

**KENNEDY KRIEGER INSTITUTE/
JOHNS HOPKINS
CENTER FOR CHILD AND FAMILY
TRAUMATICSTRESS/CENTER FOR
DEVELOPMENTAL AND BEHAVIORAL
HEALTH
DOCTORAL INTERNSHIP**

Intern Handbook

2025-2026



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PROGRAM OVERVIEW AND DESCRIPTION

The Kennedy Krieger Institute/Johns Hopkins School of Medicine Center for Child and Family Traumatic Stress/Psychiatric Mental Health Internship Program is fully accredited by the American Psychological Association and a member of the Association for Pre-doctoral and Postdoctoral Internship Centers.

The Training Leadership consists of:

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This handbook describes policies and procedures for the internship program.

Kennedy Krieger Institute (KKI) is a specialty pediatric and rehabilitation hospital with an international reputation for treating children with developmental disabilities. Clinics within KKI serve as training locations for the internship. These include the Center for Child and Family Traumatic Stress and the Center for Developmental and Behavioral Health (DBH). Kennedy Krieger Institute is affiliated with the Johns Hopkins Medical Institutions in downtown Baltimore, Maryland. Interns have their clinical appointment with the title “Psychology Intern” through the Johns Hopkins University School of Medicine (JHUSOM). The intern’s clinical training is located at one primary site throughout the training year for four days per week, with a one-day per week rotation at another site to provide breadth of exposure and experience. Office space, computer access, and administrative/ scheduling support, are provided for the intern.

The core faculty of the doctoral internship is made up of 6 licensed psychologists. All of the training supervisors specialize in the assessment and treatment of children and families, each having particular expertise in specialty areas. The internship is funded as part of the operating budgets of the KKI departments. Interns receive a stipend for the training year in addition to paid medical and dental benefits for the intern, vacation and sick leave, five days for professional leave, and a \$500 stipend for presenting at conferences.

Individual and Cultural Diversity:

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. Our training programs follow Kennedy Krieger Institute's policy, as an equal opportunity employer, of commitment to diversity at all levels. The internship training program welcomes and encourages qualified individuals to apply and enter on the basis of demonstrated ability, performance, and merit and embraces cultural and individual differences including but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, veteran status, and socioeconomic status.

As a way of promoting individual and cultural diversity, our Coalition for Transformative Anti-racism and Equity (CTAE) meets regularly to work with the organization to dismantle white supremacist values and practices. Members of CTAE are available for consultation throughout the training year.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation - American Psychological Association 750 1st Street, NE Washington, DC 20002 Phone: (202) 336-5979 Email: apaaccred@apa.org

PROGRAM INFORMATION:

The aim of the doctoral internship at the Kennedy Krieger Institute/Johns Hopkins School of Medicine Center for Child and Family Traumatic Stress/Center for Developmental and Behavioral Health is to prepare interns in health services psychology with competencies for providing evaluation and treatment to children and families affected by psychological trauma and other developmental and psychiatric disorders.

This training aim follows directly from our work with children and families affected by trauma and developmental disorders in the context of a large urban medical center serving a diverse, generally underserved population.

Training Objectives:

- The intern will show competence in selecting, administering, interpreting, and integrating data from psychological testing to answer referral questions related to the treatment of children showing clinical symptoms at a range of cognitive levels. Training is provided through didactic seminars and weekly supervision. The intern is required to show proficiency using a range of cognitive tests, symptom-specific measures and behavior checklists, objective personality questionnaires, and projective measures (measures vary according to specific training track within the internship program)
- The intern will develop diagnostic interviewing skills using standardized techniques and structured clinical interviews. The purpose of these diagnostic interviews is to effectively diagnose and identify evidence-based treatment options.

- The intern will treat clinical cases in their areas of training focus, based on their training site(s). Emphasis is placed on evidence-based models of intervention (including Trauma-Focused Cognitive Behavior Therapy, Parent Child Interaction Therapy, Cognitive Behavior Intervention for Tics, Parent Management Training), direct supervision and integration of assessment information.
- Interns will also attend regular case conferences, seminars, and other learning experiences relevant to their interest area(s).
- Interns will be supported in developing their knowledge of research and application of research-based information in treatment. The type of research exposure will vary by core clinical site.

Training Tracks and Didactic Experiences

Training is focused on clinical work in training tracks. The clinical settings are as follows:

- **Center for Child and Family Traumatic Stress**
- **Center for Developmental and Behavioral Health**

Each intern has a primary or “major” site and a 1-day per week minor rotation at another training site. Interns indicate their preference for training sites when making application to the program.

The intern has access to a number of other educational offerings, including the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Core Course, and seminars in professional development offered through the Institute.

Center for Child and Family Traumatic Stress

The **Center for Child and Family Traumatic Stress** is an outpatient clinical program dedicated to treatment, training, and research regarding trauma related disorders in children and families.

The Center provides a range of evidence-based and promising practices to address childhood trauma. They include:

- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT),
- Dialectical Behavior Therapy (DBT)
- Safety Mentoring Advocacy Recovery and Treatment (SMART)Child Parent Psychotherapy
- Combined Parent-Child Cognitive Behavioral Therapy

Interns receive training in assessment and treatment of children and families exposed to trauma. Following a 2-day didactic TF-CBT seminar, interns are assigned cases for treatment with TF-CBT, a central treatment model of the clinic, and interns attend a bi-weekly TF-CBT supervision group. CCFTS interns also receive training in PCIT by nationally certified within agency trainers and begin seeing patients in this modality at the beginning of the training year. Interns conduct family therapy, individual child and adolescent therapy, group therapy, and other treatment modalities.

Didactic and discussion-based seminars include a journal club in trauma psychology, a trauma-treatment seminar series, and a diagnostic assessment seminar.

Formal psychological assessment and intake diagnostic evaluations form the assessment component of training. Referrals for psychological evaluation typically come from therapists, psychiatrists, and/or family members. The questions include requests for diagnostic clarification, the influence of cognitive factors on the child's functioning or treatment progress, and recommendations for getting therapy "unstuck." The intern conducts the testing and provides feedback to the clinical team, caregivers, and the child or adolescent. The test battery typically includes cognitive testing (i.e., WISC-V, WRAML-3), adaptive functioning assessment when needed (e.g., Vineland-3), behavior checklists such as the UCLA PTSD Reaction Index, Behavior Assessment System for Children (BASC-3), personality scales such as the Millon Adolescent Clinical Inventory or Personality Assessment Inventory for Adolescents; and projective testing including the Rorschach Performance Assessment System, story-telling measures, incomplete sentences and drawings. It is preferred that internship applicants have previous training and familiarity with these measures.

