Fraser
Est. 1935 YOU BELONG HERE.™

CLINICAL PSYCHOLOGY INTERNSHIP

TRAINING PROGRAM
2026-2027 INTERN CLASS RECRUITMENT CYCLE

You belong Here

Fraser welcomes interns into our program to share with us our mission to build a community of inclusion that allows all people to belong and thrive. Our internship is an APPIC member. The program is Accredited through the American Psychological Association (APA). Accreditation is granted by the APA Commission on Accreditation. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Questions related to the program should be directed to the Training Director, Dr. Kim Klein
Fraser
1801 American Blvd. East
Bloomington, MN 55425
Kimberly.Klein@Fraser.org

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 07/09/2025

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	____ **Yes** __X___ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

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

ELIGIBILITY

Internship candidates must be enrolled in an APA-accredited clinical, counseling or school psychology program. Individuals from Ph.D. and Psy.D. programs will be considered. Candidates must have completed all required course work prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate. Applicants are required to have at least 600 hours of supervised experience in the areas of child clinical psychology, autism spectrum disorder, and/or clinical neuropsychology prior to beginning the internship. Because of the strong emphasis on assessment in this program, one-half of the 600 hours of experience must be in supervised assessment.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Yes		Amount: 300
Total Direct Contact Assessment Hours	Yes		Amount: 300

Describe any other required minimum criteria used to screen applicants:

Adequate coursework and clinical experience with children and families, including supervised experience in the areas of child clinical psychology, autism spectrum disorder and/or clinical neuropsychology are required for interns to be ready for training at Fraser. Interns are ranked considering their education, training experiences, interests, training goals, and their fit with Fraser's training aims.

Intern applicants should demonstrate particular interests and aptitudes for research-informed and evidence-based approaches to assessment and intervention with the populations served by Fraser, notable for its demographic and diagnostic diversity, including autism spectrum disorders and complexity created by chronic health and disability conditions.

Fraser demonstrates a strong commitment to diversity and ethnic minority recruitment and retention. Staff and internship applicants from all cultural and ethnic minorities are considered based on their training and experience and its relevance to our training site.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$37,440	
Annual Stipend/Salary for Half-time Interns		
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	**Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	N/A	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No

Other Benefits (please describe):

The stipend is currently $37,440 for twelve months. Fraser provides a complete benefits package including a flexible Paid Time Off (PTO) Plan. Interns earn PTO at the rate of .10 x hours paid per pay period (approximately 20 days) which may be used for holidays, vacation, and sick days. Additional time off is allowed for dissertation defense and conference attendance with approval from the training director. Interns are eligible for group health, dental, life, and disability insurance, as well as other Fraser offered benefits, at the first of the month following 42 days of full-time employment. Coverage to family members and legally married partners is available. In addition, interns are eligible to contribute to Fraser's 403(b) retirement plan immediately upon start date.

In the event of a medical or family issue requiring a leave of absence, including maternity and paternity leave, interns will be supported in adjusting their individual training plan to allow successful completion of the internship.

An internship handbook is provided to interns both electronically and in hard copy during orientation.

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-2023	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	N/A	N/A
Community mental health center	1	1
Consortium	N/A	N/A
University Counseling Center	N/A	N/A
Hospital/Medical Center	1	2
Veterans Affairs Health Care System	N/A	N/A
Psychiatric facility	N/A	N/A
Correctional facility	N/A	N/A
Health maintenance organization	N/A	N/A
School district/system	N/A	N/A
Independent practice setting	1	3
Other	N/A	N/A
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.		

APPLICATION PROCESS

Due to COVID-19 and in order to provide fair and equitable access to all intern candidates, there will be no in-person interviews. Thus far, our program has had no delays with start dates or end dates due to COVID-19 restrictions. All previous interns were able to graduate the program on time and met all requirements for training and supervision hours. Please do not hesitate to reach out to Dr. Klein regarding specific questions about our training program and processes during the pandemic.

The internship year begins on July 27, 2026 and ends July 26, 2027. Applicants will be invited to attend an interview through Zoom. During the interview process, prospective interns will speak with the training director, current interns, and faculty in separate interviews via Zoom.
Application Deadline: November 7, 2025
Interview Notification: December 1, 2025

Interview Dates:

December 16, 2025	1:00 pm – 4:00 pm
December 19, 2025	1:00 pm – 4:00 pm
January 6, 2026	9:00 am – 12:00 pm
January 6, 2026	1:00 pm – 4:00 pm
January 15, 2026	1:00 pm – 4:00 pm
January 20, 2026	1:00 pm – 4:00 pm

PHILOSOPHY AND GOALS

The scholar-practitioner model guides the philosophy of Fraser's internship program. Consistent with this model, we seek to help interns develop the ability to apply scientific theory and knowledge in direct service (assessment, intervention, and consultation) and to evaluate the efficacy of interventions.

The primary goal of the internship is to prepare interns for post-doctoral training or entry-level professional practice with a strong foundation in general clinical skills as well as specialized training in children's mental health, Autism Spectrum Disorder, and neuropsychology. Interns are exposed to a wide variety of educational and clinical experiences, with diverse client populations. The intern should be knowledgeable about and demonstrate sensitivity to cultural and individual diversity in all aspects of their work.

Training is based on evidence-based practices and consistent with standards of professional practice (i.e., Ethical Principals of Psychologists and the Code of Conduct of the American Psychological Association).

OBJECTIVES

Interns are expected to develop and master profession-wide competencies over the course of the internship year. We utilize competency-based training approaches to help the intern develop strong diagnostic/assessment and conceptualization skills, effective psychotherapeutic intervention, consultation and collaboration, knowledge of and compliance with statues and rules, professional values, attitudes, and behaviors, ethics and legal standards, supervision, application of knowledge and sensitivity to individual and cultural diversity, and research skills.

