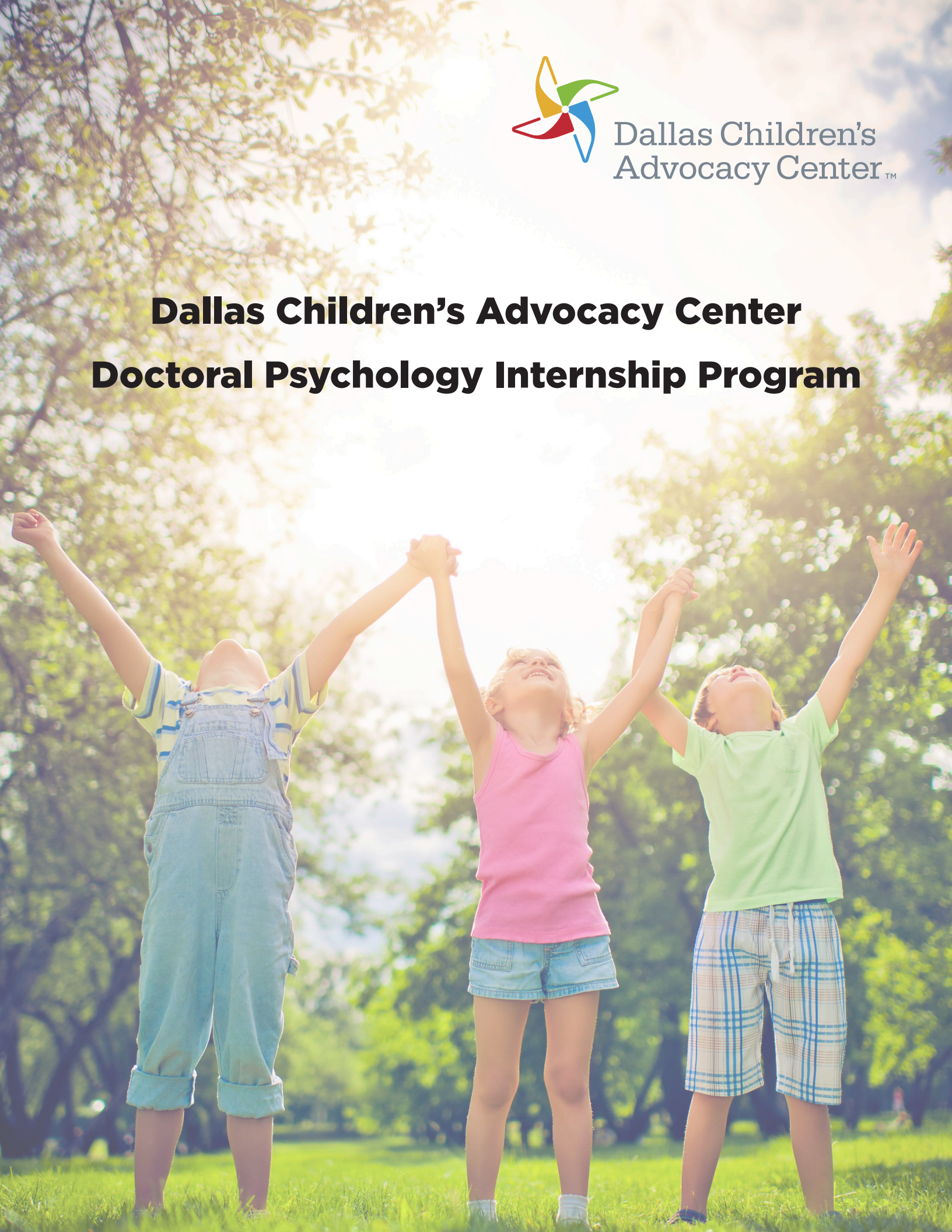




Dallas Children's
Advocacy Center™

Dallas Children's Advocacy Center Doctoral Psychology Internship Program





DALLAS CHILDREN'S ADVOCACY CENTER DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

PROGRAM OVERVIEW

The Therapy Program at Dallas Children's Advocacy Center (DCAC) offers a one-year, full-time psychology internship to doctoral students in clinical, counseling, or school psychology. Elena M. Doskey, Ph.D., a licensed psychologist, is the Director of Clinical Training at DCAC and directs the Doctoral Psychology Internship Program. Katrina Cook, Ph.D., a licensed psychologist, is the Director of Clinical Services at DCAC responsible for the development and maintenance of all therapeutic services delivered to children and families by DCAC's approximately 30 therapists. Lisa M. Schuster, Ph.D., a licensed psychologist, supervises interns in the REACH clinic at Children's Health Children's Medical Center Dallas. Nakisha Biglow, the Chief Partner Relations Officer, is Dr. Doskey's immediate supervisor. More information about the training committee can be found at the end of this brochure.

The Dallas Children's Advocacy Center (DCAC) Doctoral Psychology Internship Program shares DCAC's common set of core values in that (1) The children come first in all that we do; (2) We operate as a seamless team; and (3) Each of us acts with a servant's heart. To that end, the aim of the Dallas Children's Advocacy Center Doctoral Psychology Internship Program is to support the overall mission of the DCAC through the provision of training in evidence-based practices of psychology with an emphasis in child maltreatment.

The internship provides training in evidence-based practices that have been shown to be effective not only with children and families with child maltreatment histories but also those with other disruptive behavior, impulse-control, trauma-related, and mood disorders. This training will prepare interns for independent practice and successful post-doctoral specialization in the field of clinical child psychology and child maltreatment consistent with APA's required profession-wide competencies for internship programs as listed in the Standards of

Accreditation for Health Service Psychology. These competencies include (a) Research; (b) Ethical and legal standards; (c) Individual and cultural diversity; (d) Professional values, attitudes, and behaviors; (e) Communication and interpersonal skills; (f) Assessment; (g) Intervention; (h) Supervision; and (i) Consultation and interprofessional/interdisciplinary skills. A summary of the objectives covered within these competencies can be found in the Appendix at the end of this brochure. In addition, the internship also prepares future psychologists to work effectively within multidisciplinary teams in a variety of settings to best coordinate care and treatment for the children and families being served.

The DCAC Doctoral Psychology Internship Program partners with Children's Health and the University of Texas Southwestern Medical Center (UTSW), the academic medical center affiliated with Children's Health, to provide comprehensive training in the mental health and multidisciplinary treatment of children and families affected by child maltreatment. Supervision follows a developmental model and training is supplemented with weekly didactic/seminar experiences to aid the interns' development across APA's profession-wide competencies.

