Psychology Internship Training Program Handbook

The Children's Center Utah
3725 West 4100 South
West Valley City, UT 84120

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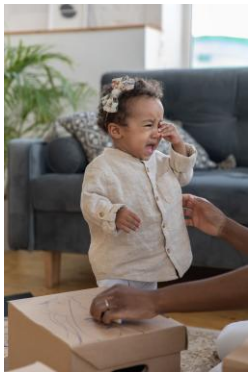

A Day at The Children's Center Utah

The stress in their voices is unmistakable. The pain that accompanies their words resonates in our hearts. For most, weeks or possibly months went by before they could get themselves to pick up the phone and call The Children's Center Utah for help. They agonize over whether their child really has a problem. They dread being told that their caregiving skills are to blame. They worry that grandma's, or the sitter's, or the childcare worker's diagnosis might be right. They fear that the divorce will leave the child scarred for life. Some are terrified to admit that they find caring for their child exhausting and are consumed with guilt when they allow feelings of great animosity toward the child to float to the surface of their consciousness. Some are in a dire crisis because their child has just been expelled from preschool (again) and will not be allowed to return until they have gotten help.

The collective pain is sometimes palpable within the walls of The Children's Center Utah. The anguish can be seen on the faces of caregivers during their visits. Some sit in silence and some play anxiously with their children. Others begin to relax, relieved to find a calm moment knowing that their story will be heard and that, together, we'll find a way to ease the stress at home. For families already engaged in treatment, The Children's Center Utah staff has offered a beacon of hope and they are often overheard exclaiming their trust in us to the newer, anxious caregivers.

When the therapists greet the families, their faces show relief. The children smile and run ahead to the office, eager to explore the toy they played with during the last visit. The caregivers settle into a chair ready to recount the highs and lows of their week. Some cry as they talk about their fears, anxieties, and worries. Some shout as they talk about loss, anger, and deep unremitting frustration. The therapists listen, reflect, offer insight, process feelings, help create new understandings, and offer hope. For those accessing treatment virtually, caregivers are pleasantly surprised about the level of support and comfort offered to them through the telehealth modality.

The group therapists are seen hugging the child who is filled with delight because they are graduating from their therapeutic preschool therapy group. The caregivers beam with pride and satisfaction because life is no longer filled with so much strife. Even their relatives and closest friends comment about having seen the remarkable changes in their

child. And the daycare staff is welcoming their child back with open arms! The child's mother reaches out to her therapist; she pauses but then decides to go ahead and give her a hug because she can't hold back her deep appreciation and the warm feelings that have developed over many months. The therapist reminds her that she can call anytime if she needs help in the future. As the family heads toward their car the staff takes a moment to reflect on how much they will miss the family and share brief anecdotes about something the child would always say or do that would make them laugh.

As the therapist heads back to the office, the phone rings. She takes a deep breath before picking up the receiver. The mother on the line is desperate. There's chaos in the background; children are yelling, it sounds like another is crying. "I'm at my wit's end and I really need help. I know we don't have an appointment scheduled until next week but I don't know who else to call" she utters, her voice cracking. The therapist takes a deep breath and lets the mother know that she is glad she called. The therapist reaches for a pen and paper to take some notes . . .

Referrals

As a private, non-profit agency, The Children's Center Utah provides services to all families regardless of their ability to pay. The Children's Center Utah receives approximately 1500 referrals during a typical year. The referrals come from numerous sources including:

- Pediatrician/ Family Practice Physicians
- Family/ Friends
- Present/ Former Clients
- Social Agencies
- Division of Child & Family Services
- News Media Reports
- Childcare Centers/ Preschools/ Head Start
- Other/ Misc.

Assessments

Children arrive at The Children's Center Utah frightened, anxious, and scared. They often don't trust adults to be reliable caregivers. They often don't feel a sense of safety or security and have a hard time focusing on more typical activities of childhood. Their caregivers, frustrated by months of aggravation, frustration, and their own stress, have little left to give. The whole family seems desperate for help.

During our history, tens of thousands of children have walked through our doors, each with their own unique story. They have been greeted by the warm, reassuring smile of a team of office support staff, clinicians, and group facilitators ready to give themselves to help the child and their family get back on track.

When children and families come to TCCU, we provide a thorough Mental Health Assessment. Depending on the family's needs, we may schedule a psychological or psychiatric evaluation to clarify the child's diagnosis and assist with treatment planning. Our treatment focuses on the child but always incorporates the child's caregivers and family system. We know that we cannot "change" a child. Their families are often struggling with divorce, intergenerational poverty, violent neighborhoods, drug and alcohol problems, and other mental health issues. We never ignore these problems. Instead, interns are taught to carefully assess the family system and provide family focused treatment to help develop a strong foundation upon which the child can rely to begin to heal. Because of this philosophy, interns often work with a number of their families on their caseload for the duration of the internship. We believe that exposure to long-term models is a critical component of an internship experience that prepares students for a professional career with families.

During the internship, students learn to evaluate the impact of negative life experiences on young children and their families. They learn to assess Autism Spectrum Disorder and work with the impact of the diagnosis on the caregivers. Interns assess and treat children with caregiver-child relational issues, anxiety, depression, behavioral difficulties, and Attention-Deficit/Hyperactivity Disorder. In addition, students learn to help families manage sleep issues, toileting problems, and appetite concerns. Attachment theory and its clinical application are of primary interest to the clinical staff at The Children's Center Utah.

Therapeutic Preschool Program

Our therapeutic preschool groups provide intensive care (group therapy) for children who have been unable to succeed in regular childcare programs. The children are transported to our building and attend groups from either 9 am to 12 pm, or from 12 pm to 3 pm. The groups are composed of two therapeutic preschool facilitators and nine children. The children receive treatment five days a week and are with us for an average of nine months. While the children are in the therapeutic preschool program their families also participate in outpatient family therapy.

We invite you to look through our brochure and encourage you to call us if you have any additional questions about our program.

We believe we have developed an enriching, exciting, and challenging program. We hope that this piques your interest and that you will continue to carefully read this brochure and let us know how our program meets your training needs. On behalf of the training committee, we look forward to reviewing your application. Please know that we appreciate the time you will invest in completing this application and thus we will carefully review your entire application.

The Children's Center Utah
Psychology Internship Training Program

Thank you for your interest in a psychology internship at The Children's Center Utah. By way of background, we are a private, non-profit agency dedicated to the treatment of families with young children struggling with emotional and behavioral difficulties. We see children and families from every zip code in the Salt Lake Valley as well as drawing clients from surrounding counties.

Through our over 60-year history, The Children's Center Utah has grown to be the largest agency of our type in the region. We receive approximately 1500 referrals annually and see over 300 children each year in our Therapeutic Preschool Program. Over the years we have continually expanded our programs to meet the increasing demands of the local population. In addition, TCCU is the state's expert in infant and early childhood mental health and provides training and consultation to early childhood providers throughout the state.

The Children's Center Utah was awarded SAMHSA grants in 2009, 2012, and 2022 which allowed us to become members of the National Child Traumatic Stress Network (NCTSN). The Children's Center Utah is proud to continue to be a partner with the NCTSN. As a nationally and locally recognized trauma-informed treatment center, interns will receive training and supervision in providing evidence-based trauma treatments (EBTs): Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Attachment, Regulation, and Competence (ARC), and receive exposure to other EBTs including Attachment and Biobehavioral Catchup (ABC).