These core competencies are developed through clinical experiences, didactic seminars, supervision, literature reviews, case conferences, and protected time for research and/or program evaluation activities. Progress is evaluated in weekly supervision, monthly reviews by the Training Committee, and through written performance evaluations conducted in the middle and at the end of each four-month rotation.

COMMITMENT TO DIVERSITY, EQUITY, INCLUSION, AND BELONGING

At Fraser, we strive to provide culturally competent and culturally humble services to our diverse clientele, which include large East African, African American, Spanish-speaking, Native American, and Asian American populations. As a community behavioral health and disability services provider, our initiative is especially focused on the complex intersectionality of diversity with mental health and disability. In addition to the broad range of assessment and intervention experiences with diverse populations, the internship offers training and clinical opportunities related to adoption and permanence, Spanish-speaking assessment, intervention, and group services, sexuality and relationships in neurodiverse populations, regular work and special relationships with communities of cultural and linguistic diversity (e.g., local Native American communities), and collaboration with interpreters, allowing

interns to further develop awareness, knowledge, and skills around an array of multicultural issues. Fraser offers mentorship and monthly affinity meetings to support interns and staff identifying as African American, indigenous, Latinx, and Asian American and Pacific Islander led by long-term Fraser staff with diverse backgrounds. Further efforts are underway to develop additional affinity meetings to support LGBTQIA-identifying interns and staff.

DIRECT CLINICAL HOURS AND WEEKLY ACTIVITIES

The typical caseload for any given intern includes 6 to 7 outpatient psychotherapy cases (children/adolescents, families, groups) per year (half in mental health and half in Fraser's Autism Center of Excellence) and approximately two to three evaluations per week. Another four to six hours will be spent in supervision, with an additional two hours devoted to didactic seminars and at least one hour per week in group case consultation meetings. Interns also participate in journal club and are invited to participate in a monthly neuropsychology review. During one four-month rotation, interns spend four hours per week providing consultation to Fraser's Same Day Access clinicians and our psychiatric nurse practitioners. Four hours per week is protected time for research activities. Additional time is generally required for consultation with referral sources, community agencies, schools, and co-therapists. The program is designed to occupy 40-45 hours per week of a trainee's time, although many trainees report investing additional time completing reports and other paperwork, making telephone contacts with community agencies, or attending special meetings.

OUTPATIENT TREATMENT SERVICES

Interns are required to provide therapy services for 6 to 7 clients weekly throughout the year. Interns will see clients and families for individual, family, and group therapy throughout the year. Related to therapy, clients have an annual diagnostic assessment, which interns may provide. Past interns have treated clients with a range of mental health diagnoses, including: Autism Spectrum Disorder, Post-traumatic Stress Disorder and other trauma- and stressor-related disorders, depressive disorders, anxiety disorders, Attention-Deficit/Hyperactivity Disorder, and behavioral disorders.

Most outpatient staff have received training in DC: 0-5 assessment and treatment for young children ages birth through 5. Interns are expected to attend DC: 0-5 training conducted by a Fraser staff member who is a national trainer and will be exposed to this framework through evaluations and therapy services.

Several of the families we work with are concerned with the impact of trauma, attachment development, open adoption relationships, grief and loss, transracial family identity, and managing challenging behaviors. Because we believe in strengthening connections with key figures in a child's life, we support foster parents, birth/first parents, adoptive parents, kinship caregivers, siblings or other key family members to support the child. Fraser clinicians have received Permanency and Adoption Competency Certification are available to work with, or consult with, interns.

In addition, interns have the opportunity to provide adult psychotherapy to a small number of adult clients. Typical referral issues for adult clients include: depression, anxiety, trauma history, parent/child and other relationship issues, and family difficulties.

ROTATIONS FOR PSYCHOLOGICAL EVALUATIONS

Interns will gain experience providing psychological evaluations in three rotations: Early Childhood Evaluation Rotation (birth through five), Children and Adolescent Evaluation Rotation (six and older) and the Neuropsychology Evaluation Rotation. Each rotation ensures interns will provide comprehensive evaluations for a variety of presenting concerns. Evaluations include completing a review of records, completing the diagnostic interview or reviewing recent diagnostic assessment/clinical interview, obtaining additional information as needed through interview, collaborating with referring and other providers, completing a range of psychological measures, and providing feedback. Interns are supervised in completing, scoring, and interpretation of the measures, providing feedback, as well as in writing comprehensive, integrative psychological reports.

The goals for all evaluation rotations include increasing skills and independence in choosing appropriate assessment measures, expanding the number and types of assessment measures familiar to the intern, diagnostic interviewing, improving proficiency in case conceptualization and differential diagnosis, making appropriate recommendations, writing professional reports, and providing feedback to families.

Referrals for psychological evaluations come from a variety of sources, including physicians, case managers, mental health providers, school professionals, and families.

Fraser takes a team approach with parents/caregivers actively involved in the evaluation process so that they understand their child's diagnosis. While the focus is on children referred for a specific type of evaluation (neuropsychology, autism, or general mental health), the intern's experiences ensure proficiency in differential diagnosis.

Service and strategy recommendations are selected based on the individual client needs and the family's preferences and cultural considerations. The appropriate community and educational, as well as Fraser, resources are recommended to help strengthen social, emotional, behavioral, and academic performance.

EARLY CHILDHOOD EVALUATION ROTATION (BIRTH THROUGH FIVE)

The Fraser Early Childhood Evaluation Rotation (birth through five) consists of a four-month concentrated assessment training focused on children ranging in age from birth through age five.