DALLAS CHILDREN'S ADVOCACY CENTER (DCAC)

The mission of Dallas Children's Advocacy Center (DCAC) is to improve the lives of abused children in Dallas County and to provide national leadership on child abuse issues. In the 2020 fiscal year, DCAC served over 8,000 children and their non-offending family members who were sexually abused, severely physically abused, or who had witnessed a violent crime.

DCAC was created to coordinate the investigation of child abuse cases that rise to the criminal level in a seamless, collaborative process. We facilitate a comprehensive, coordinated approach to these cases that not only results in more successful investigation and prosecution outcomes, but also provides a better and less traumatic experience to child victims and their families.

DCAC houses the Child Abuse Unit of the Dallas Police Department, seven units of Child Protective Services (CPS), and a Dallas County Assistant District Attorney. DCAC multidisciplinary team (MDT) partners include 27 law enforcement agencies in Dallas County, Children's Health, the Dallas County District Attorney's Office, the Dallas County Southwestern Institute for Forensic Services, and Texas Department of Family and Protective Services (DFPS).

DCAC also serves children through the following direct-service programs:

1. Forensic Interview Program

Trained DCAC forensic interviewers conduct interviews of children, both as a first step in the child's healing process and as a vital component of the investigation and prosecution. The result is a legally defensible investigative interview of each alleged child victim.

2. Family Advocacy Program

The Family Advocacy Team is committed to helping each family navigate the complex process of the investigation and prosecution of their case as well as the healing process after a child makes a disclosure of abuse. The team helps the family learn about their rights and available resources during this time of crisis. Clients receive information and help completing applications for Crime Victims Compensation. Families receive clothing, toiletries, and financial assistance on an as-needed basis.

3. Therapy Program

The Therapy Program provides clients and their non-offending caregivers with evidence-based, no-cost therapeutic services. Treatment is informed by an initial assessment to enhance engagement between families and therapists toward the recovery of children.

CHILDREN'S HEALTH

CHILDREN'S MEDICAL CENTER DALLAS

For more than 100 years, the mission of Children's Health has been to make life better for children. Since its humble beginnings in 1913 as a baby camp, Children's Health has had a long-standing commitment to its community that includes not only high-quality patient care but also advocacy, education, and preventive care with an unwavering focus on its mission.

Children's Health takes great pride in serving as the eighth-largest pediatric health care provider in the country and the only academically affiliated pediatric hospital in the area. Children's Health is honored to be consistently recognized among the top children's hospitals in the country by U.S. News & World Report.

Housed at Children's Medical Center Dallas, Referral and Evaluation of At-Risk Children (REACH) is the only clinic in the Greater Dallas area with medical providers specially trained and certified in Child Abuse Pediatrics. In 2020, REACH served more than 1,400 patients with concerns of suspected child physical and sexual abuse or neglect. Children's Medical Center Dallas believes that children in particularly difficult situations, including those who have experienced neglect or abuse, need more than a Band-Aid approach to help them heal, move beyond the abuse, and thrive. The clinical team at Children's REACH is linked with law enforcement, including the Dallas Police Department, Dallas Children's Advocacy Center, the District Attorney's Office, Child Protective Services (CPS), and all of the resources and medical subspecialties within Children's Medical Center. The combined effort of those resources and healthcare professionals ensures that the best, most comprehensive care is available to at-risk children in North Texas. Services include inpatient and emergency room consultations in cases of suspected child abuse; outpatient medical evaluations for child abuse diagnosis, prevention, and treatment; and psychosocial assessments and referral to social services agencies and medical subspecialties.

The team at REACH consists of medical providers and staff employed by Children's Health and the University of Texas Southwestern Medical Center (UTSW), the academic medical center affiliated with Children's Health. Both Children's Health and UTSW are multidisciplinary partners of DCAC who collaborate for the investigation,

treatment, and prosecution of child abuse cases in Dallas County. The current training agreement to allow for the REACH training rotation is between Children's Health and the interns' home universities, with the approval of the co-director and chief of the Division of Developmental-Behavioral Pediatrics at UTSW, the division that oversees the provisions of the medical services through the REACH clinic.

DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM DESCRIPTION

For the 2022-2023 training year, there will be two intern positions. The 12-month internship begins July 1, 2022 and is designed to be carried out over 40-50 hours per week, 10-15 of which will be spent in direct client care (face-to-face). Actual time may vary due to time needed to complete reports and other paperwork, make telephone contact, engage in case management, or attend special meetings. The completion of at least 2,000 total hours is required for the internship program, with at least 25% of the interns' time spent in direct client care (face-to-face). The internship precedes the granting of a doctoral degree and is post-practicum/externship.

ACCREDITATION

The Doctoral Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Center (APPIC; member code 2527). The Program is not currently APA-accredited. We submitted our self-study to the American Psychological Association (APA) Office of Program Consultation and Accreditation (OPCA) and have been approved for a site visit, which will likely occur between January and May, 2022. We cannot guarantee that accreditation will be granted. The contact information for the APA OPCA is included here.

American Psychological Association
Office of Program Consultation and Accreditation
750 1st St., NE
Washington, DC 20002

Telephone: (202) 336-5979
TDD/TTY: (202) 336-6123
Fax: (202) 336-5978
apaaccred@apa.org

A NOTE ABOUT COVID-19

DCAC and UTSW/Children's Health prioritize the health and safety of their employees, trainees, partners, and children and families. Interns are expected to abide by the safety protocols at DCAC and Children's Health/UTSW. At this time, vaccination against COVID-19 is not required at DCAC, though verification of vaccination status may be requested. Vaccination against COVID-19 is required at Children's Health. Applicants may contact the Children's Health Occupational Health Care Center (469) 488-2020, option 2 with questions regarding the vaccine requirement at Children's Health.

At this time, all services across both settings are provide on-site. If, for some reason, on-site services are curtailed interns will be able to maintain participation in training activities (i.e., supervision, didactics, consultation, etc.) through Microsoft Teams. Interns will use Doxy.me to deliver direct services to clients at DCAC. The interns would collaborate with the Director of Clinical Training and their supervisors to ensure they

are able to complete the needed direct-service hours. DCAC uses cloud-based storage of therapy resources that are accessible to interns off-site via Microsoft SharePoint and uses an electronic record system that can also be accessed off-site. Dr. Schuster provides support regarding the ability to complete off-site documentation related to services delivered at REACH.

