

**Bridges of the Mind**  
**Psychological Services Inc.**

**Bridges of the Mind**  
**Doctoral Internship Training Manual**  
**2024-2025**

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## Introduction

At Bridges of the Mind Psychological Services, Inc., our commitment to excellence in comprehensive neurodevelopmental psychological assessments extends to our passion of training and supervision of our doctoral interns. Our program is meticulously crafted to prepare interns with the necessary skills and knowledge to engage in ethical and proficient neurodevelopmental psychological assessment practices. Additionally, we strive to include therapy approaches to our practice to better help and serve clients and our training program. This document serves as a comprehensive guide outlining the structure, objectives, and requirements of our doctoral internship training program.

## Who We Are

Bridges of the Mind Psychological Services, Inc., provides neurodevelopmental and neuropsychological assessments for infants through adulthood, specializing in Autism Spectrum Disorders, Intellectual Delays, Attention Deficit Hyperactivity Disorder, Learning Disorders, and Independent Education Evaluations. Additionally, we provide therapy to neurodiverse clients.

Bridges of the Mind Psychological Services, Inc. was founded by Dr. Erika Frieze in 2018 in response to her drive to work with and help as many families as possible. In 2019, Dr. Frieze expanded her vision of Bridges of the Mind Psychological Services, Inc. and grew it into a group practice of clinicians and specialists who are passionate about providing services to our community and region. We continue to grow, adding practitioners and specialists for the community's needs!

## Mission

At Bridges of the Mind Psychological Services, Inc., we are a team with a passion and commitment to serving our community through outreach and individually tailored services. We strive to provide an inclusive, diverse, and accepting workplace, where professionalism and expertise are valued, supporting the growth of our providers through continuing education and professional development. We support people across the lifespan with learning and developmental differences through clarifying assessments, which provide a framework for understanding and allow for tailored interventions, to bridge from the evaluation to resources and services. We are dedicated to our community and our team is here to support and guide your family. We believe that by lifting up all in our community and supporting our care partners, we contribute to a more vibrant, healthy, and emotionally sustainable world.

## Vision

We envision a world that celebrates neurodiversity, where every individual has the opportunity to thrive. Inclusive communities will embrace differences as strengths, providing tailored resources to empower those with learning and developmental differences. Our caring

professionals will illuminate paths to growth through personalized assessments and interventions, serving as guides for individuals and families on their journeys.

We will foster an environment of lifelong learning, continuous improvement, and deep respect for the inherent worth of all people. Our diverse and expert team will embody an ethic of professionalism, collaborating to support each other and the success of every care partner.

Together, we will co-create a vibrant ecosystem of understanding, one that cherishes neurodiversity and emotional sustainability. In this equitable world, the unique brilliance within every mind can flourish.

### Values

1. Enrich: We incorporate diverse perspectives, innovative techniques, and evidence-based practices to promote growth, resilience, and well-being for our clients, providers, and the community.
2. Kind: We foster trust through empathetic listening and respectful engagement, maintaining a positive outlook even during moments of disagreement or conflict.
3. Collaborative: We work together harmoniously and synergistically toward shared objectives to foster teamwork, mutual respect, and open communication that contributes to a vibrant, healthy, and emotionally sustainable environment for all.
4. Compassionate: We prioritize empathy and support within collective interactions to foster understanding, alleviate distress, and support each person's unique journey.
5. Flourish: We cultivate a culture of lifelong learning, development, and growth that empowers the realization of one's full potential.

### Diversity and Non-Discrimination Policy

At Bridges of the Mind Psychological Services, Inc., we firmly believe that diversity enriches our practice and strengthens the communities we serve. We strive to create an environment that is equitable, welcoming, appreciative, and inclusive for all clients, staff, and trainees. Our core values are respecting each individual's unique background, promoting personal growth, and ensuring everyone feels safe, comfortable, and able to succeed.

We actively work to increase awareness, dispel ignorance, and cultivate comfort with cultural differences. Cultural competency is an integral part of our training, with numerous experiences provided to personally support trainees and ensure they develop the knowledge, skills, and awareness to provide high-quality, culturally-responsive psychological services.

Bridges of the Mind enthusiastically welcomes and supports applicants from all backgrounds. We believe a diverse environment significantly enhances the quality of our work. We provide equal opportunities to all prospective trainees, employees, and clients, without discrimination

based on age, disability, ethnicity, gender identity, language, national origin, race, religion, sexual orientation, socioeconomic status, or any other factor irrelevant to one's abilities. All are evaluated solely on their qualifications and fit with our training program and philosophy.

We solicit continual feedback from all stakeholders to evaluate and improve our effectiveness in promoting diversity, equity, and inclusion. Our goal is to embody these core principles in everything we do while delivering exceptional psychological services to every member of our communities.

### Bridges of the Mind Services

**Neurodevelopmental Assessments:** Neurodevelopmental assessments are comprehensive evaluations for the lifespan designed to assess an individual's cognitive, motor, language, and socio-emotional development, particularly focusing on neurological functioning and its impact on overall development.

During a neurodevelopmental assessment, a variety of standardized tests, observations, and interviews may be utilized to gather information about the individual's developmental milestones, strengths, weaknesses, and areas of concern. These assessments may cover a wide range of domains, including motor skills, speech and language abilities, social interactions, attention, memory, executive functions, and academic skills.

Neurodevelopmental assessments are commonly used to identify and diagnose various developmental disorders and conditions such as autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), intellectual disabilities, and learning disorders. They play a crucial role in understanding an individual's unique profile of strengths and challenges, guiding intervention planning, and facilitating access to appropriate support services.

The results of a neurodevelopmental assessment provide valuable insights into the individual's cognitive and behavioral functioning, aiding in the formulation of personalized treatment plans and educational strategies. Additionally, these assessments may be conducted at different stages of development to monitor progress over time and adapt interventions accordingly.

**Psychoeducational Assessments:** Psychoeducational assessments are comprehensive evaluations conducted to understand an individual's cognitive, academic, emotional, and behavioral functioning within an educational context.

During a psychoeducational assessment, a variety of standardized tests, observations, interviews, and behavior rating scales are utilized to gather information about the individual's cognitive abilities, academic skills, social-emotional functioning, and behavioral patterns. These assessments may cover domains such as intellectual functioning, academic achievement, attention and executive functioning, memory, language skills, and social skills.

The primary goal of a psychoeducational assessment is to identify strengths and weaknesses in the individual's learning profile, as well as any factors that may be impacting their academic performance and overall well-being. This information is essential for developing tailored

intervention plans, educational accommodations, and support services to address the individual's unique needs.

Psychoeducational assessments are commonly used to assess for learning disabilities, attention deficit hyperactivity disorder (ADHD), emotional and behavioral disorders, intellectual disabilities, giftedness, and other developmental or educational concerns. The results of these assessments provide valuable insights into the individual's learning style, cognitive processing, and emotional regulation, guiding educators, parents, and other professionals in providing appropriate interventions and support.

**Individual Educational Evaluations:** Individual Educational Evaluations (IEE) are comprehensive evaluations designed to assess a student's academic abilities, learning style, and educational needs within the school setting.

During an Individual Educational Evaluation, a variety of standardized tests, observations, interviews, and academic tasks are used to gather information about the student's academic skills, learning strengths, weaknesses, and any barriers to learning they may be experiencing. These assessments cover areas such as reading, writing, mathematics, comprehension, and other academic domains relevant to the student's grade level and educational goals.

The primary objective of an Individual Educational Evaluation is to identify the student's unique learning profile and determine appropriate educational interventions, accommodations, and supports to facilitate their academic progress and success. These assessments may also help identify any specific learning disabilities, developmental delays, or other educational challenges that may require specialized instruction or support services.

Individual Educational Assessments are tailored to the individual student's needs and may include assessments for eligibility for special education services, development of Individualized Education Programs (IEPs), or evaluation of progress towards educational goals. The results of these assessments are used to inform educational planning and decision-making, ensuring that each student receives the support and resources necessary to reach their full potential in the classroom.

**Individual Therapy:** Individual therapy is a specialized form of psychotherapy designed to support individuals living with neurodevelopmental disorders such as autism, ADHD, intellectual disabilities, and learning disorders. Therapists with expertise in these conditions provide personalized, one-on-one sessions to help clients develop essential skills, manage challenging symptoms, and improve overall functioning and quality of life.

The primary goals of this therapy are to:

- Identify the client's unique strengths, needs, and therapy goals through collaborative assessment
- Teach communication, social, emotional regulation, organizational, and independent living skills
- Implement evidence-based therapeutic modalities tailored to the client's learning style and sensory profile

- Empower the client to make meaningful progress in reaching their fullest potential

By creating a safe, understanding environment, the therapist works closely with the client to address the complex cognitive, behavioral, and psychosocial aspects of their neurodevelopmental disorder. Regular individual therapy sessions offer ongoing support, skill-building, and symptom management to enhance the client's functioning in daily life.

### Bridges of the Mind Team

Welcome to Bridges of the Mind Psychological Services, Inc., where we take pride in fostering a supportive and exceptional team environment. Our dedicated professionals include our Clinical Director, 2 licensed psychologists, 3 postdoctoral fellows, 1 current doctoral psychology intern, office manager, and 2 administrative assistants. Moreover, we are privileged to host practicum students from local graduate schools each year, providing them with valuable clinical experience. Together, our team is committed to providing exceptional psychological services.

#### *Dr. Erika Frieze (she/her) – Owner and Clinical Training Director*

Dr. Frieze received her B.A. in Psychology at the University of California, Santa Barbara in 2003. She then received her Doctor of Psychology (Psy.D.) from Alliant International University in Sacramento in 2008. During her time in her doctorate program she also received her certificate in Infant Preschool Mental Health. Dr. Frieze's clinical experience began as an in-home ABA therapist.

She has been fortunate to work within school, clinic, and home settings conducting psychological assessments. Dr. Frieze's postdoctoral training at Kaiser Permanente's Autism Spectrum Disorders Clinic allowed for the best foundation and training. For seven years she was one of the primary psychologists at the University of California, Davis MIND Institute, conducting clinical evaluations for neurodevelopmental disorders, regional center evaluations, and with the social skills program. Dr. Frieze spent two years as a staff psychologist at Dignity Healthcare in Woodland, California where she continued to conduct neurodevelopmental assessments for infants through early adulthood, before she opened her private practice.