These evaluations use the DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The DC: 0-5 is a systematic developmentally based approach to the classification of mental health and developmental difficulties in the first five years of life.

These evaluations assess for a variety of clinical disorders, as classified by DC: 0-5: Neurodevelopmental Disorders (Autism Spectrum Disorder, ADHD, developmental delay), Sensory Processing Disorders, Anxiety Disorders, Mood Disorders, Obsessive Compulsive and Related Disorders, Sleep, Eating, and Crying Disorders, Trauma, Stress, and Deprivation Disorders, and Relationship Disorders.

Use of the DC: 0-5 classification system not only allows for diagnosing young children but also contributes to an understanding of mental health within the context of developmental competencies in different settings and with different people. Assessment of a child's developmental profile helps to inform clinical and diagnostic formulations. Areas of development include emotional, social-relational, language-social communication, cognitive, and movement and physical. The care giving relationship is central in the development and health of young children; therefore, assessment of the adaptive functioning of this relationship and what each contributes to the relationship is included in these assessments.

These evaluations include assessment of development, cognitive, and adaptive functioning (Mullen Scales of Early Learning, Bayley Scales of Infant and Toddler Development, 3rd Ed.; Wechsler Pre- school and Primary Scale of Intelligence, 4th Ed. (WPPSI-IV); and Vineland Adaptive Behavior Scales, 3rd Ed). Social, emotional, and behavioral measures that interns will gain experience and skills in administration and interpretation of include, but are not limited to, Infant-Toddler Social-Emotional Assessment (ITSEA), Behavior Assessment Scale for Children, 3rd Ed. (BASC-3); Achenbach Child Behavior Checklist (CBCL); Autism Diagnostic Observation Schedule, 2nd Ed., ADOS-2; and Autism Spectrum Rating Scale).

While interns develop and refine their assessment skills, they also gain a more comprehensive understanding of young children, their relationships, and variations in adaptation and development.

CHILD AND ADOLESCENT EVALUATION ROTATION (SIX AND OLDER)

The Fraser Child and Adolescent Evaluation Rotation (six and older) consists of a four-month concentrated assessment training focused on children ranging in age from six through late adolescence and across Fraser Autism and Fraser Mental Health.

These evaluations assess for a variety of neurodevelopmental and mental health diagnoses, including, but not limited to: Autism Spectrum Disorder, Intellectual Disability, ADHD, Depressive Disorders, Anxiety Disorders, Trauma- and Stressor-Related Disorders (e.g., Reactive Attachment Disorder, PTSD), and Disruptive Behavior Disorders.

As part of the evaluation process, interns organize and integrate information about clients and families, including medical data, mental health history, educational information, interview, observations, and testing

data. Interns are expected to review mental health and school records and contact current providers and teachers to assist in formulating a comprehensive evaluation.

Interns gain experience in administration and interpretation of a variety of instruments to assess cognitive functioning (e.g., Wechsler Intelligence Scale for Children, 5th Ed. (WISC-V), Wechsler Individual Achievement Test, 4th Ed. (WIAT-IV); adaptive functioning (e.g., Vineland Adaptive Behavior Scales, 3rd Ed.); executive functioning (e.g., Behavior Rating Inventory of Executive Functioning, 2nd Ed. (BRIEF-2); memory and learning (e.g., Wide Range Assessment of Memory and Learning, 3rd Ed. (WRAML-3); social, emotional, and behavioral functioning (e.g., Behavior Assessment Scale for Children, 3rd Ed. (BASC-3); Achenbach Child Behavior Checklist (CBCL); Conners Parent Rating Scale, 3rd Ed; Parenting Stress Index, 4th Ed. (PSI-4); Trauma Symptom Checklist for Young Children (TSCYC); Multidimensional Anxiety Scale for Children, 2nd Ed. (MASC-2); Children's Depressive Inventory, 2nd Ed. (CDI-2); and personality patterns (e.g., Millon Adolescent Clinical Inventory, 2nd Ed. (MACI-2), and ASD symptoms (e.g., Autism Diagnostic Observation Schedule, 2nd Ed., ADOS-2; Autism Spectrum Rating Scale; and Social Responsiveness Scale). Use of projective measures and semi-structured interviews are also commonly used, including Robert's Apperception Test, 2nd Ed.; Kinetic Family Drawing; House-Tree-Person projective drawings; sentence completion; Children's Yale-Brown Obsessive Compulsive Scale; and Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS).

NEUROPSYCHOLOGICAL EVALUATION ROTATION

The Neuropsychology Clinic at Fraser serves children, adolescents, and young adults referred for assessment of neurodevelopmental or neurological disorders, including complex cases of ADHD, Autism Spectrum Disorders, language disorders, developmental delay, and learning disabilities. Neurological disorders include seizure disorder, traumatic brain injury, chromosome anomalies, brain tumors, Tourette's disorder, Fetal Alcohol Spectrum Disorders, and infectious diseases. Training in several types of assessments will be provided. Cases are often complex and include co-occurring psychiatric and medical issues.

Interns will administer assessment measures and work alongside staff neuropsychologists to conduct diagnostic interviews with parent/caregivers and the child/adolescent, determine the diagnosis, develop appropriate intervention recommendations, and provide feedback to the family. Interns will write one or two reports per week.

SUPERVISION

At the beginning of the internship year, each intern completes a self-assessment. The intern's previous academic training, clinical experiences, and skills are considered along with their individual training goals in order to plan the intern's training experiences.