We recognize COVID-19 has likely impacted applicants' ability to pursue the desired training opportunities as part of their overall formation as future psychologists. We also recognize it has likely impacted the number of supervised practicum hours applicants have been able to obtain. Please consult the selection procedures outlined below for instructions regarding how to address any concerns in this area as part of the internship application.

INTERNSHIP CLINICAL TRAINING EXPERIENCES

Ongoing Outpatient Therapy

Interns will carry between 8-12 therapy hours at DCAC. These cases will predominantly consist of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Interns will attend a free, live TF-CBT training conducted by an approved national trainer in TF-CBT and will likely be able to complete the other requirements for eligibility for national certification in TF-CBT upon licensure. Interns will be responsible for conducting intake assessments, formulating diagnostic impressions, and developing associated treatment plans. Opportunities exist for interns to co-facilitate group-based TF-CBT and group-based Problematic Sexual Behavior – Cognitive Behavioral Therapy (PSB-CBT), an evidence-based intervention for youth who engage in problematic sexual behavior. Opportunities also exist for interns to provide a brief peritraumatic intervention similar to Child and Family Traumatic Stress Intervention (CFTSI) in a co-therapy model. Ample opportunities exist to provide services in Spanish.

While members of the Training Committee and another staff therapist are Within Agency Trainers in Parent-Child Interaction Therapy (PCIT), opportunities for PCIT are dependent on availability of cases and are not guaranteed. Not all children referred for therapy services at DCAC ultimately require therapy and of those who do, we cannot guarantee that those who would benefit from therapy services would best be served by PCIT. If the client need for PCIT is present and interns express a desire to obtain training in PCIT, interns may be able to receive PCIT training with a PCIT International Within Agency Trainer. Interns may be eligible for certification as a PCIT Therapist through PCIT International Inc. at the end of the internship year; this will depend on a variety of factors including availability of cases, successful client completion of the intervention, and interns achieving the pre-determined PCIT competencies.

Interns are expected to work two weekday evenings (Monday – Thursday) until 8pm at DCAC each week to accommodate scheduling needs of children and families. On these days, the day's start time may be flexed.

Screenings

For the 2022-2023 training year, one intern will spend the first 6 months of the year completing screenings with the family advocates while the second intern completes a rotation in REACH. Interns will switch roles at the 6-month mark in training. Interns will partner with DCAC family advocates and conduct screenings designed (a) to identify mental health symptoms a child is experiencing and (b) to determine if the child and family should be referred for a mental health assessment and related therapy services. Screenings are generally conducted within two weeks following the forensic interview. Interns are expected to complete 2-4 screenings a week. Interns will staff screenings during part of their pre-determined supervision period with the family advocate responsible for their training in the area of screenings. Interns must staff the screenings with their family advocate supervisor prior to participating in the weekly screenings triage meeting (Friday; 12:30pm – 2:00pm) to staff the results of the screenings and consult with the family advocacy, forensic interview, and therapy teams to determine recommendations. Interns will be expected to complete any necessary follow-up communication with caregivers and/or multidisciplinary team partners. Opportunities may be available for family engagement sessions following the screening where advocates meet with clients to address any immediate needs, provide support, and offer education. Ample opportunities exist to conduct screenings in Spanish.

REACH

NOTE: The current interns' training at Children's Health is supported through a training agreement between Children's Health and the interns' home universities, with the approval of the co-director and chief of the Division of Developmental-Behavioral Pediatrics at UTSW, the division that oversees the provisions of the medical services through the REACH clinic. In the interest of full transparency and so university training directors can support applicants in discerning the best fit for their internship experience, those interested in applying to the Doctoral Psychology Program at DCAC are highly encouraged to inform their university training directors of nature of this training agreement. It is anticipated, though not guaranteed, that similar arrangements will be possible for the 2022-2023 intern class. If the training partnership agreement cannot be finalized for the 2022-2023 training year, additional hours of clinical experiences at DCAC will be built into the interns' schedules.ⁱ

Interns will spend two days delivering services in REACH across a 6-month period. For the 2022-2023 training year, one intern will spend the first 6 months of the year in REACH while the second intern conducts

screenings with the family advocates. Interns will switch roles at the 6-month mark in training. Interns will function alongside the psychologist embedded in REACH and as a member of the team of professionals evaluating and providing medical care to children who have been abused and/or neglected. The training agreement that allows for interns to complete a rotation in the REACH Clinic is between Children's Health and the intern's university; these agreements are required for all students that participate in training rotations that are offered at Children's Health directly, be they medical interns or interns from other disciplines such as psychology.

Throughout the REACH rotation, interns are trained as practitioner-scholars through a focus on direct clinical care and evidence-based practice. The practitioner-scholar model integrates a focus on clinical training with an emphasis on the incorporation of scholarship into clinical work. Interns will spend a minimum of half of their rotation time in clinical activities and at least half of that time will be spent in direct clinical care activities. During interdisciplinary medical team evaluations, psychology interns will be responsible for providing Health and Behavior Assessment and Intervention (HBAI) services to children ages 0- to 18-years. These assessments are conducted through clinical interviews, behavioral observation and clinical decision-making, including evaluation of the patient's responses to illness or injury, outlook, and coping strategies. Intervention services are provided individually and/or to the family, with or without the patient present, and include promotion of functional improvement, minimization of psychological and/or psychosocial barriers to recovery, and management of and improved coping with illness or injury. Opportunities exist to provide these services in Spanish.

Additional clinical opportunities include interdisciplinary collaboration with the medical team, social work, child life, Child Protective Services (CPS), and law enforcement and ongoing experience with assessing high risk behavior and safety planning with patients and parents/caregivers to help ensure the patient's safety. Interns may also have the opportunity to observe medical providers and/or the REACH psychologist provide testimony in the court system. Schedule permitting, the interns may participate in the REACH multidisciplinary peer review meetings.

The REACH clinic is open from 9:00 a.m. to 5:00 p.m., Monday through Friday; therefore, interns are expected to arrive at the clinic between 8:00 – 8:30 a.m. and will finish between 5:30 – 6:00 p.m. When interns are scheduled to be in the REACH clinic, it is expected that they are on site for the full day, unless otherwise indicated. It will likely not be possible for interns to meet the requirement for clinical hours if they leave early or arrive late on a regular basis.

ADDITIONAL TRAINING EXPERIENCES

Shadowing of multidisciplinary team partners

At various times during the training year, interns will meet with and shadow multidisciplinary team partners as part of their consultation experience. Interns will accompany these partners as they complete their day-to-day responsibilities while simultaneously gathering information about how mental health providers can support their work and vice-versa. A brief written summary of each shadowing experience will be required.