Program Goals and Content of Training

The Children's Center Utah currently operates from one location in West Valley City, which is where all four interns will be placed for the 2026-2027 academic year. The goal of our internship program is to develop professional, competent, ethical individuals who can enter the practice of psychology with the ability to assess, diagnose, and treat families with children who are struggling with emotional and behavioral problems. To that end, interns work with children with singular and complex trauma, and children with mild to severe emotional and behavioral problems spanning the range of early childhood diagnoses.

Interns receive intensive training throughout the year on the assessment of young children through our Assessment Clinic. This includes how to select an appropriate battery of tests to evaluate disorders of early childhood, including autism. Our psychological assessment program serves, but is not limited to, providing supports in the following: differential diagnoses, case conceptualization, and treatment planning.

Interns receive intensive training throughout the year on a breadth of interventions. The use of evidence-based treatments for treating trauma, including Trauma Focused – Cognitive Behavior Therapy (TF-CBT), Child Parent Psychotherapy (CPP), Attachment, Self-Regulation, and Competency (ARC), is a primary focus of the internship. Interns gain exposure to other evidence-based treatments including Attachment and Biobehavioral Catch-up (ABC), Facilitating Attuned Interactions (FAN), and Child-Adult Relationship Enhancement (CARE). The training program also guides interns in the application of attachment theory to clinical practice. Training in behavioral and cognitive strategies to assist families struggling with children's emotional and behavioral problems is also a focus of the internship.

To effectively prepare interns to enter the workforce as professionals we spend time on ethical issues, working within the legal system with cases, and building professional relationships with colleagues and outside agencies. Interns learn to consult with our partner child-serving agencies, childcare centers, schools, and the Division of Child and Family Services during the year. To prepare interns to assume a supervisory role, we offer opportunities to assist with supervision of one of our Therapeutic Preschool groups.

We are committed to preparing interns to work effectively with families from a range of backgrounds and life experiences. During orientation, interns participate in a series of activities and trainings designed to help them provide responsive and ethical care to the populations served at TCCU. These trainings include attention to clinical considerations relevant to the varied values, traditions, and needs of families in our community. Didactic seminars throughout the year address topics such as the influence of family systems, language differences, belief structures, and community factors on clinical work. Interns are introduced to conceptual frameworks such as the Hay's ADDRESSING model, strategies for reflective practice, and case conceptualization approaches that consider relevant contextual influences. Interns explore these themes further during individual and group supervision. Interpreters are made available for families who do not use English as their primary language, and interns are trained to incorporate interpreters into sessions while maintaining appropriate boundaries and confidentiality.

Our focus is on assisting interns in their professional development by providing intensive training, which includes supervision, didactics, and regular consultation with the clinical team. Our clinical team at The Children's Center Utah consists of interdisciplinary professionals, including bilingual clinicians and other staff members. Members of our clinical team include licensed psychologists, clinical mental health counselors, licensed social workers, marriage and family therapists, speech-language pathologists, and psychiatrists. Our primary theoretical focus utilizes attachment theory as the foundation upon which we conceptualize case formulations. The application of attachment theory to clinical practice is a thread that runs throughout the training year to guide and inform our relationship-based treatments with children and families. A combination of caregiver-child therapy, individual child therapy, and intensive treatment through our daily therapeutic preschool groups are used to meet the needs of our clientele. By the end of the year our interns demonstrate the necessary skills to assess and treat children and families with a wide range of emotional and behavioral disorders.

During the training year interns gain exposure to many of the DSM-5-TR and DC 0-5 disorders diagnosable in young children. Interns receive training in areas critical to their professional development as a psychologist, including: Research; Ethical and legal standards; Contextual and relational factors; Professional values, attitudes, and behaviors; Communication and interpersonal skills; Assessment; Intervention; Supervision; and Consultation and interprofessional/interdisciplinary skills.

A typical 40-hour week finds interns attending and participating in:

- Direct therapy and assessment (10-15 hours)
- Psychological Didactic Training Seminars (2 hours)
- Clinical Team Meetings (2 hours)
- Individual Supervisions (2 hours)
- Group Supervisions (2 hours)
- Peer Consultation (2 hours)
- Paperwork, Collateral contacts, etc. (10-15 hours)
- Therapeutic Preschool Observations/Interventions (up to 3 hours)
- Co-supervision of a Therapeutic Preschool Group (1 hour)

Internship Policies

Supervision Requirements Policy

Good training is best accomplished in an atmosphere of mutual respect between staff and interns. We believe that the best learning environment is one in which one learns by doing and where learning is fun. We attempt to create such a learning environment by treating interns as colleagues.

The core of the training program is the supervised clinical experience that challenges the intern to expand their conceptual and practical skills in the assessment and treatment of psychological disorders of young children. Interns receive a minimum of four hours of supervision each week. Interns receive a **minimum of two hours of individual supervision** each week with licensed psychologists. Interns receive **two hours of group supervision** with a staff psychologist, postdoctoral psychology resident, and other licensed clinicians each week. Each intern has one primary supervisor who oversees both clinical intervention and psychological evaluations. This component of the training program provides additional support for the intern cohort and fosters collegial relationships and collaborative interactions. The focus of group supervision is on assessment, diagnostics, intervention, or provision of supervision. The rationale for having the group supervision is that interns frequently provide feedback that their learning is deeply enriched when they take part in the group supervision process. They are not only able to learn from the supervision for their own cases, but they are also able to learn from each other in the group format.

In addition, we provide an opportunity for interns to co-supervise a group of paraprofessionals from the Therapeutic Preschool Program; further opportunities to co-supervise a practicum student receiving training at The Children's Center Utah may also

be available, depending on the training year. Finally, interns participate in two hours of weekly didactic seminars focused on issues relevant to therapy, psychological evaluations, and other training topics relevant to their work. The interns are considered to be full members of our clinical team. As such, they also attend weekly clinical meetings and our monthly professional training where we highlight training, technical support, multidisciplinary collaboration, and process challenging cases and present trauma treatment information.

The TCCU Psychology Internship Program utilizes tele supervision on a limited, supplemental basis. Tele supervision is defined as supervision of psychological services conducted via synchronous audio and video format when the supervisor and intern are not in the same physical location. At TCCU, tele supervision is conducted through Microsoft Teams and may occur when an intern or supervisor is working remotely due to illness, inclement weather, or approved remote work arrangements. Individual tele supervision does not exceed one hour per week of required individual supervision; group supervision via tele supervision occurs infrequently. The content, structure, and expectations of supervision remain the same regardless of modality. The program's full tele supervision protocol, including platform requirements, intern eligibility, and accessibility provisions, is provided in Appendix A: Telesupervision Protocol.

Selection and Academic Preparation Requirements Policy

Our deadline for receipt of applications is **November 6, 2026**. The training program uses a standard Applicant Rating Form to review each application. At least two members of the Training Committee review each application. The rating form assesses a variety of factors that are directly linked to goodness of fit with our training program. The Training Director compiles the data and reviews it with the Training Committee. The Training Committee decides by consensus vote whether the applicants are invited for an interview.

We notify applicants by e-mail on or before **December 10, 2026,** whether they will be invited for an interview. You may call our office on or after December 10, 2026, to ascertain the status of your application. Due to wanting to provide equitable access to interviews for all applicants, we use an exclusively virtual interview. We ask selected applicants to join us electronically for a full-day interview to meet our Training Committee and have an opportunity to interact directly with our current psychology interns and residents. A video tour of our facility will also be provided during the interview.

