



FAMILY SERVICE & GUIDANCE CENTER

Internship Handbook

2025-2026

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FAMILY SERVICE AND GUIDANCE CENTER INTERN HANDBOOK

American Psychological Association (APA) Accredited Doctoral Internship in Health Services Psychology

This handbook is a comprehensive document designed around the APA accreditation requirements. These standards were set forth by the Commission on Accreditation (CoA) and offer concrete domains ideal for structuring the description of our application, acceptance, orientation, training, and evaluation process. Thus, the handbook functions not only as an introduction and guide for the student, but also as a manual for its faculty. A set of the APA's Ethical Principles of Psychologists and Code of Conduct will be distributed separately from this manual.

About Family Service and Guidance Center (FSGC)

Family Service and Guidance Center (FSGC) of Topeka is a private, non-profit certified behavioral health center (CCBHC) located in Topeka, Kansas. The agency's origins go back to the turn of the century, when the "Associated Charities" were formed to meet the needs of victims of a disastrous flood in 1903. In 1904, Associated Charities merged with Social Settlement Works to form the Topeka Provident Association. Housed in downtown Topeka, services included a day care center, boys' gymnasium and girls' cooking school. In 1910, 8125 people were served, relief provided to 367 families, and 520 homeless people were provided with shelter.

The 1940s brought a shift from charitable and welfare works to the provision of social services. In 1951, the Topeka Provident Association became Family Service of Topeka. Seven years later Family Service merged with the Shawnee Guidance Center, to create FSGC. In 1968, FSGC entered into a formal alliance with Shawnee Community Mental Health Center (SCMHC) to develop a comprehensive community mental health delivery system for the citizens of Shawnee County. The new alliance established SCMHC (now known as Valeo Behavioral Health Care) as the clinical provider for adults and FSGC as the mental health provider for children and adolescents.

Agency Mission Statement: Family Service and Guidance Center provides quality behavioral health care to children and families.

Agency Vision Statement: Family Service and Guidance Center shall be a premier, outcomes-focused children and family behavioral healthcare center that provides training opportunities for behavioral health professionals.

Internship Mission statement: The Family Service and Guidance Center doctoral internship prepares interns to function as professional psychologists capable of delivering ethical, comprehensive, and empirically informed treatment and effective mental health services to children and their families.

FSGC Internship History

From 1994 to 1997, FSGC hosted a doctoral fellowship in psychology for advanced doctoral students from area universities. This program included training and supervision in assessment, diagnosis, testing, and psychotherapy. On August 1, 1996, FSGC opened three 12-month internships for doctoral candidates who have completed all other aspects of their doctoral training except dissertation. The program was listed with the Association of Psychology Postdoctoral and Internship Centers (APPIC) later that year. The internship was specifically designed for students interested in Strategic Family Therapy, while strongly emphasizing skills in the assessment, diagnosis, and treatment of children and adolescents. Thus, it allowed the intern to immerse himself/herself fully in a child and family oriented training experience. Interns received over 2000 hours on site, including approximately 1000 hours of direct contact with children, adolescents and families we serve, 110 to 150 hours of individual supervision, and 250 hours of group supervision and didactic. This included the opportunity for live (one-way mirror) supervision in individual and family therapy.

In the fall of 1999, the internship underwent a change in administration prior to its first site visit for

accreditation with APA. The focus of the internship training experience was broadened to encompass an array of clinical and therapeutic modalities and orientations. Relationships with professional training programs in the community were initiated with the Menninger Clinic and the Topeka Veterans Affairs Hospital. In 2001-2002, the Menninger Clinic closed its training programs and former staff members and supervisors set up a private practice which continued to maintain ties with FSGC, sharing didactic experiences and presentation opportunities.

The doctoral internship at FSGC received full accreditation from APA on May 12, 2000. FSGC's most recent site visit was held in April 2023. This visit resulted in reaccreditation for 10 years, with the next accreditation site visit to be held in 2033.

Intern Licensure and Public Disclosure

Given the nature of licensure in Kansas at both the doctoral and masters level, and the potential for confusion that might result, the internship is especially sensitive to issues of professional identity. Under Kansas law, the interns may hold themselves out to the public as licensed masters level psychologists (LMLPs) and use these initials in conjunction with their title. However, interns are required by the program to clearly define themselves as doctoral psychology interns in all written and oral communication. During court proceedings, both the LMLP status and the status as a supervised doctoral intern are provided during credentialing.

GOALS FOR INTERN TRAINING

- Interns will gain an understanding and appreciation of the problems faced by children and families from various cultural and diagnostic backgrounds.
- Interns will acquire an appreciation and understanding of the unique role and scope of services in an outpatient CCBHC.
- Interns will become experienced in delivering a range of clinical services including individual, group, and family therapies, psychological assessment, school consultations, and crisis resolution.
- Interns will increase their knowledge base to work effectively with youth and families. This knowledge base will include areas such as child development, developmental psychopathology, cultural and ethnic differences, legal and ethical issues, and various theoretical perspectives including empirically validated treatments.
- Interns will be encouraged to explore various professional roles as they develop their own unique identity as a clinical psychologist.

Component Goals and Objectives

Training Goals

Goal #1: Competence in Empiricism, Scholarly Inquiry, and Application of Current Scientific Knowledge to Practice

Training Objective 1.A: The intern seeks out and utilizes current scientific knowledge.

Training Objective 1B: The intern utilizes current scientific knowledge in the evaluation of individual outcomes.

Goal #2: Competence in Ethics and Legal Matters

Training Objective 2A: The intern is competent to apply APA's Ethical Principles of Psychologists and Code of Conduct and adhere to Kansas mental health statutes and regulation.

Goal #3: Competence in Individual and Cultural Diversity

Training Objective 3A: The intern demonstrates sensitivity to the cultures and identities of people we serve. The intern is sensitive to the cultural and individual diversity of our children and families. The intern demonstrates commitment to providing empirically informed, person centered, whole person, culturally competent, sensitive services.

Training Objective 3B: The intern demonstrates an awareness of his/her own cultural and ethnic background. The intern is aware of his/her own background and its impact on individuals they serve. The intern is committed to continuing to explore his/her own cultural identity issues and its relationship to clinical work.

Goal #4: Competence in Professional Values and Attitudes

Training Objective 4A: The intern seeks and effectively utilizes supervision (individual, group, and ad hoc) to ensure and advance ethically, legally, and clinically competent practice. The intern directly and diplomatically manages conflict in supervisory relationships and is open to delivering and receiving both complimentary and critical feedback.

Training Objective 4B: The intern engages in personal self-care and maintains professional functioning in the context of stress. The intern demonstrates positive coping with personal and professional stressors/challenges. The intern effectively manages stress and maintains appropriate professional functioning and quality care.

Goal #5: Competence in Communication and Interpersonal Skills

Training Objective 5A: The intern's clinical documentation is clear, concise, and captures all information to meet the goals of the document.

Training Objective 5B: The intern effectively manages time. The intern keeps scheduled meetings and makes supervisors aware of whereabouts as needed. The intern attempts to minimize unplanned leave, when possible. The intern shows the ability to self-monitor and proactively mitigate barriers to efficiency or task completion.

Training Objective 5C: The intern accomplishes administrative tasks efficiently and with good outcomes. He/she prioritizes well and shows autonomy in management of larger administrative or clinical projects. The intern collaborates/communicates with supervisors and team members regarding administrative tasks/issues.

Goal #6: Competence in Theories and Methods of Psychological Diagnosis and Assessment

Training Objective 6A: The intern demonstrates a thorough working knowledge of diagnostic nomenclature and DSM-5 classification. The intern utilizes historical, interview and psychometric data to diagnose accurately.

Training Objective 6B: The intern selects psychometrically sound and empirically supported tests for referral. The intern proficiently administers commonly used tests. The intern demonstrates competence in administration of developmental, cognitive, personality, and other psychological measures.

Training Objective 6C: The intern demonstrates competence in scoring and interpreting developmental, cognitive, personality, and other psychological measures.

Training Objective 6D: The intern writes a well-written, organized, and fully integrated report.

Training Objective 6E: The intern is responsible for maintaining professional behavior and communication with individuals they serve, families, collateral, staff, and supervisors. All notes regarding contacts with youth and families in their care are well documented and put into the electronic medical records promptly. The assessment process is carried out according to a logical sequence and is completed within a realistic timeframe. Ethical principles and laws regarding assessment are followed (including but not limited to test security, raw data, storage of personal health information (PHI), de-identification of PHI, electronic submission of reports, mandatory abuse reporting).

Goal #7: Competence in Intervention

Training Objective 7A: The intern establishes and maintains effective rapport with people they serve in clinical settings. The intern identifies and responds effectively to barriers and breaches in rapport.

Training Objective 7B: The intern effectively evaluates, manages and documents risk to individuals they serve by assessing immediate concerns such as suicidality, homicidality, abuse (i.e., child, elder, dependent adult), and other safety issues. The intern collaborates with people in crisis, other team members, and supervisors to make short-term safety plans, and to intensify level of care as needed.

Training Objective 7C: The intern formulates a useful case conceptualization that draws on current psychological research and theory. He/she collaborates with treatment team members and children and families they serve by gathering integral data to ensure the development of quantitative and evidence based treatment plans.

Training Objective 7D: The intern provides interventions that are well-timed, effective, theoretically grounded, and consistent with empirically supported treatments. Interventions provided by the intern are balanced between validation and challenging people in their care toward change. The intern's interventions assist people in meeting treatment goals and objectives.

Training Objective 7E: The intern understands and effectively uses his/her own emotional reactions (counter-transference) to the child or adolescent in treatment.

Training Objective 7F: The intern intervenes in group therapy skillfully and attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group therapy is psycho-education, the intern readies materials for group members and understands each session's goals and tasks.

Training Objective 7G: The intern understands and demonstrates play therapy skills (e.g., rapport building, structuring, tracking, reflection of content and process,

Training Objective 7H: If applicable, the intern understands the basic tenets of anxiety treatment, including exposure and response prevention, anxiety reduction or management techniques, coping skills and relevant behavioral planning. He/she has a solid understanding of when to use a particular anxiety treatment technique and can adequately demonstrate the ability to devise and actively use an exposure and response prevention protocol in treatment (including the creation of an anxiety treatment hierarchy).

Training Objective 7I: If applicable, the intern understands and demonstrates the competencies involved in Parent-Child Interaction Therapy (PCIT) including mastery of PRIDE skills used during Child Directed Interactions (CDI) and effective commands and time out follow up procedure utilized during Parent

Directed Interactions (PDI). Interns demonstrate ability to effectively coach the caregiver live during both the CDI and PDI sessions

Training Objective 7J: The intern possess knowledge of different family therapy theories and methods. They utilize techniques/interventions confidently. Interventions are well thought out and timely. The intern works to establish a balanced alliance with all family members and can manage family dynamics alone.

Goal #8: Competence in Supervision

Training Objective 8A: The intern demonstrates clear understanding of the law and ethics relating to clinical supervision. He/she understand and can articulate the merits of major models of supervision. The intern is able to describe and demonstrate effective strategies for establishing, maintaining, and repairing rapport with supervisees, providing supportive and critical feedback, and advancing supervisees toward specific training goals. The intern solicits feedback from supervisees and uses it to improve practice as supervisor.

Goal #9: Competence in Consultation and Interprofessional/Interdisciplinary Skills

Training Objective 9A: The intern engages in professional and effective interactions and boundaries with peers, supervisors, and members of treatment team. He/she enhances team cohesion and effectiveness and manages conflict well.

Training Objective 9B: The intern diplomatically and confidently provides the relevant level of guidance/information when consulted by other professionals. He/she offers concise, relevant, theoretically sound input/guidance, taking into account the goals and level of training/experience/expertise of the consultee.

Diversity and Individual Differences

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Company will be based on merit, qualifications, and the needs of the Company. Company fully complies with Title VII of the Civil Rights Act of 1967, Americans With Disability Act, as amended, Older Workers Benefit Protection Act, Pregnant Workers Disability Act, and all other Federal laws and regulations, U.S. Supreme Court decisions and rulings, state discrimination and disability laws, local and county regulations regarding discrimination and disability with regard to hiring, advancement, and terminations.

Services Offered

FSGC is a CCBHC that offers a comprehensive array of mental health services aimed specifically at youth and their families. Parents and other adults requiring individual treatment receive services from other community mental health agencies. Family therapy and family interventions are provided when the identified or primary individual being served is a child or adolescent.

Diagnostic and treatment services include:

- Admission, diagnosis and treatment plan development
- Individual and family therapy
- Group therapy
- Parent guidance and support
- Psychosocial groups (Half-day and after-school available)
- Psychiatric consultation and medication management
- After-hours emergency services and crisis screening
- Psychological assessment
- Anxiety Treatment Program
- Targeted case management/care coordination services

- Community psychiatric supportive treatment
- Attendant care
- Respite care
- Substance use treatment

In addition, FSGC provides public education including presentations on mental health issues for youth and families, including Mental Health First Aid classes.

Service Population

The population of those we serve is comprised of children, adolescents and their families. More than half of the families served, 52%, are below the poverty level; another 15% are just above the poverty level. Approximately 55% of our children and adolescents have serious emotional disturbance and require multiple services and support. The racial demographics of our population are approximately 60% Caucasian, 13% African American, 8% Hispanic, 2.4% Native American, and the remainder is classified as Asian and other. The racial demographics of Shawnee County are approximately, 89% Caucasian, 9% African American, 6.5% Hispanic, 1% Native American, and 1% Asian and other.

Common diagnostic categories include attention-deficit/hyperactivity disorder, trauma related disorders, adjustment disorders, oppositional defiant disorder, conduct disorder, mood disorders, anxiety disorders, autism spectrum disorders and psychotic disorders.

Staffing and Facilities

FSGC is particularly proud of its facilities. The centralized campus, made up of four interconnected buildings, enables FSGC staff members to provide outstanding service to our youth and families thanks to close proximity and a high level of collaboration and communication among staff members.

The 40,000-square foot Youth Development Center (opened in 2004) and the 22,000-square foot Child and Family Academy (opened in 2008) feature therapy suites, therapeutic preschool classrooms, meeting rooms, offices, a courtyard-style playground, observation rooms, a half-court gymnasium, a full-service cafeteria, and a multimedia training and education room. The campus sits on a large green space along with a small duck pond perfect for fishing.

Clinical staff include: attendant care workers, mental health specialists, case managers, marriage and family therapists, social workers, masters and doctoral level psychologists, psychiatrists, and nurse practitioners.

Doctoral Internship Program: The doctoral internship training program at FSGC is a 12-month program starting on August 1 (or the first Monday closest to August 1) and concluding the following year on July 31 (or the last Friday closest to July 31). There are 3 paid positions for doctoral psychology interns. The training opportunity provides extensive experience in the treatment of youth and their families in a CCBHC setting. The program has been an APPIC member since 1997 and has been APA accredited since May 2000. The internship has another accreditation site visit in 2033.

**Questions related to the program's accredited status should be direct 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
Web: www.apa.org/ed/accreditation*

Clinical Experience

Interns will develop and enhance a range of clinical skills related to the assessment and treatment of children and their families. Upon successful completion of the internship, interns will have developed a solid skill base that prepares them to enter the field and function competently as an entry level professional in the delivery of child and adolescent psychological services. Increased competency will be developed in individual and family therapy, assessment, diagnosis, treatment planning, psychological testing, and consultation/collaboration with community-based agencies. Additionally, upon the successful completion of the internship, the intern will be well versed in multicultural and professional issues as they relate to the professional psychologist's work in a community mental health setting.

Training Model

The doctoral training program at FSGC views the internship year as an opportunity for interns to further their integration of psychological theory and knowledge through clinical application. The internship's training model is best described as a **practitioner-scholar model**. In this regard, the internship year is seen as a pivotal point in professional growth when the interns develop clinical skills and critical thinking that aid in their progression from student to scholar and from trainee to clinician, capable of independent and autonomous functioning as a professional psychologist.

The training experience at FSGC provides interns with the opportunity to integrate observation, diagnosis, and application of community and therapeutic interventions while appreciating the idiographic differences and needs of our population. We believe the professional clinical psychologist, upon graduation from internship at FSGC, should be able to critically examine and apply relevant theoretical and empirical literature to various clinical populations. Importantly, whether clinical intervention is based on evidence-based research, clinical theory, or empathetic understanding, it necessarily must be tempered with the exigencies of the setting, population, and community in which it is employed in order to enhance effectiveness and meet the needs of children and teens in our care.

The integration of science with practice in the internship program is accomplished through the development of the interns' abilities and knowledge in the following areas:

- Exposure to a variety of clinical interventions, including individual, group, family and play therapy
- Increased familiarity with a number of psychotherapeutic interventions
- Modeling and supervision in the development of critical thinking in clinical situations using multiple sources of data, which yield a coherent and respectful understanding of the person being treated.
- Use of this understanding to develop relevant treatment goals and plans
- Didactics and supervision in a variety of therapeutic interventions supported by theoretically informed and empirically based treatments
- Enhancement of interpersonal skills that facilitate both professional collaboration and clinical intervention
- Development of a respectful and sensitive understanding of diverse populations, cultures, and individual differences
- Legal and ethical issues
- Development of professional identity
- Knowledge about the community's resources and their use in treatment planning
- Professional collaboration and treatment coordination

The clinical experience is regarded as the medium through which the professional psychologist's creativity, intuition, and empirical observation may serve as the genesis for innovations in the area of applied psychology. The training program at FSGC facilitates the interns' development as professional psychologists through modeling, supervision, professional collaboration, clinical application, and didactic

presentation by community and agency professionals.

Specific Clinical Opportunities and Requirements:

Individual therapy: Interns typically spend 15-18 hours in direct care services each week. Interns may elect to develop experience with one age range during the training year but will be expected to have a range within their overall caseload in an effort to develop familiarity with developmental differences across the age ranges. People in individual therapy vary diagnostically and the training year is designed to aid interns in developing advanced clinical skills in the psychotherapeutic work with a variety of diagnostic groups. Individual therapy approaches may involve a number of theoretical orientations including different versions of play therapy, behavior therapy, cognitive behavioral therapy, humanistic approaches, and psychodynamic therapy.

Group therapy: The range of group therapy experiences include emotion identification/psychoeducation groups for 4-6 year olds, 7-9 year olds, 10-12 year olds, or 13-15 year olds, anger management groups, ADHD group, and Dialectical Behavior Therapy groups. Interns may elect to work with specific age groups. Interns are encouraged to develop groups in which they have special interest or expertise as well. We also encourage interns to work with groups that they have had little previous experience with in addition to enhancing skills with previously established or familiar group approaches. Interns also run an ongoing 8-week parenting education class provided to community members.

Admission, diagnosis, and treatment planning: Each child and adolescent presented for treatment at FSGC first receives a thorough assessment to determine needs and diagnosis. Treatment plans are developed with the child and guardian to provide the direction for treatment. This is a core training experience and receives a heavy emphasis in supervision. The interns will develop and enhance their skills in observation, history taking, and clinical thinking through this clinical activity, as well as increase their abilities in developing treatment plans and recommendations for children being served and their families.

Family therapy: Interns provide family therapy to address family dynamics and improve communication. Parent management training and behavioral modification techniques are also utilized to assist guardians in better managing the child's or adolescent's behaviors. Interns are assigned readings on theory and technique of family therapy. These are discussed and utilized to develop case conceptualizations in a family therapy seminar process.

Anxiety Treatment Program (ATP): Interns may choose to be members of a specialized anxiety treatment program offered at FSGC. The treatment of anxiety disorders by clinicians who are part of ATP is an evidence based model focused on the use of Cognitive Behavior Therapy (CBT) and exposure and response prevention (E/RP) to effectively treat a wide range of anxiety disorders. Common diagnoses/symptoms include obsessive-compulsive disorder, Tourette's disorder, generalized anxiety disorder, separation anxiety disorder, selective mutism, school refusal, panic disorder, and a variety of specific phobias. Early in the internship year, the interns are provided with intense education related to this treatment approach. The interns receive ongoing weekly supervision specific to the treatment of individuals from this program throughout the internship year.

Parent-Child Interaction Therapy (PCIT): Interns have the opportunity to take advantage of working towards certification in PCIT over the internship year. Interns will engage in 40 hours of didactic related to PCIT theory, procedure and implementation. Interns will conduct PCIT in a co-therapy team for a minimum of 20 hours with trainer. The goal is for interns to complete requirements for certification in PCIT during the internship year.

Psychological testing: Interns are required to complete 7 full batteries during the training year; this may be lower if the number of referrals is not sufficient. Psychological testing and assessment receives heavy

emphasis and is a core competency in the curriculum. Incoming interns are expected to have had sufficient prior experience in testing to enable them at the beginning of the training year to administer, score, and provide basic interpretations for the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II), Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V), Millon Adolescent Clinical Inventory, Second Edition (MACI-II), Rorschach (Exner system), and Thematic Apperception Test (TAT). Although we value the usefulness of projectives, our emphasis in teaching psychological testing is to help the trainee use multiple sources of data derived from the assessment process to provide an integrated and coherent understanding of individuals in their care and the difficulties they are struggling with. Data sources would include the relationship between the youth being tested and the examiner, test scores from objective and projective materials, and information from referral sources. Familiarity and experience with other instruments is helpful. Interns will gain increased understanding of the uses and implementation of a full battery of testing with a special emphasis on diagnostic thinking and integration of test data. FSGC has state of the art psychological testing capabilities, including use of Ipads to administer several measures. At this writing, we are currently providing interns, trainees and new staff psychologists with a six hour course on Rorschach scoring and interpretation using the Exner system.

Consultation: As the primary provider of a specific individual, interns regularly consult with schools, teachers, and other clinical staff members regarding that youth's clinical progress and decisions related to treatment. Interns attend formal Individual Education Plan (IEP) meetings at schools, as scheduling allows, to provide suggestions for the youth's educational and behavioral treatment plan, clinical case conferences with ancillary treatment staff members and family, and Wrap-Around meetings for youth who require more intensive and comprehensive services. Interns may also serve in a consultative fashion by providing psychological testing for youth in treatment with other agency staff members and providing feedback about diagnostic and treatment related issues.

Resources: One full-time clinical psychologist and two part-time clinical psychologists staff the internship. Adjunct licensed mental health providers provide some didactic and training experiences. Interns have their own offices and computers with Internet access and e-mail. Testing supplies are shared and kept in a central location for check out. Additionally, computerized testing is available for a wide variety of instruments. There are observation rooms as well as play therapy rooms available for live supervision. The Training Director has library privileges at Washburn University for resource needs.

Supervision

FSGC's supervision model emphasizes the use and awareness of the self in the treatment process. Consequently, supervision deals with transference and countertransference related issues and the discussion of feelings and experiences generated in the youth and therapist and supervisee and supervisor relationship.

Clinical supervision at FSGC is intended to provide both depth and breadth in clinical treatment and assessment. Interns receive training in a number of treatment modalities and assessment methods and are expected to develop a level of skill proficiency upon completion of the internship to enable them to practice with a minimal amount of supervision. Clinical supervision is a principal form of training and evaluation for the development and attainment of these skills. Supervisors observe intern's clinical work both live/zoom and via video. Interns will work closely with their supervisors at the beginning of the training year to identify clinical strengths and areas for further improvement. Additionally, interns will identify goals and objectives based on their clinical skills and professional interests.

Individual Supervision: Interns receive at least three hours of individual supervision from a licensed doctoral level clinical psychologist on-site during the week. Interns are assigned a primary supervisor who is responsible for reviewing and signing off on the interns' therapy notes and diagnostic intakes. Interns will meet for 2 additional hours of supervision with secondary supervisors who are responsible for providing support related to clinical work and psychological testing.

The training year is organized such that interns are provided with more intense supervision and direction early on in their case conceptualizations and methods used, but with growth in their experience and confidence, interns are encouraged to develop increased autonomy and decision-making in their therapeutic approaches.

Optional individual supervision: Interns have the opportunity to receive additional supervision from any licensed clinical staff clinician. This time may be negotiated between intern and supervisor and may be used on either a time limited basis, for development of a specific skill, enhanced theoretical understanding, or focused on refining skills over a longer period of time.

Anxiety Treatment Program (ATP) supervision: Interns have the opportunity to participate in FSGC's ATP. Interns receive one hour of supervision each week related directly to the individuals they are treating who are engaged in ATP. They will meet as a group with the ATP coordinator to discuss ongoing cases and facilitate one another's learning related to the effective use of CBT and E/RP with those who have a primary anxiety diagnosis. This time will also be used to ensure an adequate understanding of the evidence based treatment materials, psychoeducation materials, and adequate ability to apply the principles of evidence based treatment with the individuals they serve. Prior to providing anxiety treatment within this program, the interns will receive a number of resource materials and training in the provision of these services.

Parent-Child Interaction Therapy (PCIT): Interns have the opportunity to become trained and certified in PCIT over the course of the internship. Interns receive at least 40 hours of didactic training and participate in at least 20 hours of co-therapy with FSGC's within agency PCIT trainer to insure fidelity to this evidence based practice. Interns are each expected to graduate at least 2 families using the PCIT protocol. The within agency PCIT trainer is the co-therapist for all PCIT sessions.

Group therapy supervision: Interns receive supervision for group therapy from supervisors on an as needed basis. In addition to serving as group therapists in ongoing groups, interns are encouraged to develop a therapy group during their training year that is based on their clinical interests and needs of the population. Some examples from previous years include a girls journaling group, age based psychoeducation groups, mother-daughter group, and cognitive behavior therapy for anger management. Interns are expected to conduct at least one group therapy process (approximately 10 hours) during the internship year. Groups range in level of structure from psychoeducational to problem or goal specific and process oriented.

Family therapy and parent counseling supervision: Work with families and caregivers is an important area of clinical focus for youth brought to treatment. Interns will learn how to conceptualize family dynamics and systems issues as they relate to the identified youth's clinical issues and how to determine the appropriate type of intervention. Supervision of this clinical work is provided by all supervisors.

Supervision of Supervision: Interns receive one hour of supervision of supervision each week. The interns will provide supervision to a master's student who is completing his/her own practicum experience at FSGC. This supervision includes use of reading materials on best practice in supervision along with general guidance in supervising another professional.

Clinical Supervisors

Connie Romig, Ph.D., is the Early Childhood Outpatient Services Manager and Training Director at FSGC. Dr. Romig specializes in treating and supervising the treatment of children ages 6 and younger. She obtained her doctorate in counseling psychology from the University of Pittsburgh in 2003 and completed her doctoral internship at FSGC in 2002. Her clinical interests include play therapy, PCIT and parenting training. She is certified in PCIT and is also a Registered Play Therapy Supervisor.

Cindy Turk, PhD, is a licensed psychologist and consultant at FSGC. She earned her doctoral degree in clinical psychology from Oklahoma State University and completed a six-year postdoctoral fellowship at the Adult Anxiety Clinic at Temple University. Dr. Turk currently serves as Professor of Psychology, Director of the Anxiety Clinic, and Chair of the Psychology Department at Washburn University. She is also a past president of the Southwestern Psychological Association. Dr. Turk has authored over 60 professional publications and delivered more than 125 presentations, primarily focusing on social anxiety disorder and generalized anxiety disorder. She is a co-author of the client and therapist manuals for *Managing Social Anxiety*, part of the *Treatments That Work* series. Her clinical interests center on the cognitive-behavioral treatment of anxiety disorders, with a particular emphasis on exposure-based interventions.

Daniel Garlock, PsyD is a licensed psychologist and contractor at FSGC. He completed his internship at FSGC in 2017 and obtained his doctorate in clinical psychology at Wright State University in Dayton, OH. Dr. Garlock works in private practice within a group integrated healthcare practice providing psychological treatment services primarily to adults. Additionally, he works at Washburn University teaching classes and working with students. His primary clinical interests include Acceptance and Commitment Therapy, coping with chronic illness, psychological assessment, and supervision/training.

Evaluation of Intern Performance

Interns are evaluated by their supervisors at mid-year and at the end of the training year. Supervisors provide ongoing feedback about the intern's progress and performance during the course of training. Evaluations are conducted using Doctoral Internship in Competency Evaluation (DICE). This form contains objectives, competencies, and rating scales for the supervised activities that an intern will undertake during the training year. At the beginning of the training year, interns will be asked to evaluate their current level of clinical skill on a variety of dimensions using this form. This self-rating along with early observation by supervisors will serve as a baseline from which to evaluate intern growth and professional development during the training year. Interns are encouraged to develop professional goals for the year and for each supervision process based on their individual needs and preferences.

Internship Evaluation

Twice a year, at mid-year and the end of the year, the interns are asked to evaluate the internship program in terms of quality, substance, and learning obtained through the training experience.

Didactic and Clinical Courses

FSGC provides a two-hour didactic once a week that interns are required to attend. The topics relate to one of four core areas; diagnosis/treatment, multicultural/diversity, ethics, and professional development. These presentations are geared for the intern's present educational level and are aimed at enhancing and adding to the intern's knowledge base. These presentations are open to agency staff members and select clinicians from the community. Presenters come from agency staff members and clinicians practicing in the community. Interns are required to give one presentation in this forum during the training year and may elect to present either a clinical case or a topic related to clinical issues. Many interns use this as an opportunity to share work from their dissertation or area of clinical interest.

A sampling of the previous year's topics include: transcultural issues for the psychotherapist, bicultural identity development, collaborative supervision, conducting a mental status exam with children and adolescents, ethics in clinical practice, developmental lines of trauma in children, overview of current psychotropic medications, normal child development, and diagnosis and treatment related issues for children with brain injuries.

Interns also participate in a one-hour intern seminar each week that is geared specifically to their training needs. In the early part of the training year, these courses prepare the intern for work at FSGC providing

orientation to the agency, its paperwork, and services available. Once orientation is complete, the interns are introduced to the basics of interviewing, intake, and diagnostic evaluation. This is followed by specific classes in diagnosis, psychological testing, individual, group, and family treatment approaches, outcome evaluation, ethics in clinical practice, issues in professional development, and multicultural and diversity issues. This series of courses differs from the agency wide didactic in several ways. 1) It is designed specifically for the intern and is a thoughtfully planned sequence of courses intended to provide an increasingly challenging degree of conceptual and clinical mastery. 2) It is taught almost exclusively by psychologists and aids in the development of professional identity. 3) The courses are attended only by doctoral psychology interns and on occasion a select few additional staff/students for special topics and because of its small size offer greater opportunity for in-depth discussion and exploration. 4) Interns have the opportunity to bring in current clinical cases as relevant to the material being presented and integrate clinical practice with theory and research.

These course presentations are intended not only for the dissemination of clinical research and practice, but to enhance the intern's conceptual thinking and professional development. Interns will have the opportunity to discuss relevant clinical modalities, theories, and research and use this forum as a means of furthering their own perspectives, confidence, and clinical approaches.

Weekly Schedule

Interns are expected to work towards conducting 15-18 hours of direct clinical work a week. This includes admissions, individual therapy, group therapy, case consultation, psychological testing, and family therapy/parent guidance. Interns receive at least three hours of individual supervision, one hour of testing supervision (depending on availability of individuals to test), and one hour of supervision of supervision each week. In addition to the hours described above, interns attend a once a week two-hour agency wide didactic and a one hour seminar specific to doctoral interns. The remaining hours are for paperwork and clinically related activities. The work week is 40 hours and interns are encouraged not to exceed the 40 hour week or work outside of their scheduled time. If an intern must work over their 40 hours for any reason, they must seek approval from the Training Director (a 30 minute window of flexibility (per pay period) for regular clocking in/out is permitted without approval).

Stipend and Benefits

Interns are hourly employees that are funded through an annual stipend. Additionally, interns receive the following benefits:

- Annual stipend of \$29,000.00
- Ten paid holidays
- Two weeks paid annual leave (80 hours available immediately; no reimbursement for hours not used)
- Up to 40 hours bereavement leave
- Five days of educational leave (may be utilized for dissertation related work &/or graduation)
- \$350.00 for workshop and conference expenses
- One day of sick leave per month (total 96 hours for the internship year)
- Mileage reimbursement based on prevailing government approved standard per mile for required travel to clinical/ training related appointments (except to and from work) and team meetings
- Low cost medical and dental coverage is also available

Application Requirements

To be an eligible applicant you must have a Masters degree in clinical psychology or equivalent and be licensable in the state of Kansas at the Masters level. It is a requirement that applicants be in good standing from an APA accredited program. Prospective applicants can review these requirements at <http://www.ksbsrb.org/>. A completed application includes the APPI (<http://www.appic.org>), one psychological test report, three letters of reference from supervisors who know your clinical work well, an

official copy of your graduate transcripts and a letter from your training director attesting to your readiness for internship (the APPI form documentation is sufficient). Applicants are invited for televideo interviews, which are usually scheduled for specific Fridays in January. All applicants should have completed their comprehensive examinations as required by their doctoral program. Every individual offered employment shall be required to have a background screen through the Kansas Bureau of Investigation, the designated employment background screening company, Child Abuse & Neglect Central Registry, Adult Abuse, driver's license verification and background, worker's compensation claims, sexual offender registry website, social security and address verifications, and Medicaid & Medicaid sanctions review. Any history of child abuse, assault, battery, murder, rape or similar conviction will eliminate the candidate from employment. Theft, forgery, and recent drug or alcohol conviction (within the past 7 years) eliminates the candidate from employment. Please clarify any questions you have about this during the interview process.

Applicants should have a demonstrated interest in working with youth as reflected by their practicum experiences. Although we do not require a specific type of practicum experience, those that are valued include experience in providing clinical services to youth with diagnosable conditions in an outpatient, inpatient, community mental health center or a school setting for youth with behavioral disturbances. Additionally, testing experience with youth, especially using some form of full-battery is highly desired. We rank applicants according to experience and demonstrated interests.

Please feel free to visit our internship program. If you know you are going to be in the general vicinity and have an interest in our program, call the Training Director to set up a time to visit our facilities. Additionally, we strongly encourage applicants to contact our current interns or previous interns now on staff to get their perspectives. To obtain these numbers call the Director of Training at (785)232-5005.

Maintenance of Records

Electronic records of interns' training, including training experiences, evaluations and certificates of internship completion as well as any formal complaints or grievances are maintained indefinitely at this time. Physical notations of intern supervision sessions are also maintained indefinitely.

Application Deadline: November 15th each year

We notify applicants by email if they are accepted for an interview. We also notify applicants who are not invited for an interview via email.

Some Frequently Asked Questions

- *What qualities are you looking for in intern applicants?*

Applicants should have a demonstrated interest in working with youth and families and/or community mental health. Applicants should have some familiarity and exposure to individual and play therapy with children, basic knowledge of family therapy or parent effectiveness training techniques, and strong background/interest in psychological testing and assessment. Experience in administration and scoring of the Rorschach and other projectives (Exner method preferred) is valued. Excellent writing, organizational, and interpersonal skills are essential abilities. We value diversity and individual uniqueness. We look for applicants who share these values and have interpersonal skills and accepting attitudes that enable them to work with a wide variety of diverse people and disciplines. Other important qualities include the ability to be self-reflective, a desire to approach one's clinical work in a thoughtful way, and a love for learning. We prefer that applicants have their dissertation near completion, if not already completed, by the start of the internship year.

- *How is intern creativity valued?*

FSGC faculty and staff believe this is an important personal asset and welcome individual originality and imagination. Each year we have had one or more interns develop or propose something unique. One intern with a background in animal assisted therapy and animal handling proposed to use her service dog

in conducting individual therapy. Another intern suggested a study using palm pilots as a delivery method for parent education and intervention with difficult childhood behaviors. In previous years, we have had interns explore other clinical interventions such as a mother daughter group, education with teenage fathers, and a girl's journaling group to name just a few. Creativity and curiosity is an important part of the clinical enterprise that can lead to new developments or approaches and we encourage this with our staff members and trainees. All ideas or proposals are submitted and reviewed by the clinical oversight committee.

- *What if I should become pregnant or contract a serious illness that requires considerable time off?*

The intern would resume the training year when medically cleared to return and complete the time necessary to obtain the required training hours.

- *What is the possibility for employment with FSGC after completion of the internship year?*

We cannot guarantee that positions will be available, but interns are encouraged to apply for staff clinician positions. At this writing, many of our former interns have been hired as staff clinicians after the intern year. The biggest dilemma facing interns wanting to remain at FSGC is that they typically start looking for opportunities in March or April. FSGC, however, cannot hold a position open until the intern graduates so it means that the intern has to take a chance that there will be an opening in June or July and that they will be selected from a competitive applicant pool.

- *How have previous interns fared when it comes to employment after completion of the internship year?*

All of our interns have been employed at the doctoral level either at the completion or shortly after completion of the intern year. Positions have included positions in academics/teaching, community mental health centers, state hospitals, private non-profit/for profit outpatient agencies, hospitals, private practice groups and school or school based settings. The rare exception is the intern who has not completed their dissertation.

- *Would I be an acceptable candidate for an FSGC internship even though my future career plans are in academia or research?*

Yes, we believe that the clinical experience received during the internship year adds an important dimension that serves to inform and enliven one's teaching or research career. The applicant's clinical experience, skills/abilities, and professional interests are more important features in the application review process.

- *My graduate program is in school psychology. Would this be acceptable for your internship site?*

We do not distinguish among programs, but instead look at clinical experience, interests, skills and abilities. Additionally, the applicant's educational background must allow for licensure at the Masters level in Kansas.

- *How many applications do you receive in a year?*

Historically, we averaged approximately 30 to 50 applications each year.

- *How many applicants do you interview?*

We typically offer interviews to about 80% of our applicant pool.

- *If I am not offered an interview may I call and get an understanding as to why I did not qualify?*

Yes, we are happy to provide feedback. Contact us any time with further questions. It should be noted that the vast majority of our applicants are exceptional in many ways and that the only differences often tend to be the amount of experience with children or psychological testing over other well qualified applicants.

Clinical Service Provider Accountability

FSGC is primarily engaged in providing a wide range of assessment and treatment services to youth and families in the community. All clinical staff and trainees are responsible for ensuring that the rights of service consumers are preserved and maintained and that the highest quality of efficacious treatment available is employed. All clinical decisions and treatment interventions undertaken by the treater or treatment team will be based on ensuring that the psychological and emotional welfare of the consumer takes precedence over all other considerations.

All clinical staff, trainees, and volunteers assume the responsibility for providing services in a professional and ethical manner that uphold the personal dignity and value of human beings, respect individual differences, avoid misconduct, and convey quality and integrity on FSGC and themselves.

FSGC is a multidisciplinary mental health service provider. Each discipline and its respective trainees are expected to uphold the highest standards of quality and professionalism. It is the responsibility of each discipline and its trainees to know and abide by the respective discipline's ethical standards and policies, in addition to the policies and procedures outlined by FSGC. It is the responsibility of each discipline member to seek solutions to ethical dilemmas and questions as they arise.

Policy: Impairment Policy for Psychology Trainees and Interns

The psychology intern faculty has a dual responsibility. First, faculty members have a primary commitment to those we provide services, ensuring that they receive quality care and that the treatment and services we render conform to the Ethical Principles of Psychologists and Code of Conduct as set forth by the APA. Second, faculty members provide quality training to our interns and trainees in an environment that enhances the learning process and is characterized by the same degree of mutual respect and recognition of each individual's worth and personal dignity that is extended to those we treat.

The intern faculty acknowledges its responsibility in providing a comprehensive and quality training experience that prepares interns for functioning as autonomous competent professional psychologists. As such, we strive for a careful balance between that of support and education and evaluation and monitoring of an intern's competencies and capabilities to perform in this capacity. The internship year is a time of personal and professional growth that can be both exciting and stressful. It is recognized and understood that some forms of stress are inherent in professional development and that appropriate amounts stimulate professional growth, but beyond this it may result in reduced or impaired functioning and have potentially deleterious effects on the delivery of treatment and thus violate ethical guidelines.

Impairment is defined as an inability or unwillingness to perform at a level in keeping with the standards and policies of FSGC and the Ethical Principles of Psychologists and Code of Conduct as set forth by the APA. Although not all-inclusive, the violations of these standards have been behaviorally presented and listed below according to level of seriousness and subsequent disciplinary action. A distinction is made by the psychology staff and training faculty between issues of professional development and skill improvement, which is seen as part of the supervisory and educational/training process and behaviors, and conduct that violate patients' rights, ethical standards, and FSGC policy. For instance, some level I violations may be on a continuum, such as late paperwork and tardiness. These will be addressed in the supervision process before they reach serious levels and may be the product of a wide variety of issues that the supervisor will help the trainee to address fairly and with respect. If these cannot be resolved with individual supervision then a remediation plan with specific action steps, objectives, and goals will be initiated. Additionally, we recognize that interns and trainees are completing internship to receive advanced training and improve their clinical skills. The deficits and lack of skill or knowledge is not seen as impairment, unless ongoing supervision and training fail to remediate clinical skills and decision making that result in substandard service delivery and violates ethical standards.

Remediation

Remediation plans will be developed by the Training Director in collaboration with the intern or trainee's supervisor(s). Training objectives for the intern/trainee will be clearly delineated and operationally defined. Successful completion of the training objectives will be clearly defined and a time line for completion will be determined and described in the remediation plan. At due date of completion, the intern/trainee will be evaluated on his/her level of success or need for further improvement by the training director and all appropriate supervisors. If further improvement is required, additional completion time may be granted if there is evidence to suggest that progress has been made, but is incomplete. This will be determined by the Training Director and appropriate clinical supervisors. If the intern successfully completes the remediation plan within the allotted time, the remediation plan will be discontinued. All files related to the intern/trainee's remediation are confidential with only the Training Director and supervising psychologists having access.

Violations of Accountability and Ethical Standards

Level I violations: Substandard work performance that may directly or indirectly impact service delivery to people receiving treatment.

- 1) Unacceptable quality or quantity of work.
- 2) Frequent and excessive lateness in the completion of reports and clinical documentation.
- 3) Frequent tardiness and absenteeism.
- 4) Excessive use of sick leave without medical documentation.
- 5) Inability or unwillingness to cooperate with supervisors and employees.
- 6) Unprofessional behavior that diminishes the standards of the agency or one's profession.

Level I violations will result in one or more of the following actions.

- 1) Verbal warning and discussion of the violation with suggestions for education/improvement along with a time limit for which improvement or a trend of improvement should occur.
- 2) Written report signed by the trainee/intern and placed in the trainee/intern's file.
- 3) Administrative probation until the problem is corrected.
- 4) If reasonable progress toward correcting the problem is not made within a stated period of time, the trainee/intern may be suspended (without pay) or terminated.

Level II violations: Serious violations of ethical standards and the rights of individuals in treatment.

- 1) Violations of confidentiality.
- 2) Sexual activity with people who are currently receiving treatment, those who used to receive treatment, and their families.
- 3) Business relationships that exploit or take advantage of children or teens who are currently receiving treatment, who used to receive treatment, and their families.
- 4) Selling or giving intoxicating substances to children or adolescents we serve, their families, or other staff members.
- 5) Using intoxicants or illicit substances while at work.
- 6) Unauthorized removal of agency property from the work place.
- 7) Falsifying records of children and adolescents receiving and agency documents.
- 8) Disobeying reasonable instructions from a supervisor.
- 9) Use of verbal threats, physical intimidation, or physical violence toward a child or adolescent we serve, their family, or a staff member.
- 10) Physical, sexual, or sadistic verbal abuse toward a child or teen in treatment, their family, or a staff member.
- 11) Significant impairment in the ability to deliver competent and professional care.

Allegations of Level II violations may warrant suspension until they are sufficiently resolved. When an accusation of a serious violation has been made about a trainee/intern, it will immediately be

communicated both verbally and in writing to the trainee/intern and will be immediately investigated by the trainee's/intern's primary supervisor and training director. All accusations of serious violations will be immediately reported to the clinical director. Substantiated or admitted violations may be grounds for immediate termination by the leadership team.

Trainee/Intern Grievance Policy and Due process

If a trainee/intern feels that they have been treated unfairly, or victimized by discriminatory and arbitrary application of FSGC policy by a supervisor, staff member, or trainee/intern, there are two processes they may engage to seek fair and appropriate resolution. There are informal and formal methods of resolution.

The purpose of due process is to provide the intern with a timeline and step-by-step procedure for assuring the fair and just addressing of concerns and grievances. If an intern observes or experiences any staff member or trainee engaging in harmful behavior toward another person, experiences or observes sexual harassment, experiences or witnesses discriminatory behavior that violates one's civil rights, he/she must fill out an agency incident report and submit this within 24 hours to the director of risk management. This will be processed and investigated in accordance with agency policy. The intern should report any such observed behavior to the primary supervisor and the Training Director within 24 hours. If the observed or experienced behavior involves the Training Director, this should be reported to Human Resources in addition to the completion of the agency incident report. If the intern has any doubt or question about the seriousness of the behavior experienced or witnessed, they should not hesitate to address it with their immediate supervisor. If it involves behavior on the part of the immediate supervisor, then it should be discussed within the 24 hour time period with the Training Director.

If an intern believes that they have been treated unfairly, received an evaluation they do not agree with, or has a concern about a supervisor, member of the faculty, staff member of FSGC, or another intern, they may elect to pursue a resolution to this through an informal or formal process. This should be undertaken within five working days.

Informal

- If pursuing an informal response, the intern is requested to address the issue with the person(s) involved.
- If the intern is uncomfortable with this or deems this inappropriate, they may request that the Training Director aid in addressing the issue by contacting the individual directly.
- If the concern is with the Training Director, the intern may approach the Risk Manager (RM) to aid in addressing the concern.
- The intern may also make a verbal request to the Training Director to aid in mediating a dispute or concern between the parties involved.
- If the intern does not feel that this process is appropriate or that it does not produce a satisfactory resolution, the intern may initiate a formal process.
- A formal process must be initiated within five working days by written statement after experiencing the incident or after informal attempts have failed to produce a satisfactory resolution.

Formal Grievance Process

- No reprisal of any kind shall be taken against any participant in a grievance procedure by reason of proper participation in such procedure.
- The intern must submit any grievance in writing to the Training Director within five working days with all accompanying documents and information relevant to the situation.
- If the grievance is toward the Training Director, it should be submitted to the primary supervisor or RM.
- The Training Director will convene a review panel within three days. The panel will consist of a member of the intern faculty selected by the Training Director, the RM, and a staff member

selected by the intern.

- If the grievance is directed toward the Training Director, the panel will be convened by the primary supervisor using the above described selection process.
- The panel will review all written materials, interview individuals associated with or involved in the written concern, and interview the intern submitting the grievance.
- The intern submitting the grievance will be able to present verbally to the committee, as well as, any other materials they feel are relevant.
- Within three working days of the conclusion of the review process the panel will submit its findings and recommendations to the Training Director.
- Within three working days following the receipt of the recommendations, the Training Director will accept, amend, or reject the panel's findings.
- If the recommendations are accepted or amended by the Training Director, the decision by the Training Director is final.
- The intern will be informed within 24 hours of the Training Director's decision and the panel's findings.
- In the event the grievance is directed toward the Training Director, the decision will rest with the primary supervisor following the same procedure and time lines.
- If the decision is rejected, it will be sent back to the panel for further review and discussion within three working days.
- The panel will complete a reevaluation of the findings and recommendations within five working days.
- The Training Director will make the final decision regarding the panel's findings and recommendations.
- The intern will be informed of the decision within 24 hours of receipt of the panel's reevaluation and the Training Director's final decision.
- If the intern is not satisfied with the final decision rendered by the Training Director, they may bring the matter to the Director of Human Resources.
- In the event the complainant feels they have been discriminated against based on race, color, sex, religion, national origin, disability, age or citizenship, they may file a complaint with the agency's Equal Employment Opportunity Commission (EEOC) officer in HR.

**FAMILY SERVICE AND GUIDANCE CENTER
ACKNOWLEDGEMENT STATEMENT
(Copy to be placed in Intern's personnel file)**

This is to acknowledge that I have received the FAMILY SERVICE AND GUIDANCE CENTER'S (FSGC) INTERN HANDBOOK (updated May 2025).

I will retain a copy of the Intern Handbook for my own reference. The Intern Handbook can also be viewed on FSGC's website.

Further, I acknowledge that I have thoroughly read the following policies of FSGC:

_____ Intern Licensure and Public Disclosure
_____ Goals for Intern Training
_____ Evaluation of Intern Performance
_____ Clinical Service Provider Accountability
_____ Impairment Policy for Psychology Trainees and Interns
_____ Trainee/Intern Grievance Policy and Due Process

I have asked for and received to my satisfaction an explanation of anything I did not understand. I further understand that THIS INTERN HANDBOOK IS A GUIDE, AND NOT AN EMPLOYMENT CONTRACT and that from time to time, changes, both oral and written, can be made by an officer of FSGC to update or clarify these guidelines. In addition, I understand that FSGC maintains the exclusive right to alter, amend, modify, eliminate, add to, interpret and apply the guidelines outline in this handbook, as well as all of FSGC's business, operational and employment practices as Leadership believes is necessary or expedient to promote FSGC's overall best interests.

I understand that my employment is "at will" and that I can be terminated at any time for any reason with or without cause.

Finally, I understand that regardless of the statements made in this booklet, FSGC reserves the right, consistent with applicable laws, and based on the best interests of FSGC, to terminate employees at FSGC's discretion.

Date: _____

Doctoral Intern Printed Name: _____

Doctoral Intern Signature: _____