Her professional goal is to serve as many patients as possible in a timely fashion. Dr. Frieze's waiting lists have been as long as 9 months for these types of assessments that are so needed in the community, therefore she felt driven to be in private practice full time, while continuing to serve the majority of the northern California regional centers as a vendor conducting limited scope assessments.

Dr. Frieze is the past Sacramento Valley Psychological Association Behavioral Medicine and Neuropsychological Chair. Additionally, Dr. Frieze is licensed in the state of Nevada (PY1105) as well as California (PSY22737). Dr. Frieze is research reliable in the best practice assessment for Autism Spectrum Disorders, the Autism Diagnostic Observation Scale, Second Edition (ADOS-2), and all of her evaluations have been highly regarded in the community for the past 16 years.

#### *Dr. Allison Womack (she/her) - Clinical Director*

Dr. Allison Womack is a Registered Psychological Associate who earned her B.A. in Psychology from the University of Victoria (2006). She earned her M.A. in Applied Behavior Analysis from the University of the Pacific (2012) and her Ph.D. in School Psychology from Syracuse University (2017). Dr. Womack is also a Board Certified Behavior Analyst- Doctoral (BCBA-D).

Dr. Womack has 20 years of experience working with individuals diagnosed with Autism Spectrum Disorder and other developmental disabilities in homes, schools, behavioral clinics, and community-based programs. She has had the opportunity to conduct comprehensive psychological diagnostic assessments within multi-disciplinary teams; to consult in school, home, and residential settings on the development and implementation of behavior management strategies; to lead psychoeducational assessments on multidisciplinary teams; and to guest lecture in university settings. She has co-authored eight peer-reviewed publications and developed and implemented research projects leading to over 30 regional and international conference posters and presentations. For six years, Dr. Womack served as Clinical Director of ABA services across various sized mental health clinics in Sacramento. Through psychological assessment, Dr. Womack values helping parents better understand and support their child.

Dr. Womack also enjoys helping young adults and adults better understand themselves to live happier, more meaningful lives. She enjoys providing evidence-based recommendations to support continued individual growth and understanding. In her free-time, Dr. Womack enjoys spending time outdoors with her husband, two young children, and dog.

### Defining Our Team

1. Licensed Psychologist: A licensed psychologist holds a doctoral degree in psychology (Ph.D. or Psy.D.) and is licensed to practice independently. They assess, diagnose, and treat mental health disorders, provide therapy, assessment, and may specialize in areas such as clinical psychology, counseling psychology, or neuropsychology.

2. Postdoctoral Fellow: A postdoctoral fellow is a recent doctoral graduate in psychology who is gaining supervised clinical experience to meet licensure requirements. They work under the supervision of a licensed psychologist to further develop their clinical skills and expertise.

3. Doctoral Intern: A doctoral intern is a graduate student pursuing a doctoral (Ph.D. or Psy.D.) degree who participates in an internship or practical training experience as part of their academic program. The internship allows the doctoral intern to apply their theoretical knowledge in a real-world professional setting, gain hands-on experience, and develop additional skills under the guidance of experienced supervisors, often earning academic credit towards their degree requirements.

4. Registered Psychological Associate: A registered psychological associate is an individual who has completed the educational requirements to become a psychologist, but is still in the process of obtaining their full professional license or certification. During this transitional period, the registered psychological associate works under the supervision of a licensed psychologist,



gaining practical experience and demonstrating their competence before practicing independently as a fully credentialed psychologist.

5. **Doctoral Practicum student:** A doctoral practicum student is a graduate student in psychology who is completing a supervised practicum studentship as part of their doctoral training program. They gain practical experience in assessment, therapy, and other clinical activities under the guidance of licensed professionals.

6. **Administration Staff:** Administrative staff members provide support with various administrative tasks such as answering phones, scheduling appointments, managing records, and handling paperwork.

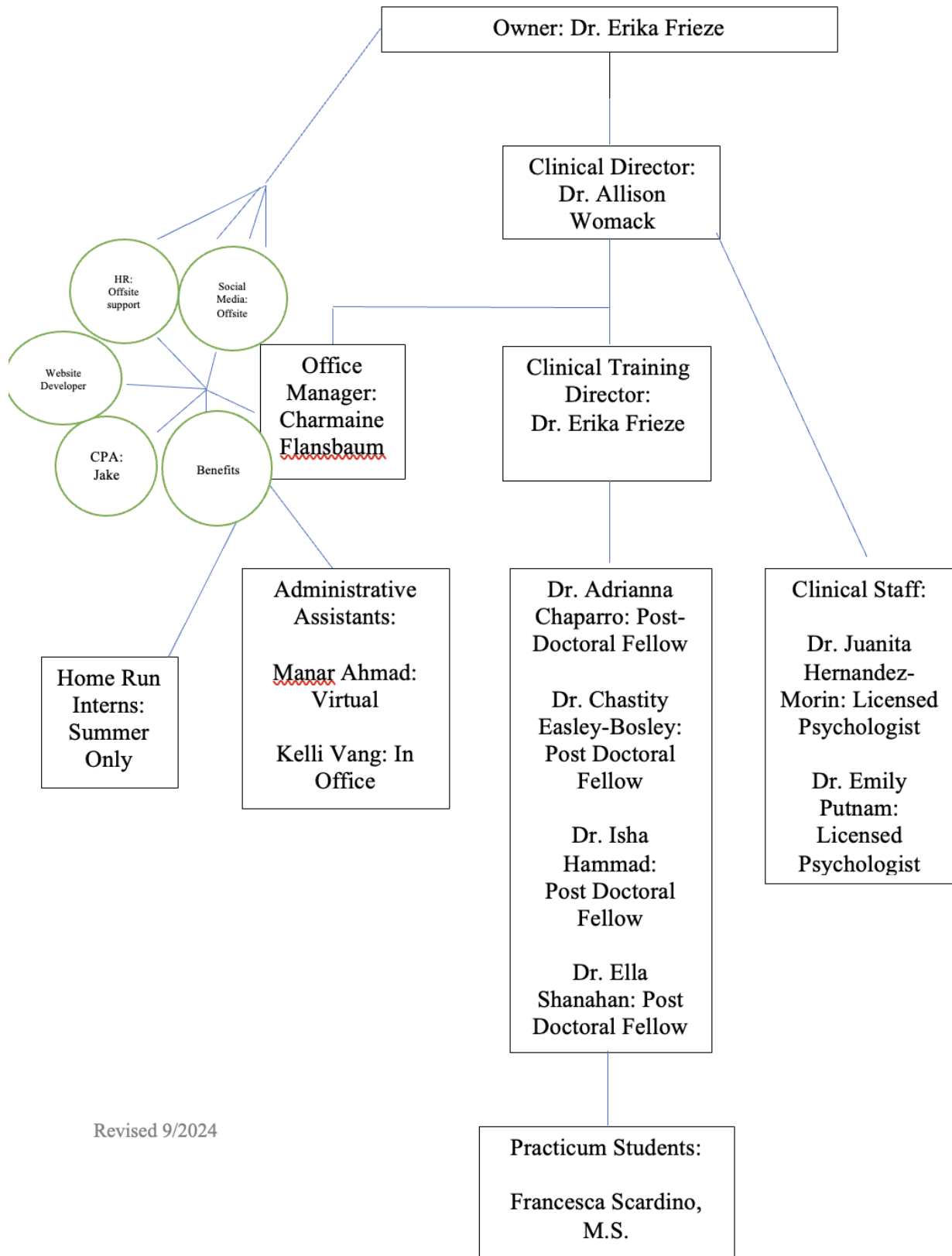
7. **Office Manager:** An office manager oversees the administrative functions of a mental health practice. They may handle scheduling, billing, client inquiries, and office operations to ensure the smooth functioning of the practice.

8. **Clinical Training Director:** The Clinical Training Director is responsible for overseeing the development, implementation, and evaluation of the clinical training components within the organization's programs. They lead the design of comprehensive, evidence-based clinical curricula to ensure trainees acquire the necessary competencies and skills. The Clinical Training Director coordinates the delivery of clinical training activities, such as supervised experiences and skills-based workshops, and provides individualized support and guidance to trainees. Additionally, they collaborate with faculty, clinical supervisors, and external partners to continuously improve the clinical training program based on data-driven insights and feedback. The Clinical Training Director plays a crucial role in fostering a robust, high-quality clinical training environment that prepares trainees for successful careers.

9. **Clinical Director:** The clinical director is responsible for overseeing the clinical operations of a mental health practice. They may supervise clinicians, develop clinical programs, ensure adherence to ethical and legal standards, and provide clinical guidance and support to staff.

10. **CEO (Chief Executive Officer):** The CEO is the highest-ranking executive in a mental health organization. They are responsible for overall strategic planning, financial management, business development, and organizational leadership.

Bridges of the Mind Psychological Services, Inc. Organizational Chart



Revised 9/2024

## About Our Locations

### *Sacramento (Arden) Office Location*

Bridges of the Mind Psychological Services, Inc. is proud to introduce our new state of the art clinic located in the vibrant city of Sacramento. This location opened in 2024. Our office has 13 beautifully decorated offices, one large conference room, a one way observational room utilized for training, a children's sensory focused waiting room, a separate spacious adult waiting room, a beautiful employee kitchen, a zen/wellness room for our employees, and several storage areas. Located just northeast of downtown Sacramento, the Arden office area is a thriving and well-connected hub for businesses of all sizes. Nestled within a vibrant community known for its diverse neighborhoods, abundant green spaces, and rich cultural heritage, this prime commercial district offers an ideal setting for companies seeking a strategic and inviting location.

At the heart of the Arden office landscape stands the iconic Arden Fair Mall, a premier shopping and entertainment destination that has long been a local landmark. Surrounding the mall is a charming network of tree-lined streets, home to a vibrant mix of local businesses, trendy boutiques, and family-owned restaurants, providing a wealth of amenities and resources for employees and clients alike.

Beyond the bustling commercial district, the Arden office area boasts a wealth of natural beauty, with several scenic parks and recreational areas dotting the landscape. The Arden Arcade, a lush greenway that follows the path of the American River, offers miles of walking and cycling trails, perfect for midday breaks or after-work activities, allowing employees to recharge and rejuvenate in a serene, natural setting.