During the interview process, the Training Committee evaluates applicants for goodness of fit using a standard Applicant Interview Rating Form. The interview-based rating form assesses applicant's prior experience, skills, and interests. In addition, ratings based on interpersonal skills and interactions with others are assessed, including impressions regarding their ability to work within an interdisciplinary team, and how they communicate with others. After all interviews are completed, the Training Committee meets to discuss and rank the applicants. The Training Director provides summary scores for each applicant interviewed and each member of the Training Committee is afforded an opportunity to weigh in on their impressions and experiences with each applicant interviewed. Final rankings are by consensus with all members of the Training Committee.

The Children's Center Utah will offer two scheduling options for the virtual interview to work flexibly with applicants' schedules. Applicants unable to attend either are welcome to contact the Training Director to explore alternative options. The Children's Center Utah Psychology Internship training program adheres to the procedures outlined by APPIC for the recruitment and selection of doctoral interns. Furthermore, this site agrees to abide by the APPIC policy that no person at this training site solicits, accepts, or uses any ranking-related information from any internship applicant.

The Children's Center Utah employs two full-time interns annually. Placements are offered to students from clinical, counseling, or school psychology doctoral programs. The following are specific guidelines followed for intern selection:

- Applicants must be enrolled in a clinical, counseling, or school psychology doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education.
- Applicants must have successfully passed their doctoral program's Comprehensive Exams by the program's application deadline.
- For applicants enrolled in universities that require a dissertation or doctoral project, completion of the proposal is required prior to starting internship. Completion of the project or defense of the dissertation prior to beginning internship is strongly preferred. Applicants who defend their dissertation prior to internship will be given special consideration.
- The program recommends at least 400 intervention hours and at least 100 assessment hours. Applicants who do not meet the minimum hourly recommendations and are considering applying must explain their lower hours in their cover letter.
- Applicants must express interest in working with children and families.
- Applicants must demonstrate direct care practicum experience (e.g., therapy and psychological assessment) that includes work with children and/or families.
- Due to the age of the population we work with, interns selected for the internship must satisfactorily complete a criminal background check. The Utah Division of Occupational and Professional Licensing sets the standards and determines the criteria for background checks. The standards and procedures used are described in Utah Code Ann. 62A-2-120 through 122 and R501-14. Information regarding the state's required background checks can be found at https://rules.utah.gov/publicat/code/r501/r501-14.htm
- Preference is given to applicants whose program is also accredited by the American Psychological Association. Alternatively, applicants from programs accredited by the Canadian Psychological Association will also be considered.
- Applicants demonstrating academic and practicum experiences with an emphasis on young children and families will be given special consideration.

Salary, Benefits, and Resources Policy

The internship stipend is $34,000 and is paid in equal installments over 24 semimonthly pay periods. Interns who are bilingual/ multilingual and speak the language of those in the communities we serve, will be offered an increased stipend of $35,700.

With the IRS ruling of 1983, stipends are no longer tax-free; they are taxed as regular income. Both Federal and State taxes are deducted.

Interns complete a 12-month, full-time (40 hours per week) internship totaling approximately 2,000 hours; the actual total varies based on the internship calendar, including federal holidays and scheduled agency closures observed by TCCU.

Throughout the year, interns may request time off to be approved by the Psychology Internship Training Director. TCCU recognizes that interns may wish to attend additional conferences or trainings provided by other organizations. TCCU does not provide financial assistance to attend such events but offers support to interns choosing to use approved time off to attend conferences.

Each intern is given an office and all equipment, furniture, and other materials (e.g., desk, chairs, computer, phone, printer, pens, paper, etc.) necessary to fulfill assigned duties. The organization also provides interns with toys, books, and other materials that can be used in working with children. The training program provides all the necessary testing kits, protocols, and scoring materials interns need to conduct psychological evaluations with our clientele. Interns have access to administrative and office support staff for help with scheduling and other issues, including information technology problems. Any training materials deemed necessary (e.g., manual for an evidence-based treatment) are provided by The Children's Center Utah at no cost to interns. Interns are also able to access a treatment room equipped with audio and visual recording equipment so that therapy and assessment sessions can be recorded and reviewed in supervision.

Given our focus on early childhood, we recognize the importance of providing care for young children. With that in mind, we aim to be compassionate and understanding around the needs of interns in providing care for their own child. The Children's Center Utah does not have a comprehensive policy around parental leave and instead chooses to work collaboratively and creatively with each intern to find a mutually beneficial solution. The agreed upon solution considers all facets, including (but not limited) the following: allowing for sufficient time to bond with new children, healing from delivery, establishing breastfeeding, and managing postpartum issues. TCCU also ensures that the intern is able to satisfactorily complete all requirements for the program's internship.

Equal Opportunity

The Children's Center Utah serves families with a wide range of backgrounds, including variation in socioeconomic status, language, country of origin, and family structure. Many of our clients speak languages other than English, and some have resettled from other countries. Our program seeks interns who are open, respectful, and responsive to the needs of the families we serve. Applicants from all backgrounds are welcome to apply. Selection into our training program is based solely on qualifications and fit with program goals; no applicant is excluded based on personal characteristics unrelated to success in the internship.

The Children's Center Utah is committed to equal opportunity in employment and training. All aspects of employment—including hiring, job assignment, pay, promotion,

transfer, demotion, and discipline—are determined without regard to race, color, religion, age, gender, sexual orientation, national origin, language, ancestry, or disability that does not prevent performance of essential job functions.

Intern Evaluation and Record Maintenance Policy

Minimum Requirements for Successful Internship Completion

Interns are responsible for tracking and maintaining accurate records of their own hours throughout the internship year. The following minimum requirements must be met for successful completion of the internship program:

- Internship appointments are for a continuous 12-month period beginning on July 16, 2026, and ending on July 15, 2027.
- A minimum of 2,000 accrued hours credited to the Internship (post-practicum and pre-doctorate) are required for Utah State licensure.
- A minimum of 375 direct (face-to-face) service hours. This floor reflects the realistic impact of federal holidays, scheduled agency closures, approved time off, and the time required to establish a clinical caseload at the start of the training year. Utah licensure does not specify a minimum number of direct service hours for the internship period; this is a program requirement.
- A minimum of 10 completed psychological evaluations.

If the requirements in the intern's program or state in which they will seek licensure exceed these minimums, it is the responsibility of the intern to find this information and work with their supervisor to develop a plan to meet those requirements.

Program Expectations

- To support a more robust training experience and meet the needs of the children and community, the following program expectations are outlined:
- Interns are expected to average 10–15 direct service and assessment hours per week at full caseload capacity. This expectation accounts for the full internship calendar, including federal holidays, scheduled agency closures, and the caseload-building period at the start of the year, and serves as the basis for monitoring adequate progress toward the 375-hour minimum.
- Interns are scheduled for approximately 20 psychological evaluations over the course of the internship year (approximately two per month) and are expected to complete evaluations as scheduled. The program recognizes that referral fluctuations, cancellations, and individual training circumstances may affect the total number of completed cases. Interns who fall below the expected pace will receive feedback from their supervisor and the Training Director, and a plan will be developed to support adequate progress toward the minimum requirement.

