CAPIP Internship Handbook

Counseling Associates Psychology Internship Program

2026–2027

Counseling Associates of New London, PLLC
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Section I: Internship Program Overview

Counseling Associates of New London, PLLC is a respected, multi-site outpatient mental health organization serving rural and underserved communities. The Counseling Associates Psychology Internship Program (CAPIP) is a comprehensive, full-time, 12-month doctoral internship dedicated to preparing future psychologists for ethical, competent, and community-oriented practice. CAPIP interns complete 2000 hours of clinical work in a dynamic and diverse clinical environment that fosters growth, reflection, and professional development. The internship begins in August each year and ends exactly 12 months later in August of the following year. This internship is designed to prepare interns for an entry-level professional psychology position, and there may be post-doctoral fellowship opportunities available after successful completion of the internship.

Our collaborative, multidisciplinary team includes psychologists, master's-level clinicians, psychiatric nurse practitioners, doctoral practicum students, and master's interns. With a variety of clinicians and areas of expertise, we offer comprehensive services for adults, children, adolescents, couples, and families. Since its founding more than 20 years ago, Counseling Associates has grown from a two-person practice into one of New Hampshire's largest outpatient behavioral health groups, with eight offices in six locations across the state and a newly established satellite office in Mississippi. This expansion reflects our ongoing commitment to increasing access to mental health care, training clinicians, supporting community wellness, and providing excellent care to our clients.

This handbook provides information regarding the internship for interns and their supervisors. CAPIP interns are subject to the general policies and procedures as outlined in this manual. Each intern is given access to this manual and a hard copy upon orientation.

A. Client Demographics

Counseling Associates of New London, PLLC serves a diverse client population across multiple outpatient locations in New Hampshire. As a community-based behavioral health provider, we are committed to providing high-quality, accessible mental health care to individuals across the lifespan and from all socioeconomic backgrounds.

Our clients represent a full range of demographic groups, including children, adolescents, adults, and older adults. We provide services to individuals, couples, and families with a wide variety of presenting concerns, including mood and anxiety disorders, trauma-related conditions, developmental and learning challenges, substance use disorders, relational difficulties, and severe and persistent mental illness.

Consistent with our mission of equitable access to care, we accept all major commercial and public insurance plans, including Medicaid and Medicare. We are also approved

providers for numerous Employee Assistance Programs (EAPs), local school districts and universities, and offer a sliding fee scale when needed. Our client base includes individuals from both urban and rural communities and reflects the geographic and cultural diversity of the Upper Valley, Monadnock Region, White Mountains, and the Capitol Region of New Hampshire.

Many of our clients experience significant challenges related to structural determinants of health, including poverty, food insecurity, housing instability, transportation barriers, and limited access to education or employment opportunities. We are committed to providing trauma-informed, culturally responsive, and strengths-based care that honors the dignity and resilience of every individual we serve.

Through our integrated network of clinicians and multidisciplinary services, Counseling Associates ensures that clients of all backgrounds—regardless of age, socioeconomic status, insurance type, or lived experience—receive compassionate, effective, and person-centered behavioral health care.

B. Administrative Structure

Our internship program is led by our training director, Christine Marsico, PhD. The training director oversees the interns' progress through the program, prepares the didactic schedule, and collects evaluations from supervisors.

The training committee is led by the training director, Grace Prosperi Ketcham, PsyD, Susan Borchert, PhD, Chance Simonton, LCMHC, and Lucia Jarrell, LMFT. The training committee oversees student learning and helps facilitate growth in interns' skills and knowledge. The training committee is available to help students with issues they may run into during their training year. The training committee also supervises interns and leads didactics. Dr. Christine Marsico and Chance Simonton lead group supervision with the interns once a week where they have the opportunity to bring up any challenges they may be having.

Section II: Aim and Philosophy

A. Aim

CAPIP's aim is to cultivate highly skilled, thoughtful, and culturally responsive psychologists. We provide training that is anchored in the practitioner-scholar model, emphasizing evidence-based interventions, clinical flexibility, ethical responsibility, and a deep respect for the diverse contexts in which clients live and thrive.

B. Training Philosophy

Interns at CAPIP benefit from an immersive training experience. Our generalist training philosophy helps prepare interns for broad-based practice while offering the flexibility to

tailor the internship to individual interests. Consistent with the *practitioner-scholar model*, CAPIP's training is informed by theory and research. Interns learn how to responsibly utilize evidence-based research in their work, as well as how to provide professional consultation to patients and other health professionals. Our supervision and didactic framework prioritizes the development of clinical acumen, self-awareness, and professional identity, while supporting interns as emerging leaders within the field of psychology. CAPIP integrates interns into all aspects of clinical care and professional life. Interns are valued contributors to our organization, participating in direct service delivery, interdisciplinary collaboration, and systems-level consultation. We are committed to maintaining an atmosphere of openness and trust with our trainees and colleagues. Our training philosophy is built on the belief that psychologists are not only clinicians but also advocates, collaborators, and reflective practitioners.

C. Ethical and Legal Standards

The Counseling Associates Psychology Internship Program is firmly grounded in the ethical, legal, and professional standards of the discipline of psychology. Interns are expected to practice in a manner that reflects a high degree of integrity, cultural competence, and responsibility in all clinical, supervisory, and professional activities.

1. *Adherence to the APA Ethical Principles and Code of Conduct*

All interns must comply with the APA Ethical Principles of Psychologists and Code of Conduct (2017, with 2010 and 2016 amendments), which serves as the primary ethical framework guiding clinical training and psychological practice within the program. The full code is publicly available at: https://www.apa.org/ethics/code

Interns are expected to read and understand the APA Code in full, and to integrate its principles into all aspects of professional conduct, including relationships with clients, colleagues, supervisors, and the broader community.

2. *Professional Ethics and Conduct*

Interns are expected to:

- Demonstrate honesty, accountability, and professionalism in all interactions.
- Maintain appropriate professional boundaries.
- Seek supervision when ethical dilemmas arise.
- Actively reflect on personal values, biases, and areas of competence in service delivery.
- Avoid dual relationships that could impair objectivity or create conflicts of interest.

Failure to maintain professional ethics may result in corrective feedback, remediation plans, or, in severe cases, termination from the program.

3. *Confidentiality*

Maintaining client confidentiality is a fundamental ethical and legal responsibility. Interns are required to:

- Protect all client information obtained in the course of treatment, supervision, or consultation.
- Store and transmit clinical records securely and in accordance with practice policy and HIPAA guidelines.
- Discuss client information only for legitimate professional purposes and in settings that preserve privacy.
- Be aware that breaches of confidentiality, even unintentional, can result in serious ethical and legal consequences.

4. *Mandatory Reporting*

Interns are legally mandated reporters of suspected abuse or neglect of children, elders, and vulnerable adults. As such, they are required to:

- Understand the specific reporting laws in the state where services are delivered (e.g., New Hampshire)
- Immediately consult with their clinical supervisor when a reportable situation arises.
- Ensure timely and appropriate reporting to the designated state agency when required.

Interns will receive training in mandatory reporting protocols as part of orientation and ongoing supervision.