Whether you're seeking a central, well-connected location, a collaborative and stimulating work environment, or a balance of urban convenience and natural respite, the Arden office area in Sacramento offers a truly unique and unparalleled opportunity for businesses to thrive and grow. Our office is conveniently situated in a central location, making it easily accessible for clients from across the region. We are roughly 60-90 minutes from San Francisco, Napa, and Lake Tahoe. We are excited to serve the diverse population of Sacramento and surrounding areas.

### *San Jose Office Location*

Bridges of the Mind Psychological Services, Inc. is proud to introduce our new clinic located in the thriving city of San Jose. This location, which opened in 2024, features a beautifully designed office, a large conference room, and a welcoming reception area.

Conveniently located in the heart of Silicon Valley, a dynamic hub for technology and innovation. Nestled within the vibrant and well-connected Edenvale district, our office is surrounded by a blend of residential communities and business developments, offering easy access to a variety of local amenities.

Just a short drive from the office is the scenic Santa Teresa County Park, offering employees and clients a natural escape with trails and outdoor recreational areas perfect for a midday break or post-work refresh. The office is also minutes away from the bustling retail and dining options of

the Village Oaks Shopping Center, providing a wide array of choices for employees and clients alike.

Beyond the immediate surroundings, San Jose's strategic location offers convenient access to the wider Bay Area, with San Francisco, Monterey, and Santa Cruz all within a short drive, making it an ideal location for clients and professionals from across the region. We are excited to serve the diverse and growing population of San Jose and surrounding areas with a full range of psychological services, assessments, and support.

Our San Jose clinic is a welcoming and inclusive space, designed to meet the needs of neurodiverse individuals and their families. Whether you're seeking specialized care, professional collaboration, or a peaceful work environment, our San Jose location provides the perfect balance of urban energy and serene respite for all who visit.

#### *South Lake Tahoe (Satellite Office)*

In addition to our main location in Sacramento, Bridges of the Mind Psychological Services, Inc. has a satellite office in breathtaking South Lake Tahoe. Opened in January 2023 this is a one room office with a spacious reception area and an employee kitchen. This office is primarily used by our licensed providers who see regional center and private pay clients. This office is not staffed on a daily basis but is utilized throughout the year as needed per client location request. The office is nestled in the stunning Sierra Nevada mountains, South Lake Tahoe is renowned for its natural beauty and outdoor recreational opportunities. Our satellite office serves as a tranquil haven, catering to the unique needs of the community in this idyllic setting.

*Each of our locations exemplify our mission to create a warm and welcoming environment where individuals can receive the care they deserve and create beautiful places for your doctoral internship to begin.*

### Doctoral Internship Training Program Overview and Aim

Bridges of the Mind Psychological Services, Inc. offers a one-year full-time 2,000-hour doctoral internship in clinical psychology. We aim to train psychologists who are committed to working with diverse clients in their communities to fulfill our mission of offering services that are not readily available otherwise. We are ardent in advocating for our clients within the educational and community settings. We work with children, teens, adults, and families who are often neurodiverse and present with co-morbid symptoms. We service clients from all socioeconomic statuses. We see clients at our clinic office and at times within the school setting. The aims of our training program include:

1. Provide Comprehensive Psychological Services: Offer a supervised, intensive, experiential learning opportunity focused on the delivery of efficient and comprehensive psychological services across a variety of settings.
2. Prepare for Entry-Level Practice: Prepare psychologists ready for entry-level practice in health service psychology.

3. Train in the Clinical Scientist Model: Train and educate psychology interns to practice professional psychology competently and based on a clinical scientist model.
4. Develop Essential Skills: Produce professional psychologists equipped with the essential intervention and assessment skills requisite to improving the mental and behavioral health of children and families who present with a broad range of psychosocial configurations.
5. Develop Proficiency in Psychological Assessment: Provide interns with opportunities to develop experience and potential competence in psychological assessment, including the selection, administration, scoring, and interpretation of appropriate assessment tools.
6. Foster Ethical Decision-Making: Foster the development of ethical decision-making and professional conduct in the practice of psychological assessment.
7. Encourage Integrated Treatment Recommendations: Encourage the integration of assessment findings into comprehensive, client-centered treatment recommendations.
8. Promote Effective Communication Skills: Promote the development of effective written and verbal communication skills in the presentation of assessment results.

Through this comprehensive program, Bridges of the Mind Psychological Services strives to assist doctoral candidates in developing the knowledge, skills, and professionalism needed to excel in the field of clinical psychology, while upholding the highest ethical standards.

The Bridges of the Mind Psychological Services doctoral internship program seeks to develop well-rounded, ethical, and competent psychologists through a comprehensive curriculum that integrates clinical training in both psychological assessment and therapy services.

*By the end of the internship, interns will be able to:*

1. Demonstrate developmentally appropriate proficiency in the selection, administration, scoring, and interpretation of a variety of psychological assessments.
2. Integrate assessment findings into comprehensive case conceptualizations and evidence-based treatment recommendations.
3. Effectively communicate assessment results and treatment plans, both in written reports and verbal presentations.
4. Apply ethical principles and professional standards to the practice of psychological assessment and therapy.
5. Collaborate effectively with other mental health professionals in the assessment and treatment process.

## Doctoral Intern Competencies

Doctoral Interns at Bridges of the Mind Psychological Services, Inc. will meet the following foundational and functional competencies during their training year.

### 1. Research

- o Interns will demonstrate the ability to critically evaluate research and scholarly activities such as case conferences, presentations, and publications. They will disseminate research or other scholarly work at the local level, including at Bridges of the Mind.

### 2. Ethical and Legal Standards

- o Interns will act in accordance with the APA Ethical Principles and Code of Conduct, relevant laws/regulations governing psychology practice, and professional standards/guidelines. They will recognize ethical dilemmas and apply ethical decision-making to resolve them. Interns will conduct themselves ethically in all professional activities.

### 3. Individual and Cultural Diversity

- o Interns will demonstrate awareness of how their personal history, attitudes and biases may impact their work with diverse individuals. They will apply current theoretical and empirical knowledge related to diversity in research, training, consultation, and service delivery. Interns will integrate awareness of individual and cultural differences into their professional roles and work effectively with those whose backgrounds differ from their own.

### 4. Professional Values and Attitudes

- o Interns will embody the professional values of psychology including integrity, accountability, lifelong learning, and concern for others' welfare. They will engage in self-reflection on their personal and professional functioning, seek to improve performance/wellbeing, and be open to feedback/supervision. Interns will respond professionally in increasingly complex situations.

### 5. Communication and Interpersonal Skills

- o Interns will develop and maintain effective relationships across a range of individuals and groups. They will demonstrate mastery of professional language/concepts in informative, well-integrated written and verbal communications. Interns will display strong interpersonal skills and ability to manage difficult communications.

### 6. Assessment

- o Interns will demonstrate up-to-date knowledge of diagnostic systems, normal/abnormal behaviors, and contextual factors influencing behavior. They will select and apply evidence-based assessment methods, collect relevant data from multiple sources, interpret results following professional standards to inform case

conceptualization while guarding against biases, and communicate findings effectively.

#### 7. Intervention

- o Interns will establish and maintain effective therapeutic relationships. They will develop and implement evidence-based intervention plans that consider assessment findings, diversity characteristics, and contextual variables. Interns will apply relevant research literature to clinical decision-making, adapt evidence-based approaches when lacking a clear evidence base, and evaluate/modify interventions based on ongoing assessment.

#### 8. Supervision

- o Interns will apply knowledge about clinical supervision grounded in science in direct or simulated practice supervising other trainees or professionals. They will demonstrate supervision skills such as observing, evaluating, providing guidance and feedback.

#### 9. Consultation and Interprofessional Skills

- o Interns will demonstrate knowledge and respect for roles of other professions. They will apply consultation models and practices in direct or simulated consultation with clients/families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.

### Developmental Approach and Training Structure for Doctoral Internship Program

At Bridges of the Mind Psychological Services, our training program embraces a developmental approach, carefully structured to guide interns through progressive stages of learning and practice in psychological assessment. This journey begins with observational learning, advances to supervised practice, and culminates in opportunities for independent engagement in the assessment and therapeutic processes. Moreover, interns observe intake interviews, therapy sessions, and feedback sessions, and as their skills develop, they actively participate in conducting and documenting these sessions under supervision.

1. **Observational Learning Phase:** During the initial phase of the program, interns observe seasoned clinicians conducting intake interviews and psychological assessments. This immersive experience allows them to witness firsthand the nuances of assessment administration, rapport-building techniques, and effective communication strategies with clients. During this phase interns are also given independent study assignments to familiarize themselves with various assessment tools.

2. **Supervised Practice:** Building upon their observational experiences, interns progress to supervised practice under the close guidance of experienced clinicians. This stage involves hands-on participation in interviewing, assessment administration, scoring, and interpretation, with supervisors providing constructive feedback and guidance every step of the way. Interns may also practice assessment administration with non-clients when learning new tools.

3. Independent Engagement: As interns demonstrate readiness and competence, they gradually transition to independent engagement in specific aspects of the intake, therapy, and assessment processes. This entails administering assessments autonomously, drafting sections of assessment reports, leading intake interviews and feedback sessions, and providing ongoing intervention under supervision, in line with their developmental level.

Through this comprehensive and developmental approach, interns at Bridges of the Mind Psychological Services, Inc., are equipped with the knowledge, skills, and confidence needed to excel in the ethical and competent practice of psychological intervention and assessment. Our program prioritizes individualized guidance, experiential learning, and ongoing mentorship to support the professional growth and development of each intern.

### Training Resources

At Bridges of the Mind Psychological Services, Inc., we place a strong emphasis on professional development and ensuring that our doctoral interns have access to comprehensive training resources. We are committed to fostering a culture of continuous learning and growth, which is reflected in our dedicated training and supervisory staff, state-of-the-art physical facilities, and robust training support.

1. Training/Supervisory Staff: Our team of highly experienced and knowledgeable professionals serves as valuable resources for training and supervision. Led by our esteemed Owner, Dr. Erika Frieze, our team brings a wealth of expertise in various areas of psychology. Dr. Frieze, along with Clinical Supervisor Dr. Joseph Armendarez, provides mentorship and guidance to ensure the professional development of our psychology interns. With their extensive clinical experience, our staff is dedicated to nurturing the skills and knowledge of our trainees, fostering a supportive learning environment. Our training committee meets monthly to address supervision of supervisors to ensure ongoing training and resource development for our doctoral internship program.