Evaluation Process:

During orientation week, interns review copies of all evaluation forms used by the training program. The Training Director explains the contents of each evaluation and answers questions to ensure interns understand the training program's goals and expectations for their performance. With support from supervisors, interns also identify a specific goal for them to focus on each quarter for both assessment and therapy. Supervisors assess intern's performance in weekly individual supervisions. These weekly

supervisions allow supervisors to provide timely feedback to interns around their overall performance. Once a quarter, the assessment and therapy supervisors complete a Supervision Checklist form for both assessment (Appendix B: Assessment Supervision Checklist) and therapy (Appendix C: Therapy Supervision Checklist) for each intern. The Training Committee provides an additional source of evaluation data. The Training Director serves as chair and the rest of the committee consists of the interns' supervisors and other psychology staff members. Training Committee members share information and review each intern's progress on a monthly basis, including the weekly Supervision Checklist forms (when applicable). Based on these cumulative evaluations, the Training Director, primary supervisors, and intern may adjust aspects of the intern's training to ensure adequate support. The purpose of these ongoing assessments is to ensure progress and retention in the training program, and ultimately successful completion of the internship.

Formal evaluations are also conducted at the end of each quarter using the Psychology Intern Evaluation Form (Appendix D: Psychology Intern Evaluation Form) that assesses an intern's achievement across all competencies and training elements. This standard rating form includes comment spaces where supervisors include specific written feedback regarding interns' performance and progress. The evaluation form also includes information about the interns' performance regarding all the Psychology Internship Program's expected training competencies and the related training elements. The rating scale for each of the training competencies is a 5-point Likert scale, with the following rating values: 1 = Significant Development Needed, 2 = Below Expected Level, 3 = At Expected Level, 4 = Above Expected Level, and 5 = Significantly Exceeds Expected Level. Feedback from the evaluations facilitates interns' professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement.

The Training Committee meets at the conclusion of each quarter to review each intern's progress based on the Psychology Internship Program's core competencies and training elements. While information is garnered from all members of the Training Committee, a "pass" status specifically requires consensus from an intern's primary supervisor that the intern has met a Minimum Level of Achievement (MLA) score of 3 ("At Expected Level") for each competency training element. A score below 3 on any competency training elements initiates Due Process for an intern. The Due Process and Grievance Procedures Policy can be found in this handbook. Based on the Training Committee's findings, the Training Director prepares a written record of the quarterly evaluation. The interns' direct supervisors go over it with each intern as a way to review progress and offer recommendations for continued growth. The evaluation clearly identifies the intern as having passed or not passed the specified quarter period. The written evaluation is then signed by the intern's primary supervisor, the program's Training Director, and the intern to indicate that it has been reviewed. The Training Director sends a copy of each end-of-quarter evaluation to the intern's doctoral program Training Director. Any concerns or difficulties that are identified on the end-of-quarter evaluations may be addressed using the appropriate steps listed under Procedures for Responding to Problematic Performance and/or Conduct found in the Due Process and Grievances Procedures Policy. Alternatively, Due Process procedures can be initiated before an end-of-quarter evaluation if the successful completion of internship comes under question at any point. The intern's doctoral program is notified of any further action that may be taken

by the Psychology Internship Program as a result of the Due Process procedures, up to and including termination from the program.

To successfully complete the internship program, interns must also obtain a Minimum Level of Achievement score of 3 ("At Expected Level") for each of the identified learning elements by the fourth quarter evaluation.

Access to and Maintenance of Records:

The Chief Psychologist, Training Director, members of the Training Committee, and the agency's Executive Senior Clinical Director are allowed access to written evaluations of an intern. An intern's doctoral program Training Director also has access to records related to an intern's progress. A current or former intern may also request that the records be released to other parties (e.g., state licensing boards).

The internship Training Director maintains electronic copies of all Certificates of Completion, quarterly evaluations, and descriptions of training experiences indefinitely in a secure digital file. These certificates are used to assist interns in verifying successful internship completion as they seek to become licensed and for other verification purposes, as requested by the former intern. Documentation of monthly Training Committee meetings and Supervision checklist forms are kept for at least seven years after internship completion. Documentation for any intern grievances or Due Process measures is also kept in a secure digital file indefinitely. The Training Director maintains digital forms in intern-specific files while an intern is active in the Psychology Internship Program. These files are kept in a secure file in a folder only the Training Director, Chief Psychologist, and Executive Senior Clinical Director can access.

In addition to the evaluations described above, interns complete quarterly evaluations of their supervisor (Appendix E: Supervisor Evaluation Form) and the internship program (Appendix F: TCCU Psychology Internship Program Evaluation) is evaluated at the mid-year point and at the end of the internship. These evaluations are used to provide feedback that will inform any changes or improvements to the training program. Interns are also required to track their time including their internship hours, direct (face-to-face) service hours, and supervision hours. Interns may choose to use Time-to-Track software or something similar to track their hours. Each quarter, interns are required to summarize their supervision hours, direct (face-to-face) hours, and the number of completed psychological assessments and submit this to their supervisor for final review and signature.

Communication with Interns' Graduate Programs:

The internship Training Director is responsible for communicating with each intern's graduate program about the intern's activities and progress. Upon notification of match results, the Training Director contacts each intern's Doctoral Program to provide contact information and an overview of the Psychology Internship Program's evaluation process and policies around communications with interns' graduate programs.

At the end of each quarter, a copy of the end-of-quarter Psychology Intern Evaluation Form is forwarded to the intern's academic Training Director of their doctoral

program. At any time, if a problem arises that requires Due Process procedures (e.g., score below 3 on a quarterly Psychology Intern Evaluation), the Training Director will inform the academic Training Director of the sponsoring doctoral program within 10 business days of initiation of Due Process procedures. The doctoral program's Training Director will be encouraged to provide input to assist in resolving the problem. Doctoral programs are also contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

Due Process and Grievance Procedures Policy

This document provides guidelines for managing problematic psychology intern conduct and/or performance. These guidelines are consistent with APPIC and APA CoA standards. These guidelines emphasize due process and ensure fairness in the program's decision about the intern. There are avenues of appeal that allow the intern to handle grievances and dispute program decisions.

Due Process: General Guidelines

Due Process ensures that decisions made about the interns are not arbitrarily or personally based. It requires that the training program identify specific evaluation procedures that are applied to all interns and provide appropriate appeal procedures available to the intern. All steps must be appropriately implemented and documented. The general due process guidelines include the following:

1. During the internship orientation the program's expectations for professional functioning are reviewed.

2. Internship evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.

3. The procedures and actions involved in making decisions about problematic performance and/or conduct are outlined for the interns.

4. Doctoral program Training Directors are informed of any difficulty with interns, and when appropriate, input from the doctoral program Training Director is sought regarding how to address the difficulty.

5. Remediation plans are developed and implemented for identified inadequacies. Each plan includes a timeframe for expected remediation and specifies the consequences for failure to rectify the inadequacies.

6. Interns are provided sufficient time to respond to any action taken by the program.

7. Interns receive a written description of the procedures they may use to appeal the training program's action. These procedures are included in the Internship Handbook, which is provided to and reviewed with the interns during the internship orientation.

8. Decisions and recommendations regarding the interns' performance and/or conduct are based on input from multiple professional sources.

9. Programs' actions and the rationale are documented in writing and provided to all relevant parties.

Definition of Problematic Performance and/or Conduct:

Problematic behavior is defined broadly as an interference in professional functioning which is reflected in one of the following ways: 1) an inability or unwillingness to integrate professional and legal standards into his/her repertoire of professional behaviors; 2) an inability to acquire professional skills that reach an acceptable level of competency; 3) unprofessional conduct.