5. *HIPAA Compliance*

The Health Insurance Portability and Accountability Act (HIPAA) establishes federal standards for protecting the privacy and security of client health information. Interns are expected to:

- Complete all HIPAA training required by Counseling Associates.
- Adhere to HIPAA guidelines in all documentation, communication, and storage of protected health information (PHI).
- Use encrypted systems when transmitting PHI electronically.
- Report any suspected HIPAA breach or security incident to their supervisor or the Training Director immediately.

Section III: Training Competencies

CAPIP's training goals are aligned with the American Psychological Association's Profession-Wide Competencies. Upon completion, interns will demonstrate competence in:

Research
Interns critically evaluate current research and integrate evidence-based practices into clinical interventions and assessments.

Ethical & Legal Standards
Interns demonstrate ethical decision-making through review and discussion of APA ethical guidelines and applicable legal statutes related to clinical and professional work.

Individual & Cultural Diversity
Interns enhance cultural competence by engaging in diversity-focused seminars, reflective practice, and supervised clinical experiences with diverse client populations.

Professional Values, Attitudes, & Behaviors
Interns demonstrate professionalism through consistent accountability, responsiveness to feedback, self-reflection, and commitment to ongoing professional development.

Communication & Interpersonal Skills
Interns develop effective communication and interpersonal skills through regular peer and supervisory feedback, active participation in interdisciplinary collaboration, and reflective practice exercises.

Assessment
Interns conduct assessments using standardized measures, guided by supervision focused on administration, scoring, interpretation, and comprehensive report writing.

Intervention
Interns build therapy skills through maintaining a diverse therapy caseload, receiving weekly individual supervision focused on diagnosis, intervention techniques, and clinical documentation. Interns are active participants in weekly case conferences.

Supervision
Interns develop supervision skills through structured supervision experiences with doctoral practicum students and master's interns, weekly supervision-of-supervision meetings, and ongoing supervisory feedback.

Consultation & Interdisciplinary Skills
Interns enhance consultation skills through active participation in multidisciplinary teams, formal consultation opportunities, and facilitated discussions in professional seminars.

Section IV: Internship Structure and Clinical Sites

A. Internship Tracks

Interns may choose among three areas of practice focus for their training experience. Didactics and group supervision are cohort-based and include training to support all tracks.

Generalist

Interns on this track work with clients across the lifespan with supervisory support appropriate to generalist practice. Interns choose at least one specialty consultation group (e.g., OCD, substance use, LGBTQIA+) to attend based on their clinical interests and client needs.

Adult

Interns on this track work exclusively with adult clients. Interns on this track choose at least one case consultation group to attend based on their clinical interests and client needs and are supervised by a psychologist with expertise in the intern's area of clinical interest, when possible.

Children & Adolescents

Interns on this track work with children, adolescents, and families with supervisory support specific to this scope of practice. If you are interested in working with families, this is the appropriate track. Interns on this track participate in the Kid's Group case consultation group and are supervised by a psychologist with expertise in working with children and adolescents.

B. Internship Sites

Counseling Associates is a private, multidisciplinary mental health practice with eight offices across six locations in New Hampshire. Our Concord office on Pleasant Street is our primary internship office where our Director of Training is located. Interns' office location will be determined based on available space and intern preference. Intern preferences will be taken into account to the extent possible but we are not able to guarantee a specific preference ahead of the training year. Supervision may be in person or virtual depending on supervisor location and intern preference.

Office Locations:

- **Concord:** 194 Pleasant Street - general outpatient office serving Capitol Region; Primary internship site due to housing the Director of Training
- **Hanover:** 2 Buck Road - general outpatient office

53 South Main Street - Secondary office with additional clinical space

- **New London:** 35 Newport Road - administrative headquarters
- **Plymouth:** 144 Highland Street and 15 Town West Rd - general outpatient offices serving White Mountains region and other underserved rural populations in the North Country (HRSA Federal loan forgiveness site)
- **Keene:** 34 West Street - general outpatient office serving Monadnock region
- **Claremont:** 251 Elm Street - general outpatient office serving lower Connecticut Valley region and other underserved rural populations (NH Loan Forgiveness and STAR loan forgiveness site)

D. Sample Weekly Schedule

Typically, interns will provide 19 hours of direct service per week. This includes intervention services (individual, couples, family, and/or group therapy) as well as psychological assessment services. The breakdown of these clinical hours will depend on the intern's specific learning goals.

All interns receive 2 hours a week of individual supervision and 2 hours of group supervision. Interns will receive 2-4 hours per week in didactic training and group case consultation. Interns will be encouraged to participate in additional consultation opportunities based on interest.

The remaining hours in the interns' schedules are used for documentation, research, or QA community support activities.

Counseling Associates Sample Schedule

Individual and Group Supervision = green
Direct Service (individual or group therapy/assessment) = blue
Provision of supervision = yellow
Didactics/Case Consultation/professional ethics= orange
Additional Case consultation opportunities = light orange
Admin (Documentation/Assessment/Research) = white
QA/Outreach = violet

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
8:30	Case Mgt	Case Mgt	Case Mgt	Case Mgt	Case Mgt
9:00	Direct Service	Direct Service	Direct	Individual Supervision	Direct Service
9:30					

10:00		Group Supervision	Service	Direct Service	
10:30					
11:00	Individual Supervision	Lunch			Group Supervision
11:30					
12:00	Didactic Seminar	Safe Space or Kids Team Specialty Consultation Groups (bi-monthly)	Lunch	Case Consultation Group	Lunch
12:30					
1:00	Lunch	Co-occurring or Complex Clients Specialty Consultation Groups (bi-monthly)	OCD Specialty Consultation Group (bi- monthly)	Lunch	Direct Service
1:30					
2:00	Direct Service	Admin	Admin	Provision of Supervision/ Mentoring	Quality Assurance/ Outreach
2:30					
3:00	Ethics & Professional Issues Seminar (monthly)	Direct Service	Direct Service	Admin	
3:30					
4:00				Direct Service	
4:30					
5:00					
5:30					

Average Weekly Hours	
Clinical Direct Services (intake, therapy, assessment)	19
Providing Supervision/Mentoring	1
Individual Supervision	2
Group Supervision	2
Didactics	2.5
Case Management	2.5
Admin: Documentation/Assessment/Research	5
Additional training/consultation opportunities	2.5
Quality assurance/research/public health	3.5
Total	**40**

Section V: Clinical Experiences

The internship blends direct clinical service, supervision, didactic seminars, interdisciplinary consultation, and professional development activities. Interns typically devote close to 50% of their time to direct service, with the remainder dedicated to supervision, didactics, consultation, documentation, and program development. Direct service activities include:

A. Individual, Couples, and Family Psychotherapy

Interns are exposed to a diverse array of presenting concerns, including anxiety, mood disorders, trauma, ADHD, learning disorders, relational challenges, eating disorders, neurodiversity, personality disorders, and identity development. Interns may provide therapy via telehealth and hybrid service delivery, depending on client needs and training goals.

While schedules vary depending on intern training goals, interns typically provide a total of 19 intervention hours per week. This may include individual, couples, family, and/or group

sessions or assessment. Frequency of client sessions will vary depending on client concerns and progress, but typically occur on a weekly or every other week basis.