The intern regularly performs intake evaluations to assess clients' diagnoses and treatment needs. These diagnostic interview reports are then used to assign clients to evidence-based or other treatment modalities that are matched to the client's presenting concerns.

Center for Developmental and Behavioral Health

DBH offers doctoral internship training in the evidence-based assessment and treatment of children and adolescents with psychiatric conditions.

DBH is a multidisciplinary treatment program focused on the needs of children with complex psychiatric, developmental, and medical conditions. The goal of clinical psychology internship training in the is to provide education and experiential learning about the evidence-based assessment and treatment of childhood psychiatric conditions and neurodevelopmental disorders.

Psychology interns gain clinical experience and develop insight regarding typical and atypical childhood development and its interaction with psychological and emotional challenges. Common challenges seen in DBH include anxiety disorders (e.g., generalized anxiety, social anxiety, phobias), mood disorders (e.g., depression, bipolar disorder, and disruptive mood dysregulation disorder, DMDD), externalizing behaviors (e.g., oppositional behavior, conduct problems, hyperactivity, impulsivity), and obsessive-compulsive and related disorders (e.g., Obsessive Compulsive Disorder, Hair Pulling Disorder, Tourette Syndrome). Children seen in DBH often also experience medical, developmental, and/or social challenges.

Psychology interns can expect to develop foundational skills in the assessment and treatment of common childhood internalizing and externalizing conditions through multiple learning modalities. This includes didactic seminars (e.g., grand rounds and weekly lectures at Johns Hopkins and Kennedy Krieger), and clinical training seminars (e.g., case conceptualization development, cognitive behavioral therapy, parent training, exposure and response prevention, habit reversal training, and comprehensive behavioral intervention for tics). Supplemented by

regular weekly supervision, this learning will be applied through the evidence-based assessment (e.g., diagnostic evaluations, psychological testing evaluations) and evidence-based treatment of children, adolescents, and families using multiple approaches to therapeutic delivery (e.g., individual therapy, family therapy, group therapy). Psychology interns will also receive training in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and provide evidence-based care to youth and families suffering from trauma.

As DBH is a multi-disciplinary setting, psychology interns will work collaboratively and alongside psychologists, postdoctoral psychology scholars, child psychiatrists, clinical social workers and related allied professionals staff. Given the diverse needs of our patients, clinicians often consult with school staff and other professionals inside and outside of the Institute to help patients and families achieve optimal therapeutic outcomes.

The DBH training program prepares students to function as psychologists in a wide range of settings including academic medical centers, hospitals, private practice settings, and institutions working with multi-disciplinary teams. Psychology interns who complete this internship will be prepared to treat a wide range of childhood mental health conditions using evidence-based approaches.

SUPERVISION

The intern receives a total of 4 hours per week of supervision- 2 hours of individual supervision by doctoral-level, licensed psychologists, and 2 hours per week of group supervision. One hour of individual supervision (or more as needed), is dedicated to discussion of therapy cases currently seen by the intern. Another hour is for supervision of psychological assessments and diagnostic intake interviews.

CLINICAL ACTIVITIES AND TIME DEMANDS

The intern is expected to maintain a minimum of 15 hours per week of a combination of therapy and assessment with children, adolescents and their families. In addition, indirect services such as case management, attendance at IEP or other school meetings, contact with collaterals such as foster care workers, CPS professionals, and multi-disciplinary consultation are often required to meet the needs of child and family patients.

Interns see a combination of psychotherapy cases drawn from their training settings and clinics. A typical day may begin with an assessment appointment, then seminars, supervision, consultation, and paperwork in the later morning and early afternoon. Later afternoon schedules are commonly filled with after-school evaluation or therapy appointments.

The internship is full-time, approximately 40-45 hours per week, Monday through Friday. On the CCFTS track, the intern is required to see clients until at least 7 p.m. on one evening of the week.

Financial Assistance

1. Intern stipend level is based on NIH's National Research Service Award doctoral stipend level.

2. Interns receive 10 vacation days, 5 professional leave days, and up to 8 sick and safety leave days.

3. Trainees receive health insurance through the Johns Hopkins University School of Medicine's Student Health Plan. The department pays the premium for all full-time trainees. If interested in having dependents covered, the trainee is responsible for paying the difference between what KKI pays for the individual policy and the cost for two party or family coverage. Trainees are required to show comparable coverage for any dependents, otherwise trainees must either sign a waiver or provide coverage for dependents through the JHSOM Student Health Plan.

Evaluation and Supervision

Evaluation and Feedback

1. Interns are evaluated on performance on a quarterly basis. Evaluations are sent to the intern's graduate school Director of Clinical Training at the end of Second Quarter and Fourth Quarter. Each intern is expected to achieve a First and Second Quarter rating of at least a "2: Performance is at level expected for entry to internship" and a Third Quarter rating of at least a "3: Performance is at level expected for midpoint of internship." If an intern receives a rating lower than those specified above, a written plan is developed to bring the intern back to minimal levels of performance.

2. Minimum level of achievement necessary for successful completion of internship is a 4 (Performance is at level expected for completion of internship/entry to practice) on each behavioral element for each profession wide competency at the Fourth Quarter rating, understanding that most continue on for specialized training in a fellowship.

3. Interns are observed by primary supervisors twice per quarter, which is documented on the Intern Session Observation Form. Each intern is expected to achieve a "4" rating on each element by the end of the internship year.

4. Interns evaluate supervisors on a quarterly basis. These evaluations are NOT distributed to supervisors until after the internship year. However, if the training director feels that an issue must be handled immediately, the training director will contact the intern.

5. Interns evaluate their current rotation at the end of December and at the end of June.

6. Interns evaluate the degree to which the training program is meeting the goals and preparing the interns for the stated competencies. This occurs on a semi-annual basis.

Supervision

1. Interns are expected to have a minimum of 2 hours of individual supervision and 2 hours of group supervision per week. They will be assigned an Intervention Supervisor and Assessment Supervisor who take primary responsibility for overseeing and training the intern in their respective areas. The intern will also have a minor rotation supervisor who will supervise all clinical activity at the day spent on the minor rotation site. Interns should track supervision hours. These will be reviewed by the Director of Training on a monthly basis.

2. Supervision time is protected each week. That is, it is scheduled in advance so that both intern and supervisor can depend on that time for supervision. In addition, there is also an “open door” policy so that interns can meet with supervisors on an as needed basis as situations arise. Interns should understand that supervision will occasionally get interrupted or need to be rescheduled. Supervisors should minimize interruptions as much as possible and should make up any missed supervision as soon as possible.
3. Supervision may be provided in person or via tele-supervision. The latter is governed by the Tele-Supervision policy (see pp. 34-36 of this Handbook).