It is a matter of professional judgment as to when an intern's behaviors are serious enough to fit the definition of problematic performance and/or conduct rather than reflecting typical behavior, attitudes or characteristics which, while of concern and require mediation, are not unexpected or excessive for pre-doctoral interns in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand or address the problem when it is identified.

2. The problem is not merely a reflection of skill deficit, which can be rectified by academic, experiential, or didactic training.

3. The quality of service delivered by the intern is significantly impaired.

4. The problem is not restricted to one area of professional functioning.

5. A disproportionate amount of attention by training personnel is required.

6. The trainee's behavior does not change as a function of feedback or remediation efforts and/or time.

Procedures for Responding to Problematic Performance and/or Conduct:

The training program has well-defined procedures to guide its response to interns that demonstrate problematic performance or conduct. If an intern receives an "unacceptable rating" from their supervisor on the evaluation indicating inadequate skill development, or a staff member has concerns about the intern's behaviors (e.g., ethical or legal violation and professional competence), the following procedures will be initiated:

NOTICE: The first step in the Due Process Procedure will be to notify the intern of a problematic behavior that has been identified by the supervisor.

1. The first step is an informal attempt by the supervisor to address the concern. If the intern is not performing at a satisfactory level, the supervisor is expected to discuss this with the intern, increase the intern's supervision, and direct the intern to other appropriate resources to address the deficit area (e.g., assign readings). The internship Training Director is notified of the concern at this time, and the supervisor will keep a written record of the discussion and corrective steps agreed upon. At this point, information collected related to the problematic behavior becomes part of the intern's permanent file. The expectation is that the concerns will be resolved within one month, unless otherwise specified in the written record. At this time, the internship Training Director will notify the intern's doctoral program Training Director that a Due Process Procedure has been initiated. Feedback from the doctoral program Training Director will be solicited, as well as suggestions to support the remediation process, if deemed necessary.

2. If within one month (or time specified in written record) the supervisor who initiated the Due Process Procedure determines that remediation has been successful in sufficiently addressing the outlined concerns, the supervisor will inform the intern and internship Training Director of successful remediation. The internship Training Director will then inform the doctoral program Training Director of successful remediation.

3. If after one month (or time specified in written record) the supervisor who initiated the Due Process Procedure determines that remediation has not been successful in sufficiently addressing the outlined concerns, the Process will proceed to a Hearing.

HEARING: A formal meeting will be conducted within two weeks of the supervisor's determination that initial remediation steps were not successful in resolving the issues. The purpose of the hearing is to give the intern an opportunity to hear and respond to the concerns about the intern's problematic behavior.

4. If the problem addressed in Step 1 persists, or a problem arises that is judged to be a serious legal and/or ethical violation that cannot be remedied by actions

outlined in Step 1, the supervisor will communicate his/her concerns with the internship Training Director. The internship Training Director will meet with the intern, his/her direct supervisor(s), and when appropriate, the Clinical Director and/or the Executive Director, to discuss problematic performance and/or conduct and develop a remediation plan (to address the problematic behavior). During this meeting the intern will be given the opportunity to respond to the identified concerns. Taking the staff and intern's perspective into consideration, a remediation plan will be developed that reflects a time-limited, remediation-oriented supervised period of training. The plan is designed to return the intern to an appropriate functioning level with the full expectation that the intern will complete the internship. Once written, a copy of the remediation plan will be provided to the intern's doctoral program Training Director. Feedback from the doctoral program Training Director will be solicited, as well as suggestions to support the remediation process, if deemed necessary. Each remediation plan will include the following:

a. a description of the intern's unsatisfactory performance or problematic behaviors;
b. recommended actions needed from the intern to correct the identified problems;
c. supportive intervention/modifications made to the intern's training program (e.g., increase supervision, change focus of supervision, require coursework or readings, reduce caseload and recommend personal therapy);
d. a time line for correcting the problem; and
e. the action to be taken if the problem is not corrected.

Note: If sanctions interfere with the successful completion of the training hours needed for the internship, this will be noted in the intern's file and their academic program will be notified. If deemed appropriate, special arrangements may be made to address this issue.

APPEAL: If the intern, at any time during this process, believes that their point of view is not being appropriately considered the intern may appeal the decision with the Executive Director and the Administrative Director, as well as a representative from the Personnel Committee of the Board of Directors of The Children's Center Utah. Information from this meeting will be taken into consideration for the next steps of the Due Process Procedure.

5. If the remediation plan developed in Step 4 is unsuccessful in addressing the problematic performance and/or conduct within the timeframe identified, the Training Director will meet with the Training Committee to discuss further courses of action. These may include one of the following sanctions or actions:

    a. Modified Remediation Plan – It may be determined that continuing the remediation plan with specific modification is the most appropriate intervention (repeat Step 4). When the problem is considered severe, an intern may be (1) required to complete a remediation plan and (2) concurrently placed on probation.

b. Probation – The purpose of probation is to assess the intern's ability to complete the internship and return to an appropriate level of functioning. Probation is time limited and remediation-oriented. During this closely supervised training period, the Training Director and supervisor(s) monitor the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors. During the probation period, the intern may be suspended from engaging in certain professional activities until there is evidence that the problem behaviors have been rectified. **The intern will be given written notice of the probation that includes the following information**:

1) a description of the problematic performance and/or conduct;
2) specific recommendations for rectifying the problems;
3) the length of the probation period, during which the problem is expected to be rectified; and
4) procedures to ascertain whether the problem has been appropriately rectified.

c. Dismissal from the Internship Program – When a combination of interventions does not rectify the problematic performance and/or conduct within a reasonable time, or when the trainee seems unable to alter his/her behavior, the Training Committee will consider the possibility of termination from the internship. Dismissal may also occur in cases of violations of the APA Code of Ethics, in particular, when imminent physical or psychological harm to a client is a major factor or when the intern is unable to complete the internship due to physical, mental or emotional illness. If Dismissal from the Internship Program is deemed a possibility, the Administrative Director, APPIC Match Coordinator, and the intern's doctoral program Training Director will be notified.

6. The Training Director will meet with the intern, the intern's supervisor(s) and the Executive Director and/or Clinical Director to review the required remedial steps or sanctions. The intern may accept these conditions, or challenge the Training Committee's action as outlined in the Psychology Intern Grievance Procedures below. In either case, the Training Director will inform the intern's doctoral program of the problematic performance/conduct and the specified procedures implemented by the Training Committee to address the concern.

Psychology Intern Grievance Procedures:

The following Grievance Procedure will be invoked if an intern has a complaint against the training program. Complaints may include, but are not limited to, concerns about evaluations, supervision, stipends/salary, harassment, or other workplace concerns. In the event an intern has difficulty with a supervisor, has disagreements with any Training Committee's decision regarding their status in the program, or has other grievances about the training, **the intern has a right to a hearing and appeal** and should:

1. Raise the issue with his/her supervisor in an effort to resolve the problem in a more informal manner.

2. If the issue cannot be resolved with the individual supervisor, the issue should be discussed with the Training Director or the Executive Director in the event that the Training Director is the immediate supervisor. The Training Director or Executive Director will make a written record of the intern's initial complaint.