B. Psychological Assessments

Interns utilize assessments for intake purposes, diagnostic clarification, SUD screening, crisis assessment, to guide treatment, and to track therapeutic progress. Interns have access to the following types of tests: cognitive, emotional and social functioning, executive functioning, projective and personality, mood assessment, and substance use evaluation. Depending on intern interest and client needs, interns may have the opportunity to complete comprehensive psychological assessments as well. (Please see addendum defining *comprehensive.*)

C. Group Facilitation

Interns facilitate or co-facilitate therapy groups, such as DBT skills, trauma recovery, and LGBTQIA+ support groups. Interns have the opportunity to develop groups aligned with their clinical interests. The goal is for all interns to have at least one group facilitation experience during the training year, but this is subject to client interest and demand for group services.

D. Supervision Provision

Interns may be offered supervisory experience through clinical oversight of doctoral practicum students and/or master's interns, supported by weekly group supervision which addresses supervision-of-supervision. Interns participate in supervision training as part of their weekly didactics.

Section VI: Supervision

Interns receive 2 hours of weekly individual supervision from licensed psychologists who maintain responsibility for the interns' cases. Interns also receive 2 hours of weekly group supervision led by either a licensed psychologist or a licensed mental health clinician to include supervision of cases, assessment, and intern supervisory experience.

Weekly Individual Supervision: Each intern meets for two hours per week with two licensed psychologists (one primary supervisor) to review cases and discuss professional development issues. Supervisors are responsible for reviewing and signing all clinical documentation, reports, and treatment plans for clients working with interns.

Weekly Group Supervision: This group supervision meets twice weekly throughout the training year. One of these group supervision hours is led by a licensed psychologist and will focus on therapy and assessment supervision. Cases are regularly presented. The second hour is facilitated by a member of our training committee who is a licensed clinical

mental health counselor with specialization in couples and family therapy. This hour of supervision focuses on empirically supported treatments for couples, families, and groups, as well as professional issues such as cultural humility, ethics, leadership, and reflective practices. Supervision of supervision is also provided during these hours. Interns receive group supervision of therapy cases throughout the year within these weekly group meetings.

A. Supervisor Credentials

- Christine Marsico, PhD, LP, Boston University Wheelock College of Education & Human Development
    - License, NH: Psychologist 7108
- Grace Prosperi Ketcham, PsyD, LP, Georgia Southern University
    - License: NH Psychologist 6876
- Chance Simonton, MS, LCMHC, South Dakota State University
    - License: NH Mental Health Counselor 2591

B. Supervisor Biographies

Christin Marsico, PhD.

Licensed Psychologist |Training Director |Supervisor
Counseling Associates, PLLC
194 Pleasant Street, Suite 14, Concord, NH, 03301
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Christine Marsico, Ph.D. is a licensed psychologist with extensive training in multicultural, evidence-based practice and a strong record of leadership in clinical supervision and program development. She earned her APA-accredited doctorate in Counseling Psychology from Boston University and completed her APA-accredited doctoral internship at the Miami-Dade County Community Action and Human Services Department and her APA-accredited postdoctoral residency at the Edith Nourse Rogers Memorial VA Hospital. Her clinical experiences span community, hospital, and government settings, with particular expertise in trauma, intimate partner violence, refugee mental health, and child and adolescent care.

Dr. Marsico has presented nationally, published peer-reviewed research, and provided trainings on suicide prevention, overdose prevention, co-occurring disorders, and culturally responsive care. She has supervised doctoral trainees across a variety of settings, emphasizing multicultural feminist supervision and reflective practice. Her research includes study of the efficacy of training to policy papers, and she has written peer reviewed papers about the immigrant experience and bullying/harassment prevention efforts for adolescents. Dr. Marsico's professional accomplishments—particularly in advancing trauma-informed, community-based, and equity-focused care—closely align

with CAPIP's aims of preparing generalist psychologists to deliver high-quality, culturally attuned services in underserved communities while fostering the next generation of clinician-scholars. Christine serves as training director and a primary supervisor for the CAPIP program.

Grace Prosperi Ketcham, PsyD.

Licensed Psychologist | Supervisor
Counseling Associates, PLLC
2 Buck Road, Hanover, NH 03755
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Dr. Grace Prosperi Ketcham is a licensed clinical psychologist in the State of New Hampshire. She earned a doctorate in clinical psychology from Georgia Southern University and completed an APA-accredited fellowship at Medical College of Georgia. Grace specializes in working with adolescents, couples and families, individuals diagnosed with eating disorders, and medical students. Furthermore, she received specialized training through HRSA in working with rural populations.

Grace started at Counseling Associates in July of 2023 as a Postdoctoral Fellow. During this time, she led practicum students in a weekly seminar to help bolster their assessment skills. Grace continues to lead a weekly seminar for students to gain skills in various clinical and assessment focused areas.

Grace became licensed in fall of 2024 and began supervising 3rd and 4th year practicum students. She primarily works out of the Buck Road Counseling Associates office. She serves a primary and group supervisor to interns.

Susan E. Borchert, Ph.D., LP

Licensed Psychologist | Managing Partner
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Dr. Susan Borchert is a licensed psychologist and founding partner of Counseling Associates, PLLC, a leading outpatient mental health organization serving communities across New Hampshire. With over 25 years of clinical, administrative, and community leadership experience, Dr. Borchert provides therapy to adults and families and also directs program development initiatives. She has helped lead the organization's expansion to eight offices and over 100 employees.

She holds active psychology licenses in both New Hampshire and Vermont and maintains

interjurisdictional practice authority through PsyPact. Dr. Borchert has also served as a liaison for statewide workforce development initiatives and Medicaid integrated care reform. She has led internship partnerships with The Dartmouth Institute and continues to develop quality improvement initiatives that address population health.

Dr. Borchert earned her Ph.D. in Counseling Psychology from SUNY Albany, and master's degrees in Counseling Psychology and English from the University of Pennsylvania. A Dartmouth College alumna, she completed her APA approved doctoral internship at Riverbend (Formerly Central NH) Community Mental Health.

Dr. Borchert, along with her co-founder, Betsy Harrison, was named NH Small Business Person of the Year in 2024 and was selected for the Goldman Sachs 10,000 Small Businesses program in 2021. She is a member of the American Psychological Association and the New Hampshire Psychological Association, and actively contributes to community development, education, and public health collaborations. Dr. Borchert serves as a primary supervisor to interns.

Chance Simonton, MS

Licensed Mental Health Counselor | Group Supervisor
Counseling Associates, PLLC
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Chance is a master's level clinician who has been employed with Counseling Associates since 2020 and is a Licensed Clinical Mental Health Counselor (LCMHC) in the state of New Hampshire. He earned his Master of Science degree from South Dakota State University and his Bachelor of Science degree from Black Hills State University. Chance brings diverse clinical experience to his work at Counseling Associates, having worked in inpatient treatment, private practice, outpatient family therapy, and holistic inpatient and outpatient substance dependence treatment programs. His work has included specialized experience with LGBTQ+ individuals, people of color, and indigenous populations, reflecting his commitment to inclusive and culturally responsive care. At Counseling Associates, Chance provides therapy to adults, couples, families, and teens, with a clinical focus on anxiety, depression, grief, and relationship issues. In addition to his clinical work, he serves as Clinical Director of the Plymouth office and provides supervision to Master's level trainees. He contributes to intern training by facilitating one hour of weekly group supervision, and is co-facilitating the supervisory training experience with Dr. Bruce Levine. Chance also serves as a group supervisor to interns.