Intern – Supervisor Conflict Resolution

In the event that a problematic situation arises between a supervisor and a trainee, the following steps should be taken (in the sequential order provided below). NOTE: These steps are meant as a guide for negotiating trainee and supervisor concerns unrelated to trainee performance. If difficulties are not satisfactorily resolved by these means, the trainee may choose to initiate a formal grievance (see Grievance Policy)

1. The trainee will schedule a meeting with the supervisor and discuss the grievance/problem in sufficient detail so that the supervisor will have a complete understanding of the situation. During this meeting the trainee and supervisor should discuss potential solutions to the problem and develop a plan to resolve the conflict.

2. If the trainee feels intimidated by such a meeting, they may choose to have an initial meeting with the program's Training Director, the Senior Psychologist, the Vice President/ Department Director, the Chief Clinical Officer of the Kennedy Krieger Institute, or the Vice President of Training. Subsequent meetings that include the supervisor will be held if necessary.

3. If the trainee or supervisor is not satisfied with the solution proposed to the problem, the trainee will notify the training director. Examples of problems may include but are not limited to the following:

a) A psychological or physical concern the trainee/supervisor is experiencing that is interfering with the trainee or supervisor's capacity to successfully perform responsibilities

b) Personality conflict between supervisor and trainee such that neither party can satisfactorily give/receive feedback or instruction to work out the problem

c) Harsh treatment that is not consistent with Kennedy Krieger's Culture of Respect, Civility and Safety.

d) Illicit use of drugs/alcohol

e) Any other situation in which the trainee/supervisor feels threatened or unable to carry out the requirements necessary to successfully complete/supervise the rotation in question

f) Discrimination or sexual harassment*

4. The Training Director will meet with the trainee and document the problem in as much detail as possible.

5. The Training Director will meet with the supervisor and document the problem from the supervisor's perspective in as much detail as possible.

6. The Training Director will meet jointly with the trainee and the supervisor and assist in formulating a plan for resolving the problem.

7. The Training Director will follow up with the trainee and the supervisor at two weeks and again at one month to assess progress toward the resolution of the problem. The process will end if a mutually agreed upon plan is successfully carried out during both assessments by the Training Director.

8. The Training Director will inform the Senior Psychologist and the Vice President/ Department Director if the conflict is not resolved within one month or if a change in the trainees' status is requested (i.e., change in typical responsibilities of rotation or permanently moved off rotation).

9. If the conflict is not successfully resolved:

a) The Training Director will meet with the Senior Psychologist and Vice President/ Department Director and review the problematic situation from the perspective of the trainee and supervisor and will recommend specific guidelines for how the situation should proceed.

b) The Senior Psychologist and Vice President/ Department Director will provide feedback to the Training Director after reviewing the situation.

c) A final plan will be developed. During this time, the trainee may be given responsibilities with another supervisor until the Senior Psychologist, Vice President/ Department Director and Training Director meet and the final plan is developed.

d) The Training Director will meet with the trainee and supervisor and discuss the recommendations of the Senior Psychologist and Vice President/ Department Director

e) Follow-up will occur once per week for the first month and once per month for the duration of the rotation.

f) If consensus cannot be reached by either or both parties on how the situation should be resolved, the trainee will a) be removed from supervision by the supervisor, b) placed with a new supervisor and/or possibly a new rotation.

g) Written documentation of the situation will be placed in the trainee's file.

10. If there is a conflict of interest (e.g., Training Director is also involved as a supervisor) or if there continues to be no satisfactory resolution, the trainee may discuss concerns with the department director, chief clinical officer and/or vice president of training.

12. If the Trainee finds that the situation is not resolved or at any other time, the trainee may submit a grievance (See Grievance Policy) more formal avenues that can be pursued through the School of Medicine. (Grievance Procedure for Faculty, Fellows, and the Student Body).

13. The trainee can also seek support through APPIC's Informal Problem Consultation at any time <https://www.appic.org/Problem-Consultation>

14. The supervisor can communicate with their own departmental supervisor if not satisfied with the resolution of a conflict.

*JHU will not tolerate harassment, sexual harassment (including sexual violence), discrimination or retaliation in the workplace or educational environment whether committed by managers, faculty, administrators, staff, or students, or by visitors to our institution of higher learning. To file a complaint through official university channels go to: <https://oie.jhu.edu/discrimination-and-harassment>

Grievance Policy

The Kennedy Krieger institute seeks to provide a supportive educational, training, and professional environment. The Institute provides several avenues of redress for individuals who believe they have been treated unfairly by any employee at the Institute. The purpose of this procedure is to provide a formal mechanism to report and resolve grievances that are not addressed through the Intern-Supervisor Conflict or the Due Process policy.

General Overview of Grievance Policy:

In the event that a problematic situation arises between a trainee and an Institute employee or if a trainee has a significant concern about the program, the following steps should be taken:

1. The trainee is strongly encouraged to first attempt a verbal resolution through verbal discussion with the parties involved (e.g., directly with the staff member for an interpersonal conflict or with the program training director for issues related to the program). If the trainee prefers, they may choose to share their concerns verbally with the Senior Psychologist, the Vice President/ Department Director, the Chief Clinical Officer of the Kennedy Krieger Institute, or the Vice President of Training.
2. If the trainee is dissatisfied with the outcome of the attempt at a direct verbal resolution with the parties involved or if the trainee fears retaliation with direct verbal discussion, the trainee should submit a written grievance and summary of the attempt to verbally resolve the grievance to interested, but uninvolved parties (e.g., the program training director(s), the senior psychologist, or one of the department co-directors). This written grievance and summary should be submitted within seven working days of the failed verbal meeting.
3. Upon receiving the written grievance, the leader(s) who received the written complaint may request a meeting with the trainee and may convene a small committee (possible members include senior psychologist, department co-directors, chief clinical officer, and/or vice president of training) to determine the best next steps for resolving the grievance. A written response to the grievance will be shared with the trainee within 7 days.
5. Lastly, the Johns Hopkins School of Medicine has a grievance procedure for faculty, residents, fellows, and the student body to address serious matters which are not resolved using the procedures above. For more information go to:
https://hpo.johnshopkins.edu/som/policies/501/37864/policy_37864.pdf

If these are not successful there are more formal avenues that can be pursued through the School of Medicine. (Grievance Procedure for Faculty, Fellows, and the Student Body).