3. **HEARING**: A formal meeting will be conducted within 10 business days of the intern's notification of complaint to the Training Director or the Executive Director. The purpose of the hearing is to give the intern an opportunity to formally express his or her concerns and to be advised of any subsequent steps in the process. The Training Director or Executive Director will make a written record of the intern's complaint and any subsequent steps that were outlined in the meeting.

4. **APPEAL**: If the problem cannot be resolved to the intern's satisfaction with the Training Director and/or the Executive Director, the intern has the right to contact the Administrative Director of The Children's Center Utah to discuss the situation and, if necessary, file a written complaint or grievance that will be reviewed with the Personnel Committee of The Children's Center Utah's Board of Trustees within 10 business days of submitting the complaint to the Administrative Director.

5. The Training Director and/or Administrative Director will meet with the intern within five business days of the Personnel Committee's meeting to review the findings of the Committee and make recommendations and create a written plan to address the intern's grievance. The written plan will include a specified timeline for any identified steps, as well as a date of completion. A follow-up meeting is scheduled within 5 business days of the plan completion date to review progress towards resolution of concerns documented in the written plan. The Training Director, Administrative Director, and intern will sign the written document acknowledging agreement with the steps outlined in the document. The Training Director will also inform the intern's doctoral program Training Director of the grievance filed, as well as actions taken to remedy the issue.

6. A resolution to the grievance is defined by the intern, Training Director, and Administrative Director acknowledging that the written plan was carried out as agreed upon in the written document.

Instructions for Completing the Application

Please complete the Association of Psychology Postdoctoral and Internship Centers (APPIC) Standard Application Form, available at www.appic.org.

If you have any further questions about completing the application or about our training program, please feel free to contact me at (801)582-5534 or by email at jsingleton@tccutah.org

We look forward to having the opportunity to review your application!

Jessica Singleton, PhD
Psychology Training Director

Applications are due by November 6, 2026

Our APPIC program code is #1596

Disclosure of accreditation status: The Children's Center Utah's psychology internship has been granted the status of "accredited" by the American Psychological Association (APA) as of November 2020. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail:
apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Appendix A: Telesupervision Protocol

The Children's Center Utah Psychology Internship Program Telesupervision Protocol
(Consistent with July 2023 revision of APA CoA IR C-15 I)

Definition

Telesupervision is defined as supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee. At TCCU, telesupervision is conducted via Microsoft Teams.

Scope of Use

The TCCU Psychology Internship Program utilizes telesupervision on a limited and supplemental basis. The majority of required supervision is conducted in person. Telesupervision may occur when an intern or primary supervisor is working from a location outside the primary training site (e.g., working remotely due to illness, inclement weather, or approved remote work). Individual telesupervision does not exceed one hour per week of required individual supervision. Group supervision via telesupervision occurs infrequently and only when circumstances require for the reasons listed above.

Consistency with Program Aims and Training Outcomes

Telesupervision at TCCU is supplemental and does not alter the content, structure, or philosophy of supervision. All supervision focuses on profession-wide competencies, case conceptualization, clinical skill development, and the intern's professional growth.

Technology Platform and Requirements

Telesupervision is conducted via Microsoft Teams, a HIPAA-compliant platform used across TCCU. Both supervisors and interns are provided with access to a reliable internet connection, functioning camera, and audio. Supervisors and interns who encounter technological difficulties should reschedule the supervision session as soon as possible and notify the Training Director.

Supervisor Competence

Supervisors providing telesupervision are expected to be familiar with the Teams platform and with best practices for maintaining supervisory alliance and effectiveness in a remote format. Supervisors with questions about the platform may contact the Training Director or TCCU's IT department for support.

Intern Eligibility

Interns who are performing adequately and are not currently on a remediation plan are eligible to participate in telesupervision. If an intern is on a remediation plan or there are active concerns regarding competence or professional behavior, the Training Director and supervisor will determine together whether telesupervision remains an appropriate modality, and any modification will be communicated to the intern in writing.

Diversity, Equity, Inclusion, and Accessibility

The program is committed to ensuring that telesupervision does not create barriers for interns or supervisors with accessibility needs. Any accessibility concerns related to technology or remote supervision should be directed to the Training Director, who will work with TCCU Human Resources to identify appropriate accommodations.

Self-Assessment of Trainee Outcomes and Satisfaction

Interns are asked to provide feedback on their supervision experience as part of the quarterly supervisor evaluation process. The Training Director reviews these evaluations and will initiate a conversation with any intern who raises concerns about supervision quality or accessibility, regardless of modality.

Communication of This Protocol

This protocol is included in the Internship Program Handbook and is reviewed with interns and supervisors during orientation at the beginning of each training year.

Appendix B: Assessment Supervision Checklist

Assessment Supervision Checklist

Intern:_____ Supervisor:_____
Session observed occurred on:
Supervision Occurred on:
Methods used in evaluating competency:
_____Direct Observation _____Review of Audio/Visual _____Case Presentation
_____Documentation Review _____Supervision _____Comments from other staff

List Assessment Measures Used/Reviewed: _____
_____
_____

Is the clinical question to be answered clarified before testing is started?	Yes	No	N/A
Were the appropriate pre-authorization procedures followed?	Yes	No	N/A
Are appropriate measures chosen?	Yes	No	N/A
Are limitations of testing addressed (medication, individual issues, setting etc.?	Yes	No	N/A
Does the intern explain their status as an intern and discuss supervision?	Yes	No	N/A
Is the clinical interview adequate?	Yes	No	N/A
Is the intern able to establish rapport for testing?	Yes	No	N/A
Is the intern prepared with all necessary testing supplies and forms?	Yes	No	N/A
Is test standardization/test protocol followed?	Yes	No	N/A
Are breaks taken when needed?	Yes	No	N/A
Are administration and scoring procedures followed?	Yes	No	N/A
Are responses and observations recorded accurately and completely?	Yes	No	N/A
Is an appropriate case formulation derived from the assessment data?	Yes	No	N/A
Are the results of assessments accurately notated in report?	Yes	No	N/A
Are the results communicated effectively in the written report?	Yes	No	N/A
Is the report completed in a timely manner?	Yes	No	N/A
Is the feedback session with caregivers timely and thorough?	Yes	No	N/A
Are appropriate treatment recommendations made?	Yes	No	N/A
Were sessions billed appropriately and progress notes completed?	Yes	No	N/A
Were all diagnostic change procedures followed (as relevant)?	Yes	No	N/A
Are the results of assessment clearly communicated to caregiver?	Yes	No	N/A

Other Comments/Observations:
_____
_____
_____

Signatures:
Intern: _____ Date:_____

Supervisor: _____ Date:_____

Appendix C: Therapy Supervision Checklist

Therapy Supervision Checklist

Intern: **Supervisor:**

Session observed ocurred on: **Supervision ocurred on:**

Methods used in evaluating competency:

_____Direct Observation ___Review of Video Recording _____Case Presentation

____Documentation Review ____Supervision _____Comments from staff

Is the intern able to establish sufficient rapport?	Yes	No	N/A
Was informed consent obtained and limits to confidentiality explained?	Yes	No	N/A
Is the intern respectful of the clients individual differences?	Yes	No	N/A
Does the intern conduct themselves in a professional manner?	Yes	No	N/A
Is appropriate empathy and hope for the future conveyed?	Yes	No	N/A
Are affect management techniques effectively utilized?	Yes	No	N/A
Is the content of the session consistent with treatment goals?	Yes	No	N/A
Did the intern thoroughly assess for trauma?	Yes	No	N/A
Were appropriate referrals made, if necessary?	Yes	No	N/A
Do the intern's verbalizations facilitate insight and change?	Yes	No	N/A
Is the intern's activity or directiveness appropriate to client's/family's need?	Yes	No	N/A
Was intern aware of their internal responses during the session?	Yes	No	N/A
Did intern engage in appropriate regulating strategies?	Yes	No	N/A
Are the results communicated effectively in the written report?	Yes	No	N/A
Was the treatment goal created in collaboration with caregiver(s)?	Yes	No	N/A
Is MHA paperwork completed in a timely manner?	Yes	No	N/A
Are progress notes clear, concise, and related to treatment goal?	Yes	No	N/A
Did the intern engage in helpful and supportive professional consultations?	Yes	No	N/A
Was an EBT appropriately identified?	Yes	No	N/A
Did the intern seek supervision for critical incidents (e.g., crisis, abuse, etc.)?	Yes	No	N/A
Is termination handled appropriately?	Yes	No	N/A

Other Comments/Observations:

Signatures:

Intern: _____ Date:_____

Supervisor: _____ Date:_____

Appendix D: Psychology Intern Evaluation Form

PSYCHOLOGY INTERN EVALUATION FORM

Intern: Click or tap here to enter text. Primary Supervisor: Click or tap here to enter text.
Evaluation Quarter: ☐First DATE. ☐Second DATE. ☐Third DATE. ☐Fourth DATE.

Methods used in evaluating competency:
☐Direct Observation ☐Review of Audio/Visual ☐Case Presentation
☐Documentation Review ☐Supervision ☐Comments from other staff

Scoring Criteria:
1. Significant Development Needed - Functions well below expected for level of training
2. Below Expected Level - Some improvement in functioning is needed to meet expectations
3. At Expected Level - Demonstrates this competency consistently and with substantial independence at a level reflecting readiness for entry-level practice with minimal supervisory prompting.
4. Above Expected Level - Functions above average and exceeds expectations based upon level of training
5. Significantly Exceeds Expected Level - Consistently exceeds expectations based on level of training
N/A - Not Applicable/Not Observed/Cannot Say

I. Research	Q1	Q2	Q3	Q4
Demonstrates the substantially independent ability to critically evaluate research.				
Demonstrates the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local, regional, or national level.				
Demonstrates knowledge of current scientific literature/research and the application of these empirically supported assessment techniques and interventions into clinical practice.				
Compares and contrasts Evidence-Based Practice approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

II. Ethical and Legal Standards	Q1	Q2	Q3	Q4
Be knowledgeable of and act in accordance with each of the following: 1) The current version of the APA Ethical Principles of Psychologists and Code of Conduct; 2) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and 3) Relevant professional standards and guidelines.				
Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.				
Conduct self in an ethical manner in all professional activities.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

III. Individual and Cultural Diversity	Q1	Q2	Q3	Q4
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.				
Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.				
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.				
Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

IV. Professional Values, Attitudes, and Behaviors	Q1	Q2	Q3	Q4
Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.				
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.				
Actively seek and demonstrate openness and responsiveness to feedback and supervision.				
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

V. Communication and Interpersonal Skills	Q1	Q2	Q3	Q4
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.				
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.				
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

VI. Assessment	Q1	Q2	Q3	Q4
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.				
Demonstrate understanding of human behavior within its context (e.g., family, social, social, societal and cultural).				
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.				

Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.				
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.				
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				
VII. Intervention	Q1	Q2	Q3	Q4
Establish and maintain effective relationships with the recipients of psychological services.				
Develop evidence-based intervention plans specific to the service delivery goals.				
Implement intervention informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.				
Demonstrate the ability to apply the relevant research literature to clinical decision making.				
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.				
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				
VIII. Supervision	Q1	Q2	Q3	Q4
Demonstrate knowledge of supervision models and practices.				

Apply supervisory skills of **observing** supervisee performance in direct or simulated practice (e.g., role-play, peer supervision).				
Apply supervisory skills of **evaluating** supervisee performance in direct or simulated practice (e.g., role-play, peer supervision).				
Apply supervisory skills of giving guidance and feedback to supervisees in direct or simulated practice (e.g., role-play, peer supervision).				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

IX. Consultation and Interprofessional/Interdisciplinary Skills	Q1	Q2	Q3	Q4
Demonstrate knowledge and respect for the roles and perspectives of other professions.				
Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.				
AVERAGE SCORE FOR COMPETENCE AREA				
Q1				
Q2				
Q3				
Q4				

Intern's Greatest Strengths:
Q1
Q2
Q3
Q4

Areas in Need of Improvement:
Q1
Q2
Q3
Q4

Summary Ratings	Q1	Q2	Q3	Q4
I.				
II.				
III.				
IV.				
V.				
VI.				
VII.				
VIII.				
IX.				
Average				

Q1 ☐ Passed ☐Not passed	Q2 ☐ Passed ☐Not passed	Q3 ☐ Passed ☐Not passed	Q4 ☐ Passed ☐Not passed
Intern signature Date	Intern signature Date	Intern signature Date	Intern signature Date
Primary Supervisor Signature Date	Primary Supervisor Signature Date	Primary Supervisor Signature Date	Primary Supervisor Signature Date

Training Director Signature Date	Training Director Signature Date	Training Director Signature Date	Training Director Signature Date
NOTE: Acceptable level of performance for successful completion of the internship is defined as: A rating of 3 consistent, substantially independent performance commensurate with readiness for entry-level practice with minimal supervisory prompting. This is the minimum acceptable level for successful internship completion.			

Appendix E: Supervisor Evaluation Form

SUPERVISOR EVALUATION FORM

To be completed by intern each quarter and discussed with supervisor during intern evaluation meeting.

Intern Name: _____ Supervisor Name: _____

Evaluation Quarter: _____First _____Second _____Third _____Fourth

Scoring Criteria:

1 Significant Development Needed - Significant improvement is needed to meet intern needs
2 Development Needed - Improvement is needed to meet intern needs
3 Adequate- Meets intern needs and expectations
4 Exceeds Expectations - Above average experience
5 Significantly Exceeds Expectations - Exceptional experience
N/A - Not Applicable/Not Observed/Cannot Say

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

General Characteristics of a Supervisor	Score
Is accessible for discussion, questions, etc.	
Treats intern with respect and courtesy.	
Supports the intern's successful completion of the internship program.	
Presents as a positive professional role model consistent with the program's aims.	
Schedules supervision meetings and is available at the scheduled time.	
Allots sufficient time for supervision.	
Keeps sufficiently informed of case(s).	
Is interested in and committed to supervision.	
Sets clear objectives and responsibilities throughout supervised experience.	
Is up to date in understanding clinical populations and issues.	
Maintains appropriate interpersonal boundaries with clients and supervisees.	
Provides constructive and timely feedback on supervisee's performance.	