2. Physical Facilities: We pride ourselves on maintaining modern and comfortable physical facilities to facilitate effective training and therapy. Our offices are designed to create a welcoming and conducive environment for both clients and clinicians. Equipped with the latest technology, offices are outfitted to support a variety of therapeutic approaches and interventions. The physical spaces are carefully curated to promote a sense of tranquility, ensuring that both clients and clinicians can engage in productive and meaningful sessions. Doctoral interns are given their own private office space with all needed equipment and office supplies including a computer. We utilize our one way mirror observation offices for training as well. Additionally, we have a state of the art conference room where group supervision and didactic sessions are held. To further take care of our own team we have a Zen/wellness room that our team is able to utilize for meditation, relaxation, or to enjoy our massage chair to re-center themselves during their day.

3. Training Support: We understand the importance of ongoing training and provide comprehensive support to our doctoral interns. This includes access to professional development workshops, conferences, and seminars, where our doctoral interns can expand their knowledge



and stay updated with the latest advancements in the field of psychology. Additionally, we facilitate regular case consultations, peer supervision, and team meetings to encourage collaboration, knowledge sharing, and the refinement of clinical skills. We also maintain a well-stocked library and online resources to further support our doctoral interns' continuous learning journey.

By offering a robust combination of training/supervisory clinicians, modern physical facilities, and ongoing training support, Bridges of the Mind Psychological Services, Inc., ensures that our doctoral interns have the necessary resources to excel in their professional growth. We are dedicated to creating an environment that fosters excellence, innovation, and compassionate care for the benefit of our clients and the broader community.

### Direct Services

We are dedicated to providing a comprehensive and structured training program for our doctoral interns. Our program offers a planned, programmed sequence of supervised training experiences designed to equip interns with the necessary skills and knowledge to become proficient in neurodevelopmental assessment and related psychological interventions.

As part of our program, interns engage in a variety of direct service experiences, which encompass comprehensive assessments, therapeutic interventions, and community outreach. These experiences are carefully designed to provide interns with a diverse range of clinical encounters and opportunities to apply their theoretical knowledge in practical settings.

**Comprehensive assessments** form a core component of the training program. Interns work under the close supervision of experienced licensed psychologists to conduct thorough evaluations of individuals across the lifespan who present with neurodevelopmental concerns. Through these assessments, interns gain expertise in administering and interpreting a wide array of standardized assessment tools, including cognitive, social-emotional, and behavioral measures. They also learn to integrate assessment data, generate diagnostic impressions, and provide comprehensive written reports.

**Therapeutic interventions** are another crucial aspect of the training program. Interns are involved in delivering evidence-based interventions to individuals with neurodevelopmental disorders, such as autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and learning disabilities. Under the guidance of experienced clinicians, interns learn various therapeutic modalities, techniques, and approaches tailored to the specific needs of each client. They gain hands-on experience in implementing interventions, monitoring progress, and making necessary adjustments to optimize treatment outcomes.

**Community outreach** is an integral part of our program, emphasizing the importance of engaging with the broader community. Interns actively participate in initiatives aimed at raising awareness and promoting mental health within schools, community organizations, and other relevant settings. They may be involved in conducting workshops, providing psychoeducation to families, and collaborating with community partners to enhance the accessibility and quality of neurodevelopmental services.

At Bridges of the Mind Psychological Services, Inc, we are committed to providing a comprehensive training experience that prepares doctoral interns to excel in the field of psychology. Through a combination of comprehensive assessments, therapeutic interventions, and community outreach, our program equips interns with the skills and knowledge necessary to make a positive impact in the lives of individuals with neurodevelopmental concerns.

### Training Activities

**Individual Supervision:** Throughout the internship, interns receive ongoing supervision and guidance from experienced licensed psychologists who are dedicated to nurturing their professional development. Supervisors provide regular feedback, conduct case reviews, and facilitate reflective discussions to support the intern's growth and competence in neurodevelopmental assessment and intervention. Each doctoral intern is assigned a primary individual supervisor who is a Licensed Psychologist who provides 2 hours of weekly individual supervision. Interns rotate supervisors every 6 months. Supervisors review and sign all case notes.

Supervisors ensure regular availability for supervision meetings and make arrangements in the event of temporary unavailability. Doctoral interns are encouraged to consult with other clinical team members as needed, keeping their primary supervisor informed of any significant developments. Doctoral interns are also asked to evaluate their supervisors at the same intervals as their own evaluations. Please see Appendix C for a copy of this questionnaire. Additionally, the supervision contract is attached and can be found in Appendix D.

**Group Supervision:** Interns participate in 2 hours of weekly group supervision facilitated by senior staff on a rotating basis. These are group discussions led by experienced supervisors to review cases, provide feedback, and discuss clinical challenges. These meetings provide the opportunity for peer consultation and collaboration.

**Intern Seminar:** Interns attend weekly 2-hour structured learning sessions covering various topics relevant to psychological assessment and community resources. This includes comprehensive training in the administration and interpretation of a multitude of tests including the ADOS-2, WAIS-IV, WISC-V, WMS-III, CVLT, CVLT-C, DKEFS, NEPSY-II, FAR, FAM, WIAT-IV, and many other tests. Training includes understanding interpretation, profile analysis, comparing scores across subtests, and how to utilize a battery of tests to arrive at an accurate diagnosis. In-depth formal didactic presentations are also provided related to cognitive, neuropsychological and academic functioning. Didactic presentations on CBT, DBT, ABA and other behavioral therapy modalities are conducted to help interns begin to foster and advance their therapeutic approach. Active participation and engagement expected from all interns.

In addition to didactic presentations, interns provide a formal presentation of a client for which they have completed a comprehensive evaluation once during the year.

**Case Consultations:** Interns actively participate in case consultations where they collaborate with senior clinicians to discuss and analyze complex cases, exploring different perspectives and developing comprehensive treatment plans, on an as needed basis. These consultations provide

interns with invaluable opportunities to enhance their diagnostic and formulation skills while gaining insight into evidence-based intervention strategies.

**Professional Development:** The Bridges of the Mind Psychological Services doctoral internship program places a strong emphasis on providing robust professional development opportunities to support interns' growth as well-rounded, ethical, and competent psychologists. Key activities include journal club discussions to promote a scholarly mindset and the translation of research into practice, as well as professional development workshops to enhance personal and interpersonal competencies crucial for thriving in the field. Additionally, interns are encouraged to be paired with licensed psychologist mentors and engage in networking with the local psychology community, further preparing them to navigate challenges, uphold ethical standards, and transition into independent, compassionate, and high-performing psychologists.

### Training Schedule and Guidelines

The doctoral internship training program at Bridges of the Mind Psychological Services, Inc., includes the following training activities:

Client Assessments (9 hours, 23%)

- Conduct comprehensive assessments with clients

Conducting Individual Therapy (2 hours, 5%)

- Caseload of two therapy sessions per week

Community Outreach (amount of time varies per month)

- Interns actively participate in community outreach initiatives to raise awareness and promote mental health within schools, organizations, and relevant settings
- Activities may include conducting workshops, providing psychoeducation to families, and collaborating with community partners
- Focus on enhancing accessibility and quality of neurodevelopmental services through community engagement

Individual Supervision (2 hours, 5%):

- Scheduled individually with assigned supervisors.
- Rotate supervisor every 6 months.
- One-on-one meetings to discuss individual caseload, professional development goals, and receive personalized feedback.
- Individual supervision is provided by a Licensed Psychologist who holds professional responsibility for all of the interns' cases.

Group Supervision/Case Consultations (2 hours, 5%):

- Held every Friday from 11 am to 1 pm
  - Group discussions led by experienced supervisors to review cases, provide feedback, and discuss clinical challenges.
  - Opportunity for peer consultation and collaboration.

Intern Seminars (2 hours, 5%):

- Held every Friday from 9am to 11am
  - Structured learning sessions covering various topics relevant to psychological assessment and community resources.
  - Active participation and engagement expected from all interns.

Professional Development (3 hours, 7.5%)

- Strong emphasis on professional development through journal club discussions, workshops, and mentorship to promote research translation, ethical practice, and personal/interpersonal competencies
- Opportunities for interns to network with local psychology community and pair with licensed psychologist mentors
- Prepares interns to transition into independent, compassionate, high-performing, and ethical psychologists able to navigate challenges in the field

Report Writing/Documentation (14.5 hours, 36%)

- Comprehensive report writing
- Completing clinical documentation

Administrative Tasks (1 hour, 2.5%)

- Varied administrative tasks

**Total Hours Per Week: 40 Hours (100%)**

Other activities:

Monthly Team Meetings (Second Friday of the Month):

- Monthly meetings held on the second Friday of each month.
- Time for program updates, announcements, and discussion of any administrative matters.
- All doctoral interns are expected to attend.

Team Lunches (First Thursday of the Month):

- Monthly hosted lunch gatherings held on the first Thursday of each month.
- Informal networking opportunity for doctoral interns and staff to connect and build relationships.

Yearly Orientation (First Week of Doctoral Internship in September):

- Mandatory orientation held during the first week of the internship in September.
- Introduction to program policies, procedures, expectations, and training requirements.

Office Hours and On-Site Requirement:

- Doctoral interns are required to be in the office for a total of 5 days per week, from 8:30 AM to 5:30 PM.
- On-site presence during scheduled hours is mandatory unless pre-approved by the Training Director and supervisor.

- Planned absences must be requested and approved in advance through our policy and procedure processes. The Training Director will review and respond to all requests.
- Doctoral interns should communicate through email and phone calls to the clinic ([info@bridgesofthemind.com](mailto:info@bridgesofthemind.com) and 530-302-5791) as well as including their supervisor and Clinical Director (Allison [@bridgesofthemind.com](mailto:@bridgesofthemind.com)) on all correspondence. Doctoral interns should not be texting or calling their supervisor directly. This assures that all communication is streamlined and documented for the clinic.

These guidelines are designed to ensure a structured and supportive learning environment for all doctoral interns at Bridges of the Mind Psychological Services, Inc. Doctoral interns are encouraged to adhere to these guidelines and actively engage in all training activities to maximize their learning and professional development.