*JHU will not tolerate harassment, sexual harassment (including sexual violence), discrimination or retaliation in the workplace or educational environment whether committed by managers, faculty, administrators, staff, or students, or by visitors to our institution of higher learning. To file a complaint through official university channels go to: <https://oie.jhu.edu/discrimination-and-harassment>

Support Plan

The program understands that additional support, beyond what is programmatically provided through the internship, may be necessary if an intern's performance drops below that expected of the intern. To ensure all interns have sufficient support to develop skills necessary for entry to practice, the following Support Plan policy is to be followed and is based on the guidelines set forth by the Kennedy Krieger Institute, The Johns Hopkins University School of Medicine, APA, and APPIC.

If a supervisor determines that an intern's performance on a particular behavioral element is not at expected level and performance has not improved following verbal feedback, or if an intern receives below a "2" at First or Second Quarter evaluation or below a "3" at Third Quarter evaluation, the following procedures will be initiated following consultation with the Training Director:

a) Written support plan to be implemented including:

- i. an operational definition of the intern's behavior that needs improvement.
- ii. actions needed by the supervisor to support the intern in correcting deficit.
- iii. the time line for reviewing progress (suggested, two to four weeks).
- iv. action that will be taken if performance does not improve.
- v. notification that the intern has the right to request a review of this action.
- vi. The supervisor, intern, and training director sign the written plan.

b) The intern's Graduate School Director of Clinical Training will be notified when a support plan is implemented.

c) If performance has improved, the supervisor and intern agree to continue with the support plan and agree to monitor performance in specified (suggested, two to four week) intervals until satisfied that performance has returned to expected levels. Performance is then tracked according to usual policy. Supervisors can decide to implement more frequent evaluations (other than 3, 6, 9 and 12 months). Written feedback is provided to the intern and Graduate School Director of Clinical Training within 2 weeks of supervisor's and internship Training Director's satisfaction that performance has returned to expected levels- documenting that: a) performance has improved to expected levels; and b) any continued evaluations planned, that are more frequent than quarterly review periods.

d) If performance has NOT improved and it is determined that this is not because of the supervisor not following through with assistance, additional supports may be determined or the intern may be placed on a Remediation Plan (see Remediation Plan for additional guidance). Written feedback is provided to the intern and Graduate School Director of Clinical Training within 2 weeks of the decision by the supervisor(s) and internship Training Director that performance is not improved- documenting that: a) performance has not improved to expected levels; b) additional supports are needed- and the specific nature of supports to be implemented;

and c) whether or not a Remediation Plan will be implemented and the details of the remediation plan (see Remediation Plan).

e) In the case of an intern displaying poor performance from the start of internship, the supervisor, noting the concerns in consultation with the Training Director, will share specific concerns (verbally and in written form) with the intern and inform the intern that his/her performance will be evaluated at the end of the first month of the rotation, such that the intern can work on deficit areas prior to the first evaluation.

Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the intern. If a supervisor feels unable to do so (personality conflicts, etc.), another supervisor should become involved with the intern.

Remediation Plan

The Kennedy Krieger Institute recognizes the prerogative of the training leadership to appoint and terminate doctoral interns. It is the policy of the departments to employ procedural fairness in all matters, which may lead to termination. For the protection of all concerned (the intern, the departments, and the Institute), the following policy for remediation and disciplinary action for doctoral interns is to be followed and is based on the guidelines set forth by the Kennedy Krieger Institute, The Johns Hopkins University School of Medicine, APA, and APPIC. If the concern relates more to skill deficit, the Support Plan should be followed. A Remediation Plan should be developed when the intern is exhibiting concerning behavior (e.g., unprofessional) or has failed to meet the requirements of a Support Plan (see Support Plan for more details).

1. Remediation and Sanction Alternatives - It is important to have meaningful ways to address a problem once it has been identified. In implementing remediation, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern's training group, the training staff, other agency personnel, the department and Institute. In the case that a problem with an intern is identified, the following procedures will be initiated:

a) Verbal Warning to the intern is conducted by the supervisor(s) responsible for the area of the intern's work that is noted to be unsatisfactory, emphasizing the need to discontinue the inappropriate behavior under discussion. The Training Director should be provided with written documentation of the date and nature of all verbal warnings given to individuals. In the case of co-occurring behavioral deficiencies, the intern should be given specific instructions on what to improve.

b) Written Remediation Plan is developed by the supervisor in collaboration with the Training Director when the inappropriate behavior was not modified following verbal warning, or has demonstrated inability to meet the requirements of a previously administered Support Plan. The Plan will contain:

i. a description of the intern's unsatisfactory performance

ii. actions needed by the intern to correct the unsatisfactory behavior

iii. actions needed by the supervisor to support the intern in correcting the problem

iv. the time line for correcting the problem,

v. action that will be taken if the problem is not corrected,

vi. notification that the intern has the right to request a review of this action and if the intern disagrees with either all or part of the negative performance evaluation or the remediation plan, the intern may seek due process (**see Due Process Policy**) to resolve the concern.

The intern's Graduate School Director of Clinical Training will be notified when a remediation plan is implemented.

If Performance has improved and/or inappropriate behavior discontinued or resolved written notification developed by the supervisor in collaboration with the Training Director is provided

to the intern and the Graduate School Director of Clinical Training within 2 weeks of supervisor's and internship Training Director's satisfaction that performance and/or behavior has attained expected levels- documenting that: a) performance and/or behavior has improved ; and b) any continued evaluations planned, that are more frequent than quarterly review periods.

c) Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the training director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include, but are not limited to:

- i.increasing the amount of supervision, with the same or other supervisors
- ii.change in the format, emphasis, and/or focus of supervision
- iii.recommending personal therapy
- iv.reducing the intern's clinical or other workload
- v.requiring specific academic coursework

The length of a schedule modification period will be determined by the training director in consultation with the supervisor(s) responsible for the intern's work in the areas of deficiency and the chief psychologist. The termination of the schedule modification period will be determined, after discussions with the intern, by the training director in consultation with the intern's supervisor and the chief psychologist. If the training director determines that there has not been sufficient improvement in the intern's behavior to remove modified schedule, the training director will discuss with the responsible supervisor(s) possible courses of action to be taken. The training director will communicate in writing to the intern that the conditions for revoking the modified schedule have not been met. This notice will include the course of action the training director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the training director will communicate to the chief psychologist, department director and the intern's Director of Clinical Training (DCT) that if the intern's behavior does not change, the intern will not successfully complete the internship.

d) Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the training director systematically monitors for a specific length of time the degree to which the intern addresses changes and/or otherwise improves the behavior associated with the inadequate rating. A decision for probation is made by the training director in consultation with the responsible

supervisor(s), chief psychologist, and department director. The intern is informed of the probation in a written statement, which includes the following:

- i.the specific behaviors associated with the unacceptable rating
- ii.the recommendations for rectifying the problem
- iii.the time frame for the probation during
- iv.the procedures to ascertain whether the problem has been rectified.