C. Telesupervision Policy

The Counseling Associates Psychology Internship Program (CAPIP) utilizes videoconferencing to provide weekly group supervision for all interns. This format supports consistent interaction and professional socialization among interns who are placed across multiple Counseling Associates sites throughout New Hampshire. Interns and a faculty facilitator meet in a virtual conference room using secure, real-time video and audio transmission. Group supervision via this format is scheduled for two (2) hours each week at a consistent time and is required for all interns. Weekly individual supervision may also be held virtually, depending on intern office location and the office locations of each supervisor. Individual supervision will be conducted in-person if the intern and supervisor are located in the same office. Individual supervision will otherwise typically be conducted in a virtual conference room using secure, real-time video and audio transmission. Virtual supervision allows for interns to work across locations throughout the state, providing much-needed clinical care in underserved communities, and provides interns with valuable training in rural mental health care. When possible, the training director will travel to interns' office locations to conduct in-person individual supervision. CAPIP values intern cohort cohesion and professional community. Virtual meetings through videoconferencing foster these goals between in-person learning experiences.

The use of telesupervision aligns with CAPIP's training aim of preparing psychologists to serve rural and underserved communities, where telehealth is an essential component of behavioral health care delivery. During internship orientation, all interns receive training on the use of videoconferencing equipment and best practices for telesupervision. CAPIP supervisors also participate in regularly offered training in telesupervision and telehealth service provision.

CAPIP recognizes that strong supervisory relationships are central to intern development. Group supervision is led by members of the CA clinical staff on a rotating basis, offering exposure to a range of supervisory styles. These relationships are first established in-person during the initial orientation period, ensuring that interns are familiar with all members of the Training Team prior to engaging in telesupervision. Interns are invited to provide feedback on their telesupervision experience during mid-year and end-of-year evaluations.

For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor. Any time-sensitive matters or clinical emergencies must be reported directly to the primary supervisor without delay. Interns are provided with comprehensive contact information for all supervisors, including phone

and email, to support timely communication.

All telesupervision is conducted using secure, HIPAA-compliant videoconferencing technology managed by Counseling Associates. Sessions are not recorded, ensuring the confidentiality and privacy of all discussions. CAPIP is committed to making telesupervision accessible to all interns without undue burden. Interns experiencing technical or access challenges are encouraged to consult with their primary supervisor to arrange the necessary support. Persistent technical issues will be directed to Counseling Associates' IT support team for resolution.

Section VII: Didactic Learning

Interns participate in a 1-week orientation at the beginning of internship led by various staff members. These seminars orient new interns to services at CA, clinical procedures, and focus on training Interns in the variety of activities they will engage in during the year. These include specialized treatment topics, risk assessment, legal and ethical requirements, emergency management and consultation, CA policies and procedures.

The interns participate at minimum in at least 1 hour of weekly didactic seminars and 1 hour of case conference led by licensed clinicians across the mental health field. Additional didactic opportunities are made available to interns throughout the year.

Weekly Didactic Seminar: This seminar meets weekly throughout the training year. This is most typically a 1-hour training during which students receive in-depth training on a variety of topics including evidence-based practice, assessment, ethics and a variety of specialty practices. Upon occasion, didactic topics will be open to other CA team members. Also upon occasion didactic hours may be presented as a multi-hour topic-based training.

Weekly Group Case Consultation: This consultation group meets weekly and includes multi-disciplinary team members. During this group, students will be able to learn various forms of treatment and case conceptualization from clinicians with various theoretical orientations and specialties. Interns are assigned a consultation group based on geographic location and intern preference.

Weekly Assessment Seminar: This seminar meets once per week for two hours and includes training and tiered supervision related to assessment. Interns are trained in administration of a range of tools used in autism and ADHD assessments and further develop case conceptualization skills.

A. Sample Didactic Topics

All interns attend a 1-hour weekly didactic seminar with rotating topics presented by CAPIP supervisors and other CA clinicians who are experts in their respective fields. Sample didactic topics include:

- Ethics and Risk Management
- Trauma-Informed Care
- CBT, DBT, ACT, and Other Manualized Treatments
- Psychodynamic Practice and Interventions
- Diversity, Equity, and Inclusion in Clinical Practice
- Cognitive and Personality Assessment
- Integrated Report Writing
- Assessment of Children and Adolescents
- Supervision Models and Skills
- Systems-Based and Rural Behavioral Health
- Substance Use Assessment and Treatment
- Differential Diagnosis
- Critical Evaluation of Research
- Eye Movement Desensitization and Reprocessing (EMDR)
- PTSD Treatment

B. Specialty Consultation Groups

Interns also have additional learning opportunities to facilitate professional growth and foster individual clinical interests through specialty consultation groups. At Counseling Associates, a strong culture of peer consultation and interdisciplinary collaboration further supports trainees in deepening their clinical insight and enhancing the quality of care. Additional opportunities for case consultation meetings are made available to interns based on their interest and area of practice and may be required depending upon the intern's chosen Track. All of these groups are held twice monthly for 1 hour. Available consultation groups include:

- Complex Clinical Presentations
- OCD & Exposure Treatment
- Substance Use/Co-Occurring Disorders
- EMDR
- Kid's Team
- LGBTQIA+ Care
- Group Counseling Facilitation

Section VIII: Internship Completion Requirements

CAPIP takes a developmental approach toward supervision and training. Interns are expected to perform in an increasingly independent manner over the course of the training year. Successful internship completion requires:

- 2,000 total internship hours (minimum 500 direct service)
- Ratings of at least "Intermediate Competency" on mid-year and "Proficient Competency" on final competency evaluations
- Present at least two formal case presentations
- Consistent participation in supervision, didactics, and peer consultation
- Adherence to APA ethics and CA policies

A. Social Media and Electronic Communications Policy

Interns are expected to conduct themselves professionally in all online and electronic environments. Interns must comply with all applicable laws, professional ethical codes, licensing board regulations, HIPAA requirements, and practice policies when using social media and electronic communications.

Confidentiality and Professional Boundaries

Interns may not:

- Post, share, discuss, or disclose any client information on social media or other online platforms.
- Share photographs, recordings, screenshots, or descriptions of clients, client interactions, or clinical situations.
- Post information that could reasonably permit identification of a client, even if names and other obvious identifiers are removed.
- Discuss confidential practice, personnel, or business information without authorization.
- Initiate or accept social media connections with current clients on personal accounts, including but not limited to Facebook, Instagram, TikTok, X, LinkedIn, Snapchat, or similar platforms.
- Communicate with clients through personal social media accounts, direct messages, text messaging, or other non-approved electronic platforms
- Search for client information except when clinically justified, documented, and discussed with a supervisor.

Online Presence

Interns are encouraged to consider how their online presence may affect professional relationships and public perceptions.

Interns should:

- Use appropriate privacy settings on personal accounts.
- Recognize that online content may become public regardless of privacy settings.
- Avoid posting content that could reasonably be viewed as discriminatory, harassing, threatening, or inconsistent with professional ethical standards.
- Refrain from representing personal opinions as those of the practice.

Practice-Related Content

Interns may not create, publish, or distribute content on behalf of the practice unless specifically authorized.