### Ethical and Professional Standards

At Bridges of the Mind Psychological Services, Inc., doctoral interns are expected to adhere to the highest ethical and professional standards in their practice. This includes familiarity with and adherence to the following ethical guidelines:

- American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (2010)
- American Counseling Association’s ACA Code of Ethics (2005)
- All State of California laws and regulations regarding ethical conduct and service delivery

Additionally, doctoral interns agree to abide by the policies and procedures established by Bridges of the Mind Psychological Services, Inc.

Doctoral interns are expected to conduct themselves in a professional manner at all times and contribute to the smooth functioning of the organization. This includes dressing professionally while interacting with clients or conducting outreach activities. Doctoral interns are encouraged to communicate with their supervisors or the Training Director if any personal concerns interfere with their ability to work effectively.

Doctoral interns are responsible for familiarizing themselves with and adhering to the guidelines and procedures outlined in the Bridges of the Mind Psychological Services, Inc. Handbook and Policy and Procedure Policies.

### Doctoral Intern Selection and Academic Preparation Requirements Policy

#### *Application Process*

Bridges of the Mind Psychological Services, Inc., currently offers 2 full-time internship positions. Doctoral interns interested in applying should submit an online application through email to [info@bridgesofthemind.com](mailto:info@bridgesofthemind.com).

A complete application consists of:

1. Employment application (please email [info@bridgesofthemind.com](mailto:info@bridgesofthemind.com) for a copy)

2. Cover letter
3. Current curriculum vitae
4. Three letters of reference, two from direct clinical supervisors
5. Official transcripts of all graduate coursework
6. 1 de-identified comprehensive psychological assessment reports

All application materials must be received by Monday December 2, 2024 to be considered.

#### *Application Screening and Interviews*

Bridges of the Mind Psychological Services, Inc., selection is based on the entire application package, with the following qualifications required:

1. Master's Degree conferred by the time of application
2. Current enrollment at a regionally accredited institution in a clinical, counseling, or school psychology doctoral program

Preference is given to applicants meeting these qualifications before internship start:

1. Minimum 500 intervention hours
2. Minimum 50 assessment hours
3. Dissertation proposal defended
4. Experience/interest in diverse populations
5. Practicum experience in neurodevelopmental assessments
6. Experience diagnosing within neurodiverse populations
7. Experience with the Autism Diagnostic Observation System – 2<sup>nd</sup> Edition
8. Enrollment and good standing in APA/CPA-accredited doctoral program

The Training Committee reviews all applications using a standard rating scale, evaluating potential fit with the internship. Applicants are invited to interview based on this review. By December 15, applicants are notified by email about interview status. Interviews are scheduled in January first-come, first-served via videoconference with the full Training Committee using standard questions, with ability for additional questions as needed.

Within two weeks after final interviews, the Training Committee meets to determine applicant rankings using full application packages and interviews. Bridges of the Mind Psychological Services, Inc., will offer positions to top-ranked candidates by 02-14-2025. Accepted interns must provide proof of citizenship/legal residency and pass a fingerprint background check before employment. Felony/misdemeanor history may prevent working at Bridges of the Mind Psychological Services, Inc. Bridges of the Mind Psychological Services, Inc., is contracted with some school districts for which a TB test is required. All interns will provide TB test results that were taken within 12 months before or at their start date of internship. Relevant instructions are provided post-acceptance.

Questions about the selection process or academic requirements can be directed to the Training Director.

## Stipend, Benefits, and Resources Policy

The annual stipend for all interns at Bridges of the Mind Psychological Services, Inc., is \$40,000 subject to taxes and withholdings for employee contributions to benefits. Doctoral interns are employed for 12 months, 40 hours per week, and will have at least 2,000 completed by the end of their internship. As employees of Bridges of the Mind Psychological Services, Inc., interns receive comprehensive health benefits, as well as 14 days of Paid Time Off (PTO), eight paid state holidays, and the last week of December and the first week of January off paid. Additionally interns receive 5 sick days and 5 bereavement days paid. Questions regarding specific benefits packages can be directed to Bridges of the Mind Psychological Services, Inc., Office Manager at [charmaine@bridgesofthemind.com](mailto:charmaine@bridgesofthemind.com)

Interns should submit requests for time off to their primary supervisor at least four weeks in advance of any anticipated leave date(s). Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Sick leave must be communicated to the intern's primary supervisor as soon as the intern is physically able to do so. Supervisors are available for any questions related to time off or release time.

Paid Family Leave Benefits are included in Bridges of the Mind Psychological Services, Inc., offerings. Paid Family Leave is a California state-sponsored insurance program within the SDI program. It provides partial wage replacement for up to eight weeks of Paid Family Leave benefits in a twelve (12) month period for team members who take leave to (1) care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner; (2) bond with a new child entering the family by birth, adoption, or foster care placement; and (3) participate in a qualifying exigency related to the covered active duty or call to covered active duty of a team member's spouse, domestic partner, child, or parent in the Armed Forces of the United States. If you are eligible, the State of California will pay you a percentage of your regular earnings up to a maximum amount for a period prescribed by law. You are responsible for filing your claim and other forms promptly and accurately with the California Employment Development Department. This program does not provide a right to family or medical leave or any job protection for team members not qualifying for benefits. The right of team members to take a leave of absence are governed by existing laws or as otherwise provided in this handbook. Any time off for Paid Family Leave purposes will run concurrently with other leaves of absence pursuant to applicable law. If the intern takes leave during their internship year, they will be paid by the state during this period of time and the internship will not cover the gap in salary during that time. The intern then will be required to make up missed hours by extending the internship year which will be paid by the internship.

Bridges of the Mind Psychological Services, Inc., interns have access to numerous resources. All interns are provided with individual office space, a desk, a computer, printers, software, and basic office supplies. Intervention manuals, assessment materials, other training materials, and access to the DSM 5 are provided by Bridges of the Mind Psychological Services, Inc. Additional materials that may be needed may be purchased using internship funding with Training Committee approval. Additionally, we host monthly lunches, team building events, and have a wellness space in our office for team members to enjoy. Each intern has access to administrative and IT support, as well as client scheduling and billing support.

## Communication and Records Maintenance Policy

Communication between Bridges of the Mind and interns' doctoral programs is vital to developing competent psychologists. The internship is a required component of the doctoral degree. While our supervisors evaluate interns during the training year, the doctoral program determines readiness for graduation and entry into the profession. Therefore, the Training Director is responsible for initiating contact with interns' Director of Clinical Training (DCT) at the following points and as needed:

- Within 5 days of a successful match, a letter is sent to the intern and DCT verifying internship terms (start/end dates, stipend).
- At each evaluation period, formal written intern evaluations are shared with the DCT via email.
- Doctoral programs are notified within one month of internship completion that the intern has successfully finished.
- If successful completion is questioned during the internship, or if an intern enters formal review due to a concern or inadequate evaluation, the doctoral program is contacted. This ensures the program with a vested interest in the intern's progress remains engaged to support an intern experiencing difficulties. The program is notified of any further action by Bridges of the Mind per the Due Process procedures, up to and including termination.

The Training Director also maintains intern records. Evaluations, completion certificates, individual training plans, and records related to Due Process procedures are maintained indefinitely in a secure digital file. Grievance/complaint records are kept separately in a secure digital file per the Grievance Procedures.

## Bridges of the Mind Doctoral Internship Evaluation and Supervision Policy

Bridges of the Mind Doctoral Internship Training Program requires that interns demonstrate minimum levels of achievement across all competencies and training elements. Interns receive ongoing feedback from their supervisors and are formally evaluated by their primary supervisor three times annually, at 90 days, the midpoint, and end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of Bridges of the Mind Doctoral Internships expected training competencies and the related training elements. Each evaluation is based in part on direct observation by the individual supervisor. Supervisors review these evaluations with the interns and provide an opportunity for discussion at each timepoint. Please see Appendix B for a copy of the evaluation form.

Interns are evaluated at 90 days, the midpoint, and 12 month points of the internship. The minimum level of achievement at the mid-year evaluation is a 3 on all learning elements and at the end of the year evaluation, the minimum level of achievement is a 4 on all learning elements. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1 = – Significant Development Needed, 2 = Developing Skill Level, 3 = Intermediate Skill Level, 4 = Advanced Skill Level, 5 = Seasoned Professional Skill Level. If an intern receives a score less than 3 on any training element at the 90 day or mid-year evaluation, or if supervisors have reason



to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the Bridges of the Mind Doctoral Internship Training Programs Handbook.

Interns must receive a rating of 4, which indicates readiness for entry-level practice, or above on all training elements to successfully complete the program. Additionally, all Bridges of the Mind Doctoral Internship Training Programs interns are expected to complete 2,000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program

In addition to the evaluations described above, interns complete an evaluation of their supervisor and a program evaluation at the 90 day, mid-point, and end of the training year. Feedback from these evaluations is reviewed by the Bridges of the Mind Doctoral Internship Training Programs Training Committee and used to inform changes or improvements made to the training program. All evaluation forms are available in the Bridges of the Mind Doctoral Internship Training Programs Handbook and via the Bridges of the Mind Doctoral Internship Training Programs Google Drive.

All interns at Bridges of the Mind Doctoral Internship Training Program receive at least four hours of supervision each week throughout the year. Interns receive a minimum of two hours of individual face-to-face supervision each week from a doctoral-level licensed psychologist. Individual supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns receive two hours of group supervision each week. Interns may receive additional supervision based on their rotation or individual training plans. All individuals receive supervision from at least 2 doctoral-level licensed psychologists over the course of the year. Interns have access to consultation and supervision at all times during which they provide clinical services. Contact information for all supervisors is provided to interns at the beginning of the year and is available via the Bridges of the Mind Doctoral Internship Training Programs Google Drive. All supervisors are appropriately credentialed for their role in the program.

### Due Process and Grievance Policy

This policy outlines the due process, appeals, and grievance procedures for our doctoral interns at Bridges of the Mind Psychological Services, Inc. These processes will be given to and reviewed with the intern.

#### *Rights and Responsibilities*

These procedures are a protection of the rights of both the intern and the doctoral internship training program, and also carry responsibilities for both.