Each intern has one year-long supervisor for therapy clients through Fraser Mental Health and one year-long supervisor for therapy clients through Fraser Autism Center of Excellence (ACE).

Interns have one supervisor for each assessment rotation. During each assessment rotation they receive at least one hour of direct supervision (usually more) per week. Interns receive an additional hour of assessment supervision each week in the Neuropsychology Clinic.

Weekly group supervision uses a case-consultation model. The focus of group supervision alternates weekly between assessment and intervention cases.

The intern's rotation and individual therapy supervisors evaluate the intern's progress every two months (at the midpoint and end of each rotation). The evaluations are discussed individually with each supervisor.

A more formal evaluation of the intern is completed mid-year and at the end of the training year to determine if internship requirements and individual objectives have been met. These evaluations are forwarded to the intern's graduate program Director of Training mid-year and at the conclusion of the internship.

RESEARCH

Fraser interns are provided one half day per week (four hours) of protected time to engage in scholarly activities to promote their competencies in research and evaluation. This time may be used for completion of dissertation research and writing if needed but is especially intended to make it possible for interns to work with Fraser psychologists in ongoing program evaluation, studies of clinical and psychosocial outcomes, and collaborative research projects with University of Minnesota faculty in psychiatry, child development and other disciplines. Interns present their work at the annual Fraser Conference and may also submit presentations for local (Minnesota Association for Children's Mental Health, Minnesota Psychological Association) or national conferences. Evaluation and research opportunities are presented to interns during orientation to ensure optimal use of protected time for the entire internship year.

USE OF TELEHEALTH

Telehealth was utilized for some aspects of supervision and for didactics when the pandemic started. In-person supervision was re-initiated as the pandemic abated. Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as inclement weather, life event, travel, or public health emergency situations). It is not used for the sole purpose of convenience. We implement telesupervision by using a videoconferencing platform, Microsoft Teams. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home. Didactics are provided through a combination of in-person and telehealth formats.

Fraser Doctoral Clinical Psychology Internship
Didactic and Case Conference Syllabus
2025-2026

Didactic seminars will occur every Monday from 8:30 to 10:00 am in Bloomington or via telehealth.

Didactic seminars will initially relate to introductory topics and progress through more advanced/ professional level topics over the course of the internship year. Key topics will include focus on evidenced-based assessment and intervention practices, supervision, ethics, and diversity. The interns do 9 collaborative didactics with two other APA-accredited internship programs in the Twin Cities under the title "Learning Club." Topics vary but center around the intersection between diversity/culture and mental health.

The presenter will send out 1-2 journal articles the week before each presentation, so that interns have a foundation for the didactic. The presenter will introduce the topic and propose discussion questions for the interns. The interns are expected to be prepared to discuss the topic at a high level. In addition, as the year progresses, interns will be expected to participate in the didactics by presenting topic-related cases for discussion. A list of the didactics for the 2023-2024 internship year is offered below for review.

08/18/25 **Didactic Topic: Conducting Clinical Interviews with Children/Adolescents and Caregivers**
Presenter and Credentials: Nicholas Spangler, PsyD, LP

08/25/25 **Didactic Topic: Review of Assessments Available at Fraser**
Presenter and Credentials: Nicholas Spangler, Psy.D., L.P.

09/08/25 **Didactic Topic: Trauma in Children and Clinical Considerations**
Presenter and Credentials: Aric Jensen, Ph.D., L.P.

09/15/25 **Didactic Topic: CCBHC**
Presenter and Credentials: Pat Pulice, M.A., L.P.

09/22/25 **Didactic Topic: Professional Ethics for Psychologists**
Presenter and Credentials: Kimberly Klein, Ph.D., L.P.

09/29/25 **Didactic Topic: Psychiatry for Adults and Children**
Presenter and Credentials: TBD

10/06/25 **ADOS-2 Training**

10/13/25 **Didactic Topic: Early Childhood Intervention**
Presenter and Credentials: Jessica Vaughn Jensen, Ph.D., L.P.

10/20/25 **Didactic Topic: Nuanced Phenotypes of Autism**
Presenter and Credentials: Jael Jaffe-Talberg, PsyD, LP

10/27/25 **Didactic Topic: Understanding the Mechanisms Underlying Mild TBI/Concussion and Post-Concussion Syndrome.**
Presenter and Credentials: Kimberly Klein, Ph.D., L.P.

11/03/25 **MAAPIC Conference**

11/04/25 **Learning Club**

11/10/25 **Didactic Topic: Post-Doctoral Training and Career Planning after Internship**
Presenter and Credentials: Kimberly Klein, Ph.D., L.P.

11/17/25 **Didactic Topic: Successful Implementation of Mental Health Consultation in Schools.**
Presenter and Credentials: Aric Jensen, Ph.D., L.P.

11/24/25 **FASD: State of Minnesota Training**

12/01/25 **Learning Club**

12/08/25 **ADHD and Autism as a Dual Diagnosis**
Presenter and Credentials: Nicholas Spangler, PsyD, LP

12/15/25 **DC: 0-5 Training**

01/05/26 **Didactic Topic: Evidence Based Interventions for Trauma**
Presenter and Credentials: Aric Jensen, Ph.D., L.P

01/12/26 **Didactic Topic: Case Management**
Presenter and Credentials: TBD

01/19/26 **Didactic Topic: Understanding Co-Occurring Disorders in Adolescent Populations**
Presenter and Credentials: TBD

01/26/26 **Didactic Topic: PCIT**
Presenter and Credentials: Julisa Duenas, Ph.D., L.P.

02/02/26 **Learning Club**

02/09/26 **Didactic Topic: Supervision, Part 1**
Presenter and Credentials: Glenace Edwall, Ph.D., L.P.