If the training director determines that there has not been sufficient improvement in the intern's behavior to remove the probation, the training director will discuss with the responsible supervisor(s), possible courses of action to be taken. The training director will communicate in writing to the intern that the conditions for revoking the probation have not been met. This notice will include the course of action the training director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the training director will communicate to the intern, the program's chief psychologist, department director and the intern's DCT that if the intern's behavior does not change, the intern will not successfully complete the internship.

e) Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the training director in consultation with the senior psychologist and department director. At the end of the suspension period, the intern's responsible supervisor(s) in consultation with the training director will assess the intern's capacity for effective functioning and determine when direct service can be resumed. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. Administrative leave would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. Note: If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The training director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

f) Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee is unable or unwilling to alter her/his behavior, the training director will discuss with the chief psychologist, training committee, department directors, the director of training administration, and the intern's DCT the possibility of termination from the training program or dismissal from the agency. Dismissal would be invoked in cases of failure to respond to several remediation attempts, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. Before taking final action, the chief psychologist, department directors and the training director shall meet with the intern. When an

intern has been dismissed, the training director will communicate to the intern's academic department that the intern has not successfully completed the internship.

A written summary statement will be prepared by the Training Director in consultation with the Training Committee, Chief Psychologist, and Department Director, defining the problem, warnings issued, and the proposed mechanism for its resolution (probation or termination), and a specific statement as to action to be taken on salary, fringe benefits and training certification. In cases of termination, ordinarily salary and benefits will terminate as of the effective date and training certification may be granted for the period of months of acceptable service. Health insurance benefits may be maintained at the option of the individual beyond the termination date so as to provide an orderly transition. The doctoral intern should be informed of the right to appeal available to him/her under due process (See Due Process policy) and applicable procedures of APA and APPIC. Approved written decisions should be hand delivered to the intern or sent by certified mail, return receipt requested.

Note: In all cases, it is imperative that supervisors and other program administrators take a nurturing, non-threatening, helpful approach with the intern. If a supervisor feels unable to do so (personality conflicts, etc), another supervisor should become involved with the intern. Nonetheless, everyone involved in the remediation process must *be clear* that this is a serious process, and that the intern is at risk for dismissal. Graduate Program Directors of Clinical Training will be informed of all remediation steps.

Policy for Interns Who May Need Accommodations

The purpose of this policy is to assist interns who may have potential impairments to access or obtain support necessary to resolve or manage their impairment and successfully complete the internship. Every reasonable effort will be made to meet the needs of the intern so that he or she can successfully complete the internship. Impairment is defined as a situation, event, or condition that precludes or interferes with the intern's completion of their training responsibilities. Impairments may include but are not limited to substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, illegal activities, and civil litigation.

1. If an intern reports an impairment to a supervisor, the supervisor and intern should discuss the intern's perceived needs relative to this impairment. The intern and supervisor should construct a list of the intern's needs.
2. The supervisor and intern should have a frank and open discussion regarding confidentiality. The supervisor will inform the intern that the training director will be notified. If the intern requests that some or all of the information discussed remain confidential (beyond the supervisor and the training director), the supervisor and training director will honor this request if the problems resulting from the intern's impairment can be resolved in a timely manner without placing anyone (e.g., patients, staff, and other interns) at risk and if it is within the purview of the supervisor and the training director to make the changes requested by the intern.
3. If the supervisor and the training director believe that the issues resulting from the intern's impairment are serious and cannot be resolved in a timely manner or that the intern requires resources that are not within the supervisor's and/or training director's purview, the supervisor and the training director will inform the intern that it will be necessary to involve additional individuals. The supervisor and the training director will inform the intern regarding what information will be disclosed and to whom it will be disclosed. Even in this case, the supervisor and the training director will make every reasonable attempt to keep the information as confidential as possible by only involving those individuals who are necessary to resolve or manage the issues resulting from the intern's impairment.
4. The supervisor, intern, training director, and if necessary, other faculty will construct a plan to meet the intern's needs. In constructing a plan, consideration will be given to the intern's needs, the requirements of the training program, and the impact on staff, patients, and other interns. When circumstances preclude the department from making modifications requested by the intern, these issues will be discussed with the intern and every reasonable attempt will be made to meet the intern's needs in some other way. The Intern's DCT may be notified.
5. If the intern requests time off (above and beyond the time allotted for interns), every reasonable attempt will be made to accommodate the intern, while insuring that the requirements of the training program are met and preventing any negative impact to staff, patients, and other interns. The intern and supervisor will construct a plan in writing for how the intern will meet the training requirements in light of scheduled time off. A copy of this written plan will be given to the training director to ensure uniform application of policies across interns. The Intern's DCT will be notified.

6. If a supervisor suspects the impairment of an intern, or another intern, staff member, or patient's parent reports the impairment of an intern, the reporting party will be asked to discuss the suspected impairment with the training director. If the reporting party is unwilling to discuss the issue with the training director, the recipient of the report will discuss the issue with the training director. The training director will discuss the issue with the intern's supervisor.
7. If the supervisor and training director determine that the issue does not require intervention, they will develop a plan to monitor the situation.
8. If the training director and supervisor determine that the issue is of a seriousness to warrant action, a plan will be developed to resolve the issue. In general, a faculty member will be identified by the training director who knows the intern well (i.e., has developed a positive rapport with the intern) and who can address the issues with the intern in a sensitive and empathetic manner. This faculty member will meet with the intern. The faculty member will inform the intern that the purpose of the meeting is to provide support to the intern in order to assist the intern in completing the internship successfully. The faculty member will discuss with the intern that some concerns have been expressed about the intern. The faculty member will outline the data that led to the concerns. The faculty member will ask the intern to work with him or her to adequately address these concerns. The faculty member and intern will devise a plan for addressing the intern's needs.
9. If the intern disputes the allegations, and the issue is not affecting the intern's performance, the supervisor and training director will develop a plan to monitor the situation. If the intern disputes the allegations, and the issue is affecting the intern's performance, the supervisor and intern will identify the areas in which the intern's performance is being affected. They will develop a plan to improve these particular areas of performance deficit. The supervisor will make recommendations for the intern to receive additional assistance (e.g., drug counseling) when appropriate.
10. In the event that further action is necessary, please see the Remediation Plan Policy.