**Interns:** The intern has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the intern include

engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

**Bridges of the Mind Psychological Services, Inc:** Bridges of the Mind has the right to implement these Due Process procedures when they are called for as described below. The program and its staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

### Due Process Policy

Doctoral interns may occasionally need to deviate from standard training requirements, such as in the case of ADA accommodations. Doctoral interns should first discuss any needed accommodations with their primary supervisor. If adjustments to the training program are deemed necessary, the Training Director will be consulted, and a formal plan will be developed.

The due process policy at Bridges of the Mind Psychological Services, Inc outlines the procedures and steps that will be taken when a doctoral intern exhibits concerning behavior or performance issues during their training program. Here are the key elements in Bridges of the Mind Psychological Services, Inc's due process policy:

1. Notice: Doctoral intern must be informed of any deficiencies or problems as soon as they arise, typically first verbally and then in writing if more formal action is needed.
2. Hearing: Doctoral intern should have the opportunity to respond to any allegations or concerns presented against them. This could occur during regular meetings with supervisors or through a more formal hearing process. Please see outline below.
3. Appeals: Doctoral interns have the right to appeal any adverse actions taken against them, such as probation, suspension, or termination. The appeals process is outlined in the policy below.
4. Remediation: Formal remediation plans with clear objectives and timelines may be used to give doctoral intern opportunity to correct deficiencies. The remediation process is outlined in the policy below.
5. Termination: Policy outlines reasons and processes for termination if remediation attempts fail.
6. Record keeping: Documentation related to the proceedings is maintained.
7. Confidentiality: Information is limited to those involved in the proceedings.
8. Fairness and impartiality: Policy emphasizes objective decision-making focused on the doctoral intern welfare.

The goal of the due process procedure at Bridges of the Mind Psychological Services, Inc., is to protect the rights of the doctoral intern while also maintaining the performance standards of the program. The policy aims to address issues effectively and prevent unnecessary termination.

### *Definition of a Problem*

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

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

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback, and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the intern's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with clinical team.

### *Informal Review*

When a supervisor or other team member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. Supervisors should clearly indicate that the intern has entered the Informal Review phase of the Due Process Procedures. The supervisor or team member who raises the concern should monitor the outcome.

## *Formal Review*

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

A. **Notice:** The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

B. **Hearing:** The supervisor or team member will hold a Hearing with the Training Director (TD) and intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.

C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other team member who was present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:

- 1) Issue an "Acknowledgement Notice" which formally acknowledges:
  - a) that the supervisor is aware of and concerned with the problem;
  - b) that the problem has been brought to the attention of the intern;
  - c) that the supervisor will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
  - d) that the problem is not significant enough to warrant further remedial action at this time.
  
- 2) Place the intern on a "Remediation Plan" which defines a relationship such that the team member, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Remediation Plan will be shared with the intern and the intern's home doctoral program and will include:
  - a) the actual behaviors or skills associated with the problem;
  - b) the specific actions to be taken for rectifying the problem;
  - c) the time frame during which the problem is expected to be ameliorated; and,
  - d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will be shared with the intern's home doctoral program. If the problem has not

been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Suspension Plan will be shared with the intern and the intern's home doctoral program and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide to the intern and the intern's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the internship program may be terminated. The decision to terminate an intern's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC and the intern's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

### *Appeal Process*

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with

which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Clinical Director. If the intern is dissatisfied with the decision of Clinical Director, they may appeal the decision, in writing, to the HR representative. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The HR representative has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

### Grievance Procedures

**Grievance Procedures** are implemented in situations in which a psychology intern raises a concern about a supervisor or other team member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a intern raises a grievance about a supervisor, team member, trainee, or the internship program:

#### *Informal Review*

First, the intern should raise the issue as soon as feasible with the involved supervisor, team member, other trainee, or the TD in an effort to resolve the problem informally.

#### *Formal Review*

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Clinical Director. The individual being grieved will be asked to submit a response in writing. The TD (or Clinical Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the TD or Clinical Director may wish to meet with the intern and the individual being grieved separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Clinical Director will meet with the intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a) the behavior/issue associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Clinical Director will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the TD or other Clinical Director in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Clinical Director will convene a review panel consisting of the TD and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

**APPENDIX**

**APPENDIX A**

*Bridges of the Mind Training Schedule for 2024 - 2025*

<b>Date</b>	<b>Topic/Title</b>	<b>Presenter</b>
<b>August 2024</b>	<b>Total Monthly Hours: 8</b>	
08/02/24	Welcome to BOTM! Policies and Procedures and Clinical Onboarding	Dr. Allison Womack
08/09/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● BOTM Team</li> <li>● Dr. Erika Frieze</li> </ul>
08/16/24	Report Work Day	BOTM Clinicians
08/23/24	<ul style="list-style-type: none"> <li>● Office Outing and Team Event</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● BOTM Team</li> <li>● Dr. Erika Frieze</li> </ul>
08/30/24	<ul style="list-style-type: none"> <li>● Group Supervision</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>September 2024</b>	<b>Total Monthly Hours: 8</b>	
09/06/24	<ul style="list-style-type: none"> <li>● Group Supervision</li> <li>● Topic: Sex/Gender Differences in Autism Spectrum Disorders. <i>*Please Review Calderoni and Wood-Downie Articles</i></li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> </ul>
09/13/24	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Allison Womack</li> <li>● Dr. Allison Womack</li> </ul>
09/20/24	<ul style="list-style-type: none"> <li>● Group Supervision</li> <li>● Self Care and Compassion Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Chastity-Easley Bosley</li> </ul>
09/27/24	<ul style="list-style-type: none"> <li>● How to Understand Typical versus Atypical Development</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> </ul>



	<ul style="list-style-type: none"> <li>● Early Signs of Dyslexia, Autism, and ADHD</li> <li>● Group Supervision</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>October 2024</b>	<b>Total Monthly Hours: 10</b>	
10/04/224	<ul style="list-style-type: none"> <li>● Using a Neurodiversity Affirmative Lens in Assessment: Part 1</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. <a href="#">Amy Merenda</a></li> <li>● Dr. Allison Womack</li> </ul>
10/11/24	<ul style="list-style-type: none"> <li>● Using a Neurodiversity Affirmative Lens in Assessment: Part 2</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. <a href="#">Amy Merenda</a></li> <li>● Dr. Allison Womack</li> </ul>
10/18/24	<ul style="list-style-type: none"> <li>● Red and Pink Flags in Autism <i>*Please review Duvall et. al 2022 article</i></li> <li>● Co-Occurring ADHD and Autism in Adolescence <i>*Please review Sainsbury et. al. 2023 article and AuDHD LA Times article</i></li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> </ul>
10/25/24	<ul style="list-style-type: none"> <li>● Dyslexia 101</li> <li>● Group Supervision</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> </ul>
10/31/24	MIGDAS-2 Training <i>*This is a Thursday</i>	Dr. Marilyn Monteiro
<b>November 2024</b>	<b>Total Monthly Hours: 8</b>	
11/01/24	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
11/08/24	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Administration and Review of the Cognitive Assessment System (CAS-2)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Adrianna Chaparro</li> </ul>

11/15/24	Assessment of Suicidal Risk Using C-SSRS <a href="#">*Please review this site</a>	Dr. Erika Frieze
11/22/24	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
11/29/24	<i>Thanksgiving Break</i>	<i>Break</i>
<b>December 2024</b>	<b>Total Monthly Hours: 8</b>	
12/06/24	Assessment of Executive Functions: Part 1  <i>*Dr. Frieze is attending the UCSF Autism Conference All Day</i>	Dr. Chastity Easley-Bosley
12/13/24	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Assessment of Executive Functions: Part 2</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Allison Womack</li> <li>● Dr. Chastity Easley-Bosley</li> </ul>
12/20/24	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
12/27/24	<i>Holiday Break</i>	<i>Break</i>
<b>January 2025</b>	<b>Total Monthly Hours: 8</b>	
01/03/25	<i>Holiday Break</i>	<i>Break</i>
01/10/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● ABA, FBAs, and BIPs; how to conduct, evaluate, and present</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Allison Womack</li> </ul>
01/17/25	WAIS-IV/WISC-V presentation, profile analysis, subtest analyses and hypothesis formulation	Dr. Adrianna Chaparro
01/24/25	Assessment of Executive Functions: Part 2	Dr. Chastity Easley-Bosley

01/31/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>February 2025</b>	<b>Total Monthly Hours: 8</b>	
02/07/25	Introduction to self-report and parent questionnaires	Dr. Erika Frieze
02/14/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Lead group training on IEE goal writing and recommendations</li> </ul> <i>*Dr. Frieze will be out on PTO</i>	<ul style="list-style-type: none"> <li>● Dr. Allison Womack</li> <li>● Dr. Adrianna Chaparro</li> </ul>
02/21/25	Ethical and Legal Aspects of Supervision <a href="#">*Review this podcast</a>	Dr. Erika Frieze
02/28/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>March 2025</b>	<b>Total Monthly Hours: 8</b>	
03/07/25	CBT for Depression and Anxiety	Dr. Chastity Easley-Bosley
03/14/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Introduction to assessment and treatment of trauma</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Need a presenter</li> </ul>
03/21/25	EMDR therapy and the neurodiverse population	Jennifer Nava, LMFT
03/28/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>April 2025</b>	<b>Total Monthly Hours: 8</b>	

04/04/25	Meristem Presentation on community resources for autistic young adults transitioning into college	Erin Schirm, B.A.
04/11/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● How to Write Gender Affirming Assessments</li> </ul> <p><a href="#">*Please review this</a></p>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> </ul>
04/18/25	Sacramento Autistic Spectrum and Special Needs Alliance resource presentation <i>*Dr. Frieze will be out on PTO</i>	Dave Gaines, Owner/CEO
04/25/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>May 2025</b>	<b>Total Monthly Hours: 8</b>	
05/02/25	SAC-EDAPT Understanding Psychosis	Dr. Tara Niendam
05/09/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Social Justice Presentation</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Corinne Sako</li> </ul>
05/16/25	In-depth vision optometry presentation about assessing for visual disorders	Dr. Corinne Odineal
05/23/25	Equine assisted therapy program resource presentation <i>*Dr. Frieze in NYC for Graduation</i>	Mary Coombs, LCSW
05/30/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>June 2025</b>	<b>Total Monthly Hours: 8</b>	
06/06/25	Sacramento State University Department of Communication Sciences and Disorders presentation on audiological disorders	Dr. Laura Gaeta