02/16/2 **Didactic Topic: Supervision, Part 2**
Presenter and Credentials, Glenace Edwall, Ph.D., L.P.

02/23/26 **Make-Up Day**

03/02/26 **Learning Club**

03/09/26 **Didactic Topic: Neurodiversity**
Presenter and Credentials: Tony Geckler, MSW

03/16/26 **Didactic Topic: Internalized White Supremacy Part 1**
Presenter and Credentials: Jael Jaffe-Talberg, PsyD, LP

03/23/26 **Didactic Topic: Internalized White Supremacy Part 2**
Presenter and Credentials: Jael Jaffe-Talberg, PsyD, LP

03/30/26 **Make-Up Day**

04/06/26 **Learning Club**

04/13/26 **Didactic Topic: Internalized White Supremacy Part 3**
Presenter and Credentials: Jael Jaffe-Talberg, PsyD, LP

04/20/26 **Didactic Topic: Trauma and the Foster Care System**
Presenter and Credentials: Bailey Jorgenson, PsyD, CTP, ASDI

04/27/26 **Didactic Topic: School Refusal**
Presenter and Credentials: Tanya Johnson, PhD

05/04/26 **Learning Club**

05/11/26 **Applied Behavioral Analysis**
Presenter and Credentials: Jessica Dodge, Ph.D., L.P., B.C.B.A.

05/18/26 **TBD**
Presenter and Credentials: Amy Triveldi, Ph.D.

06/01/2 **Learning Club**

06/08/26 **Didactic Topic: Maintaining Work-Life Balance as a Professional**
Presenter and Credentials: Nicholas Spangler, Psy.D., L.P.

06/15/26 **TBD**
Presenter and Credentials: Amanda Gordon, PhD,

06/22/26 **Didactic Topic: Pediatric Therapy**
Presenter and Credentials: Valerie Olheiser, M.S., CCC-SLP

06/29/26 **Didactic Topic: EPPP and Licensure**
Presenter and Credentials: Amanda Gordon, Ph.D.

7/06/26 **Learning Club**

7/13/26 **Make-Up Day**

07/20/26 **Intern Luncheon**

Interns lead a monthly Journal Club which occurs on the fourth Tuesday of each month at 12:00 p.m.

Interns are invited to the Neuropsychology Study Group on the second Tuesday of each month at 12:00 p.m

INTERN EVALUATION

Competency Benchmarks in Professional Psychology Readiness for entry into practice level rating form

Intern Name:
Evaluation Dates:

Evaluator Name:
Evaluator Status:

Name of Rotation:

Minimal levels of achievement are scores of 3 or higher in all areas by the end of the year.

How characteristic of the trainee's behavior is this competency description
- Not at all slightly
- Somewhat
- Mostly
- Very
- No opportunity to Observe

These ratings are based on at least two direct observations of trainee: Yes No

General

Overall assessment of trainee's current level of competence: Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee's particular strengths and opportunities for growth and development?

Do you believe the trainee has reached the level of competence at this point in training? If no, what steps or interventions are being implemented to address deficiencies?

I. APPLIED RESEARCH AND PROGRAM EVALUATION

1. Intern case presentations
   - Unsatisfactory (1) No incorporation of research material in case presentations
   - Development Needed (2) Sporadic use of research data, or failure to use most relevant sources
   - Effective (3) Case presentations are research-informed
   - Exemplary (4) Case presentations routinely integrate clinical and research data
   - N/A (5) Does not apply

2. Use of clinical outcome data
   - Unsatisfactory (1) Does not collect clinical outcome data, or refuses to use data in decision-making
   - Development Needed (2) Most clinical decisions made without outcome data
   - Effective (3) Obtains data when needed for treatment decisions
   - Exemplary (4) Consistently generates and uses clinical outcome data in treatment decisions
   - N/A (5) Does not apply

3. Completion of research or evaluation project
   - Unsatisfactory (1) Fails to make progress on dissertation or to participate in staff project
   - Development Needed (2) Dissertation progress not completed, or limited involvement in staff project
   - Effective (3) Completes dissertation or staff-led project
   - Exemplary (4) Completes multiple research projects
   - N/A (5) Does not apply

4. Presentation of applied research or evaluation project
   - Unsatisfactory (1) Fails to make progress on research presentation
   - Development Needed (2) Limited progress on research presentation
   - Effective (3) Presents dissertation or staff-led project
   - Exemplary (4) Presents multiple research projects
   - N/A (5) Does not apply

5. Adheres to all APA/ethical standards for research and dissemination.
   - Unsatisfactory (1) Lacks knowledge or violates ethical standards for research
   - Development Needed (2) Needs supervisor guidance regarding ethical standards
   - Effective (3) Demonstrates and applies knowledge regarding ethical standards for research
   - Exemplary (4) Seen as a resource regarding knowledge of ethical standards for research
   - N/A (5) Does not apply

6. Applies research and evidence-based practices to case conceptualization in evaluations and intervention.
   - Unsatisfactory (1) Lacks knowledge of applicable research and evidence-based practices

- Development Needed (2) Needs supervisor guidance to apply research and evidence-based practices to case conceptualization in evaluations and intervention
- Effective (3) Applies research and evidence-based practices to case conceptualization in evaluations and intervention
- Exemplary (4) Independently and routinely seeks out and applies research and evidence-based practices to case conceptualization in evaluations and intervention.
- N/A (5) Does not apply

Applied research and program evaluation comments:

II. ETHICAL AND LEGAL STANDARDS

7. Compliance with statutes and rules
   - Unsatisfactory (1) Violations of statute or rule; ignorance of the law
   - Development Needed (2) Attempts compliance without full knowledge of state and federal rules
   - Effective (3) Knows relevant rules and adheres, but may not consistently explain to clients
   - Exemplary (4) Knowledgeable of rules, explains clearly to children and families, and acts consistently
   - N/A (5) Does not apply

8. Observance of professional ethics
   - Unsatisfactory (1) Fails to understand ethical code; serious lapses in application
   - Development Needed (2) Limited or incorrect understanding of ethical code; non-serious lapses in application
   - Effective (3) Articulates basic components of ethical code, and acts accordingly
   - Exemplary (4) Knows, understands, and consistently acts on basis of ethical code
   - N/A (5) Does not apply

9. Recognizes ethical dilemmas
   - Unsatisfactory (1) Fails to recognize ethical dilemmas or understand ethical decision making processes
   - Development Needed (2) Limited ability to recognize ethical dilemmas and/or emerging understanding of ethical decision-making processes
   - Effective (3) Recognizes ethical dilemmas and understands ethical decision-making processes
   - Exemplary (4) Recognizes ethical dilemmas and applies ethical decision-making process
   - N/A (5) Does not apply

Professionalism and ethical conduct comments:

III. COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

10. Sensitivity to cultural diversity
    - Unsatisfactory (1) Biased or prejudicial orientation
    - Development Needed (2) Beginning to learn to recognize diversity and has limited effectiveness with certain populations
    - Effective (3) Acknowledges and respects differences. Actively acquires knowledge when needed
    - Exemplary (4) Discussed differences with client/family and/or supervisor when appropriate
    - N/A (5) Does not apply

11. Application of knowledge, skills, and attitudes toward diversity
    - Unsatisfactory (1) Fails to reflect on or acknowledge need to accommodate diversity
    - Development Needed (2) Beginning to inquire about child's and family's cultural context
    - Effective (3) Tailors interventions to meet child or family needs and preferences
    - Exemplary (4) Fluidly interweaves knowledge of research-based interventions and cultural modifications
    - N/A (5) Does not apply

12. Shows self-awareness of their own cultural background and biases
    - Unsatisfactory (1) Fails to reflect on or acknowledge their own cultural background and biases
    - Development Needed (2) Beginning reflect on or acknowledge their own cultural background and biases
    - Effective (3) Actively reflects on and acknowledges their own cultural background and biases
    - Exemplary (4) Fluidly considers and interweaves knowledge of their own cultural background and biases on their perceptions of/interactions with clients
    - N/A (5) Does not apply

Competence in cultural diversity comments:

IV. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

13. Completion time of tasks
    - Unsatisfactory (1) Tasks unfinished, and work falls increasingly behind
    - Development Needed (2) Multiple tasks completed past timelines. Highly dependent on reminders
    - Effective (3) Completed most tasks in a timely manner, generally on time. May need occasional reminders
    - Exemplary (4) Completes tasks in a timely manner, without prompting or reminders
    - N/A (5) Does not apply

14. Completion of Records
    - Unsatisfactory (1) Consistently lacking documentation
    - Development Needed (2) Needs considerable direction from supervisor or may seem uncertain about documentation
    - Effective (3) Rarely leaves out necessary information
    - Exemplary (4) Records always include crucial information
    - N/A (5) Does not apply

15. Professional conduct
    - Unsatisfactory (1) Consistently presents as immature, awkward or uninformed
    - Development Needed (2) May occasionally present as immature, awkward, or uninformed
    - Effective (3) Presents self and discipline in consistently professional manner
    - Exemplary (4) Integrates competence and warmth in consistent professional presentation
    - N/A (5) Does not apply

16. Socialization into Profession
    - Unsatisfactory (1) Disregards evidenced-based practices
    - Development Needed (2) Needs guidance to seek scientific information and utilize data
    - Effective (3) Takes initiative in seeking scientific information and resource information
    - Exemplary (4) Independently scientific information and resource information
    - N/A (5) Does not apply

Professional responsibility, values, behaviors, and documentation comments:

V. COMMUNICATION AND INTERPERSONAL SKILLS

17. Communication and Interaction with Clients and Families
    - Unsatisfactory (1) Fails to establish working alliances
    - Development Needed (2) Inconsistently establishes working alliances
    - Effective (3) Establishes working alliances with occasional support
    - Exemplary (4) Actively builds therapeutic rapport and working alliances
    - N/A (5) Does not apply

18. Communication and Interaction with Other Professionals
    - Unsatisfactory (1) Rude or disrespectful in interactions
    - Development Needed (2) Inconsistently demonstrates collegiality and respect in interactions
    - Effective (3) Demonstrates collegiality and respect in most interactions
    - Exemplary (4) Demonstrates collegiality and respect in all interactions with little support. Seeks to build professional relationships
    - N/A (5) Does not apply

19. Other Oral and Written Communication
    - Unsatisfactory (1) Lack of response to emails and calls
    - Development Needed (2) Inconsistent or inadequate response to emails and calls
    - Effective (3) Consistently responds to emails and calls but may require some support
    - Exemplary (4) Responds quickly and appropriately to emails and calls
    - N/A (5) Does not apply

Communication and Interpersonal Skills Comments:

VI. ASSESSMENT

20. Collection of History/Background Information
    - Unsatisfactory (1) Information not gathered
    - Development Needed (2) Absent or incomplete data
    - Effective (3) Gathers relevant data to determine which tests to use, to develop case formulation, and to make useful treatment recommendations
    - Exemplary (4) Extensive
    - N/A (5) Does not apply

