areas in need of additional development or remediation, and recommendations for further training.*

**Circle One:**

Mid-Point Evaluation

End-of-Year Evaluation

Intern Name:	
Rotation:	
Primary Supervisor:	
Date of Evaluation:	

Means by which information has been gathered regarding the intern's overall progress and performance include:

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Video Recording    | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audio Recording    | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation  | <input type="checkbox"/> Comments from Other Staff          |

**The intern's progress and performance is assessed throughout the year in relation to the following goals:**

- Professional Conduct and Ethics
- Professional Development
- Individual and Cultural Diversity
- Psychological Diagnosis and Assessment
- Effective Psychotherapeutic Intervention
- Scholarly Inquiry and Application of Current Scientific Knowledge to Practice
- Consultation, Supervision & Evaluation
- Psychology and Juvenile Justice
- Teaching

**Goal 1: Interns will achieve competence appropriate to their professional developmental level in the area of professional conduct and ethics.**

**Objective A: Displays professional conduct and appropriate interpersonal behavior.**

**Competencies:**

1. Utilizes effective verbal and nonverbal communication to handle differences openly and tactfully.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Demonstrates an awareness of the impact behavior has on others, including clients and the community.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Demonstrates appropriate physical conduct, including attire that is consistent with the context.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective B: Demonstrates a command of professional ethics and values.**

**Competencies:**

1. Follows the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Articulates professional values and takes steps to resolve situations that are in conflict with these values.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Identifies ethical dilemmas and legal issues as they arise and seeks supervision and guidance as appropriate.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective C: Demonstrates professional accountability and responsibility.**

**Competencies:**

1. Completes required documentation accurately and in accordance with expected deadlines.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Demonstrates time management skills regarding appointments, meetings, and time off from internship.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

- Prioritizes tasks and deadlines efficiently and without need for supervisory input and makes adjustments to priorities as demands evolve.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Average Score for Broad Competency:**

**Goal 2: Interns will demonstrate competency in areas pertaining to ongoing professional development.**

**Objective A: Demonstrates professional self-awareness and reflection.**

**Competencies:**

- Systematically reviews own professional practice with supervisors.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Monitors and evaluates attitudes, values, and beliefs towards others.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B: Effectively uses consultation/supervision.**

**Competency:**

- Utilizes supervision to strengthen clinical practice and actively seeks consultation (including professional literature) when treating complex cases and/or working with unfamiliar symptoms.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective C: Uses positive self-care strategies.**

**Competency:**

- Demonstrates insight into the impact of stressors on professional functioning and seeks supervisory input and/or personal therapy to minimize this impact.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective D: Functions effectively in multidisciplinary and interdisciplinary contexts.**

**Competencies:**

- Demonstrates the ability to collaborate successfully with other professionals to incorporate psychological information into team planning and interventions.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Consults with and cooperates with other disciplines in the service of clients.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Average Score for Broad Competency:**

**Goal 3: Interns will achieve competence appropriate to their professional developmental level in the area of diversity and cultural effectiveness.**

**Objective A: Establishes rapport with youth and families.**

**Competencies:**

1. Establishes quality relationships with almost all youth/families, including relationships with those who differ significantly from oneself.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Identifies limits to rapport, such as language barriers, and takes appropriate steps to decrease or eliminate barriers in a professional, ethical, and clinically sound way.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective B: Demonstrates sensitivity to diversity.**

**Competencies:**

1. Discusses individual differences with clients when appropriate.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture, and other individual difference variables.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Recognizes when more information is needed regarding client differences and seeks out information autonomously.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

4. Uses a culturally competent approach to conceptualizing clients' needs and developing individual treatment plans.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

5. In supervision, recognizes and openly discusses limits to competence with diverse clients.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective C: Demonstrates an awareness of own cultural and ethnic background.**

**Competencies:**

1. Accurately self-monitors own responses to differences, and differentiates these from client responses.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Is aware of own cultural background and uses supervision well to examine this in psychological work.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

3. Readily acknowledges own culturally based assumptions when these are identified in supervision and works to reduce the impact of these assumptions on clinical work.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Average Score for Broad Competency:**

**Goal 4: Interns will achieve competence appropriate to their professional developmental level in the area of Assessment and Diagnosis.**

**Objective A: Demonstrates diagnostic skills.**

*Competency:*

1. Demonstrates a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B: Effectively selects and administers psychological test.**

***Competencies:***

1. Autonomously selects reliable and valid measures that reflect an awareness of the population being served, including an awareness of culturally sensitive instruments and norms.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

2. Proficiently and efficiently administers selected psychological assessments.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

3. Collects accurate and relevant data through use of assessment tools, structured and semi-structured interviews, and mini mental status exams in order to answer referral questions.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective C: Accurately interprets psychological tests.**

***Competency:***

1. Accurately interprets and integrates test results prior to supervision session.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective D: Demonstrates skill in the area of assessment writing.**

**Competencies:**

1. Reports include a discussion of the strengths/limitations of the assessment measures as appropriate.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Relevant test results are woven into reports as supportive evidence.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Reports are thorough, follow a coherent outline and provide meaningful recommendations.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective E: Demonstrates skills in providing feedback to others.**

**Competencies:**

1. Writes an effective comprehensive report.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Effectively communicates results verbally to all appropriate parties.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Average Score for Broad Competency:**

**Goal 5: Interns will achieve competence appropriate to their professional developmental level in the area of psychotherapeutic intervention.**

**Objective A: Engages in effective communication with clients.**

**Competencies:**

1. Communicates clearly and effectively with clients.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Sets realistic goals with clients.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Generally appears comfortable and relaxed when working with youth/families

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

- Handles anxiety-provoking or awkward situations adequately and demonstrates an understanding of diverse viewpoints in challenging interactions.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B: Demonstrates skills in case conceptualization and creation of effective treatment goals.**

***Competencies:***

- Independently produces good case conceptualizations within own preferred theoretical orientation while also drawing insights from other orientations as applicable.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Treatment plans incorporate relevant clinical symptoms, as well as familial, environmental, and developmental factors.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Treatment goals are clearly stated in treatment plans, and goals and interventions are modified according to client's progress and response to treatment.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective C: Understands and utilizes theories and methods of empirically based / supported treatments.**

***Competencies:***

- Applies evidence-based practices to clinical work with youth and families.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Utilizes evidence-based practices to facilitate client acceptance and change.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

- Compares and contrasts evidence-based practices with other theoretical perspectives and interventions in case conceptualization and treatment planning.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective D: Demonstrates effective use of emotional reactions in therapy (counter-transference).**

***Competencies:***

- During session, uses counter-transference to formulate hypotheses about client's current and historical social interactions, and presents appropriate interpretations and interventions.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

2. Able to identify own issues that impact the therapeutic process and generate ideas for coping with them.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective E: Demonstrates skills for preparing and conducting group therapy.**

***Competencies:***

1. Elicits participation and cooperation from all members and confronts group problems appropriately.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Independently prepares for each session with little or no prompting.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Average Score for Broad Competency:**

**Goal 6: Interns will achieve competence appropriate to their professional developmental level in the area of scholarly inquiry & the application of current scientific knowledge to clinical practice.**

**Objective A: Demonstrates the ability to independently seek current scientific knowledge relevant to practice.**

***Competencies:***

1. Demonstrates being a critical consumer of research.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

2. Demonstrates increased knowledge and expanded range of interventions through scientific reading, supervision, and consultation.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

3. Articulates support for issues derived from the literature.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

4. Demonstrates the ability to integrate current scientific knowledge relevant to practice into scholarly/community presentations.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

Average Score for Broad Competency:

**Goal 7: Interns will achieve competence appropriate to their professional developmental level in the areas of supervision, consultation, & evaluation.**

**Objective A: Demonstrates knowledge of theories and methods of consultation.**

***Competencies:***

1. Effectively seeks and utilizes consultation appropriately.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

2. Demonstrates understanding of models of consultation.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

3. Demonstrates knowledge of the consultant's role as distinguished from other professional roles.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

4. Relates well to those seeking consultation and is able to provide appropriate and effective feedback.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B: Demonstrates knowledge of theories and methods of supervision.**

***Competencies:***

1. Effectively seeks and utilizes supervision as appropriate.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

2. Demonstrates knowledge of models of supervision.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

3. Demonstrates knowledge of how supervisory relationships can be used to assist supervisees in their professional development.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*





## Competency Assessment Summary Sheet

**Intern's strengths:**

**Areas for additional development or remediation, including recommendations:**

**Expectations for intern evaluations done at midpoint of the internship:**

- A minimum level of achievement on each evaluation is defined as an average rating of “3” for each broad competency domain. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values:
  - 1= Development Needed
  - 3= Meets Expectations
  - 5= Exceeds Expectations
- If an intern receives an average rating of less than “3” on any broad competency domain, or if supervisors have reason to be concerned about the intern’s performance or progress, the program’s Due Process procedures will be initiated.