Any use of the practice's name, logo, branding, or professional affiliation in public online content must receive prior approval from practice leadership.

Electronic Communication with Clients

Interns may only practice-approved communication methods when communicating with clients. These include the Nimbus phone application for phone calls, the secure message portal on Therapy Appointment and the Counseling Associates HIPAA-compliant Zoom platform for telehealth sessions. Interns must make it clear to clients that these platforms are not to be used to communicate during an emergency; rather clients should contact 988, 911 or present to their nearest emergency room instead.

Electronic communications should be limited to administrative matters when appropriate and consistent with practice policies (e.g., canceling or rescheduling an appointment). Interns may not provide clients with their personal cell phone numbers or use any email platform to communicate with clients.

Professional Networking Platforms

Interns may maintain professional profiles on networking platforms such as LinkedIn. However, interns should exercise caution regarding interactions with current clients and avoid online relationships that could create dual relationships, boundary concerns, or confidentiality risks.

Reporting Concerns

Interns are expected to notify their supervisor promptly if they:

- Receive a social media request or message from a client.
- Become aware of a potential confidentiality breach.
- Observe online conduct that may violate this policy or applicable ethical standards.

Policy Violations

Violations of this policy may result in corrective action, up to and including remediation, disciplinary action, termination of the training placement, and/or reporting to appropriate educational, licensing, or regulatory bodies as required.

Interns should consult their supervisor whenever any questions arise regarding social media use, electronic communications, confidentiality, or professional boundaries.

B. Telehealth Location Requirements for Psychology Interns

Per New Hampshire state law regarding the provision of Telemedicine and Telehealth services, interns cannot provide telehealth services outside of the state of New Hampshire.

As such, Psychology interns may provide telehealth services only when they are physically located within the state of New Hampshire at the time services are rendered.

Interns are prohibited from conducting psychotherapy, assessment, consultation, supervision, or any other clinical services via telehealth while physically located outside New Hampshire, regardless of the location of the client.

Client Location Requirements

Prior to each telehealth session, interns must verify and document the client's physical location.

Interns may provide telehealth services only to clients who are physically located in New Hampshire, as this is the jurisdiction where services are legally authorized under the supervising psychologist's license, applicable state law, and practice policies.

If an intern learns that a client is physically outside of New Hampshire, the session shall not proceed and the intern must consult with their supervisor.

Supervision and Compliance

All telehealth services provided by interns occur under the authority and supervision of licensed psychologists. Interns are responsible for complying with:

- New Hampshire laws and regulations governing the practice of psychology and telepsychology;
- Practice policies and procedures;
- Requirements established by supervising psychologists;
- Training program requirements; and
- Professional ethical standards.

Failure to comply with this policy may result in suspension of telehealth privileges, remediation, disciplinary action, or termination from the training program.

C. Attendance and Work Location Policy

Office Presence Requirement

Psychology interns are expected to be physically present in the office during all scheduled workdays and work hours unless otherwise approved by their supervisor.

Because internship training relies heavily on in-person supervision, consultation, professional interaction, and clinical learning opportunities, the internship is designed primarily as an in-office training experience. Interns are expected to be in the office **regardless of whether they have client appointments scheduled**, because training activities (supervision, documentation, consultation, didactics, and professional development) occur throughout the workday. Excessive absences, repeated tardiness, unapproved schedule changes, or failure to communicate attendance concerns may result in corrective action, remediation, or other measures consistent with the training program's policies and procedures.

Schedule Changes and Early Departure

Interns who need to leave the office before the end of their scheduled workday must obtain approval from their supervisor whenever possible.

Examples include, but are not limited to:

- Personal appointments
- Family obligations
- Illness
- Emergencies
- Other unforeseen circumstances

Interns should notify their supervisor as soon as reasonably possible when circumstances arise that may affect their ability to remain in the office for the full workday.

Illness and Temporary Remote Work

Interns who are ill or otherwise unable to work on-site must notify their supervisor promptly.

Interns may not independently decide to convert in-person workdays to remote workdays without prior supervisory approval.

D. Use of Clients for Personal, Academic, or Research Purposes

Clients served through the practice are entrusted to interns solely for the purpose of providing clinical services within the scope of the internship training program. Interns may not use their access to clients, client information, clinical records, assessment data, or clinical relationships to further personal, academic, professional, financial, or research interests.

Without prior written approval from Practice Leadership, the Training Director, and any required Institutional Review Board (IRB), interns are prohibited from:

- Recruiting clients for dissertation, thesis, capstone, or other research projects;
- Soliciting client participation in research studies;
- Using client information, records, or clinical data for research purposes;
- Collecting additional data from clients for academic projects;
- Contacting current or former clients regarding personal, academic, or professional endeavors; or
- Using the therapeutic relationship to obtain information or opportunities that are unrelated to the client's treatment.

Interns must not allow personal educational, research, publication, presentation, or career objectives to influence clinical decision-making or interfere with the welfare of clients. Any proposed research activity involving practice clients, client data, or practice resources must receive advance written approval from the Training Director and Practice Leadership and must comply with all applicable ethical standards, privacy laws, informed consent requirements, and Institutional Review Board (IRB) requirements. Violation of this policy may result in disciplinary action, up to and including termination of the internship placement and notification of the intern's academic program, training institution, or other appropriate entities.

Section IX: Salary and Benefits

Interns are W2 employees and receive an annual salary of $37,000 with 10 days of paid time off (PTO) and 6 paid federal holidays. Interns receive dedicated office space and supportive administrative infrastructure. Counseling Associates offers access to an Individual Coverage Health Reimbursement Arrangement (ICHRA) health insurance plan and pays interns' health insurance premiums. Interns may opt to pay a small premium for access to a group dental and vision plan. Interns receive retirement plan eligibility after 1,000 hours.

A. Leave Policy

Interns are expected to report to work at the agreed-upon time and to remain on the job throughout their regularly scheduled hours. This applies both to in-person and remote working times.

Expected Leave

For planned time off (e.g., vacation, school breaks) interns are expected to inform all relevant parties as far in advance as possible, indicate this on their schedules, and remind all parties again the week before. Interns should work with their supervisors to ensure the appropriate resources are in place. If an intern will be on an extended leave, they may need to ensure coverage of their clients or responsibilities.

Unexpected Leave

Interns should inform all relevant parties as soon as possible before the start of their scheduled work time if they are unable to report to work, will be arriving more than 5 minutes late, or need to leave early.

Family & medical leave policies are included in Addendum A.

B. Health Insurance

Counseling Associates of New London offers several benefits to psychology interns and employees, including:

ICHRA (Individual Coverage Health Reimbursement Arrangement): Counseling Associates provides employees with ICHRA at rates set based on a New Hampshire Silver Plan reimbursing premium amounts based on employees' age.

- **Delta Dental Insurance:** Available to the employee on a voluntary basis; additional coverage available to the employee's child(ren)/spouse/family on a voluntary basis (employee is 100% responsible for premium cost of this coverage).

- **Principal Vision Insurance:** Available to the employee and their child(ren)/spouse/family on a voluntary basis (employee is 100% responsible for premium cost of this coverage).
- **Life Insurance**: CA provides employees with a $50,000 MetLife Life Insurance Policy; additional coverage available on a voluntary basis with a maximum of total coverage of $300,000.
- **New Hampshire Paid Family Medical Leave through MetLife.** Premiums capped at $5/week. No exclusions for pre-existing conditions. One-time, 7-month waiting period.
- **401k:** All participating employees are eligible for matching contributions up to 4%.
    - Eligibility minimum: 1,000 hours.
- **Pet Insurance:** Available to the employee on a voluntary basis, group plan rates available (employee is 100% responsible for premium cost of this coverage).

Section X: Training Resources

Interns deliver services in-office and via telehealth platforms. Each intern receives a private, dedicated office furnished with computer, phone, internet access, printer, and access to a secure fax machine. Interns are provided with a technology package including electronic health record, payroll, and telecommunication software. Robust administrative support assists interns with scheduling, billing, communication, and human resource matters.

A. Technology and EHR Systems

Counseling Associates uses TherapyAppointment 2.0 for client scheduling, documenting intakes, progress notes, and treatment plans, and – through a secure client portal – messaging with clients, TherapyAppointment is also used to conduct telehealth sessions with clients, as it allows this to be done using a HIPAA-compliant platform.

Interns are trained on how to use TherapyAppointment during their orientation to internship. We take all necessary steps to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI) maintained in our electronic health records (EHRs). This includes:

- Creating access controls by using log-in passwords to access our electronic health record system and to limit access to patients' ePHI to authorized individuals.

- Encrypting, as appropriate, ePHI that is stored in the EHR. Once ePHI is encrypted, it cannot be read or understood except by those people who have been authorized to decrypt the information with a decryption key.
- Having an electronic audit trail function to determine whether PHI has been accessed without proper authorization. With TA, we can determine who accesses patient records, which records have been accessed, any changes to ePHI that are

B. Assessment Materials

CAPIP has a variety of assessment instruments available for psychological evaluations, including rating scales that can be sent to clients via our EHR. Commonly used measures include mental health screeners for depression, anxiety, and substance use – which are included as part of each client intake. For more extensive evaluations, we have an assessment library located in our Buck Road office, where testing materials are in a locked, secure location. Testing materials include cognitive measures, measures of memory, and executive functioning, personality measures, social-emotional-behavioral rating scales, and projective measures. We also use Q-Global for several rating scales and for scoring and interpretation aids for selected cognitive and memory assessments. Interns have access to the library materials for conducting psychological evaluations with clients with supervision.

Section XI: Application Process

To apply for doctoral psychology internship with Counseling Associates, please ensure eligibility and submit the required materials using the AAPI. CAPIP invites all applicants and does not discriminate based on age, race, or gender.

A. Eligibility Criteria

- **Required:**
  - Enrollment in a clinical or counseling psychology doctoral program
  - Minimum of 3 years of graduate training
  - Passed comprehensive qualifying exams
  - Dissertation proposal approved prior to start of the internship
  - At least 400 direct intervention hours
  - Completion of at least 3 assessment batteries and reports
  - Must be able to pass a background check prior to start date
- **Preferred:**
  - Enrollment in an APA/CPA-accredited doctoral program
  - Interest in working with underserved and rural populations
  - Familiarity with or interest in trauma-informed care, DBT, or integrated care

- Interest in remaining in New Hampshire, potentially with Counseling Associates, following graduation

B. Required Application Materials

- Cover Letter detailing training goals
- Curriculum Vitae
- Graduate Transcript(s)
- Three Letters of Recommendation (at least one from a primary clinical supervisor)
- Counseling Associates will provide instructions for the background check after interviewing and match. Prior offenses which entail misconduct directly related to a candidate's clinical work will constitute an unsuccessful background check. A candidate may not be penalized for minor offenses which are not directly related to his/her clinical work. Offenses from youth will be discussed on a case-by-case basis

C. Application and Interview

Application Process

To apply for doctoral psychology internship with Counseling Associates, please ensure eligibility and submit the required materials using the AAPI. Prospective interns who are offered the opportunity to may do so virtually or in person, depending on intern preference. Interviews are conducted with two of CAPIP's licensed psychologists and are held on a rolling basis.

We strive to provide a safe and welcoming environment for staff and clients of all races, ethnicities, genders, sexual orientations, religions, and abilities. We recognize that systemic barriers exist that prevent individuals from underrepresented communities from accessing opportunities, and we are dedicated to addressing these issues through intentional recruitment, training, and development programs.

Eligibility Criteria	Enrollment in an APA/CPA-accredited doctoral program (preferred) Minimum of 3 years of graduate training Passed comprehensive qualifying exams Dissertation proposal approved prior to start At least 400 direct intervention hours Completion of at least 3 comprehensive assessments Must be able to pass a background check prior to start date

Required Application Materials	Completed Application Cover Letter detailing training goals Curriculum Vitae Graduate Transcript(s) Three Letters of Recommendation (at least one from a primary supervisor)

Application Screening and Interview Processes

CAPIP evaluates all complete application packages for overall fit with the training program. The Training Committee reviews all applications using a standardized Application Rating Scale. Based on these reviews, the Committee selects applicants to invite for interviews. Applicants will be notified about interviews via email on or before December 15. Interviews are conducted in January via videoconference with members of the Training Committee. A standard set of interview questions is used, although additional questions may be asked as appropriate.

Post-Match Requirements

All matched applicants must provide proof of U.S. citizenship or legal residency and pass a fingerprint-based background check. A history of certain felonies or misdemeanors may disqualify a candidate from employment.

Contact Information

Questions regarding this policy or CAPIP's academic preparation requirements may be directed to:

Katie Isabelle
Doctoral Psychology Onboarding Program Administrative Assistant
Counseling Associates Psychology Internship Program (CAPIP)
2 Buck Road Hanover, NH 03755
Phone: 603-865-1321
Email: kisabelle@ca-mh.com

Section XII: Contact Information

Christine Marsico, Ph.D.
Director of Training
Email: cmarsico@ca-mh.com

Katie Isabelle

Doctoral Psychology Onboarding Program Administrative Assistant
Counseling Associates Psychology Internship Program (CAPIP)
2 Buck Road, Hanover, NH 03755
Phone: 603-865-1321
Email: kisabelle@ca-mh.com

Section XII: Accreditation Status

CAPIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The Counseling Associates Psychology Internship Program (CAPIP) is not APA accredited. CAPIP has submitted an accreditation self-study to APA and has received notification of approval for an accreditation site visit by APA. The site visit is scheduled for September 24-25, 2026. Please be advised that there is no assurance that we will be able to successfully achieve accreditation.

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Addendum A:

CAPIP Family & Medical Leave Policy

Interns are eligible to take up to 6 weeks of unpaid leave during the internship for one of the following reasons. The intern would continue to receive the CA-provided ICHRA health insurance during leave, but time off does not continue to accrue:

- To care for the intern's child during the first 12 months following birth
- To care for a child during the first 12 months following placement with the employee for adoption or foster care
- To care for a spouse, child, or parent ("covered relation") with a serious health condition
- For incapacity due to the employee's pregnancy, prenatal medical or childbirth
- Because of the intern's own serious health condition that renders the employee unable to perform an essential function of their position.

Notice of Family/Medical Leave
If the need to use family/medical leave is foreseeable, the intern must inform the Training Director (TD) and Human Resources (HR) at least 30 days' prior notice of the need to take leave. When 30 days' notice is not possible, the employee must give notice as soon as is practical (within one or two business days of learning of the need for leave except in extraordinary circumstances). Failure to provide such notice may be grounds for delaying the start of the FMLA leave. If the need for leave is not foreseeable, interns are required to provide as much notice as soon as is practical under the facts of the case. An intern requiring unforeseeable leave must, absent extraordinary circumstances, provide enough information regarding the intern's need for leave to support a request for FMLA leave.

Submitting a Request for Family/Medical Leave:
When submitting a request for leave, the intern must provide enough information for the TD and HR to determine if the leave might qualify as family/medical leave and how this impacts their internship participation. After an intern gives notice of their intent to take a Family and Medical Leave, the HR will provide the employee a memorandum confirming receipt of the notice of the leave, which sets forth some of the basic procedures and responsibilities of both the intern and CAPIP. It will inform the employee of whether the leave has been approved, denied, or conditionally approved pending medical certification. Interns requesting a leave for personal, or family medical reasons are generally required to provide medical certification. Under most circumstances, medical certification must be provided within 15 calendar days. Further medical verification may be required during the leave, depending on the circumstances. Moreover, interns may be contacted periodically

for updates concerning their status and intent to return to their internship. Interns are expected to respond fully to such requests for updates.

Returning from Family/Medical Leave:
Before an intern may return from a personal medical leave that has continued for at least five calendar days, the intern's health care provider may be required to certify that the intern is able to resume their training. Because interns are required to complete a 12-month, 2,000-hour internship, the training year may be extended as equivalent to the number of family/medical days taken. The interns, the TD and HR, and the intern's home doctoral program Director of Clinical Training (DCT) will discuss these circumstances at length, including plans to receive required training experiences and scheduling of evaluations.

Coordination Leave/Available Paid Leave Time
Family and Medical Leave is unpaid leave, except to the extent that an intern is eligible for paid leave for unused paid time off. Where an intern is eligible for leave under these policies, CAPIP will provide paid leave to run concurrently with, not in addition to, the Family and Medical Leave.

Addendum B:

CAPIP Diversity and Non-Discrimination Policy

As an organization, Counseling Associates is committed to building a culture of diversity, equity, inclusion (DEI), and belonging. We highly value and respect the unique perspectives and experiences that individuals from diverse backgrounds bring to our workplace and are committed to creating a safe and welcoming environment where people of all races, ethnicities, genders, sexual orientations, religions, and abilities feel valued and included. Additionally, we recognize that systemic barriers exist that prevent individuals from underrepresented communities from accessing opportunities, and we are dedicated to addressing these issues through intentional recruitment, training, and development of programs. As such, we strive to integrate cultural sensitivity and social justice competencies into our supervision, training, and practice, as well as have a designated Diversity Specialist available for consultation for all of our clinicians. We continuously welcome feedback on how we can improve our DEI practices to ensure that everyone feels heard and valued. We understand that promoting DEI in our workplace requires a long-term commitment and we are dedicated to making meaningful progress towards our goals.

CAPIP provides equal opportunity to all prospective interns without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, culture, religion, age, socioeconomic status, disability, gender identity, results of genetic testing, or service in the military or any other federally defined practice. Equal opportunity applies to all terms and conditions of internship, including onboarding, clinical training, clinical supervision, evaluation, and completion. CAPIP expressly prohibits any form of harassment or discrimination based on any of the characteristics mentioned above. Improper interference with the ability of other interns or staff members to perform their expected job duties will not be tolerated. Counseling Associates will not allow any form of retaliation against individuals who raise issues of equal opportunity. Applicants or interns with questions or concerns about equal opportunity, or those in need of accommodations, are encouraged to contact the TD and HR.

Addendum C:

CAPIP Communication and Records Maintenance Policy

Communication between CAPIP and interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, communication between CAPIP and the interns' home doctoral program will be ongoing as-needed throughout the training year, including but not limited to the following time points:

- A Match letter is sent to both the intern and their DCT via email within 5 days of learning of a successful match to verify the terms of the internship (i.e., start and end dates, stipend). This letter will then be signed by the intern during orientation week and shared again with the DCT.
    - At each evaluation period (Fall and Spring), CAPIP shares a copy of the formal written evaluations of the intern with their DCT via email.
    - Doctoral programs are contacted via email within one month following the end of the internship year and informed that the intern has successfully completed the program.
- CAPIP will contact the home doctoral program if there are any concerns with the intern's progress and ability to successfully complete the program, including if CAPIP is considering entering any Due Process procedures (including but not limited to entering the formal review step of the Due Process procedures, or any appeals of a CAPIP Due Process decision). The home doctoral program is notified of any further action that may be taken by CAPIP as a result of the Due Process Procedures, up to and including termination from the program.

The Doctoral Psychology Program Administrative Assistant is responsible for maintaining intern records. Intern evaluations, certificates of completion, and each intern's individual training plan. These are maintained indefinitely in a secure digital file. Records related to Due Process procedures are also maintained in intern files, as described in the CAPIP Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the CAPIP Grievance Procedures.

Addendum D:

Comprehensive Psychological Evaluations

A comprehensive psychological evaluation includes a thorough assessment of an individual's mental health (including cognitive, emotional, and behavioral functioning) to provide a detailed understanding of their psychological state, to identify potential diagnoses, to answer referral questions, and to develop helpful treatment recommendations.

Key components of a comprehensive psychological evaluation must include:

- **Interviews:** Interviews will be conducted with the individual and, when relevant, with family members or other significant people in their life, to gather necessary information about their history, experiences, and perspectives.
- **Observations:** Observations of the individual's behavior will be used to assess their functioning across settings, interactions, and task demands.
- **Psychological Testing:** A variety of criterion-referenced, norm-referenced and/or standardized tests may be used to assess cognitive abilities, personality traits, emotional functioning, academic abilities, adaptive functioning, and other relevant areas. A comprehensive psychological assessment cannot be limited to mental health screening measures alone.
- **Review of Records:** Educational records, medical history, previous psychological evaluations, and/or other records will be reviewed, when relevant, to gain a more complete understanding of the individual's history and current situation.
- **Report and Feedback:** A comprehensive psychological evaluation report with diagnosis and recommendations will be composed. A feedback session to review the findings will be provided once the evaluation is complete.

A comprehensive evaluation goes beyond a quick screening and delves into various aspects of the individual's life to gain a holistic understanding. For an evaluation to be comprehensive, an individual should be evaluated in all areas related to the suspected disability or area of concern.

Although each evaluation is unique and may incorporate different measures, types of psychological tests that may be included in comprehensive psychological evaluations include:

- Tests of Cognitive Functioning

- Personality Tests
- Neuropsychological Tests
- Adaptive Tests
- Emotional/Behavioral Rating Scales

Addendum E:

Due Process Procedures

Due process procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. CAPIP's due process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. CAPIP may initiate contact with an intern's home doctoral program at any point in the due process procedures in order to best support 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 practice 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.

CAPIP: CAPIP has the right to implement these due process procedures when they are called for as described below. The program and its faculty/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.

Definition of a Problem

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 intern'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 practice;
9) the problematic behavior negatively impacts other trainees or staff; and/or
10) the problematic behavior potentially causes harm to a patient.

Due Process Steps

1) <u>Informal Review</u>

   When a supervisor or other faculty/staff 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 to the intern that the intern has entered the Informal Review phase of the due process procedures. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

2) <u>Formal Review</u>

   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 by their supervisor that the issue has been raised to a formal level of review, and a Hearing will be held.

B. **Hearing:** The supervisor or faculty/staff 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. The hearing will proceed as follows:

    1. Location: Hearings will be conducted by Zoom to accommodate participants located in different offices.
    2. Time: One hour will be allotted for the hearing. The intern will be allotted 30 minutes to present their perspective/evidence/provide a written statement. Faculty will also be allotted 30 minutes to present their perspective/evidence/concerns and ask questions. Any written information/evidence/statements referenced in the hearing by either the intern or Counseling Associates shall be exchanged between the intern, Counseling Associates (with the intern's graduate director of clinical training copied) at least 5 business days prior to the hearing.
    3. Counsel: Neither the intern nor Counseling Associates may have counsel present.
    4. The hearing will not be recorded.
    5. A notetaker (member of Counseling Associates' administrative staff) will be present to take notes at the hearing.

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 faculty/staff 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 faculty is aware of and concerned with the problem;
        b) that the problem has been brought to the attention of the intern;

c) that the faculty 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 faculty, 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 TD may choose to move to Step 3 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, 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.

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.

As described in Appendix C (CAPIP Communication and Records Maintenance Policy) the intern's doctoral program will be included in all communication throughout the initiation of due process procedures.

<u>Appeal Process</u>

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 TD. If the intern is dissatisfied with the decision of the TD, they may appeal the decision, in writing, to the TD. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The TD 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 faculty 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 an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

1) Informal Review

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

2) 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 CA's Head of Human Resources (HR) Department. The individual being grieved will be asked to submit a response in writing. The TD (or HR, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the TD or HR 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 HR 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 HR 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 HR writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or HR 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 the 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.

Addendum F:

CAPIP Intern Evaluation Form

To be completed by Supervisor

Intern: _____

Supervisor: _____

Dates of Evaluation: _____ to _____

Training Site: _____

Methods Used in Evaluating Competency

☐ Direct Observation ☐ Review of Audio/Video ☐ Case Presentation

☐ Documentation Review ☐ Supervision ☐ Comments from Staff/Faculty

Scoring Criteria

Score	Description
1	Remedial – Significant skill development required; remediation necessary
2	Beginning/Developing Competence – Expected pre-internship level; close supervision required
3	Intermediate Competence – Minimal Level of Achievement (MLA) at mid-point of internship; routine supervision
4	Proficient Competence – MLA at completion; ready for entry-level practice
5	Advanced Competence – Exceptional; beyond expected internship completion level

Entry-level practice is defined as the ability to:

- Independently function across professional activities
- Generalize skills to new situations
- Self-assess when to seek further training or consultation

Research

1. Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) _____
2. Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. _____

Average Score: _____

Comments:

_____

Ethical and Legal Standards

1. Demonstrates knowledge of and acts in accordance with each of the following: _____
    a. The current version of the APA Ethical Principles and Code of Conduct;
    b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels;
    c. Relevant professional standards and guidelines
2. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. _____
3. Conducts self in an ethical manner in all professional activities _____

Average Score: _____

Comments: _____

Individual and Cultural Diversity

1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself. _____
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. _____
3. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles _____
4. Applies a framework for working effectively with areas of individual and cultural diversity _____
5. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own _____

Average Score: _____

Comments: _____

Professional Values, Attitudes, & Behaviors

1. Behaves in ways that reflect the values and attitudes of psychology _____
2. Engages in self-reflection regarding personal and professional functioning _____
3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness _____
4. Actively seeks and demonstrates openness and responsiveness to feedback and supervision _____
5. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training _____

Average Score: _____

Comments: _____

Communication and Interpersonal Skills

1. Develops and maintains effective relationships with a wide range of individuals _____
2. Demonstrates a thorough grasp of professional language and concepts _____
3. Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well-integrated _____
4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well _____

Average Score: _____

Comments: _____

Assessment

1. Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology _____
2. Demonstrates understanding of human behavior within its context _____
3. Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process _____
4. Selects and applies assessment methods that draw from the best available empirical literature _____
5. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient _____
6. Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases _____
7. Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. _____

Average Score: _____

Comments: _____

Intervention

1. Establishes and maintains effective relationships with recipients of psychological services _____
2. Develops evidence-based intervention plans specific to the service delivery goals _____
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables _____

4. Demonstrates the ability to apply the relevant research literature to clinical decision making _____
5. Modifies and adapts evidence-based approaches effectively _____
6. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation _____

Average Score: _____

Comments: _____

Supervision

1. Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals _____
2. Applies the supervisory skill of observing in direct or simulated practice _____
3. Applies the supervisory skill of evaluating in direct or simulated practice _____
4. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice _____

Average Score: _____

Comments: _____

Consultation and Interprofessional/Interdisciplinary Skills

1. Demonstrates knowledge and respect for the roles and perspectives of other professions _____
2. Applies knowledge about consultation in direct or simulated (e.g. role played) consultation _____

Average Score: _____

Comments: _____

OVERALL RATING

(Average of broad competence areas): _____

Overall Comments on Intern's Performance:
_____

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Addendum G:

CAPIP Intern Evaluation and Supervision Policy

The Counseling Associates Psychology Internship Program (CAPIP) 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 twice annually, at 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 CAPIP's 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.

Interns are evaluated at the midpoint and end point 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 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence. If an intern receives a score less than 3 on any training element at the 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 CAPIP 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 CAPIP interns are expected to complete 2000 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 mid-point and end of the training year. Feedback from these evaluations is reviewed by the CAPIP Training Committee and used to inform changes or improvements made to the training program. All evaluation forms are available via the CAPIP intranet.

All interns at the Counseling Associates Psychology Internship Program (CAPIP) 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 3 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 CAPIP shared drive. All supervisors are appropriately credentialed for their role in the program.

CAPIP Handbook Acknowledgment

I acknowledge that I have received access to the Counseling Associates Psychology Internship Program Handbook.

I understand that the handbook was reviewed with me during orientation and that I was provided the opportunity to ask questions regarding its contents, policies, procedures, expectations, and requirements.

I understand that the handbook is available to me at all times through the Counseling Associates website and through The Hub, the organization's intranet platform. I understand that it is my responsibility to familiarize myself with the contents of the handbook and to review any updates that may be communicated during my internship.

By signing below, I acknowledge that:

- I have reviewed and read the Internship Handbook in its entirety;
- I understand the policies, procedures, expectations, and requirements described in the handbook;
- I have had the opportunity to ask questions and seek clarification regarding any portion of the handbook;
- I agree to comply with the policies and expectations outlined in the handbook;
- I understand that failure to comply with handbook policies may result in corrective action, remediation, disciplinary action, or termination from the internship program as appropriate; and
- I understand that the handbook is intended to provide guidance regarding internship policies and procedures and may be revised by Counseling Associates as needed.

My signature below indicates my acknowledgment of and commitment to comply with the contents of the Internship Handbook. Acknowledgment of receipt and review of the handbook does not create a contract of employment, internship, or continued placement.

Intern Name (Print): _____

Intern Signature: _____

Date: _____

Training Director/Witness: _____

Date: _____