21. Collection of current educational performance data
    - Unsatisfactory (1) Information not gathered
    - Development Needed (2) Missing or inadequate
    - Effective (3) Gathers relevant data to determine which tests to use, to develop case formulation, and to make useful treatment recommendations
    - Exemplary (4) Extensive/data-based
    - N/A (5) Does not apply

22. Collection of previous intervention data
    - Unsatisfactory (1) Information not gathered
    - Development Needed (2) Missing or inadequate
    - Effective (3) Gathers relevant data to determine which tests to use, to develop case formulation, and to make useful treatment recommendations
    - Exemplary (4) Extensive/data-based
    - N/A (5) Does not apply

23. Observation data
    - Unsatisfactory (1) Not collected
    - Development Needed (2) Missing or inadequate
    - Effective (3) Anecdotal/descriptive information
    - Exemplary (4) Behavioral data that are summarized and interpreted/incorporated in case conceptualization
    - N/A (5) Does not apply

24. Selection of Assessments
    - Unsatisfactory (1) Fails to make selections
    - Development Needed (2) Needs supervision on selection of assessments
    - Effective (3) Occasionally needs reassurance that selected tests are appropriate to answer referral questions.
    - Exemplary (4) Autonomously chooses appropriate tests to answer referral question
    - N/A (5) Does not apply

25. Administration and Scoring of Assessments
    - Unsatisfactory (1) Non-standardized or chaotic
    - Development Needed (2) Test administration is irregular or slow. Some scoring errors present
    - Effective (3) Very occasional input needed regarding fine points of test administration. Few scoring errors
    - Exemplary (4) Proficiently and accurately administers all tests.
    - N/A (5) Does not apply

26. Interpretation of results
    - Unsatisfactory (1) Interpretation not related to test results
    - Development Needed (2) Deficits in interpretation and understanding of psychological testing.
    - Reaches inaccurate conclusions
    - Effective (3) Accurately interprets test results and uses empirical results to guide DSM-5 diagnosis and treatment recommendations with occasional inaccurate interpretation
    - Exemplary (4) Skillful, accurate, and efficient interpretation of tests with use of empirical results to guide DSM-5 diagnosis and treatment recommendations done autonomously
    - N/A (5) Does not apply

27. Considers cultural diversity in assessing patient's responses to testing procedures and in interpreting results.
    - Unsatisfactory (1) Little awareness of potential cultural issues and impact on testing
    - Development Needed (2) Some consideration of potential cultural/diversity issues on evaluation but needs supervisor assistance
    - Effective (3) Good awareness of potential impact of cultural/diversity issues on evaluation process, including use of interpreters
    - Exemplary (4) Independently applies knowledge of potential cultural/diversity issues on evaluation process and incorporates information in interpretation of findings and in recommendations
    - N/A (5) Does not apply

28. Diagnosis
    - Unsatisfactory (1) Fails to use diagnoses, or relies on limited set of diagnoses
    - Development Needed (2) Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization
    - Effective (3) Understands basic diagnosis terms and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires some supervisory input on complex diagnostic decision-making

- Exemplary (4) Demonstrates a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation
- N/A (5) Does not apply

29. Clinical summary conceptualization
    - Unsatisfactory (1) No case formulations; lacks theoretical perspective to create
    - Development Needed (2) Inadequacies in theoretical understanding and case formulation Supervisor needs to write summary
    - Effective (3) Synthesizes test results, history, and other information to develop a coherent picture of client's strengths, weaknesses, diagnosis, and intervention needs.
    - Reaches case conceptualization with some supervisor assistance for more complex cases
    - Exemplary (4) Reaches case conceptualization on own. Clear, complete, and concise summary.
    - Well-developed and supported diagnostic conclusions and conceptualization
    - N/A (5) Does not apply

30. Construction of Recommendations
    - Unsatisfactory (1) Inappropriate or missing recommendations
    - Development Needed (2) Limited appropriateness for the client being evaluated. Limited in providing treatment relevant information
    - Effective (3) Appropriate for the client being evaluated. Adequate in providing treatment relevant information
    - Exemplary (4) Specific, individualized, research-based recommendations based on assessment data
    - N/A (5) Does not apply

31. Feedback to Client/Family
    - Unsatisfactory (1) Unable to communicate feedback to family
    - Development Needed (2) Supervisor frequently needs to assume leadership in feedback session to ensure correct feedback is given to address issues
    - Effective (3) With input from supervisor, develops and implements a plan for the feedback session
    - Exemplary (4) Explains test results, interpretation, and recommendations warmly and in terms the client/family can understand
    - N/A (5) Does not apply

32. Writing Skills
    - Unsatisfactory (1) Significant communication deficits
    - Development Needed (2) Issues with grammar, content, organization, vocabulary, style, and/or tone that require multiple rewrites
    - Effective (3) Report is well written with only minor grammar, content, organization, vocabulary, style or tone issues
    - Exemplary (4) Report is clear and thorough without serious error
    - N/A (5) Does not apply

Assessment comments:

VII. INTERVENTION

33. Development of Treatment Goals
    - Unsatisfactory (1) Consistently absent
    - Development Needed (2) Absent or poorly defined
    - Effective (3) Identifies measurable treatment goals
    - Exemplary (4) Treatment goals are independently developed, thoroughly summarized, and appropriate to referral concerns and diagnosis
    - N/A (5) Does not apply

34. Theory/Approach
    - Unsatisfactory (1) No identifiable theory or approach
    - Development Needed (2) Limited awareness of theories
    - Effective (3) Anecdotal/descriptive approaches to theory
    - Exemplary (4) Extensive/data-based
    - N/A (5) Does not apply