**Expectations for intern evaluations done at completion of the internship:**

- A minimum level of achievement on each evaluation is defined as an average rating of “3” for each broad competency domain. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values:
  - 1= Development Needed
  - 3= Meets Expectations
  - 5= Exceeds Expectations
- **End-of-Year Administrative Action:**  Pass  Fail  Other (*describe on separate sheet of paper*)

<b>Number of training hours this rotation:</b>	<b>Total number of hours of internship:</b>
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**Trainee comments regarding competency evaluation (Optional):**

\_\_\_\_\_  
Psychology Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daniel Hoard, Ph.D.

\_\_\_\_\_  
Date

License 34164

Training Director

Travis County Juvenile Probation Dept.

**Internship Program Evaluation**

Circle One:      First Rotation                  Second Rotation

Intern Name: \_\_\_\_\_ Date: \_\_\_\_\_

Along with other quality assessment and improvement activities related to the internship, we ask that you provide us with feedback on your training experience. This feedback will assist us in program development efforts and in planning future internship activities. Please rate each of the following aspects of the internship program using the following scale:

1= Needs Improvement    2 = Satisfactory    3 = Good    4 = Excellent

I. Didactics & Supervision:

- a. Clinical Issues Seminar:                                  1    2    3    4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
  
- b. Psychodiagnostic Seminar:                                1    2    3    4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
  
- c. Cultural Diversity Seminar:                                1    2    3    4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
  
- d. Individual Supervision:                                    1    2    3    4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
  
- e. Group Supervision:                                         1    2    3    4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

## II. Overall Quality of Training in Areas of Professional Functioning

Please use the following scale to describe your training in each of the areas below:

**1** = Needs Improvement   **2** = Satisfactory   **3** = Good   **4** = Excellent

- a. Professional Conduct & Ethics: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- b. Professional Development: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- c. Individual and Cultural Diversity: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- d. Psychological Diagnosis & Assessment: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- e. Effective Psychotherapeutic Intervention: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- f. Scholarly Inquiry & Application: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_
- g. Consultation & Supervision: 1 2 3 4  
Comments/Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

h. Psychology & Juvenile Justice: 1 2 3 4  
Comments/Recommendations:

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i. Teaching: 1 2 3 4  
Comments/Recommendations:

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### III. Rotations

Please use the following scale to describe your experiences on each rotation:

1 = Needs Improvement 2 = Satisfactory 3 = Good 4 = Excellent

Rotation: (Please specify): \_\_\_\_\_

Helpfulness of supervision	1	2	3	4
Availability of supervisor	1	2	3	4
Supervisor as role models	1	2	3	4
Frequency of supervision	1	2	3	4
Intern's satisfaction with supervision	1	2	3	4
Effectiveness of teaching	1	2	3	4
Breadth of clinical assessment experience	1	2	3	4
Breadth of clinical intervention experience	1	2	3	4
Balance between assessment and therapy	1	2	3	4
Intern's satisfaction with number of client contacts	1	2	3	4
Intern's satisfaction with types of training activities	1	2	3	4
Relevance of training to personal professional objectives	1	2	3	4
Clarity of expectations and responsibilities for intern	1	2	3	4
Role of intern on rotation	1	2	3	4
Overall rating	1	2	3	4

Case load was appropriate to meet educational needs: \_\_\_ Yes \_\_\_ No

Clinical services were coordinated with training activities of internship: \_\_\_ Yes \_\_\_ No

Strengths of rotation:

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Suggestions for enhancing rotation:

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## Evaluation of Supervisor

Circle One:      First Rotation      Second Rotation

Intern Name \_\_\_\_\_ Date: \_\_\_\_\_

Along with other quality assessment and improvement activities related to the internship, we ask that you provide us with feedback on your supervision experience. This feedback will assist us in program development efforts and in enhancing the supervisory experience. Please rate each of the following aspects of your supervision using the following scale:

1= Needs Improvement/Unsatisfactory    2 = Satisfactory    3 = Appropriate & Effective    4 = Major Strength

### I. Relationship Created by the Supervisor:

- |  |   |   |   |   |
|--|---|---|---|---|
| a. Utilizes effective listening skills:                              | 1 | 2 | 3 | 4 |
| b. Demonstrates empathy:   | 1 | 2 | 3 | 4 |
| c. Expresses genuineness:  | 1 | 2 | 3 | 4 |
| d. Demonstrates a willingness to confront:                           | 1 | 2 | 3 | 4 |
| e. Creates and maintains a safe and supportive learning environment: | 1 | 2 | 3 | 4 |
| f. Conducts supervision at a comfortable pace:                       | 1 | 2 | 3 | 4 |
| g. Demonstrates a balance of challenge and support:                  | 1 | 2 | 3 | 4 |
| h. Encourages independent thinking and action:                       | 1 | 2 | 3 | 4 |
| i. Provides positive reinforcement:                                  | 1 | 2 | 3 | 4 |

### II. Focus on the Client:

- |  |   |   |   |   |
|--|---|---|---|---|
| a. Assists in case conceptualization:                                      | 1 | 2 | 3 | 4 |
| b. Assists in clinical diagnosis:  | 1 | 2 | 3 | 4 |
| c. Offers general strategies for therapy or assessment:                    | 1 | 2 | 3 | 4 |
| d. Provides insight into client dynamics:                                  | 1 | 2 | 3 | 4 |
| e. Provides specific suggestions and responses:                            | 1 | 2 | 3 | 4 |
| f. Demonstrates or role plays techniques of alternative responses:         | 1 | 2 | 3 | 4 |
| g. Gives feedback on treatment plans, notes, and other documentation:      | 1 | 2 | 3 | 4 |
| h. Encourages exploration of theoretical perspectives:                     | 1 | 2 | 3 | 4 |
| i. Facilitates focus on the process of therapy in addition to the content: | 1 | 2 | 3 | 4 |

Comments/Recommendations: \_\_\_\_\_

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Thank you for completing this evaluation.  
We appreciate your feedback!

***Psychology Internship Program: Mid-Rotation Evaluation***

Intern:  
Rotation:  
Supervisor:  
Dates of Rotation:

I have reviewed the competency areas on the *Psychology Intern Competency Evaluation* form with my supervisor and received verbal feedback regarding my performance thus far on this rotation. The feedback discussed reflected what would be written if this were the completion of the rotation.

Based on this verbal feedback and a review of my *Individual Training Plan* (created at the start of the rotation), my supervisor and I revised my training plan as needed and desired.

\_\_\_\_\_  
Psychology Intern Signature/Date

\_\_\_\_\_  
Rotation Supervisor Signature/Date

## APPENDIX G: Available Assessment Measures

### I. Cognitive

- a. Wechsler Intelligence Scale for Children-V (WISC-V)
- b. Wechsler Abbreviated Scale of Intelligence-2 (WASI-2)
- c. Wechsler Nonverbal Scale of Ability (WNV)
- d. Wide Range Assessment of Memory and Learning-2 (WRAML-2)
- e. (Adaptive Behavior) Vineland

### II. Achievement

- a. Wechsler Individual Achievement Test-III (WIAT-III)
- b. Wide Range Achievement Test (WRAT)

### III. Language

- a. Receptive and Expressive One-Word Picture Vocabulary Tests

### IV. Behavioral/Emotional

- a. Trauma Symptom Checklist for Children (TSCC)
- b. Adolescent Anger Rating Scale (AARS)
- c. Child Behavior Checklist (CBCL) (English and Spanish versions; *have Computer-based Scoring System*)
- d. Adaptive Behavior Assessment System, Third Edition (ABAS-3) (English and Spanish versions)
- e. Youth Self-Report (YSR) (English and Spanish versions; *have Computer-based Scoring System*)
- f. MACI (English and Spanish versions; *have Computer-based Scoring System*)
- g. MMPI-A (English and Spanish versions; *have Computer-based Scoring System*)
- h. Personality Assessment Inventory – Adolescent (PAI-A) (*Have Computer-based Scoring System*)
- i. Jesness-R
- j. Incomplete Sentence Task
- k. Structured Assessment for Violence Risk in Youth (SAVRY)

### V. Neuropsych

- a. NEPSY-II
- b. Beery Test of Visual Motor Integration (VMI)

## APPENDIX H: Commonly Used Acronyms

As with any institution or agency, there are many acronyms used throughout the juvenile probation department. To help you navigate this new language, we have compiled a list of the more commonly used acronyms/abbreviations. Please note this is not an exhaustive list of acronyms (you may come across others).

- AAMA: Association for the Advancement of Mexican Americans
- ACA: American Correctional Association
- ACGC: Austin Child Guidance Center
- ADA: Assistant District Attorney
- ADJ: Adjudicated
- AGO: Agreed Orders
- AISD: Austin Independent School District
- ALC: Alternative Learning Center
- ANE: Abuse, Neglect, and Exploitation
- APD: Austin Police Department
- ARD: Admission, Review, and Dismissal Committee
- ASH: Austin State Hospital
- ATCAP: Austin Travis County Advocacy Program
- ATCIC: Austin Travis County Integral Care
- BHH: Boys Halfway House
- CASA: Court Appointed Special Advocates
- CASI: Comprehensive Adolescent Severity Instrument
- CBR: Can be Released
- CDE: Chemical Dependency Education
- CHILL: Choosing How I Live Life
- CICC: Clean Investment Counseling Center
- CINS: Child in Need of Supervision
- CIS: Communities in School
- CLASS: Community Service and Life Skills Alternative to School Suspension
- CPC: Children's Partnership Community
- COP: Conditions of Probation
- COPE: Collaborative Opportunities for Positive Experiences
- CPS: Child Protective Services
- CRCG: Community Resource Coordination Group
- CSR: Community Service Restitution
- CW5: Caseworker 5
- DOA: Date of Admission
- DEP: Day Enrichment Program
- DFPS: Department of Family Protective Services
- DH: Detention Hearing
- DHHS: Department of Health and Human Services
- DSHS: Department of State Health Services

- DO: Duty Officer
- DPU: Deferred Prosecution Unit
- DTA: Directive to Apprehend
- ED: Emotionally Disabled
- EM: Electronic Monitor
- FTA: Failure to Appear
- FPP: Family Preservation Program
- GAIN: Global Appraisal of Individual Needs Assessment
- GAL: Guardian Ad Litem
- GB: Gardner-Betts
- HX: History
- ISC: Intermediate Sanction Center
- IOP: Intensive Outpatient Program
- ISP: Intensive Supervision Program
- JAM: Juvenile Anger Management
- JDC: Juvenile Drug Court
- JDO: Juvenile Detention Officer
- JJAEP: Juvenile Justice Alternative Education Program
- JJAT: Juvenile Justice Association of Texas
- JPD: Juvenile Public Defender
- JPO: Juvenile Probation Officer
- LCDC: Licensed Chemical Dependency Counselor
- LD: Learning Disabled
- LPC: Licensed Professional Counselor
- LRE: Law Related Education
- LSOTP: Licensed Sex Offender Treatment Provider
- MAYSI-2: Massachusetts Youth Screening Instrument-2
- MHA: Mental Health Assessment
- MTM: Motion to Modify
- NCC: Neighborhood Conference Committee
- OPADC: Original Petition Alleging Delinquent Behavior
- PACT: Positive Achievement Change Tool
- PAH: Probation at Home
- PMC: Permanent Managing Conservatorship
- PSD-C: Pathways to Self-Discovery and Change
- PIR: Preliminary Investigative Report
- POCS: Possession of a Controlled Substance
- PREA: Prison Rape Elimination Act
- PRT: Primary Restraint Technique
- R: Respondent
- R/C: Recall
- R/S: Reset
- RSAT: Residential Substance Abuse Treatment
- RTC: Residential Treatment Center

- RTO: Residential Treatment Officer
- SIR: Serious Incident Report
- SAVRY: Structured Assessment of Violence Risk in Youth
- SO: Sex Offender
- SOY: Save Our Youth
- SNDP: Special Needs Diversionary Program
- SP: Suicide Precaution
- SRO: School Resource Officer
- SRTO: Senior Residential Treatment Officer
- SSP: Sanction Supervision Program
- SUS: Substance Use Survey
- SW: Suicide Watch
- SW KEY: Southwest Key (monitor program)
- TAP: Theatre Action Project
- TARGET: Trauma Affect Regulation: Guide for Education and Therapy
- TCCC: Travis County Counseling Center
- TCJPD: Travis County Juvenile Probation Department
- TCOOMI: Texas Council on Offenders with Mental Illness
- TJDA: Texas Juvenile Detention Association
- TJJD: Texas Juvenile Justice Department
- TOR: Time out room
- TSCO: Travis County Sheriff's Office
- TTM: Treatment Team Meeting
- TX: Treatment
- T4C: Thinking for a Change
- UA: Urinalysis
- UUMV: Unauthorized Use of Motor Vehicle
- VOP: Violation of Probation
- WAP: Worker's Assistance Program
- YLS-CMI-2.0: Youth Level of Service/Case Management Inventory 2.0
- YOQ 2.0: Youth Outcomes Questionnaire 2.0