Encourages appropriate degree of independence.	
Demonstrates concerns for and interest in supervisee's progress, problems, and ideas.	
Communicates effectively with supervisee.	
Interacts respectfully with supervisee.	
Maintains clear and reasonable expectations for supervisee.	
Provides a level of case-based supervision appropriate to supervisee's training needs.	
Provides feedback in a timely, constructive, and specific manner.	
AVERAGE SCORE	
Comments:	

Development of Clinical Skills	Score
Assists in coherent conceptualization of clinical work.	
Assists in translation of conceptualization into techniques and procedures.	
Is effective in providing training in behavioral health intervention.	
Is effective in providing training in assessment and diagnosis.	
Supports intern in navigating and responding to client's uniqueness.	
Is effective in helping to develop short-term and long-term goals for clients.	
Promotes clinical practice in accordance with ethical and legal standards.	
Promotes intern's general acquisition of knowledge, skills, and competencies.	
Promotes intern’s knowledge and application of supervision of others.	
Conduct self in an ethical manner in all professional activities.	
Values intern’s perspectives, background, and contributions to the training process.	
Supports intern's professional development.	
Intern's personal training goals integrated into supervision.	
AVERAGE SCORE	
Comments:	
Summary	

Overall Rating of This Supervisor	

Describe how the supervisor contributed to your learning:
Describe how supervision or the training experience could be enhanced:
Any other suggestions/feedback for your supervisor?

Signatures:

Intern: _____ Date:_____

Supervisor: _____ Date:_____

Appendix F: TCCU Psychology Internship Program Evaluation

THE CHILDREN'S CENTER UTAH PSYCHOLOGY INTERNSHIP PROGRAM EVALUATION

To be completed by intern at the mid-point and end of internship and submitted to the Training Director.

Intern:_____ Date:_____

Evaluation Period: _____Mid-Year _____End of Year

This Program Evaluation is utilized by The Children's Center Utah's Psychology Internship Program to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action taken by the Training Committee to address the problematic item, so please include detailed explanatory comments whenever applicable in order to help us respond most effectively.

Using the scale below, please circle the number that best represents the training preparation you received during the training period.

Scoring Criteria:
1 Inadequate
2 Below Average
3 Average
4 Above Average
5 Excellent

Overall Internship Experience	Score
Overall quality of training	
Opportunities for professional socialization with intern cohort	
Opportunities for professional socialization with psychology team	
Opportunities for professional socialization with clinical team	
Breadth of clinical intervention and assessment experience	
Depth of clinical intervention and assessment experience	
Satisfaction with number of client contacts	
Clarity of expectations and responsibilities for intern	

Case load was appropriate to meet educational needs	
Exposure to areas of professional interest	
Psychology staff - Intern relationships	
Preparation for licensure	
Assistance in obtaining Post Doc training	
Adequacy of resources (e.g., computer, supplies, office space, etc.)	
Provision of feedback and evaluations	
AVERAGE SCORE	0
Please provide additional comments about your experience and provide explanations for any "Inadequate" or "Below Average" ratings:	

Group Training Opportunities	Score
Weekly Didactic Seminar	
Group Supervision	
Tuesday Clinical Meeting	
Combined Clinical Meeting	
Group trainings provided a collegial environment	
Exposure to Trainings/ Conferences	
AVERAGE SCORE	0
Please provide additional comments about group training activities and provide explanations for any "Inadequate" or "Below Average" ratings:	

Responsiveness to Contextual and Relational Factors	Score
Emphasis on contextual and relational influences	
Opportunities to work with clients and families from a range of backgrounds, life experiences, and community settings	
Assessment considerations within the context of the individual	

The climate of the internship program aligns with being committed to learning, changing, and growing as we continually develop a stronger environment of respect to provide compassionate care to our children and families receiving services, to our team, and to our communities	
Therapeutic needs/interventions for a variety of populations	
AVERAGE SCORE	0
Please provide additional comments about contextual and relational Factors and provide explanations for any "Inadequate" or "Below Average" ratings:	

Quality of Training Within Required Competency Areas	Score
Research	
Comments:	
Ethical and Legal Standards	
Comments:	
Individual Contextual Factors	
Comments:	
Professional Values, Attitudes, and Behaviors	
Comments:	
Communications and Interpersonal Skills	
Comments:	
Assessment	

Comments:	
Intervention	
Comments:	
Supervision	
Comments:	
Consultation and Interprofessional/Interdisciplinary Skills	
Comments:	
AVERAGE SCORE	0
Please provide any additional comments related to your training in the required competency areas and provide explanations for any "Inadequate" or "Below Average" ratings:	

Supervision	Score
Helpfulness of supervision	
Availability of supervisors	
Frequency of supervision	
Supervisors as professional role models	
Effectiveness of teaching	
My supervisor and supervisory team cares about me as a person	
AVERAGE SCORE	0

Please provide additional comments about your supervision experience and provide explanations for any "Inadequate" or "Below Average" ratings:	
Summary	
Overall Rating of This Training Program	

Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship.
Strengths of the internship experience:
Limitations of the internship experience:
Please provide any feedback that you think would help to improve this program evaluation survey:

Signatures:

Intern: _____ Date:_____

Appendix G: Internship Admissions, Support, and Initial Placement Data

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 1

Program Disclosures

This institution, department, internship, or postdoctoral program requires trainees to sign a statement about personal behavior and/or religious beliefs as a condition of admission and/or retention in the program:	No
How to obtain text of statement:	N/A
Other requirements:	Interns selected for the internship must satisfactorily complete a criminal background check. The Utah Division of Occupational and Professional Licensing sets the standards and determines the criteria for background checks. The standards and procedures used are described in Utah Code Ann. 62A-2-120 through 122 and R501-14. Information regarding the state's required background checks can be found at https://bci.utah.gov/obtaining-utah-criminal-history-records-of-your-employees/

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The Children's Center Utah Psychology Internship Program currently offers four internship slots. A comprehensive review of potential interns' applications includes a review of their AAPI, recommendation letters, CV, reference forms, and transcripts. Competitive applicants will have experience conducting individual and/or family therapy with children, as well as assessment experience with children, and experience in school or community mental health settings. Additionally, applicants who demonstrate the ability to provide services to families in another language and applicants who have successfully defended their dissertation will be given special consideration. Applicants are strongly preferred to demonstrate at least 400 intervention hours and at least 100 assessment hours. Applicants are required to have completed their dissertation proposal and comprehensive exams by the time the internship year starts. Applicants demonstrating academic and/or practicum experiences with an emphasis on young children and families will be given special consideration. Potential intern must convey in their applications a strong desire to work with young children and their families.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	**Y**
Total Direct Contact Assessment Hours	N	**Y**

Describe any other recommended minimum criteria used to screen applicants:

Minimum 400 direct intervention hours
Minimum 100 direct assessment hours

Financial and Other Benefit Support for Upcoming Training Year[1]

Annual Stipend/Salary for Full-time Interns: $34,000; $35,700 when applicable for multilingual interns
Annual Stipend/Salary for Half-time Interns: N/A

Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	Yes	**No**

Hours of Annual Paid Personal Time off (PTO): 0 days
Paid Holidays: Martin Luther King Day, President's Day, Memorial Day Holiday, Juneteenth, Independence Day Holiday, Labor Day Holiday, Thanksgiving Holiday (2 days), Winter Holiday (5 days)

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

Yes No

Other Benefits (please describe):
Dental Insurance, Vision coverage, Life Insurance, Disability, HAS/FSA, and 401K

[1] Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions

(Aggregated Tally for Preceding 3 cohorts)

Date Range Start Date (e.g. 2023-2025):

Total # of interns who were in the 3 cohorts:	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	Post-doctoral residency position	Employed position
Community mental health center	1	
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital	3	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	5	
Not currently employed		
Changed to another field		
Other	2	
Unknown		