DCAC Lecture Series

The Lecture Series is held at various times throughout the year in DCAC's state-of-the-art training facility. The Lecture Series is designed for the sole purpose of providing training to only those people employed by governmental and nonprofit agencies in the fields of law enforcement, prosecution, child protective services, social work, children's advocacy, therapy, probation, parole, and medicine who work directly with child victims of crime and whose intent is to help children in their healing process. Interns may attend Lecture Series of their choosing with approval of the Director of Clinical Training.

Interns may also be required to attend mandatory all-staff trainings as determined throughout the year by DCAC leadership.

SUPERVISION AND DIDACTICS

Supervision

Interns will receive a minimum of two hours of scheduled individual supervision per week and at least four total hours of supervision per week; additional individual supervision may be scheduled depending on intern need. At least two hours of individual supervision is provided by psychologists licensed in Texas. Beyond scheduled individual supervision, interns will receive a combination of live supervision, review of recorded training experiences, and group supervision related to evidence-based interventions being delivered. When interns complete their rotation with the Family Advocacy Program, interns will complete an additional hour of scheduled weekly supervision with their family advocate supervisor. Other supervision may be provided by other mental health professionals at DCAC (i.e., licensed professional counselor (LPC), licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT)), or other professionals with expertise in the area of services being delivered (e.g., a family advocate). Two hours of group supervision will be provided; one hour will be scheduled when the interns begin their training year and one hour will be provided, in part, every Friday during Therapy Team Meeting. Participation in case presentations during this time is expected. Opportunities for receiving supervision in Spanish in addition to regularly scheduled bilingual peer consultation are available.

Didactics

Interns will participate in two hours of weekly didactics addressing profession-wide competencies within clinical child psychology. Didactics are generally held Friday mornings 8:00am – 10:00am. Topics include, but are not limited to, current research/best practices in clinical child psychology and child maltreatment; ethical considerations in professional practice and within multidisciplinary teams; assessing for and navigating individual and cultural differences in the context of therapeutic and professional relationships; professional development; evidence-based assessment and intervention practices; best practices in supervision and considerations for professional practice; and consultation within multidisciplinary teams. At times, interns will participate in more time-intensive didactics involving evidence-based interventions such as TF-CBT and PSB-CBT, staff-wide trainings, or multidisciplinary team collaborations and trainings. At times, interns will also be expected to lead the didactics by presenting a summary of research findings and/or best practices salient to clinical practice in any of the profession-wide competencies.

Intern Meeting

Interns will meet together with the Training Director every other week at the beginning of the training year and then monthly, as determined by the Training Director. This time is provided for interns to ask questions, raise issues, and provide feedback and suggestions. It affords an opportunity to discuss the training program, clarify expectations and procedural issues, and maintain open lines of communication.

INTERN PERFORMANCE EVALUATIONS

Interns are expected to develop profession-wide competencies put forth by the American Psychological Association (APA) Commission on Accreditation (CoA) in preparation for entry level practice and postdoctoral specialization. At the beginning, 6-, and 12-month timepoints, interns complete a self-evaluation of their abilities relative to these competencies. While progress is monitored and formative feedback is given throughout the year in a variety of contexts (live supervision, individual supervision, group supervision, etc.), a formal summative evaluation of interns will be completed by each supervisor at the 3-, 6-, 9-, and 12-month timepoints. Each supervisor is responsible for completing an evaluation at these timepoints, for reviewing evaluation feedback with the intern during supervision, and for providing a copy of the evaluation to the Director of Clinical Training at DCAC. The Director of Clinical Training retains these records and also forwards these records to Human Resources where they are permanently maintained as part of the intern's employee record. Supervisors may decide to implement more frequent evaluations other than the already established review periods. Copies of the 6- and 12-month evaluations are forwarded to the Director of Clinical Training at the intern's university. At the 3-, 6-, 9-, and 12-month timepoints, the interns will have the opportunity to provide their supervisors formal written feedback on their supervision. At the 6- and 12-month timepoints, interns will provide the Director of Clinical Training at DCAC feedback on the training program.

Interns are expected to demonstrate performance commensurate with their level of training and strong preparation for entry level practice (and postdoctoral specialization). In keeping with this standard, interns are expected to achieve competency ratings of at least 3 (an area of growth that is developmental in nature and expected to improve with additional training and experience) on a 1-5 scale; this is considered the minimum level of achievement. Any rating below the minimum level of achievement is reviewed by the Training Committee, recognizing the dual role the Director of Clinical Training as a primary supervisor and thereby to avoid a conflict of interest. Following a review by the Training Committee, a Support Plan may be implemented. The Director of Clinical Training will also contact the Director of Clinical Training (DCT) at the intern's university. During the June evaluation period, performance below the minimum level of achievement in an overall rating of a competency area (averaged across all clinical supervisors) may result in failure to graduate from the internship program.

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 DCAC, Children's Health/UT Southwestern, APA, and APPLIC.

If the Training Committee determines a Support Plan is needed, the following procedures will be initiated.

- a) A written Support Plan will be implemented including:
 - a. an operational definition of the intern's behavior that needs improvement.
 - b. actions needed by the intern to correct the deficit.
 - c. actions needed by the supervisor to support the intern in correcting deficit.
 - d. the timeline for reviewing progress.
 - e. action that will be taken if performance does not improve.
 - f. 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.
- b) The supervisor, intern, and the Director of Clinical Training sign the written plan. When the supervisor is the Director of Clinical Training, the Chief Partner Relations Officer will also sign the written plan.

- c) The DCT at the intern's university will be notified when a Support Plan is implemented.
- d) If performance has improved by the timeline for reviewing progress, the supervisor and intern agree to continue with the Support Plan and agree to monitor performance in specified intervals until satisfied that performance has returned to expected levels. Performance is then tracked according to usual policy. Written feedback is provided to the intern and the DCT at the intern's university within 2 weeks of supervisor's and the Chief Partner Relations Officer's satisfaction that performance has returned to expected levels- documenting that:
 - i. performance has improved to expected levels; and
 - ii. any continued evaluations planned that are more frequent than the already established review periods.
- e) If performance has not improved by the timeline for reviewing progress and it is determined that this is not because of the supervisor not following through with assistance, additional remediation and sanction alternatives listed in the Remediation and Sanction Alternatives section of this document may be implemented. The DCT at the intern's university will be notified if additional action is implemented.
- f) In the case of an intern displaying poor performance from the start of internship, the supervisor, noting the concerns in consultation with the Training Committee, will share specific concerns (verbally and in written form) with the intern and inform the intern that their 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.

REMEDIATION AND SANCTION ALTERNATIVES

It is important to have meaningful ways to address a problem once it has been identified. For the protection of all concerned (the intern, UT Southwestern/Children's Health, and DCAC), the following policy for remediation and disciplinary action for doctoral psychology interns will be followed and is based on the guidelines set forth by DCAC, APA, and APPIC.

The following actions may be taken when the intern is exhibiting concerning behavior that is determined not to follow under an area to be addressed by a Support Plan or has failed to meet the requirements of a Support Plan.

1. Verbal feedback will be documented in a Performance Discussion if a supervisor determines that an intern's performance on a particular behavioral element associated with the 9 profession-wide competencies is not at expected levels or if another area of the intern's work is noted to be

unsatisfactory. This verbal feedback should include, at a minimum, (1) an operational definition of the intern's behavior that needs improvement; (2) actions need by the intern to correct the deficit; and (3) the timeline for reviewing progress.

2. Written Remediation Plan is developed by the supervisor in collaboration with the Director of Clinical Training (or the Chief Partner Relations Officer in the case the supervisor is the Director of Clinical Training) when the specific behavior did not improve following the Verbal Feedback or when the intern has demonstrated inability to meet the requirements of a previously administered Support Plan. The Written Remediation 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 timeline for correcting the problem and reviewing progress.
 - v. action that will be taken if performance does not improve.
 - 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 DCT at the intern's university will be notified when a Written Remediation Plan is implemented.

If performance has improved and/or the inappropriate behavior has discontinued or resolved by the timeline for reviewing progress, written notification developed by the supervisor in collaboration with the Director of Clinical Training (or the Chief Partner Relations Officer in the case the supervisor is the Director of Clinical Training) is provided to the intern and the DCT at the intern's university documenting that:

- a) performance and/or behavior has improved; and
- b) any continued evaluations planned, that are more frequent than the already established review periods.

If performance has not improved and/or the inappropriate behavior has not discontinued or resolved by the timeline for reviewing progress, the Director of Clinical Training or Chief Partner Relations Officer will discuss responsible possible courses of action to be taken with the Training Committee. The Director of Clinical Training will communicate in writing to the intern that performance and/or behavior has not improved. This notice will include the course of action the Training Committee has decided to implement. These may include continuation of the remediation efforts for a specified time period or

implementation of another alternative. Additionally, the Director of Clinical Training will communicate to the Chief Partner Relations Officer, the Director of HR and Culture, and the DCT at the intern's university that if the intern's behavior does not change, the intern may not successfully complete the internship.

3. 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 Chief Partner Relations Officer. 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 Director of Clinical Training in consultation with the supervisor(s) responsible for the intern's work in the areas of deficiency and/or the Chief Partner Relations Officer. The termination of the schedule modification period will be determined, after discussions with the intern, by the Chief Partner Relations Officer in consultation with the intern's supervisor.

If a Schedule Modification is implemented, the intern will be informed, in writing, of the following:

- i. the reason for the Schedule Modification.
- ii. actions needed by the intern during the Schedule Modification.
- iii. actions needed by the supervisor during the Schedule Modification.
- iv. the timeline for reviewing the Schedule Modification.
- v. notification that the intern has the right to request a review of this action and if the intern disagrees with the course of action suggested, the intern may seek due process (**see Due Process Policy**) to resolve the concern.

The DCT at the intern's university will be notified when a Schedule Modification is implemented.

If the Director of Clinical Training or Chief Partner Relations Officer determines there has not been sufficient improvement in the intern's behavior to remove modified schedule, the Director of Clinical Training and Chief Partner Relations Officer will discuss responsible possible courses of action to be taken. The Director of Clinical Training will communicate in writing to the intern that the conditions for revoking the modified schedule have not been met. This notice will include the agreed upon course of action. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Director of Clinical Training will communicate to the Chief Partner Relations Officer, the Director of HR and Culture, and the DCT at the intern's university that if the intern's performance does not improve, the intern may not successfully complete the internship.

4. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client(s) has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by Director of Clinical Training in consultation with the Chief Partner Relations Officer. At the end of the suspension period, intern's capacity for effective functioning will be assessed and determine when direct service can be resumed.

If Suspension of Direct Service Activities is implemented, the intern will be informed, in writing, of the following:

- i. the reason for Suspension of Direct Service Activities.
- ii. actions needed by the intern during the Suspension of Direct Service Activities.
- iii. actions needed by the supervisor during the Suspension of Direct Service Activities.
- iv. the timeline for reviewing the Suspension of Direct Service Activities.
- v. notification that the intern has the right to request a review of this action and if the intern disagrees with the course of action suggested, the intern may seek due process (**see Due Process Policy**) to resolve the concern.

The DCT at the intern's university will be notified when Suspension of Direct Services is implemented.

5. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges outlined in the internship across all participating settings. 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. A decision to implement Administrative Leave would be implemented after discussion by the

Director of Clinical Training and the Chief Partner Relations Officer in conjunction with the Director of Culture and HR and any necessary members of the DCAC Executive Team.

If Administrative Leave is implemented, the intern will be informed, in writing, of the following:

- a. the reason for Administrative Leave.
- b. actions needed by the intern during the Administrative Leave.
- c. actions needed by the supervisor during the Administrative Leave.
- d. the timeline for reviewing the Administrative Leave.
- e. notification that the intern has the right to request a review of this action and if the intern disagrees with the course of action suggested, the intern may seek due process (**see Due Process Policy**) to resolve the concern.

The DCT at the intern's university will be notified when Administrative Leave is implemented.

Note: If the Schedule Modification, 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 DCT at the intern's university will be informed. The Director of Clinical Training will inform the intern of the effects the Administrative Leave will have on the intern's salary and accrual of benefits.

6. Dismissal from the Internship involves the permanent withdrawal of all responsibilities and privileges outlined in the internship across all participating settings. When specific interventions do not, after a reasonable time period, rectify the concerns and the intern is unable or unwilling to alter their behavior, the Director of Clinical Training and the Chief Partner Relations Officer in conjunction with the Director of Culture and HR, any necessary members of the DCAC Executive Team, and the DCT at the intern's university will consider the possibility of termination from the internship and thereby termination of employment at DCAC. 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 Director of Clinical Training and the Chief Partner Relations Officer will meet with the intern. When an intern has been dismissed, the Director of Clinical Training will communicate to the DCT at the intern's university that the intern has not successfully completed the internship and that their employment at DCAC has been terminated.

A written summary statement will be prepared by the Director of Clinical Training in consultation with the Chief Partner Relations Officer, the Director of Culture and HR, and any necessary members of the DCAC Executive Team. This statement will define the problem, remediation and sanction actions that have been taken and the results of those actions, the proposed termination, and action to be taken on salary, benefits, any fringe benefits, and training certifications. 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 (medical, dental and vision) will stay in effect until the last day of the month following the individual's termination date. All other benefits end on the termination date. The intern should be informed of the right to appeal available to 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.

DUE PROCESS POLICY

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. Due process ensures that decisions about interns are not arbitrary or personally based. It requires the Doctoral Psychology Internship Training Program to identify specific evaluative procedures that are applied to all trainees and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

- a) Presenting to the interns 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 will occur at meaningful intervals.
- c) Articulating the various procedures and actions involved in making decisions regarding impairment.
- d) Communicating, early and often, with the DCT at the intern's university about any suspected difficulties with interns and when necessary, seeking input from this individual and related personnel about how to address such difficulties.
- e) Instituting, when appropriate, remediation and sanction alternatives for identified areas of concern, including a time frame for expected remediation and consequences of not rectifying areas of concern.
- f) Providing a written procedure to the intern that describes how the intern may appeal the program's action. Such procedures are included in the intern handbook provided to interns and reviewed during orientation.
- g) Ensuring that interns have sufficient time to respond to any action taken.

- h) Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- i) Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

APPEAL PROCEDURES

If an intern does not agree with any of the aforementioned notifications, evaluations, remediation and sanction alternatives, or with the handling of a grievance, the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents with the Director of Clinical Training (or the Chief Partner Relations Officer in the case the appeal applies to the Director of Clinical Training). The intern must submit this appeal within 5 business days from their notification of any of the above (notification, evaluation, remediation or sanction, or handling of a grievance).
2. Within 3 business days of receipt of a formal written appeal from an intern, the Director of Clinical Training (or the Chief Partner Relations Officer in the case the appeal applies to the Director of Clinical Training) will consult the Director of Culture and HR to decide whether to implement the Review Procedures or respond to the appeal without implementing the Review Procedures.
3. If an intern disagrees with the response to the appeal and wishes for the Review Procedures to be enacted by the Director of Culture and HR and the Chief Executive Officer, the intern should submit a written request to the Director of Culture and HR requesting that the Review Procedures be enacted. This request should include:
 - a. Why the intern is contesting the response to the appeal and requesting the Review Procedures be enacted
 - b. Detailed information to support the intern's claim, including but not limited to, additional evidence to support the intern's claim that was not previously submitted with the initial appeal
 - c. The remedy or outcome desired

GRIEVANCE PROCEDURES

In the event an intern encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during the training program, an intern can:

1. Discuss the issue with the staff member(s) involved;

2. If the issue cannot be resolved informally, the trainee should discuss the concern with the Director of Clinical Training (or the Chief Partner Relations Officer in the case the concern applies to Director of Clinical Training);
3. If the Director of Clinical Training (or the Chief Partner Relations Officer in the case the concern applies to Director of Clinical Training) and intern cannot resolve the issue of concern, the intern can file a formal grievance in writing with all supporting documents, with the Director of Culture and HR in accordance with Step 2 of the Complaint Procedure detailed in the DCAC Employee Handbook, which is adapted below.
 - a. If the intern is not satisfied with the results of the discussions in Steps 1 and 2, the intern may submit a written grievance as soon as possible to Director of Culture and HR to include:
 - i. The nature of the grievance
 - ii. Detailed information including evidence of the issue, witnesses, related policies, etc.
 - iii. The remedy or outcome desired

After the Director of Culture and HR has received a formal grievance, the Director of Culture and HR will implement Review Procedures as described below.

REVIEW PROCEDURES

1. When the Review Procedures are warranted as previously described, the Director of Culture and HR and the Chief Executive Officer (CEO) will meet to review the appropriateness of notifications, evaluations, remediation and sanction alternatives, or the handling of a grievance.
2. Within 5-10 work days of receipt of a request for the Review Procedures to be enacted or a formal grievance, the Director of Culture and HR and the CEO review the request or grievance to examine the relevant material presented. This will involve a Hearing with the intern and any other relevant parties. During this Hearing, the intern and relevant parties will have the right to the following:
 - a. In cases of a contested appeal when the intern requests the Review Procedures be enacted, the intern has the right to hear the expressed concerns of the Doctoral Psychology Internship Program and have an opportunity to dispute or explain the behavior of concern.

- b. In response to a grievance, the intern has a right to express concerns about the Doctoral Psychology Internship Program or the staff member and the Doctoral Psychology Internship Program or the staff member has the right and responsibility to respond.
3. The Director of Culture and HR and the (CEO) provide a written response to the intern and the Director of Clinical Training (or the Chief Partner Relations Officer, if the review involves the Director of Clinical Training) within 5 days of the review of the relevant material and the conclusion of the Hearing with the intern and other relevant parties. The outcome of this review by the Director of Culture and HR and the CEO will be final unless new evidence or other circumstances warrant additional review.
4. The Director of Clinical Training (or the Chief Partner Relations Officer, if the grievance or challenge involves the Director of Clinical Training) informs any other relevant parties, including the DCT at the intern's university, of the decisions made.
5. If the intern disputes the final decision, the intern has the right to contact APA Office of Accreditation at 202-336-5979.

SALARY, BENEFITS, AND RESOURCES

The annual salary for interns is \$31,000, paid on a bi-weekly basis. Interns are considered full-time employees. DCAC provides health and dental insurance to full-time employees at no cost to the employee. Optional vision insurance is available with a bi-weekly employee contribution. Spousal and dependent health insurance coverage is available with a bi-weekly employee contribution. Eligible coverages are effective on the first day of the month following the first thirty days of full-time employment.

DCAC designates the following days as official holidays and will close in observance of them:

- New Year's Day*
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following Friday
- Christmas Day*
- 2 floating holidays

*Additional early closure and closure dates may be given during the year.

Full-time employees accrue annual vacation leave on an anniversary year basis based on their length of service. Compensation for vacation leave is calculated on an employee's regular base rate of pay. Vacation time is accrued from the first day of employment, but employees are not eligible to take accrued vacation until after they have been employed for 3 months. Interns receive 10 vacation days (80 hours accrued at 3.08 hours per pay period). Vacation leave may be taken in half-day increments or longer.