Due Process Policy

Purpose

On occasion, the Training Program may identify performance or behavior in a trainee that does not meet expectations and require correction or remediation. Due process ensures that such decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees and provide appropriate appeal procedures available to the trainee. These procedures may be implemented if a trainee fails to meet established competency milestones and/or in response to problematic behavior. All steps need to be appropriately documented and implemented.

Trainees' Rights and Responsibilities

- a) Trainees have the right to receive information regarding the program's expectations and procedures for evaluation and due process during the orientation period.
- b) Trainees have the right to receive timely and regular feedback regarding their performance and any concerns for problematic behavior.
- c) If due process procedures are initiated, trainees have the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- d) Trainees have the right to receive information regarding due process decisions within the timeline outlined below.
- e) Trainees have the right to respond to and appeal the program's actions. Adequate time will be provided to formulate a response or appeal. When a challenge is made, the trainee must provide information supporting his/her position or concern.
- f) Trainees have the responsibility to interact with the training program in a respectful, professional, and ethical manner, make every reasonable attempt to remediate behavioral and competency concerns, and strive to meet the aims and objectives of the program.

Training Program's Rights and Responsibilities

- a) The program has the right to implement these Due Process procedures when they are called for as described below.
- b) The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical.
- c) The program has a right to make decisions related to remediation for a trainee, including probation, suspension and termination, within the limits of this policy.
- d) The responsibilities of the program include engaging with the trainee in a manner that is respectful, professional, and ethical, making every reasonable attempt to support trainees in remediating behavioral and competency concerns, and supporting trainees to the maximum extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this policy, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) a failure to meet competency milestones as delineated on the

postdoctoral traineeship evaluation form at the scheduled rotation, quarterly, or annual reviews; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- a) the trainee does not acknowledge, understand, or address the problem when it is identified;
- b) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- c) the quality of services delivered by the trainee is sufficiently negatively affected;
- d) the problem is not restricted to one area of professional functioning;
- e) a disproportionate amount of attention by training personnel is required;
- f) the trainee's behavior does not change as a function of feedback, and/or time;
- g) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- h) the trainee's behavior negatively impacts the public view of the agency;
- i) the problematic behavior negatively impacts other trainees;
- j) the problematic behavior potentially causes harm to a patient; and/or,
- k) the problematic behavior violates appropriate interpersonal communication with staff at Kennedy Krieger Institute or Johns Hopkins University.

General Due Process Guidelines Include:

- a) Presenting to the trainees during the orientation period the program's expectations related to professional functioning in writing and discussing these expectations in both group and individual settings.
- b) Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- c) Articulating the various procedures and actions involved in making decisions regarding impairment.
- d) Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- e) Providing a written procedure to the trainee that describes how the trainee may appeal the program's action. Such procedures are included in the trainee handbook provided to trainee and reviewed during orientation.
- f) Ensuring that trainees have sufficient time to respond to any action taken.
- g) Using input from multiple professional sources when making decisions or recommendations regarding the trainee's performance.
- h) Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

When a matter cannot be resolved between the training director and trainee or staff through Trainee- Supervisor Conflict Resolution efforts (see policy on Trainee-Supervisor Conflict

Resolution), the steps to be taken are listed below:

- a) Notice - There are two situations in which grievance procedures can be initiated. A trainee can challenge the action taken by the training director or a member of the training staff may initiate action against a trainee. These situations are described below.
 - i. *Trainee-Initiated Challenge* - If the trainee wishes to formally challenge any action taken by the training director, the trainee must inform the training director in writing of such a challenge within 5 business days of receipt of the training director's decision. When a challenge is made, the trainee must provide information supporting the trainee's position or concern. Within 3 business days of receipt of this notification, the training director will consult with the senior psychologist and the vice president of training and will implement review panel procedures as described below. See also Grievance Policy below for the process regarding specific concerns with supervisors.
 - ii. *Staff-Initiated Challenge* - If a training staff member has a specific trainee concern that is not resolved by the training director, the staff member may seek resolution of the conflict by written request to the training director for a review of the trainee's behavior. Within 3 working days of receipt of the staff member's challenge, the training director will consult with the senior psychologist and vice president of training and a review panel will be convened.
- b) Hearing/Review Panel and Process
 - i. When needed, the senior psychologist will convene a review panel. The panel will consist of three staff members selected by the senior psychologist with recommendations from the supervisor, training director, and the trainee involved in the dispute. The trainee or supervisor has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
 - ii. Within 5 business days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within 3 work days of the completion of the review, the review panel submits a written report to the senior psychologist that includes any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
 - iii. Within 3 business days of receipt of the recommendation, the senior psychologist will either accept or reject the review panel's recommendations. If the senior psychologist rejects the panel's recommendations due to an incomplete or inadequate evaluation of the dispute, the senior psychologist may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
 - iv. If referred back to the review panel, the panel will report back to the chief psychologist within 5 business days of the receipt of the chief psychologist's request of further consideration. The senior psychologist, in conjunction with the Vice President of Training, then makes a final decision about what action is to be taken.
 - v. The training director informs the trainee and supervisor of the decisions made.
- c) Appeal
 - i. If the trainee wishes to formally challenge the Due Process decision, the trainee

- must inform the training director in writing of such a challenge within 5 business days of receipt of the training director's decision. When a challenge is made, the trainee must provide information supporting the trainee's position or concern.
- ii. If the trainee wishes to appeal this decision, they can address the appeal in writing to the Vice President of Training.
 - iii. The trainee has the right to contact APPIC at any point to obtain support.

Conference Attendance Policy

1. Interns are granted a travel stipend to be used for presentation at professional conferences. The amount of the travel stipend will be determined each year by the Training Committee. The travel stipend is dependent upon the availability of departmental funds within the fiscal year. The department director will determine if sufficient funds are available to grant travel stipends.
2. An intern will be reimbursed up to the allotted amount, with any expenses above this stipend to be paid for by the intern. In the event that you received a travel advance and your final expenses totaled less than the travel advance, you will be required to return the difference.
3. Any amount of the stipend that is **NOT** used for the one conference is considered void and is unavailable for additional conferences.
4. Travel stipends must be approved in advance by the Training Director. Any forms required for reimbursement, such as the Travel Expense Report and Request for Travel Advance forms, will go directly to the Training Director. Interns should read and follow the guidelines for Travel Reimbursement prior to incurring any expenses.
5. Request for time off must be approved by your clinic supervisors. Requests for time off should conform to the guidelines of the Doctoral Intern Leave Policy.

Note: Currently, interns will be allotted \$500. Please send proof of presentation (e.g., copy of program or acceptance letter/email) to the Training Director.

Dissertation Policy

1. Interns may work on dissertations during the work day provided that it does not interfere with assigned clinical responsibilities and the supervisors gives the approval. If there is a possibility that work on the dissertation will interfere with clinical responsibilities, the intern must work on the dissertation during non-work times (i.e., evenings and weekends).
2. It is the responsibility of the intern and the supervisors to monitor the intern's progress to ensure that internship responsibilities are being successfully completed.
3. Interns who would like to conduct their dissertation as a part of their internship should discuss their proposal with their supervisors. If both primary supervisors and the intern agree on a preliminary plan, the intern should write an abstract describing the project. This abstract will be submitted to the training committee for review. The training committee may provide feedback to the intern and supervisor when appropriate. Keep in mind that if data are collected at KKI, the study will be subject to review by the Institutional Review Board (IRB) of the Johns Hopkins University School of Medicine in addition to the IRB of the intern's university. Interns should discuss this with their supervisors.
 - The intern and supervisors will schedule a time for the intern to present his/her proposal. The meeting can be one of the regularly scheduled training committee meetings, topical seminars, etc. The faculty will be invited to attend this meeting. The faculty may provide feedback to the intern.
 - Based on the feedback from the faculty, the supervisor and intern can decide to modify the plan or proceed as proposed.
 - The supervisor will monitor the project and provide monthly updates to the training committee.
4. In the event the intern needs time off for dissertation defenses and other related meetings away from work (e.g., the intern must return to his/her university), the intern must request time off before the scheduled event and use the allotted professional time. See the intern leave policy for additional details.

Doctoral Intern Leave Policy

1. Understanding that interns are expected to complete 2,000 training hours during their internship year, interns are granted the following leave:

- a) 10 vacation days
- b) Regularly scheduled Institute holidays
- c) Up to 5 professional days
- d) 9 sick and safe days

Vacation days: must be approved by primary supervisors in advance

Institute holidays: see the Kennedy Krieger Institute Holiday schedule for specific days.

Professional days: refer to Professional Days policy.

Sick and safe days: to be used when intern is contagious or has an illness/injury preventing intern from performing job. Sick days are not to be used as additional vacation or professional development days. Sick days should be used only when necessary, as they subtract from the intern's total training time. If an intern takes 4 sick days within a 3 month period, the supervisors, training director, and intern will meet to discuss how absences will affect completion of training. Other eligible reasons for which accrued, paid sick leave can be used has been expanded to include certain absences related to: domestic violence, sexual assault or stalking against an employee, or against the employee's family member maternity or paternity leave.

Bereavement Policy: In the unfortunate event that an intern needs to attend the funeral of a family member or support a family member who is ill, the intern may use up to three sick days and would then use any other requested days as vacation. Extenuating circumstances will be discussed on a case-by-case basis.

In the event that all professional days are exhausted, the intern will be required to use vacation days for all remaining professional activities. If all professional and vacation days are exhausted and additional professional time is necessary, it is up to the discretion of the supervisor as to whether or not the intern can take time off.

As per Institute-wide policy, an intern may be asked to present his/her supervisor with a physician's letter stating the nature of the illness/injury. If the intern misses three or more consecutive calendar days, he/she will need a physician's letter providing the date of return to work.

Your supervisor must approve all requests for time off in advance. The intern must first receive approval from supervisor, complete the Request for Leave form, and then email this form to Jamie Sharkey – sharkey@kennedykrieger.org

Extenuating situations will be reviewed on an individual basis with the intern, supervisors and training director.

6. Interns are not permitted to end their training on vacation or professional leave. Interns must be physically present on their final training day to complete the exit process.

Professional Days

Professional days are vital to internship and allow interns to focus on relevant career-building activities. Interns receive five (5) professional days throughout internship. It is common for interns to need to apply vacation days for remaining professional days needed beyond the allotted four days.

The following are acceptable activities that can be used as professional days:

- Traveling to and attending a conference/training.
- Attending local training/workshop.
- Traveling to and attending a dissertation defense. Half-travel day permitted on either end if needed.
- Traveling to and participating in a job talk/interview or post doc interview. Half-travel day permitted on either end, if needed.
- Traveling to graduate program for data collection in advance of defense. Half-travel day permitted on either end, if needed.
- Traveling to and meeting with your advisor in advance of defense. Half-travel day permitted on either end, if needed.
- Traveling to and attending graduation. Half-travel day permitted on either end, if needed.
- Taking the EPPP or state exam. Limit to 1 day.
- Final EPPP preparation (within one week of exam). Limit to 1 day.

The following are not considered appropriate for professional days and should be taken as vacation days:

- Job training/requirements for future employment (orientation, in-services, fingerprinting, meeting with future colleagues, etc.).
- General “writing dissertation” days
- General EPPP study time, beyond the one allotted day.
- Personal growth/enrichment courses/seminars

Research Policy

Beyond the research requirements of internship, some may be interested in working with faculty on developing new research questions. The following guidelines apply:

- a. Do not commit to a research project until after the first quarter of internship (i.e., beginning of November). This will allow you time to become accustomed to the duties of your clinical rotation and your new schedule.
- b. After you have identified a research project, contact the investigator to obtain details (e.g., how many hours per week, what day(s), and responsibilities). Do **NOT** make a commitment to participate in the project.
- c. Meet with the training director to discuss this research opportunity. If you and the director agree that this will not take away from your clinical activities, you can make the necessary arrangements with the investigator.

Postdoctoral Fellowship: Internal Application Process

1. Applications (from current interns) for Center for Child and Family Traumatic Stress Postdoctoral Fellowship deadline is January 1.
2. Submit a cover letter, updated CV, and degree verification letter to the Director of Training. Degree verification letter will be authored by your Clinical Director of Training or dissertation chair. **Must defend dissertation one month before beginning date.**
3. You will be notified of your status by the Training Director by the Uniform Notification Date set by APPIC.
4. If you need earlier notification, please let the Director of Training know.

Policy on Maintenance of Records

1. Intern Training records are maintained by the Director of Training and include the following which are permanently and securely stored in a locked filing cabinet for future reference by the intern or by confirmed written release to licensing and credentialing bodies:

- a. Dates of training
- b. Names of supervisors and training track(s)
- c. Quarterly and final evaluations
- e. Due process documentation
- f. Certificate of internship completion

2. Based on APA Commission on Accreditation Regulations: The internship program maintains information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individual associated with the program since its last accreditation site visit. These records are maintained until the next APA site visit.

Non-Discrimination Policy

The doctoral internship program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The training program follows Kennedy Krieger Institute's policy, as an equal opportunity employer, of commitment to diversity at all levels. The internship training program welcomes and encourages qualified individuals to apply and enter on the basis of demonstrated ability, performance, and merit and embraces cultural and individual differences including but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, veteran status, and socioeconomic status.

Tele-supervision Policy

Consistent with the APA’s Implementing Regulation C-15, in which the benefits of in-person supervision are laid out, and guidance for tele-supervision is established, the following policy balances strengths of both approaches.

IR C-15 supplies these definitions:

Tele-supervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.

In-person supervision is supervision of psychological services where the supervisor is physically in the same room as the trainee.

Rationale:

The Kennedy Krieger Institute/Johns Hopkins Center for Child and Family Traumatic Stress/Center for Developmental and Behavioral Health shifted rapidly to tele-supervision and began offering telehealth services with the onset of the COVID-19 pandemic beginning in March, 2020. This change was needed to protect the health and safety of trainees, patients, faculty, and other staff, and to ensure continued clinical service delivery. Our clinical programs, consisting of two outpatient clinics, continue to provide the majority of patient care via telehealth. Consistent with Kennedy Krieger and departmental policies, most of our clinicians and trainees work on a hybrid basis, coming in to the office 1-3 days per week and participate in other meetings and services remotely. Given the proliferation of telehealth services and the implementation of PSYPACT, it is evident that telehealth psychological services have become a mainstay of psychological clinical practice. Accordingly, it is important for trainees to have experience receiving (and providing) supervision through both in-person and tele-supervision modalities. We also recognize the benefits of in-person clinical work and supervision to facilitate personal and professional teambuilding, attunement to subtle non-verbal cues, and socialization to the profession. Thus, we continue to use a hybrid approach, balancing the provision of in-person and tele-supervision—consistent with APA guidance.

How and when tele-supervision is utilized in clinical training:

Tele-supervision is conducted normally through secure synchronous links. When emergencies arise or a synchronous link is not available, supervisory support may be provided by phone call between the supervisee and supervisor.

Tele-supervision will not account for more than one hour of the minimum required two weekly hours of individual supervision and two hours of the minimum required four hours of total weekly hours of supervision. Tele-supervision may be utilized, based on supervisor/supervisee agreement and availability, for one hour of individual supervision within the minor or major rotation (CCFTS or DBH). Our interns generally receive at least five hours of weekly supervision (3 individual/2 group).

Training aims and tele-supervision:

Because consistent access to and continuity of supervision is foundational to health service psychology training and practice, the program has adopted this Tele-supervision Policy. The policy is in line with our current program aims and KKI hospital policy by providing intensive supervision to our trainees even if that cannot always occur in person due to any potential issues with accessibility (e.g., COVID, weather, health needs, scheduling changes).

Self-assessment of trainee outcomes and satisfaction with use of tele-supervision vs. in-person supervision

Supervisory ratings completed by trainees at mid-point and end of the training year include a question asking the trainees to rate their outcomes and satisfaction with use of tele-supervision vs. in-person supervision. These self-assessments are reviewed in psychology training committee meetings when there are perceived difficulties or relative negative impacts of tele-supervision.

How it is determined which trainees can participate in tele-supervision:

At the start of training, all trainees are eligible and participate in both tele-supervision and in-person supervision. However, if specific circumstances require greater in-person supervision, the Training Committee will review the case and discuss any needed modifications to the trainee's supervision plan.

How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience:

To promote the establishment of a positive relationship at the onset of the supervisory experience, all supervisors are involved in providing the in-person trainee orientation sessions, attending group welcome events, fall retreats, and other frequently-occurring social events. When possible, the supervisors also meet in-person with their supervisees on days when they are in the office. In terms of potential ruptures: the supervisor rating scale, completed quarterly by interns, asks if their supervisor has checked in about how the process of supervision is going. This item informs whether there have been ruptures and how they have been handled.

How an off-site supervisor maintains full professional responsibility for clinical cases:

All supervisors access the electronic medical record (EPIC) used at Kennedy Krieger Institute. They sign off on all patient contacts, ensuring professional responsibility for clinical cases.

How non-scheduled consultation and crisis coverage are managed:

While regular supervision sessions are scheduled throughout the week, trainees are directed to call their supervisor in times of needed non-scheduled (non-emergency) consultation. The supervisor will reach out to the trainee to schedule a time to discuss the case over and above regularly scheduled supervision. At least one of the program supervisors is always in the building when trainees are performing clinical work, and those supervisors can be accessed as well. In cases of emergency during regular office hours, trainees are directed to contact the supervisor, and if unavailable, the onsite beeper team (senior clinical staff on-call) for

consultation and support. After hours, the trainees are directed to call the supervisor and if needed, to consult with after-hours emergency on-call staff.

How privacy and confidentiality of the client and trainees are assured:

All telehealth and tele-supervision is conducted by a synchronous audio and video, secure Zoom Healthcare link that provides end-to-end encryption and meets HIPAA standards.

The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor:

During their orientation, trainees receive telehealth training as part of onboarding and have access to telehealth IT support. Trainees are provided with an encrypted Kennedy Krieger laptop that is used for remote telehealth and tele-supervision activities during the course of their training year. During orientation they receive training on remote use of the EPIC medical records system and secure use of Zoom. Kennedy Krieger staff and trainees receive continuing education and training on providing services in a teleconferencing environment. Individual supervisors review the Tele-supervision Policy with the trainee at the time the standard Supervision Agreement is completed.

Ensuring that supervisors are competent to provide tele-supervision

All supervisors are required to complete the Telehealth Competency skill training module before providing supervision or patient care. This competency training reviews the Kennedy Krieger Telehealth Safety Policy; provides information about resources available to telehealth providers, discusses HIPAA regulations regarding telehealth service provision, and guides use of EPIC documentation of telehealth visits.

Changing between tele-supervision and in-person supervision

A change may be based on several factors. First, if a trainee is unsatisfied or having difficulty making use of either type of supervision, the other type may be considered. Also, if a trainee or supervisor was restricted to home-based work for a time, i.e., because of health limitations, tele-supervision may be preferred temporarily. Additionally, weather or other conditions that restrict the availability of in-person meetings may necessitate tele-supervision for a brief period.

Diversity, equity, and accessibility issues

Trainees complete an Individualized Development Plan (IDP) at the beginning of the training year, that includes questions about trainees' strengths, needs, and diverse identities. These are reviewed with trainees to support individual goal development. Any specific needs for accessible technology, time for childcare or healthcare, or other areas of diversity are identified to inform the use of tele-supervision vs. in-person supervision.