06/13/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Group training on the PAI</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Chastity Easley-Bosley</li> </ul>
06/20/25	Social Anxiety; How to Assess and Treat <a href="#">*Please review this</a>	Dr. Erika Frieze
06/27/25	<ul style="list-style-type: none"> <li>● Group observation, inter-observer reliability data collection, and feedback (4 hours total)</li> <li>● ADOS-2 Kit Organization (15 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● BOTM Clinicians</li> </ul>
<b>July 2025</b>	<b>Total Monthly Hours: 6</b>	
07/04/25	<i>Holiday</i>	<i>Break</i>
07/11/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Transitioning to the use of AI in report writing: Legal and Ethical uses</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Allison Womack</li> <li>● Dr. Erika Frieze</li> </ul>
07/18/25	Using AI, designing templates, and assisting with report writing	Dr. Erika Frieze
07/25/25	How to utilize AI ethically in revising and editing reports	Dr. Erika Frieze
<b>August 2025</b>	<b>Total Monthly Hours: 8</b>	
08/01/25	Dr. Erika Frieze to present complex case presentation	Dr. Erika Frieze
08/08/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Formal doctoral interns case presentation</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze and interns</li> </ul>
08/15/25	Formal doctoral interns case presentation	Dr. Erika Frieze and interns
08/22/25	Formal doctoral interns case presentation	Dr. Erika Frieze and interns
08/29/25	Transitioning to licensure	Dr. Erika Frieze
<b>September 2025</b>	<b>Total Monthly Hours: 4</b>	

09/05/25	Profit First for Therapists: Built to Last: Using Profit First to Scale Your Private Practice Sustainably	Julie Herres
09/12/25	<ul style="list-style-type: none"> <li>● Monthly Meeting</li> <li>● Transitioning to independent professional careers</li> <li>● End of Year Celebration</li> </ul>	<ul style="list-style-type: none"> <li>● Dr. Erika Frieze</li> <li>● Dr. Erika Frieze</li> <li>● BOTM Team</li> </ul>

**APPENDIX B**  
*Doctoral Intern Performance Review*

Intern Name:

Primary Supervisor:

Date:

Methods used in evaluating competency (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Direct Observation    | <input type="checkbox"/> Supervision                      |
| <input type="checkbox"/> Documentation Review  | <input type="checkbox"/> Case Presentation                |
| <input type="checkbox"/> Review of Audio/Video | <input type="checkbox"/> Comments from other team members |

<b>Rating Criteria</b>
<b>1 – Significant Development Needed:</b> Significant improvement in developmental functioning and skills acquisition is needed to meet expectations; remediation required.
<b>2 – Developing Skill Level:</b> Demonstrates entry level competence for an intern; close supervision required on most cases.
<b>3 – Intermediate Skill Level:</b> Expected level of competency for the intern by mid-point of training program; routine or minimal supervision required on most cases.
<b>4 – Advanced Skill Level:</b> Expected level of competency for intern at completion of the training program; intern is ready for entry-level practice.
<b>5 – Seasoned Professional Skill Level:</b> Functions autonomously with a level of skill representative of seasoned experience; rare rating for internship.
<b>N/A – Not Applicable/Not Observed/Cannot Say</b>

The goal of doctoral internship is to prepare an intern for entry-level practice as a postdoctoral fellow or licensed psychologist depending upon the postdoctoral requirements of the jurisdiction in which they plan to practice. While a trainee may have multiple supervisors, a single evaluation form addressing each profession-wide competency is used to provide formal feedback to interns at three timepoints: October, February, and End-of-Year. The evaluation is completed by the primary supervisor after consultation with all the trainee’s supervisors. The trainee is rated on a scale of 1-5 for each competency (see below). Although average scores are computed for each competency area, interns must meet competency benchmarks for each competency element.

At the end of the internship, interns are expected to demonstrate competency to perform as an entry-level practitioner in the field on all competency elements. If an intern does not meet the minimum level of achievement required on all competency elements at either of the first two evaluation periods (Developing Skill Level – 2 by October, Intermediate Skill Level – 3 by February), the program’s due process procedures will be initiated. To successfully complete the doctoral internship, interns must meet the Advanced Level – 4 on all elements by the end of year.

<b>1. Research</b>	<b>Rating</b>
Demonstrate the ability to critically evaluate research and scholarly activities such as case conferences, presentations, and publications.	
Demonstrate the ability to research concepts at the local (including the host institution), regional, or national level (e.g., case conference, presentation, publications).	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>2. Ethical and Legal Standards</b>	<b>Rating</b>
Demonstrate advanced knowledge of, and independently apply, APA Ethical Principles and Code of Conduct, and other relevant ethical, legal, and professional standards and guidelines.	
Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas.	
Independently act to safeguard the welfare of others and implement including successfully implementing knowledge of appropriate actions related to mandatory reporting in cases of suspected child abuse, neglect, or endangerment of children, elderly, or disabled persons.	
Display ethical behavior and attitudes in all interactions and professional activities.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>3. Individual and Cultural Diversity</b>	<b>Rating</b>
Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.	
Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>4. Professional Values, Attitudes, &amp; Behaviors</b>	<b>Rating</b>
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Behave in ways that reflect the values and attitudes of Bridges of the Mind Psychological Services, Inc. and the field of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.	
Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	
Seek out opportunities to engage in self-reflection leading to personal and professional growth, wellbeing, and professional effectiveness (e.g., trainings, seminars, mentoring, personal therapy, effective use of supervision).	
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	
Demonstrate awareness of their own competencies, skills, strengths, and needs and act to address them by seeking guidance, coaching, and/or feedback from their supervisor to maintain professional behavior.	
Respond professionally in increasingly complex situations with a greater degree of independence.	
Keep timely, clear, relevant documentation in compliance with institutional timelines, standards, and procedures.	
Demonstrate ability to explore and refine time management skills to prioritize clinical, administrative, and training duties.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>5. Communication and Interpersonal Skills</b>	<b>Rating</b>
Demonstrate the ability to establish and maintain positive rapport and effective communication with clients, families, supervisors, trainees, colleagues, and community partners.	
Demonstrate self-awareness and self-modification related to non-verbal communication, including appropriate management of personal affect.	
Demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts while maintaining appropriate boundaries and professional demeanor.	
Produce and comprehend oral, nonverbal, and written communications that are informative, well-integrated, and that demonstrate a thorough grasp of professional language and concepts.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>6. Assessment</b>	<b>Rating</b>
Independently elicit clinical information via diagnostic interviews (i.e., structured, semi-structured, unstructured), behavioral observations, and mental status exams to gather necessary information to understand the presenting problem, referral questions, and differential diagnoses.	

Demonstrate current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Select and apply appropriate assessment methods that are in line with the referral question and respectful of individuals' identities based on available empirical literature reflecting the science of measurement and psychometrics.	
Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant characteristics of the client.	
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases.	
Demonstrate understanding of human behavior within context (e.g., family, social, systemic, cultural).	
Demonstrate current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of clients' strengths and needs.	
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
Produce well-integrated reports that demonstrate the ability to synthesize the client's presenting concern, relevant history, behavioral observations, and test data in case conceptualization, diagnosis, feedback, and treatment recommendations.	
Demonstrate proficiency in using best practice measures in the assessment and diagnosis of neurodevelopmental disorders (e.g., administration and scoring of the ADOS-2), and independently administer these tools with fidelity.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

<b>7. Intervention</b>	<b>Rating</b>
Establish and maintain effective relationships with clients and families including establishing rapport, eliciting participation and engagement with the therapeutic process, and maintaining therapeutic boundaries.	
Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables. This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.	
Develop evidence-based intervention plans specific to the patient's individual needs and therapy goals.	
Implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables.	
Evaluate intervention effectiveness of the treatment and adapt intervention methods and goals in line with the evaluation results.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

8. Supervision	Rating
Demonstrate ability to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.	
Apply knowledge of supervision models and theories in direct or simulated practice with psychology trainees, or other health professionals.	
Apply the supervisory skill of observing in direct or simulated practice.	
Apply the supervisory skill of evaluating in direct or simulated practice.	
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Demonstrate knowledge of supervision models and practices.	
Understand and appropriately verbalize the primary model(s) that guide provision of supervision.	
Demonstrate knowledge of contemporary evidence-based supervision literature.	
Demonstrate the ability to assess, guide, and provide constructive feedback when working with others under supervision, or in simulated practice.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

9. Consultation and Interpersonal Skills	Rating
Demonstrate knowledge and respect for the roles and perspectives of other professions.	
Ability to apply consultation models and practices in direct or simulated consultation with clients/families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.	
<b>Average score for area of competency</b>	
<b>Comments:</b>	

Additional comments regarding interns' strengths and areas for growth:

Goals for next review period:

Resources/supports needed for continued professional growth:

*This evaluation has been reviewed with the doctoral intern and their supervisor.*

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**APPENDIX C**

*THE SUPERVISORY RELATIONSHIP QUESTIONNAIRE (SRQ)*

Developed by Marina Palomo (supervised by Helen Beinar)

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The following statements describe some of the ways a person may feel about his/her supervisor.

To what extent do you agree or disagree with each of the following statements about your relationship with your supervisor? Please tick the column which matches your opinion most closely.

Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
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SAFE BASE SUBSCALE							
1. My Supervisor was respectful of my views and ideas	1	2	3	4	5	6	7
2. My supervisor and I were equal partners in supervision	1	2	3	4	5	6	7
3. My supervisor had a collaborative approach in supervision	1	2	3	4	5	6	7
4. I felt safe in my supervision sessions	1	2	3	4	5	6	7
5. My supervisor was non-judgmental in supervision	1	2	3	4	5	6	7
6. My supervisor treated me with respect	1	2	3	4	5	6	7
7. My supervisor was open-minded in supervision	1	2	3	4	5	6	7
8. Feedback on my performance from my supervisor felt like criticism	7	6	5	4	3	2	1
9. The advice I received from my supervisor was prescriptive rather than collaborative	7	6	5	4	3	2	1
10. I felt able to discuss my concerns with my supervisor openly	1	2	3	4	5	6	7
11. Supervision felt like an exchange of ideas	1	2	3	4	5	6	7
12. My supervisor gave feedback in a way that felt safe	1	2	3	4	5	6	7
13. My supervisor treated me like an adult	1	2	3	4	5	6	7
14. I was able to be open with my supervisor	1	2	3	4	5	6	7
15. I felt if I discussed my feelings openly with my supervisor, I would be negatively evaluated	7	6	5	4	3	2	1
Total Safe Base Subscale =							
STRUCTURE SUBSCALE							
16. My supervision sessions took place regularly	1	2	3	4	5	6	7
17. Supervision sessions were structured	1	2	3	4	5	6	7
18. My supervisor made sure that our supervision sessions were kept free from interruptions	1	2	3	4	5	6	7
19. Supervision sessions were regularly cut short by my supervisor	7	6	5	4	3	2	1
20. Supervision sessions were focused	1	2	3	4	5	6	7
21. My supervision sessions were disorganized	7	6	5	4	3	2	1
22. My supervision sessions were arranged in advance	1	2	3	4	5	6	7
23. My supervisor and I both drew up an agenda for supervision together	1	2	3	4	5	6	7
Total Structure Subscale =							
COMMITMENT SUBSCALE							

24. My supervisor was enthusiastic about supervising me	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

25. My supervisor appeared interested in supervising me	1	2	3	4	5	6	7
26. My supervisor appeared uninterested in me	7	6	5	4	3	2	1
27. My supervisor appeared interested in me as a person	1	2	3	4	5	6	7
28. My supervisor appeared to like supervising	1	2	3	4	5	6	7
29. I felt like a burden to my supervisor	7	6	5	4	3	2	1
30. My supervisor was approachable	1	2	3	4	5	6	7
31. My supervisor was available to me	1	2	3	4	5	6	7
32. My supervisor paid attention to my spoken feelings and anxieties	1	2	3	4	5	6	7
33. My supervisor appeared interested in my development as a professional	1	2	3	4	5	6	7
Total Commitment Subscale =							

#### REFLECTIVE EDUCATION SUBSCALE

34. My supervisor drew from a number of theoretical models	1	2	3	4	5	6	7
35. My supervisor drew from a number of theoretical models flexibly	1	2	3	4	5	6	7
36. My supervisor gave me the opportunity to learn about a range of models	1	2	3	4	5	6	7
37. My supervisor encouraged me to reflect on my practice	1	2	3	4	5	6	7
38. My supervisor linked theory and clinical practice well	1	2	3	4	5	6	7
39. My supervisor paid close attention to the process of supervision	1	2	3	4	5	6	7
40. My supervisor acknowledged the power differential between supervisor and supervisee	1	2	3	4	5	6	7
41. My relationship with my supervisor allowed me to learn by experimenting with different therapeutic techniques	1	2	3	4	5	6	7
42. My supervisor paid attention to my unspoken feelings and anxieties	1	2	3	4	5	6	7
43. My supervisor facilitated interesting and informative discussions in supervision	1	2	3	4	5	6	7
44. I learnt a great deal from observing my supervisor	1	2	3	4	5	6	7
Total Reflective Education Subscale =							

#### ROLE MODEL SUBSCALE

45. My supervisor was knowledgeable	1	2	3	4	5	6	7
46. My supervisor was an experienced clinician	1	2	3	4	5	6	7
47. I respected my supervisor's skills	1	2	3	4	5	6	7
48. My supervisor was knowledgeable about the organizational system in which they worked	1	2	3	4	5	6	7
49. Colleagues appeared to respect my supervisor's views	1	2	3	4	5	6	7
50. I respected my supervisor as a professional	1	2	3	4	5	6	7
51. My supervisor gave me practical support	1	2	3	4	5	6	7

52. I respected my supervisor as a clinician	1	2	3	4	5	6	7
53. My supervisor was respectful of clients	1	2	3	4	5	6	7
54. I respected my supervisor as a person	1	2	3	4	5	6	7
55. My supervisor appeared uninterested in his / her clients	7	6	5	4	3	2	1
56. My supervisor treated his / her colleagues with respect	1	2	3	4	5	6	7
<b>FORMATIVE FEEDBACK SUBSCALE</b>							
57. My supervisor gave me helpful negative feedback on my performance	1	2	3	4	5	6	7
58. My supervisor was able to balance negative feedback on my performance with praise	1	2	3	4	5	6	7
59. My supervisor gave me positive feedback on my performance	1	2	3	4	5	6	7
60. My supervisor's feedback on my performance was constructive	1	2	3	4	5	6	7
61. My supervisor paid attention to my level of competence	1	2	3	4	5	6	7
62. My supervisor helped me identify my own learning needs	1	2	3	4	5	6	7
63. My supervisor did not consider the impact of my previous skills and experience on my learning needs	7	6	5	4	3	2	1
64. My supervisor thought about my training needs	1	2	3	4	5	6	7
65. My supervisor gave me regular feedback on my performance	1	2	3	4	5	6	7
66. As my skills and confidence grew, my supervisor adapted supervision to take this into account	1	2	3	4	5	6	7
67. My supervisor tailored supervision to my level of competence	1	2	3	4	5	6	7
Total Formative Feedback Subscale =							

## **APPENDIX D**

### *Bridges of the Mind Psychological Services, Inc. Doctoral Internship Training Program Supervision Contract*



This contract provides a description of the supervision provided by \_\_\_\_\_ ("Supervisor"), to \_\_\_\_\_ ("Supervisee"), Psychology Doctoral Intern.

### **I. Goals of Supervision**

1. Promote development of supervisee's professional identity and competence.
2. Monitor to ensure competent professionals enter the profession.
3. Provide evaluative feedback to the supervisee.
4. Foster the development of ethical decision-making and professional conduct.

### **II. Structure of Supervision:**

1. Two (60 minutes) sessions (120 minutes total) of individual weekly supervision and two hours of weekly group supervision will be provided. In general, individual supervision will be conducted on \_\_\_\_\_ at \_\_\_\_\_.
2. Doctoral Intern will have the opportunity to work with various licensed psychological Supervisors across their placement at BOTM to experience different approaches. Supervisee and Supervisor will revisit the supervision contract with each new Supervisor at the outset of the relationship to ensure clarity in the supervisory process.
3. Supervisee and Supervisor will draft weekly shared individual supervision notes to facilitate the supervisory process. Supervisee is encouraged to add questions throughout the week to the supervision notes to be reviewed during the formal supervision meeting.
4. In general, supervision will consist of assessment material review, formal instruction on the implementation of assessment materials including integrity checks, professional development, and cultural competency. Additionally, for therapy cases supervision will be used to discuss intervention and monitor progress with therapy clients.
5. Limits of confidentiality exist for supervisee disclosures in this supervision experience (e.g., supervisor's normative reporting to graduate programs, BOTM training team, faculty, upholding legal and ethical standards, licensing boards).
6. Supervisees and supervisors are required to actively participate in supervision.
7. In event of emergency, Supervisee can contact Supervisor, Dr. Womack, or Dr. Frieze by phone.

### **III. Method of Evaluation:**

1. Feedback will be provided by the Supervisor during each meeting. A formal evaluation, using a standard evaluation form of supervisee clinical skills, will be provided in the middle and at the end of the doctoral internship.
2. Specific feedback provided by Supervisor will focus on Supervisee's demonstrated assessment and therapy skills and be based on Supervisor's observation of skills.
3. Supervisee will also formally evaluate Supervisor in the middle and at the end of the practicum, as well as provide ongoing input into the process of supervision.

### **IV. Duties and Responsibilities of Supervisor and Supervisee:**

#### **1. Supervisor:**

- a) Model and ensure American Psychological Association *Ethical Principles and Code of Conduct* are upheld.

- b) Examine client clinical information and collaboratively develop appropriate assessment plan.
- c) Encourage Supervisee to examine approach and techniques used.
- d) Encourage Supervisee to review clinical documentation with onsite supervisor.
- e) Monitor Supervisee's basic attending skills in responding to a diverse clientele.
- f) Intervene when client welfare is at risk.
- g) Assist Supervisee in reviewing various clinical theories, with goal of gaining an appreciation for an integrative assessment approach.
- h) Assist Supervisee in gaining greater self-awareness as a psychologist.
- i) Provide Supervisee evaluative feedback of clinical services provided.
- j) Create a safe environment where supervisee can explore self as a psychologist.

## 2. Supervisee:

- a) Uphold the American Psychological Association's *Ethical Principles and Code of Conduct*
- b) Prepare for weekly supervision - that is, be prepared to discuss assessments, client cases, or professional development.
- c) During assessment observations, Supervisee will observe and document questions to be asked following the assessment. Supervisee will not intervene unless explicitly informed to do so by Supervisor.
- d) Explain client case conceptualizations by describing data and interpretations.
- e) Protect client identity by not discussing PHI and ensuring that no client-related materials leave the BOTM office.
- f) Discuss any questions or concerns directly with Supervisor. If Supervisor cannot provide adequate responses, reach out to Dr. Womack or Dr. Frieze for support.
- g) Consult with Supervisor in cases of emergency.
- h) Contact Supervisor when needed.
- i) Implement feedback and plans developed in supervision.
- j) Practice skills with the goal of developing and demonstrating competency.
- k) Discuss in supervision professional experiences and the impact those experiences have on supervisee.
- l) Explore personal and professional reactions to clients.
- m) RESOURCE for Supervision: Falender, C. and Shareanske, E. (2012) *Getting the Most Out of Clinical Training and Supervision*. Washington, DC: American Psychological Association

**Supervisee's Expressed Learning Objectives: FOR EXAMPLE:** (*I would like to learn how to conduct and interpret the ADOS-2.*)

- a.
- b.
- c.
- d.

## V. Supervisor's Scope of Competence:



development of essential assessment skills, ethical decision-making, and effective communication, the internship program aims to prepare doctoral interns for the successful practice of psychological assessment and therapy.

ACKNOWLEDGMENT OF RECEIPT OF DOCTORAL INTERNSHIP TRAINING  
MANUAL

I have received a copy of Bridges of the Mind Psychological Services, Inc.'s Doctoral Internship Training Manual. I understand and agree that it is my responsibility to read and comply with the

policies contained in this manual. I further understand that all previously issued manuals, and any inconsistent policy statements or memoranda, are superseded by this Doctoral Internship Training Manual.

\_\_\_\_\_  
Doctoral Intern Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date