DCAC provides wellness leave, which may be used to care for the physical, mental, or spiritual wellness of employees and immediate family members for whom employees provide substantial care. The ability to take wellness leave accrues monthly on the employee's anniversary date at the rate of 14 days per year for full-time employees. DCAC will advance new employees up to three wellness leave days upon commencement of employment, and if used, these advanced days will be charged against time accrued.

Employees may not use wellness leave in periods of less than one hour.

Interns must approve their time-off with the Director of Clinical Training at least two weeks in advance. If an intern is completing a rotation at Children's Health, the intern must also approve the time-off with the on-site supervisor at least two weeks in advance. If circumstances arise requiring the intern to take leave beyond the allotted vacation and wellness leave, the intern, the DCAC Director of Clinical Training, and the Director of Culture and HR will arrange for the internship to be extended to meet the 2,000 hours required for completion.

Interns have a designated workspace with a laptop and access to a phone. Each treatment room is equipped with recording capabilities. Interns have access to DCAC's therapy library and therapy resources. Translation and interpretation services are provided. Interns will be able to attend seminars of interest through the Lecture Series at DCAC with approval from DCAC's Director of Clinical Training. Interns will be expected to support DCAC's efforts in hosting the annual Crimes Against Children Conference.

ELIGIBILITY AND SELECTION PROCEDURES

ELIGIBILITY REQUIREMENTS

Applicants must currently be enrolled in a doctoral (i.e., PhD or PsyD) program in clinical, counseling, or school psychology. At this time, applicants will be considered from both APA- and non-APA-accredited programs. Applicants from online programs will not be considered. Prior to the APPIC ranking deadline, applicants must have completed (1) at least three years of graduate coursework in their current field, (2) supervised practicum work with children, adolescents, and families and/or with those with trauma histories, (3) all required doctoral course work, and (4) have successfully proposed their dissertation. Applicants with previous clinical experience with children, adolescents, and families, previous clinical experience working with those with trauma histories, and those with a career interest in child maltreatment will be the best fit for the internship program. DCAC conducts criminal background checks, child abuse registry checks, and a drug screening on all persons who are offered employment with DCAC. All offers of employment are contingent upon acceptable criminal background checks, child abuse registry checks, and drug screening.

Applicants who are bilingual in English and Spanish and those underrepresented in psychology are especially encouraged to apply. Dallas Children's Advocacy Center is an equal opportunity employer and maintains a policy of nondiscrimination with respect to all employees and applicants for employment. All personnel actions, such as recruitment, hiring, training, promotion, transfer, layoff, recall, compensation and benefits, discipline, termination, and educational, recreational, and social programs are administered without regard to race, color, sex, sexual orientation, religion, national origin, citizenship status, age, disability status, opposition or participation activity protected by applicable law, or membership or application for membership in a uniformed service. Employment decisions, subject to the legitimate business requirements of DCAC, are based solely on an individual's qualifications, merit, and performance.

SELECTION PROCEDURES

In order to apply, prospective interns should submit their completed application via the AAPI Online Applicant Portal by Monday, November 1, 2021 11:59pm EST.

The AAPI Online Portal is accessed through the Association of Psychology Postdoctoral and Internship Center's (APPIC) online application service: <https://aapicas.liaisoncas.com/applicant-ux/#/login>. The Doctoral Psychology Internship Program's membership code is **2527**.

To be considered, the following materials must be submitted through the APPIC's Online Service by Monday, November 1, 2021:

- Cover letter/letter of intent summarizing career goals and interest in the DCAC Doctoral Psychology Internship Program
 - If applicable, as part of your cover letter, please include a statement discussing how you and your program have adapted to changes in training opportunities due to COVID-19. Please discuss any changes to training opportunities and the accumulation of hours toward supervised practicum work.
- Curriculum Vitae
- APPIC Application for Psychology Internship (AAPI)
 - Under the "Treatment Summary" portion of the AAPI, please include a deidentified therapy/counseling intake report including case conceptualization and treatment recommendations AND the corresponding treatment/discharge summary for the same case. Please clearly mark which section captures the intake report and which section captures the treatment/discharge summary.
- Three letters of recommendation (one from the applicant's Director of Clinical Training and two others from clinical supervisors)

Interview notifications will occur on Friday, November 12, 2021. All interviews will be conducted in person on either Wednesday, December 15, 2021 or Thursday, December 16, 2021. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding the DCAC Doctoral Psychology Internship Program may be directed to Elena M. Doskey, Ph.D., Director of Clinical Training, at edoskey@dcac.org.

LOCATION

Dallas Children's Advocacy Center (DCAC) is located at 5351 Samuell Blvd., Dallas, TX, 75228. Free, gated parking is available onsite. REACH is located at 1935 Medical District Dr., Dallas, TX, 75235 at the main campus in the Southwestern Medical District near the heart of downtown Dallas. Free parking is available to interns. Use of a personal vehicle for transportation is highly recommended.

Dallas is the 9th largest city in the US and the third largest in Texas with a population of 1,304,379. Dallas is centrally located and within a 4-hour flight from most North American destinations. It is served by two airports: Dallas/Ft. Worth International and Dallas Love Field. The Dallas area is home to 21 Fortune 500 companies including Exxon Mobil, JC Penney, AT&T, Texas Instruments, and others. The Dallas metroplex is also home to six professional sports teams: The Dallas Cowboys (NFL); Dallas Stars (NHL); Dallas Mavericks (NBA); Dallas Wings (WNBA); FC Dallas (MLS); and the Texas Rangers (MLB) plus NASCAR and Indy racing. Attractions include the Dallas Zoo; Fair Park, which hosts the State Fair of Texas for three weeks in the fall; Dallas Museum of Nature & Science; Dallas Aquarium; Dallas Arboretum; Sixth Floor Museum; Klyde Warren Park; Dallas Museum of Art; Dallas Opera; Dallas Summer Musicals; Meyerson Symphony Center; and one of the largest municipal park systems in the country run by the Dallas Park & Recreation Department. The Dallas-Fort Worth metroplex includes more than 100 public school districts.

Additional information about Dallas can be found at <https://www.visitdallas.com/>, <https://dallascityhall.com/Pages/visitor.aspx>, and <http://www.destinationdfw.com/>.

TRAINING COMMITTEE



Katrina Cook, Ph.D. is the Director of Clinical Services at DCAC, overseeing all processes associated with the assessment, diagnosis, and treatment of youth and families impacted by abuse. She is a licensed psychologist in Texas, trained as a clinical psychologist at Texas Tech University in Lubbock, TX. She completed her pre-doctoral internship at Wasatch Health Systems in Utah County, UT and her post-doctoral training at DCAC. She is a Within Agency Trainer in Parent-Child Interaction Therapy (PCIT), nationally certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and has completed training and received extensive supervision in the use of Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT) and Cognitive Processing Therapy (CPT). Dr. Cook has also completed training in Child and Family Traumatic Stress Intervention (CFTSI), including the associated consultation and supervision series. She has completed the supervision consultation series for the Components for Enhancing Clinician Experience and Reducing Traumatic Stress (CE-CERT) and implements CE-CERT in her supervision. Dr. Cook collaborates with the Dallas County District Attorney's Office to produce a cross-training with prosecutors and DCAC therapists and forensic interviewers. She is qualified as an expert witness and provides expert testimony on child abuse cases in and around Dallas County.



Elena M. Doskey, Ph.D. is the Director of Clinical Training at DCAC responsible for directing the Doctoral Psychology Internship Program. She completed her Ph.D. in School Psychology at Texas A&M University in College Station, TX; her internship at the Texas Child Study Center in Austin, TX; and her postdoctoral fellowship at the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center in Oklahoma City, OK. A licensed psychologist in Texas, she is nationally certified in TF-CBT and is a Within Agency Trainer in PCIT. She has training in PSB-CBT. She has completed the supervision consultation series for CE-CERT and implements CE-CERT in her supervision. She is bilingual in English and Spanish. She is qualified as an expert witness and provides expert testimony on child abuse cases in and around Dallas County.

TRAINING COMMITTEE



Lisa Schuster, Ph.D. is a licensed psychologist in Texas at the REACH (Referral and Evaluation of At-Risk Children) Clinic at Children's Medical Center Dallas. In this role, she assesses children with concerns of abuse or neglect for difficulties in social-emotional or behavioral functioning and evaluates safety, adjustment, and psychosocial risk factors. Dr. Schuster was hired at Children's Health in 2014 after completing her Ph.D. in Clinical Psychology at the University of Detroit Mercy in 2012, an internship in infant/child mental health at the Louisiana State University Health Sciences Center in 2010, and a postdoctoral fellowship in pediatric health psychology at Children's Medical Center in 2013 with concentrated work in child maltreatment. With over 10 years of experience, Dr. Schuster has a wide skill-set and is trained in trauma-informed practices including Child-Parent Psychotherapy (CPP), TF-CBT, and Trust-Based Relational Intervention (TBRI). For the past 5 years, Dr. Schuster has supervised psychology trainees at all levels and is highly invested in training mental health professionals and other practitioners to work with children who have experienced psychological and/or physical trauma. She has completed the supervision consultation series for CE-CERT and implements CE-CERT in her supervision.

APPENDIX

TRAINING OBJECTIVES

(I) RESEARCH

- Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Analyze research and literature relevant to the practice of clinical child psychology in both the context of child maltreatment and beyond.
- Apply knowledge of evidence-based practice in the assessment and treatment of trauma-related disorders to case formulations and treatment planning.
- Summarize research and literature relevant to the practice of clinical child psychology in the context of child maltreatment to professionals within and outside of the field.

(II) ETHICAL AND LEGAL STANDARDS

- Recall and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- 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.
- Distinguish the ethical and legal implications of serving as a psychologist in the REACH clinic, as a family advocate, and as a psychologist delivering outpatient services.

(III) INDIVIDUAL AND CULTURAL DIVERSITY

- Recognize how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Identify the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Adapt best practices in assessment, treatment, and consultation to meet the needs of the clients, families, colleagues, and multidisciplinary team partners being served while preserving the core elements of these practices.

(IV) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- 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.

- Apply the practice elements of Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT) throughout all aspects of their work to more fully engage in their practice, reduce secondary traumatic stress, and maintain and improve performance, well-being, and professional effectiveness.
- Behave in ways that reflect DCAC's core values of (1) The children come first in all that we do; (2) We operate as a seamless team; and (3) Each of us acts with a servant's heart.

(V) COMMUNICATION AND INTERPERSONAL SKILLS

- 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.

(VI) ASSESSMENT

- 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, 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.
- Assess risk for self-harm, suicide, homicide, and problematic sexual behavior according to current best practices with increasing independence during the training year.
- Select appropriate assessment approaches and measures and/or makes recommendations for additional evaluations needed to diagnose additional mental health concerns beyond the typical concerns seen and treated at DCAC and the REACH Clinic (e.g., major depressive disorder, acute stress disorder, posttraumatic stress disorder, other specified trauma- and stressor-related disorder).

(VII) INTERVENTION

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

- Use safety planning as an intervention for cases involving self-harm, suicide, homicide, and problematic sexual behavior according to current best practices with increasing independence during the training year.
- Collaborate with client and caregivers to determine treatment goals and feasibility of intervention in light of various contextual variables.

(VIII) SUPERVISION

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Demonstrate how CE-CERT practice elements can be incorporated into supervision in direct or simulated practice with psychology trainees or other health professionals.

(IX) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- 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.
- Seek and provide consultation to the other professionals involved in the multidisciplinary care of children with maltreatment histories (e.g., forensic interviewers, family advocates, law enforcement, attorneys, Texas Department of Family and Protective Services (DFPS), teachers, parents, physicians, social workers, and other mental health providers).

ⁱ Although it is not anticipated that a training agreement with Children's Health and the interns' home universities would not be obtained, should that be the case, interns will spend a full year, instead of only 6 months, conducting screenings with the family advocates. This option would still provide interns an opportunity to differentiate between a screening and a full mental health assessment and to provide brief intervention during the initial clinical encounter. To supplement the missed consultation opportunity provided by REACH, interns would attend the weekly multidisciplinary team case staffings when members of DCAC's multidisciplinary team (e.g., law enforcement agencies in Dallas County, Children's Health, the Dallas County District Attorney's Office, the Dallas County Southwestern Institute for Forensic Services, and Texas Department of Family and Protective Services (DFPS)) consult with each other to determine the approach to service-delivery, investigation, and criminal prosecution for each family. During these weekly meetings, interns would represent the family advocate team and speak to the family's needs regarding social services, investigation by police, safety of the child, and the possible need for mental health services. Shadowing opportunities with the REACH team at Children's Health would be arranged through the standard procedures already in place at Children's Health to accommodate observers to clinical programs.