35. Demonstrates Knowledge of Evidence-Based Practices
    - Unsatisfactory (1) Consistently absent
    - Development Needed (2) Limited knowledge
    - Effective (3) Identifies some techniques from evidence-based practices
    - Exemplary (4) Consistently demonstrates knowledge
    - N/A (5) Does not apply

36. Utilizes Evidence-Based Practices
    - Unsatisfactory (1) Consistently absent
    - Development Needed (2) Limited application
    - Effective (3) Able to critically evaluate and integrate research and data to inform intervention strategies
    - Exemplary (4) Consistently integrates evidence-based practices independently
    - N/A (5) Does not apply

37. Methods and strategies
    - Unsatisfactory (1) Inconsistent or biased methods and strategies
    - Development Needed (2) No evidence that strategies are based on sound theory and research
    - Effective (3) Evidence that strategies are based on sound theory and research. Uses objective feedback and treatment outcome indicators to inform clinical decision-making
    - Exemplary (4) Extensive evidence that strategies are based on sound theory and research
    - N/A (5) Does not apply

38. Empathy
- Unsatisfactory (1) Consistently absent
- Development Needed (2) Minimal or inconsistent demonstration of empathy
- Effective (3) Empathic interactions with clients in most situations
- Exemplary (4) Consistently and independently interacts with clients in an empathic manner
- N/A (5) Does not apply

39. Cultural Sensitivity
- Unsatisfactory (1) Consistently absent
- Development Needed (2) Inconsistent or applied only in limited situations
- Effective (3) Considers cultural and individual diversity in assessing treatment needs and intervention approaches and in relating to client with occasional supervisor support
- Exemplary (4) Consistently and independently considers cultural and individual diversity in assessing treatment needs and intervention approaches and in relating to client
- N/A (5) Does not apply

40. Progress Notes
- Unsatisfactory (1) Consistently absent
- Development Needed (2) Absent or incomplete
- Effective (3) Adequate progress notes. Makes timely, concise, and clinically appropriate progress note entries into client record
- Exemplary (4) Comprehensive progress notes
- N/A (5) Does not apply

41. Measurement of Outcomes
- Unsatisfactory (1) None specified
- Development Needed (2) Cannot be determined, or intervention is unsuccessful and the outcome is inadequately explained
- Effective (3) Intervention is successful or, if unsuccessful, the outcome is adequately explained
- Exemplary (4) Intervention is successful or, if unsuccessful the outcome is adequately explained and a plan for further intervention is included
- N/A (5) Does not apply

Intervention comments:

VIII. SUPERVISION

42. Uses Supervision Appropriately
- Unsatisfactory (1) Fails to accept supervision; hostility to supervisors
- Development Needed (2) Generally accepts supervision well, but occasionally defensive. May have difficulty assessing own strengths and limitations
- Effective (3) Open to feedback, shows awareness of strengths and weaknesses, uses supervision well
- Exemplary (4) Not only uses supervision well but consistently identifies strengths and weaknesses and actively contributes to supervision with research-/evidence-based information
- N/A (5) Does not apply

43. Seeks Supervision Appropriately
- Unsatisfactory (1) Fails to seek supervision; hostility to supervisors
- Development Needed (2) Occasionally seeks supervision. May have difficulty assessing own strengths and limitations
- Effective (3) Seeks supervision when needed, shows awareness of strengths and weaknesses, uses supervision well
- Exemplary (4) Actively seeks consultation when treating complex cases and working with unfamiliar symptoms and contributes to supervision with research-/evidence-based information
- N/A (5) Does not apply

44. Developing Skills as Supervisor
- Unsatisfactory (1) Unable to assume any supervisory role
- Development Needed (2) Limited ability. Demonstrates skills only as directed
- Effective (3) Demonstrates beginning level skills, including knowledge of supervision models and practices, on an independent basis. Fully prepares and participates in supervisor role-plays and supervisor experiences. Provides guidance and suggestions to peers
- Exemplary (4) Consistently demonstrates supervisory skills with appropriate level of support
- N/A (5) Does not apply

Supervision comments:

IX. CONSULTATION AND INTERPERSONAL/INTERDISCIPLINARY SKILLS

45. Interactions with treatment teams and supervisors
- Unsatisfactory (1) Unduly harsh with others or lacking fundamental social skills
- Development Needed (2) Ability to participate in team is limited, or has trouble relating to other, or may be withdrawn, overly confrontational, or insensitive
- Effective (3) Actively participates in team meetings. Appropriately seeks input and assistance with interpersonal concerns
- Exemplary (4) Smooth working relationships, handles differences openly, tactfully, and effectively
- N/A (5) Does not apply

46. Interactions with other professionals
- Unsatisfactory (1) Fails to understand need for reciprocal relationships
- Development Needed (2) Fails to take advantage of opportunities to engage in professional growth and learning
- Effective (3) Works well with others. Learns from others. Makes timely and appropriate referrals for evaluation and/or services outside the intern's scope of practice
- Exemplary (4) Provides mentoring and coaching
- N/A (5) Does not apply

47. Provides Consultation
- Unsatisfactory (1) Minimal to no participation in case consultations
- Development Needed (2) Occasionally makes meaningful contributions in case consultations
- Effective (3) Regularly makes meaningful contributions in case consultations
- Exemplary (4) Sought out in case consultations
- N/A (5) Does not apply

48. Seeks Consultation
- Unsatisfactory (1) Rarely or never initiates or solicits consultation requests
- Development Needed (2) Occasionally initiates or solicits consultation requests
- Effective (3) Regularly initiates or solicits consultation requests
- Exemplary (4) Consistently initiates or solicits consultation requests
- N/A (5) Does not apply

Consultation and collaboration comments: