

### **Anticipated changes to the training sequence for the 2025-2026 internship year:**

While the training experiences described in our materials for the current intern cohort will remain part of the internship training experience, the format of when those experiences occur throughout the internship training sequence will change. Currently, all experiences are integrated throughout the year. For the 2025-2026 training year, we plan to return to our Pre-COVID rotation model of internship training. In this rotation model, interns will focus on assessment related tasks for six months of internship and intervention related tasks for six months of internship. Interns will complete rotations in pairs, two beginning with assessment and two with intervention, and will change rotations at the mid-point of internship training in January. Throughout both rotations interns will have weekly opportunities to program as a full cohort of four in didactic trainings, seminars, and group supervision experiences. Additional training opportunities related to court testimony not previously provided will also be offered in the upcoming training year.

#### **Assessment Rotation:**

Interns on the assessment rotation will have a minimum of three hours of weekly individual supervision and one hour of group supervision. Individual supervision will be with Dr. O'Neal, Dr. Romanova, and Dr. Peller and will focus on training sequences around the various types of assessment utilized at TCJPD to include risk assessments and forensic psychological evaluations, and psychosexual evaluations. Interns may participate in psychological evaluations for youth diverted from the justice system into an innovative community program. Interns will complete a minimum of 18 assessments on this rotation. Interns will also participate in a training sequence related to fundamentals of courtroom testimony that includes regular court observations and culminates in a mock-testimony experience related to an evaluation written by the intern. Interns will participate in a three-month training sequence related to the provision of peer supervision with a doctoral practicum student. Interns will additionally receive supervision and training in a variety of professional development topics and will have opportunities to participate in multidisciplinary teams.

#### **Intervention Rotation:**

Interns on the intervention rotation will have a minimum of three hours of weekly individual supervision and one hour of group supervision. Individual supervision is provided by Dr. Hoard, Dr. Crowfoot and Dr. Rose and will focus on training sequences around residential and community-based treatment services. Interns will receive an initial 30-40 hours of DBT training, which is utilized with our community-based mental health court intervention clients. Interns will have a combination of individual clients in both our ISC residential program and our community-based COPE mental health court programming. Interns will lead groups and work with families/guardians in both settings as well. Interns on this rotation participate in a training sequence related to assessing suicide risk in a correctional setting. Interns on this rotation will participate in a training sequence involving the exploration of a research topic and culminating in a presentation to the internship faculty, fellow interns, and postdoctoral fellows. Interns will additionally receive supervision and training in a variety of professional development topics and will have opportunities to participate in multidisciplinary teams.



Travis County Psychology  
Internship Program

Internship Handbook

2024-2025

*The mission of the Travis County  
Psychology Internship Program  
(TC-PIP) is to prepare interns to  
enter the field of psychology with  
the skills and training necessary to  
provide culturally competent,  
empirically supported, and clinically  
effective psychological services to  
juveniles and families.*

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## Chapter 1 – About Travis County Juvenile Probation

This handbook serves as a guide to the structure and function of the internship program and presents a formal description of basic policies. It outlines the pragmatic, functional elements of the training program for both interns and program faculty. This handbook also provides references for other policy and program documents, which can facilitate an intern's adjustment to this working environment.

### **The Department**

*The mission of the Travis County Juvenile Probation Department is to provide for public safety while effectively addressing the needs of juveniles, families, and victims of crime.*

Gardner Betts Juvenile Justice Center, the campus for the Travis County Juvenile Probation Department (TCJPD), is located at 2515 South Congress Avenue in the heart of south-central Austin. The Travis County Juvenile Probation Department includes Detention Services, Court Services, Probation Services, Residential Services, and Health Services.

**Detention Services** provides oversight and supervision for juveniles awaiting court resolution within a 120-bed facility. The average length of stay in the detention facility is 13 days for males and 6 days for females although juveniles with more serious or complicated legal situations may have extended stays. Clinicians from Health Services provide crisis intervention and brief counseling to juveniles in acute distress during this period as well as weekly Dialectical Behavior Therapy (DBT) skills groups.

**Court Services** consists of: the Intake Unit where juveniles are brought following a suspected criminal offense being committed; the Deferred Prosecution Unit that informally provides supervision to juveniles with lesser offenses and manages mediation, community service, and restitution; and the Court Unit, where probation officers prepare cases for court. Clinicians from Health Services provide treatment for youth (as well as their families) within the Deferred Unit as a support for preventing adjudication.

**Probation Services** provides supervision to post-adjudicated juveniles who are in the community or in placement with case and treatment planning informed by the Risk-Needs-Responsivity Model. Those juveniles who require secure placement are most frequently court-ordered to receive treatment at the on-site TCJPD residential programs at the W. Jeanne Meurer Intermediate Sanctions Center (ISC).

**Residential Services** is responsible for the providing the direct supervision of juveniles within ISC, which is a 118-bed facility that provides treatment and behavioral interventions to male and female juveniles between the ages of 13 and 18 at high risk to re-offend from Travis County as well as other Texas counties through the Regional Diversion Placement Program. Length of stay for juveniles in the ISC is dependent on criminal history, risk level, treatment needs and ultimately program completion. Juveniles participate in evidence-based treatment and intervention including individual, family, and group therapy provided by in-house clinicians, to include pre-doctoral interns and post-doctoral fellows from the Health Services division. Residential treatment staff strive to provide a supportive environment in which juveniles can focus on behavioral change, education, vocation, job readiness training, life skills, and family support opportunities.

**Social Services** is the newest division within TCJPD and serves to support youth who are in the community, both prior to being placed at the ISC as well as those who are preparing to re-enter the community following ISC. Professionals from Social Services provide care coordination, family support, and specialized assistance in critical life domains including housing, education, and vocation.

**Health Services** includes an array of professionals working to support the medical and mental health needs of departmentally involved juveniles and families. Health Services includes Medical Services, Assessment Services, and Treatment Services. The Medical Services team is made up of licensed vocational nurses, registered nurses, and contracted physicians. The Medical Services group provides around-the-clock healthcare to juveniles housed in the department's detention and residential facilities and provides immediate response to medical and psychiatric needs as well as weekly medical, dental, and psychiatric clinics. The Assessment Services team completes psychodiagnostic assessments with juveniles evidencing potential issues in areas including mental health, substance use, and sex trafficking risk in order to direct them to the appropriate services. These assessments may be utilized internally by the department to identify and recommend appropriate services or supports (e.g. youth who would be appropriate participants in the Mental Health Court) or could be more traditional forensic assessment to include risk assessment or Fitness to Proceed/Competence evaluation. The Treatment Services team provides individual, group, and family therapy throughout the department's residential program and as youth transition to the community as part of the Reentry Court.

## Accreditation and Licensing

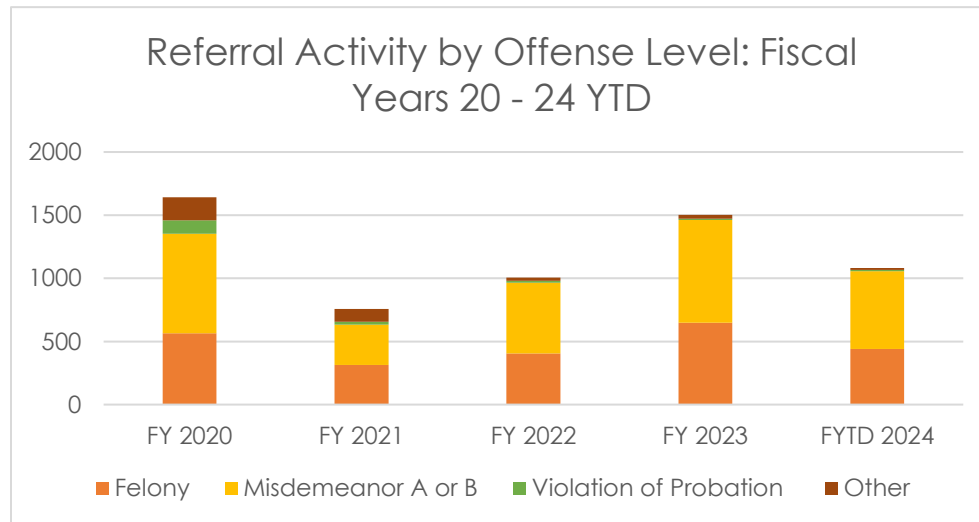
TCJPD receives accreditation and licensing from several governing bodies, including the Texas Juvenile Justice Department (TJJD), the American Corrections Association (ACA), and the American Psychological Association (APA). Through collaborative efforts with local, state, and national agencies, TCJPD supports programs that not only improve the lives of juveniles and families but also lead initiatives for best practices throughout the state.

## Chapter 2 – Department Statistics & Population Information

According to the 2020 US Census results, Travis County is the fifth most populated county in Texas, with a population of 1,290,188. However, Travis County ranks seventh in its juvenile-age population (98,577), which is 12.7% of the State's juvenile population. The county's juvenile age population consists of 44% Hispanic, 38% Anglo, 10% Black, and 8% other.

### Referral Activity

On average, Travis County Juvenile Probation Department provides services to 2,900 juveniles annually, with each juvenile averaging two referrals per year. Historically, 63 percent of all referrals to Travis County Juvenile Probation Department have been for first time offenders. For every one female referred, there are three males referred. Approximately 55 percent of



juveniles referred are Hispanic, and most juveniles referred are 14 to 16 years old. As illustrated on the adjacent graph, Travis County has experienced an overall decrease in referral activity

over the last ten years. There was a significant decrease in referral activity beginning in FY 2020 due to the COVID-19 pandemic.



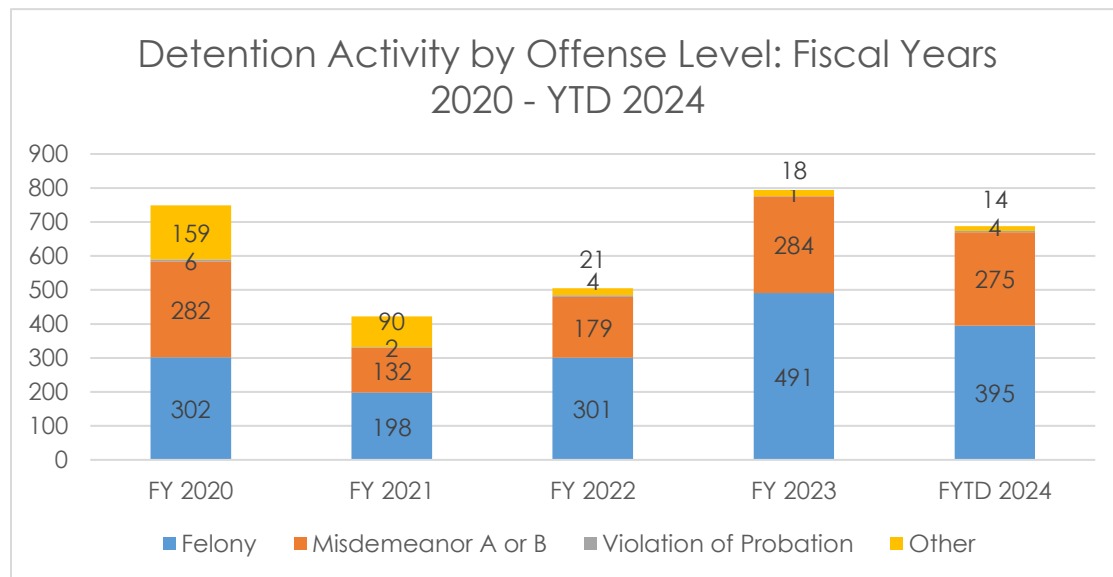
## Supervision Activity

During a typical fiscal year, there are 1,300 juveniles supervised on either deferred prosecution or probation. There are approximately 29 juveniles currently on intensive supervision probation (ISP). Juveniles on deferred prosecution may remain on supervision for an average of six and a half months, while juveniles on probation are usually supervised for approximately one year. ISP juveniles' supervision period averages 199 days. Over three fourths of all juveniles on supervision complete successfully, and 57 percent of the juveniles released do not recidivate. More than half of ISP juveniles complete successfully, and the recidivism rate hovers around 63 percent. Note: recidivism is defined as committing another offense within one year of release.

## Detention Services Activity

Gardner Betts is a 120-bed, 24-hour facility that provides services to both males and females between the ages of 10 and 17. The average length of stay in detention is 13 days for males and 6 days for females.

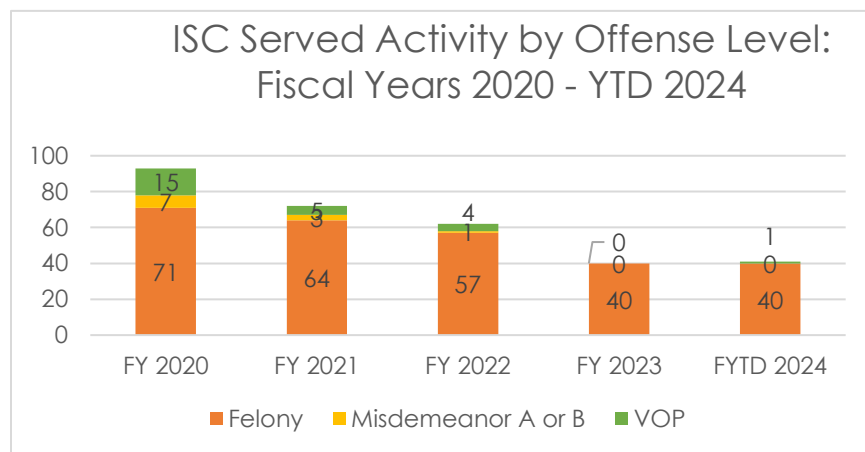
The average daily population over the last five years is 40. As illustrated in the bar graph below, most juveniles are detained for a felony offense.



## Intermediate Sanction Center

The Intermediate Sanction Center (ISC) has an average daily population of 40 adjudicated adolescents. The average length of stay for adolescents in the program is around 297 days.

Most juveniles entering ISC are male (88 percent). The majority of the juveniles are either 15 or 16 years of age at the start of the program. All adolescents in the ISC facility have been identified as either medium or high risk for re-offense. Prior to being placed in the ISC, juveniles have typically participated in at least one other community-based program. As illustrated in the chart that follows, felonies have historically been the most common offense level for adolescents served in ISC.



Over this five-year time period, 61 percent of all discharged juveniles have completed successfully with one third of those discharged not recidivating. Significant programmatic and therapeutic changes have

occurred during this time period with the intent of more effectively targeting juveniles' needs and improving outcomes.

### **Chapter 3 – Psychological Services in Juvenile Probation**

Psychological Services are provided in many ways and across the continuum of an adolescent's potential involvement with the juvenile justice system. All adolescents involved with the department receive an initial mental health, substance use, and commercial child sex trafficking screening to determine the need for further assessment or mental health intervention. Adolescents who require further assessment meet with clinical staff from Assessment Services to clarify needs and make appropriate referrals or recommendations. Direct services for adolescents in detention include crisis intervention, brief counseling, socio-emotional learning (SEL) skills group, and psychological evaluation. While an adolescent is in detention, clinical staff provide consultation to unit staff, medical staff, other mental health professionals, probation officers, and at times, the courts. Within Travis County, juvenile court judges strongly consider the treatment recommendations provided by the Assessment Services team when determining the next steps for adolescents including the ability to remain in the community or else the need to be placed outside the home.

All adolescents who are court-ordered into the department's residential program at the Intermediate Sanctions Center have been adjudicated on an offense which is in almost all instances a felony. Adolescents entering the residential setting frequently present with a variety of behavioral and emotional needs, including the need for intervention targeting their areas of criminogenic need as well as more traditional mental health and family needs. Direct clinical services provided to adolescents include crisis intervention, psychoeducation, group therapy, individual therapy, and family therapy.

Of note, beginning in 2020 the role of departmental psychological services was extended to provide therapy to adolescents and their families in the community as part of the Strengthening Opportunities for Achieving Reentry (SOAR) specialty court. This change allowed for clinicians to continue working with adolescents and families during the critical phase of moving from a residential setting back into the community and acknowledges the importance of continuity of care and utilizing the established therapeutic relationship to assist adolescents and their families in navigating this challenging transition.

Treatment interventions utilize cognitive behavioral therapy, dialectical behavioral therapy, acceptance commitment therapy, motivational interviewing, trauma-specific protocols including tfCBT and prolonged exposure, as well as other evidence-based interventions with all interventions intended to target the needs of the individual to include his or her criminogenic risks and needs. The specific interventions and programs provided are discussed in more detail in the service provision section.

When working with adolescents and their families, departmental psychologists and other clinical staff work closely with other disciplines in order to provide therapeutic intervention while at the same time maintaining safety and security. These varied priorities are inherent to strong residential programming and require effective communication and collaboration across the many professionals who work with adolescents and families.

The role of psychology is indeed a valued and critical component in assisting the department to fulfill its duty of meeting the needs of adolescents and families by providing them with the skills and strategies necessary for improved functioning and successful futures.

Additionally, therapeutic programming is available for youth served by our mental health diversion programming (COPE). For youth to be eligible for participation in our COPE deferred adjudication programming, they must meet diagnostic criteria for a major mood disorder or trauma-and-stressor-related disorder as well as agree to individual and family participation as a condition for program participation. As part of the COPE programming, youth may have the opportunity to receive therapeutic services provided by clinicians from within TCJPD. Therapeutic programming may include individual DBT, other evidence based individual interventions, parent DBT group programming, youth DBT group programming, and DBT telephone coaching. Frequently used trauma treatment protocols include tfCBT and Prolonged Exposure.

## **Chapter 4 – Travis County Psychology Internship Program**

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The Travis County Juvenile Probation Psychology Internship Program (TC-PIP) provides trainees with the opportunity to work with a diverse population that presents with a variety of complex behavioral issues and mental health needs. The program was established in 2011 with the purpose of providing a broad and generalized training program for doctoral psychology interns. The overarching goal of the program is to prepare professionals to successfully meet the unique challenges of practicing psychology within a forensic setting and to ensure clinical competency in working with culturally diverse groups. TC-PIP has defined nine (9) goals and related objectives, which are outlined within this document. The program accepts four interns on a yearly basis who participate in varied training experiences. TC-PIP attained APA accreditation during the 2014-2015 internship year and was awarded the maximum 10 years reaccreditation in 2023.

The internship program is a member of APPIC; the Program Code for TC-PIP is **202911** (see <http://www.natmatch.com/psychint/> for a full list of programs participating in the APPIC Match). Applicants must access and complete the AAPI online (available through [www.appic.org](http://www.appic.org)) and submit the completed application along with three letters of recommendation and graduate transcripts. Prior experience in forensic psychology is not a requirement of the program; in fact, many successfully matched interns have not had direct experience within the forensic setting. However, competitive applicants will have had varied training experiences involving clinical work with culturally diverse adolescents and families as well as experience in psychological test administration and report writing. Given the notable

Spanish speaking population within Travis County, applicants who are bilingual in English/Spanish are particularly encouraged to apply. Travis County interns are provided an annual stipend of \$44,561. In addition, interns are provided with County benefits for the training year, to include health, dental, sick leave, and vacation time.

## **The Core Values of the Internship Program**

*The mission of the Travis County Psychology Internship Program (TC-PIP) is to prepare interns to enter the field of psychology with the skills and training necessary to provide culturally competent, empirically supported, and clinically effective psychological services to adolescents and families.*

The internship program has a set of core values and shared attitudes that guide the actions of the interns and faculty. These core values are modeled after the five APA ethical principles (See <https://www.apa.org/ethics/code> for a full description of the APA Ethical Principles and Guidelines) and reflect the program's intent to provide quality care to adolescents and families while furthering the professional development of our interns.

**Helping Others & Avoiding Harm:** We strive to benefit the adolescents and families with whom we work with by taking care to do no harm and by seeking to safeguard the rights of others. We recognize that the decisions and professional judgments we make can affect the lives of those with whom we work. We further recognize the effects of our own physical and mental health on our ability to help others and strive to maintain a balance in our professional lives that allows us to provide the most appropriate care and assistance.

**Professional Responsibility:** We are aware of our professional and legal responsibilities to the community of Travis County and to the adolescents and families with whom we work. We accept appropriate responsibility for our actions and consult with other professionals and institutions as needed to best serve the interests of our adolescents and families.

**Integrity:** We uphold a set of values that promote honesty, integrity, and professionalism in order to ensure public confidence in our programs. We expect our internship faculty and interns to act ethically at all times. While adolescents are the most evident clients for psychological interventions, there are numerous other clients that are served, including

agency administrators, judges, attorneys, adolescents' families, and the greater community. Responding professionally to the interests of these constituencies is crucial to the effective delivery of service. For psychologists and interns, these responses are guided by a foundation of professional and scientific knowledge.

**Respect:** We recognize the inherent dignity of all human beings and their potential for change. We are responsive to the needs of adolescents and afford them opportunities for self-improvement to facilitate successful re-entry into the community. In accordance with APA's Ethical Principles, we are aware of and respect cultural, individual, and role differences including those based on age, sex, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status. We consider these factors when working with our adolescents and families and as we attend to professional boundaries and strive to eliminate the effects of potential biases on the work we do.

## Characteristics of Successful Interns

The TC-PIP provides interns with opportunities to develop the skills needed to become effective and ethical psychologists. Training through the TC-PIP provides intensive opportunities in both assessment and evidence-based therapeutic practices such that interns are well prepared for a wide range of future professional opportunities. Supervisors ascribe to a variety of theoretical orientations; however, all utilize strategies congruent with Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and/or Acceptance and Commitment Therapy.

Interns who have historically done well and successfully complete the TC-PIP possess the following characteristics and abilities:

- An interest in ongoing learning and being challenged
- Strong interpersonal skills
- Open to feedback
- Willing to provide feedback to others
- Flexibility related to client and systemic needs
- An interest and ability to integrate the role of health service psychology within a juvenile justice setting

- Understanding of evidence-based practice and the importance of its utilization in practice
- Experience working with individuals with severe and persistent emotional and behavioral needs
- Experience conducting individual, family, and group therapy
- Experience administering cognitive, achievement, personality, and/or risk assessments
- Ability to complete documentation including service notes and reports
- Ability to navigate the intern's role within multidisciplinary teams

Some interns are drawn to TC-PIP due to a strong interest in working with adolescents in a forensic setting; however, due to the comprehensive nature of the training and experience provided, past interns have gone on to work in a variety of settings with various populations, including: forensic settings, schools, private and state hospitals, private practice, academia, and Veterans Affairs.

## **The Position of the Intern within the Department**

The philosophy of the internship program is an extension of the broad mission of the Travis County Juvenile Probation Department, which is to accept dual responsibility for protecting public safety while helping Travis County adolescents realize their full potential. The process of assessment, referral, and intervention with a diverse client population provides interns with a variety of training opportunities. We are committed to providing interns with a unique and challenging training experience that fosters professional growth and competency development. While the internship program emphasizes training, especially from the point of view of professional standards and practices, it is also important for interns to understand the parameters of their position within the department. These include the institutional structures and established policies and procedures. The department's policies and procedures are available to interns through the department's internal website.

An overview of the department and its policies is provided at the beginning of the internship year during orientation. A list of helpful websites regarding relevant standards is located in *Appendix A*. Specific responsibilities of the psychology intern are provided by the internship faculty and interns' assigned supervisor(s). Interns have the opportunity to discuss the

program, their responsibilities as interns, and their role in the department during meetings with their assigned supervisors as well as through meetings with the Training Director. Interns are asked to provide feedback on the internship program at the midway point of the internship and at the end of the internship to assist with program development. Interns can expect that interactions with training supervisors and the Training Director will be conducted in a professional and collegial manner, with courtesy and respect underlying training activities and with consistent regard for issues of individual and cultural diversity.

Training seminars on a wide variety of mental health topics are provided to adolescent probation staff, including annual training on suicide prevention, adolescent development, communication and counseling skills, special offender issues, and sexual assault prevention. Professional development is strongly supported by the TCJPD administration. Interns have the opportunity to benefit from the department's training efforts throughout the year. In addition, interns will participate in didactic training and scheduled seminars designed to promote professional development and competency. As part of their professional development, interns may have the opportunity to provide training to department staff in areas pertaining to psychology.

## **Clinical Service Provision**

Throughout the internship year, interns will receive training and will participate in a variety of clinical service provision including:

- **Implementing evidence-based intervention protocols** - Training opportunities to provide intervention services occur in a variety of settings on the Travis County Juvenile Probation campus including within the residential treatment program, the short-term detention facility, and the outpatient community counseling center. These training experiences include individual, group, and family therapy with adolescents at various levels of involvement with the juvenile justice system and allow for gaining exposure to a variety of programs and interventions to include cognitive-behavioral interventions, dialectical behavioral interventions, trauma-based interventions, gender-responsive programming, as well as RAYCE (Reframing African American Youth Community Engagement), a group developed by a previous doctoral intern. The training and implementation of treatment protocols is supervised by a minimum of two psychologists throughout the internship year.



Interns will participate in two unique intervention settings across the internship year:

- Two interns will begin the internship year working with youth in our ISC residential program. These interns are expected to carry a caseload of a minimum of 2 adolescents & families in our ISC residential program. Interns will develop and implement individualized treatment plans based upon identified risks and needs. At the mid-year, interns will likely maintain any ISC therapy clients and add to their caseload with community-based clients. Interns will have the opportunity to work with specialized populations, such as adolescents who have experienced trauma, have committed sex offenses, are involved in gangs, and/or are teen parents. Interns may also participate with the departmental placement staffing committee which meets regularly to review cases and provide the court with recommendations for level of service including admissibility into our secure placement programming and recommended length of stay. Interns will have opportunities to engage in program development.
- Two interns will begin the internship year working with youth in our community-based mental health diversion program through the COPE mental health court. These interns are expected to carry a caseload of a minimum of 2 adolescents & family and to participate in parent and adolescent community-based group programming. Mid-Year, interns may have the opportunity to finish work with existing community-based clients while also gaining experience with at least 2 adolescents & families in our ISC residential program.

Throughout the internship year all interns will co-lead a minimum of two Socio-Emotional Learning (SEL) group interventions per week with potential additional specialty groups in our ISC residential program. All interns will have the opportunity on at least one three-month rotation to co-lead additional weekly SEL skills groups in our shorter-term detention facility.

- **Participating in assessments** -Interns complete an array of assessments including the department's mental health assessmentd (MHA), risk assessments, and psychological evaluations. Training focuses on building on interns' existing abilities in the areas of

clinical interviewing, technical writing, and case conceptualization within the context of the court setting. Interns will receive training and supervision related to assessment from a minimum of four psychologists during the internship year and have opportunities to develop in the area of traditional clinical assessment as well as the specific requirements that come with forensic evaluations. Over the course of the internship year interns are expected to complete a minimum of 18 assessments comprised of a combination of full psychological evaluations, MHAs, and the pre- and post-treatment risk/needs assessments that bookend an adolescent's time in our secure facility. Assessments may take place in the detention facility or in an office setting (at our site) as a community appointment. Interns work with probation officers and other juvenile justice professionals to ensure that assessments address the court's needs. Assessments typically need to be completed 10 business days after the initial interview. As such, interns must effectively manage their time to ensure that assessments are completed on time. Interns may have the opportunity to participate in additional assessments within our restorative justice programming or collaborative assessments with our youth in residential programming.

- **Consulting with other professionals and multidisciplinary teams** - Interns serve as integral members of multidisciplinary treatment teams and obtain experience in consulting and communicating with juvenile justice and child welfare professionals related to the provision of service to therapy clients. Monthly consultation groups are provided around the topic of multidisciplinary consultation and accountability within systems.

Interns will participate in a six-month rotation with the Collaborative Opportunities for Positive Experiences (COPE) mental health specialty court. COPE is a deferred adjudication program for adolescents with mental health issues, which allows adolescents to have their charges dismissed once they complete treatment and follow probation rules. Within COPE interns actively participate in the mental health court hearings and client staffings that occur within court sessions.

Interns will also participate in a six-month rotation with the Community Partners for Children (CPC), which is an interdisciplinary meeting with community partners, utilizing the wraparound model to help high needs adolescents and their families in the community. Interns actively participate in staffing meetings with other professionals in order to make recommendations about services for community based

clients. Through the involvement with COPE and CPC, interns will experience the multi-disciplinary process of working with departmental adolescents and will provide assessment and intervention-related consultation on mental health issues.

- **Providing supervision to practicum students** – Interns will have training in providing supervision and will have a three-month opportunity during the internship year to provide peer supervision to at least one doctoral level practicum student in clinical activities including group-based intervention and assessment. This hierarchical peer supervision takes place under the supervision of a licensed psychologist who is ultimately responsible for the clinical work of the practicum student. Interns are encouraged to explore supervision models and methods on this rotation.
- **Professional Values and Behaviors related to systems work** – Interns will participate in monthly group supervision related to supporting the development of the professional values, behaviors, and communication skills needed to successfully navigate working within a system. Interns will receive specific feedback about their progress in these developing competencies and will have the opportunity to ask questions about the various processes attached to the clinical tasks in which they are engaged.

## Diversity Value Statement

TC-PIP faculty believe that our training program is enriched by our commitment to learning about and valuing the richness of human diversity in an atmosphere of respect, trust, and safety. We acknowledge that no one can be completely free of bias and prejudice when raised in a social context that promotes and enforces false hierarchies of human worth; however, we expect both interns and faculty to be committed to the values and respect for diversity, equity, and inclusion. We expect that faculty and interns be willing to examine their personal values and to learn to work effectively with all kinds of people, including those whose life experiences may differ from their own.

TC-PIP faculty are expected to examine their own biases, work to reduce their potential for adverse impact, model personal introspection, and be committed to lifelong learning. Faculty are expected to treat interns in a way that is respectful and inclusive of interns' identities. Interns are expected to examine and attempt to resolve any attitudes, beliefs, opinions, feelings, or personal history that might affect their approach to providing services to diverse individuals.

TC-PIP is committed to maintaining an atmosphere of education and training for all, and one in which biases and prejudices can be challenged. We are committed to a supportive process that facilitates the development of knowledge, attitudes, and skills for working effectively with individuals of diverse racial, ethnic, religious, socioeconomic backgrounds, ages, genders, identities, sexual orientations, and physical appearance.

## Chapter 5 – Training Goals, Objectives, and Expected Competencies

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### Profession-Wide Competencies

The Commission on Accreditation (CoA) requires that trainees who complete accredited programs, develop certain competencies as part of their preparation for practice in psychology. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program goals, degree type, and level of training. However, all programs must adhere to the following training requirements:

- **Consistency with the professional value of individual and cultural diversity.** Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies.
- **Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology.** The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in empirical literature and in a scientific orientation toward psychological knowledge and methods.
- **Level-appropriate training.** The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure.
- **Level-appropriate expectations.** The CoA expects that programs will require intern demonstrations of profession-wide competencies that differ according to the level of training provided. In general, interns are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.
- **Evaluation of trainee competence.** The CoA expects that evaluation of interns' competence in each required profession-wide competency area will be an integral

part of the curriculum, with evaluation methods and minimum levels of performance in each area.

The internship program is designed around nine training goals and their accompanying objectives. These goals, and objectives reflect the foundational qualities one would expect in a psychologist entering the profession. Throughout the training year, each intern's development and actual performance will be measured in relation to the goals and objectives outlined below.

**Goal 1: Interns will achieve competence appropriate to their professional developmental level in the area of research.**

The CoA recognizes science as the foundation of Health Service Psychology (HSP). Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Interns are expected to:

**Objective A:** *Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications); and,*

**Objective B:** *Demonstrate the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.*

**Goal 2: Interns will achieve competence appropriate to their professional developmental level in the area of ethical and legal standards.**

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Interns are expected to demonstrate competency in each of the following areas:

**Objective A:** *Be knowledgeable of and act in accordance with the following: APA Ethical Principles of Psychologists and Code of Conduct; APA Specialty Guidelines for Forensic Psychology; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.*

**Objective B:** *Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve dilemmas.*

Objective C: Conduct self in an ethical manner in all professional activities

**Goal 3: Interns will achieve competence appropriate to their professional developmental level in the area of individual and cultural diversity.**

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Interns are expected to demonstrate:

Objective A: Demonstrate an understanding of how personal/cultural history, attitudes, and biases may affect understanding and interaction with adolescents, families, and other professionals.

Objective B: Apply current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/consultation, and service.

Objective C: Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered as well as with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Objective D: Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

**Goal 4: Interns will achieve competence appropriate to their professional developmental level in the area of professional values, attitudes, and behaviors.**

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Interns are expected to:

Objective A: Behave in ways that reflect the value and attitudes of psychology, including integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.

**Objective B:** Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

**Objective C:** Actively seek and demonstrate openness and responsiveness to feedback and supervision.

**Objective D:** Respond professionally in increasingly complex situations with a greater degree of independence as the year progresses and across levels of training.

**Goal 5: Interns will achieve competence appropriate to their professional developmental level in the area of communication and interpersonal skills.**

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies. Interns are expected to:

**Objective A:** Develop and maintain effective relationships with a wide range of individuals, including professionals from other disciplines, colleagues, supervisors, communities, organizations, and those receiving professional services.

**Objective B:** Produce verbal, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language.

**Objective C:** Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

**Goal 6: Interns will achieve competence appropriate to their professional developmental level in the area of Assessment.**

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Interns are expected to:

**Objective A:** Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of adolescent strengths and psychopathology.

**Objective B:** Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).

**Objective C:** Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

**Objective D:** Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. Collect

relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

**Objective E:** Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessments that are subjective from those that are objective.

**Objective F:** Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### **Goal 7: Interns will achieve competence appropriate to their professional developmental level in the area of intervention.**

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems. Interns are expected to demonstrate the ability to:

**Objective A:** Establish and maintain effective therapeutic relationships with recipients of psychological services

**Objective B:** Develop evidence-based intervention plans specific to the service delivery goals.

**Objective C:** Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

**Objective D:** Demonstrates the ability to apply the relevant research literature to clinical decision making.

**Objective E:** Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

**Objective F:** Evaluation the intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

### **Goal 8: Interns will achieve competence appropriate to their professional developmental level in the area of supervision.**

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Interns are expected to:



**Objective A:** Apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

**Objective B:** Apply the supervisory skills of observing, evaluating, and giving guidance and feedback in direct or simulated practice with psychology trainees or other health professionals.

**Goal 9: Interns will achieve competence appropriate to their professional developmental level in the area of consultation and interprofessional/interdisciplinary skills.**

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to:

**Objective A:** Demonstrate knowledge and respect for the roles and perspectives of other professions.

**Objective B:** Apply knowledge of roles and perspectives of others in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

## **Chapter 6 – Responsibilities of the Training Program**

Primary responsibility for day-to-day functioning of the program rests with the Training Director, Casey O'Neal, Ph.D. All interns report to the Training Director for purposes of program planning and performance evaluations, as well as requests for leave and similar administrative issues. Planning, monitoring, and routine decision-making are generally handled by the Training Director, often in consultation with other faculty. The Training Director reports to Daniel Hoard, Ph.D., Deputy Chief over Health Services and Chief Psychologist. Interns will have weekly individual supervision with the Training Director for the duration of the internship year with a focus on developing and maintaining a training plan, professional development issues, exploring professional identity, as well as psychodiagnostic assessment and forensic assessment. Interns will also receive rotating supervision from the following faculty with a specific focus:

- Daniel Hoard, Ph.D. – Interns will receive weekly supervision from Dr. Hoard for three months of their training experience with a specialized focus in research, and psychodiagnostic assessment. During the supervision rotation with Dr. Hoard, each intern will identify a research topic, critically explore and evaluate research related to that topic, and develop a one-hour research-oriented presentation to lead for their fellow interns as well as internship faculty.
- Katherine Rose, Psy.D. – Interns will receive weekly supervision from Dr. Rose for six months of their training experience with a specialized focus in DBT treatment protocols, suicide assessment and interventions, and working on multidisciplinary teams.
- Keeley Crowfoot, Psy.D. – Interns will receive weekly supervision from Dr. Crowfoot for six months of their training experience with a focus on therapeutic interventions, participation on multidisciplinary teams and staffing cases.
- Jasmine Jenkins, Ph.D. – Interns will participate in a Cultural Diversity didactic series for two hours per month led by Dr. Jenkins as well as a multicultural seminar two hours per month where interns are encouraged to discuss and apply multicultural paradigms to their work in the juvenile justice setting.
- Jessica Peller, Psy.D. – interns will participate in a three-month supervision rotation with Dr. Peller with a focus on the provision of supervision and risk/needs assessment.
- Barbara Romanova, Psy.D. – Interns will participate in a six-month supervision rotation with Dr. Romanova with a focus on psychodiagnostic assessment, professional skills development related to working within systems, and working on multidisciplinary teams.

At the beginning of the internship, each intern works with the Training Director to establish an individualized training plan. As the year progresses, open communication and ongoing feedback is encouraged and emphasized for supervisors and interns alike. Interns provide feedback on the quality of their training experiences and supervision in a formalized way at the midpoint of the year as well as at the conclusion of the internship program. Suggestions for change can be made to supervisors and the Training Director at any time or addressed in the more formal evaluation format.

The training program provides interns with a structured, enriching, and safe environment to continue their professional careers. More specifically, the rights of interns include:

- The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of the goals and expectations of the training experience.
- The right to clear statements of standards upon which the intern will be evaluated during the training year.
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege of being treated with respect.
- The right to ongoing evaluation that is specific, respectful, and relevant.
- The right to engage in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience as well as the right to due process to deal with problems after informal resolution has failed.
- The right to request assistance in job searches and applications.
- The right to privacy and respect of personal life.
- The right to operate in an environment that is free of exploitation, sexual harassment, arbitrary, capricious, or discriminatory treatment, unfair evaluation practices, and inappropriate or inadequate supervision or training experiences.
- The right to expect that supervisors will attempt to make accommodations to meet any special training needs.

## Training

Interns participate in an array of training opportunities throughout the internship year. The first month of the program is heavily training focused with interns participating in a number of didactic and clinical trainings as well as the TCJPD *Training Academy* that provides orientation and essential trainings for all new departmental employees across disciplines. This early heavy emphasis on training allows for providing the foundational training necessary to begin direct practice as well as an introduction to the juvenile justice environment in general, and the Travis County Juvenile Probation Department specifically. Each intern's individualized training plan will be developed at the onset of the internship year and updated throughout the year as needed. Interns are expected to work 40 hours per week. Additional time outside of the typical set schedule may be necessary at times to complete assessments and reading assignments, prepare for clinical sessions, and develop presentations or participate in training

activities; however, interns should be able to complete all internship requirements within the 40-hour training week. Additional non-internship related work is not authorized during the internship year.

Professional development is strongly supported by the TCJPD administration. Interns have the opportunity to benefit from the department's training efforts throughout the year. These training efforts include the monthly training sessions hosted by the Court and Probation Services Divisions; these trainings cover topics related to community-based services as well as current trends in juvenile justice and child welfare. Current training efforts also include collaborations with guest speakers from various agencies and community organizations who provide information on therapeutic interventions, community resources, and issues pertinent to working within juvenile justice (e.g., gang prevention and intervention, educational/academic concerns, substance use treatment, sex trafficking). Furthermore, interns may have the opportunity to attend conferences and community trainings off-site that promote best practices within the juvenile justice and mental health arenas. These additional training resources allow interns the opportunity to collaborate and communicate with professionals from a variety of disciplines about topics impacting both psychology and the justice system.

## Didactics

The didactic program was developed by the internship faculty to provide the specific training necessary to be successful within the internship program as well as prepared for post-internship opportunities. Interns typically participate in weekly, two-hour didactic trainings across four broad areas: **Intervention, Assessment, Professional Topics**, and **Cultural Diversity**. Topics from these areas typically occur on a rotating schedule with interns generally participating in a training from each area every month. Of note, in the week following the Cultural Diversity topic, interns participate in **Cultural Diversity Seminar** which is group supervision involving more applied discussion related to the area of cultural diversity which frequently includes deeper exploration into the topic previously presented in the Cultural Diversity didactic.

The **Intervention** didactic series incorporates a broad range of topics designed to address best practices in psychotherapeutic intervention. Specific topics covered include: The

Dialectical Behavior Therapy training series; telehealth practices; maintaining boundaries in therapy; case conceptualization models; family therapy; group therapy; substance use interventions; trauma specific interventions; and evidence-based practices for adolescents, and families.

The **Assessment** didactic series provides guidance and instruction related to diagnostic skills, test selection and administration, test interpretation, and comprehensive report writing. The series also addresses the use and interpretation of assessment measures for children and adolescents as well as topics specific to forensic evaluation including fitness to proceed/competence evaluations, adult certification evaluations, applicable case law and psychosexual risk assessments. Interns have the opportunity to pose questions to the group and discuss assessment experiences. Interns are encouraged to utilize this didactic training as a forum for meeting their own professional development goals in the area of psychodiagnostic assessment.

The **Professional Topics** series addresses issues that pertain to the field of psychology as a whole as well as to forensic psychology practice within the juvenile justice system. This series covers topics such as professional conduct and ethics, professional development, program evaluation, scholarly inquiry and application, consultation and supervision, the practice of forensic psychology in the juvenile justice system, and teaching skills. The specific topics covered in this seminar include: exploring the ethics and values of psychology and forensic psychology; utilizing professional conduct within the juvenile justice setting and the broader community; self-care and the prevention of vicarious trauma; mental health in the criminal justice system; preparation for licensure; providing consultative guidance and supervision to others; and participation in local, state, and professional organizations. By maintaining a focus on scientific research and current professional issues, the seminar promotes active use of the scientific literature and facilitates professional growth.

In addition to exploring clinical practice in a juvenile justice setting, interns will learn about forensic psychological practices. This specialized training focuses on scientific research to inform ethics of forensic practice and collaborating in forensic assessment opportunities including fitness to proceed/competence, sanity assessments, adult certification

assessments, and psychosexual assessment, treatment with youth with problematic sexual behaviors, and providing effective court testimony.

The **Diversity** didactic series is intended to bolster theoretical foundations of diversity issues already learned in graduate programs and to help bridge the gap between theoretical learning and the practical application of that learning. The main focus of the Diversity didactics is on building competence by increasing awareness of diversity factors and their impact on clinical practice. Interns will develop a broad definition of culture to include age, ethnicity, race, gender, language, socioeconomic status, religion, disabilities, and many other aspects of culture that can impact an individual's overall functioning and should be considered in case conceptualization and treatment planning.

## Supervision

Interns participate in a minimum of three hours per week of individual face-to-face supervision with their primary supervisors (two hours per week) as well as the Training Director (one hour per week). Additional individual supervision may be provided by other members of the faculty related to specific clinical tasks (e.g. assessment).

Interns also participate in one hour of group clinical supervision per week. This group supervision is led on a rotational basis by licensed psychologists from the faculty along with participation from post-doctoral fellows. In the group supervision format, interns are able to collaborate and provide support to their peers. Additionally, interns have a monthly supervision group related to professional skills development and working within systems. Interns have the opportunity to attend additional consultation/supervision groups throughout the internship year related to the provision of DBT services.

Interns attend an additional two-hour group supervision each month in Diversity Seminar which provides additional space/time for interns to get supervision in an applied way related to cultural diversity. During this time, interns have the opportunity to discuss/conceptualize cases as well as the contextual impact of current and historical events. An important aspect of the Diversity Seminar is developing awareness of one's own unique blend of cultures, which requires an openness to introspection and willingness to engage in, at times, deeply personal work. This work includes building the skills to establish and maintain rapport with juveniles and

families who may differ significantly from oneself. Each intern will complete and present a self-conceptualization exercise with the objective of understanding how their own culture impacts their clinical work. Interns will present during the training year on a diversity topic of their interest and agreed upon by the supervisor. It is important to note that enhanced cultural competence is a goal of the entire training program. Diversity issues will be discussed in all supervision sessions throughout the year, not solely during Diversity Seminar.

## **Evaluation and Feedback**

Throughout the internship year, the training program is responsible for assessing and providing both formal and informal feedback to interns. Feedback is provided in order to assist each intern in improving skills, addressing any areas of concern, and supporting the development and demonstration of all required competencies. The training program takes this responsibility very seriously, as it monitors each intern's skills, competencies, and personal/professional functioning in order to protect the public, the profession, and the intern. Formal evaluations are completed by the Training Committee at the end of each six-month period. These written evaluations are reviewed with the intern and copies are forwarded to each intern's home doctoral program. Interns also complete evaluations of the training and supervision they receive at the end of each six-month period; this feedback is utilized to further enhance the training program.

Interns have opportunities to provide input, raise concerns, and suggest changes and modifications to the training program. The Training Director will meet regularly with the interns in order to facilitate open communication about their training experiences. Interns may also request to meet with the Training Committee, the Director, and/or an agency administrator or staff member in order to discuss problems or concerns about the program.

*Appendix C* contains the requirements for completing internship tasks, internship activity logs, and supervision logs. Copies of the evaluation forms are located in *Appendix D*.

## **Minimum Passing Requirements for Psychology Interns**

In order to successfully pass the internship, all of the following requirements must be met:

The intern must satisfactorily attend and complete all required service and training activities and have completed a sufficient number of hours to satisfy a one-year, full-time internship experience (i.e., 2000 hours). Of the 2000 total hours, 500 of these hours must be met through direct service provision (assessment, intervention, or consultation), 200 of these hours must be met through participation in supervision, and 100 of these hours must be met through participation in didactic training. Meeting these hour requirements and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.

Interns are evaluated using a competency evaluation at 6 months and 12 months that incorporates each of the profession-wide competencies and their associated learning elements with informal progress checks at 3 months and 9 months. When assessing intern performance consideration is given to the intern's current stage of training and professional development. The evaluation uses a 5-point Likert scale, with the following anchors:

1. Remedial (Development Needed) – this rating indicates significant skill development is required and remediation is necessary.
2. Developing Competence – this rating indicates competence development is evident, with close supervision required on most cases.
3. Intermediate Competence (Meets Expectations) – this rating reflects the expected level of competence for the intern given their current stage of training/professional development. At the final evaluation, this rating indicates a readiness for entry level practice, which is defined in a manner consistent with the SoA as:
  - a. The ability to independently function in a broad range of clinical and professional activities,
  - b. The ability to generalize skills and knowledge to new situations, and
  - c. The ability to self-assess when to seek additional training, supervision, or consultation.
4. Proficient Competence – this rating indicates the intern is performing above the expected level of competence given their current stage of training and professional development.
5. Advanced Competence (Exceeds Expectations)– this rating indicates the intern is able to function autonomously with a level of skill representing what would be expected beyond internship training. This is a rare rating for internship.



Interns are expected to achieve an average rating of “3” for each profession-wide competency, with no learning element rated less than a “3”. If an intern receives a score of less than “3” on any learning element, or if there is concern regarding the intern’s performance or progress, the program’s Due Process procedures are initiated.

The intern must meet, in the judgment of the Training Director and Training Committee, all of the requirements and expectations outlined under *Professional Conduct and Functioning*.

## **Chapter 7 – Training Program’s Expectations of Interns**

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The training program’s expectations of psychology interns fall into two broad categories: (1) skills and competencies, and (2) professional conduct and functioning.

### **Skills and Competencies**

Psychology interns are expected to learn and demonstrate a broad range of skills and competencies. The required skills and competencies are related to the overarching goals of the internship program. Throughout the internship year, the following areas will be evaluated:

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Interns are expected to continually assess their own skill levels, training needs, and professional functioning; to set specific goals in cooperation with supervisors; and to notify their supervisors and/or the Training Director promptly when they become aware of significant deficits in their functioning.

## Professional Conduct and Functioning

With regard to intern behavior and performance during the internship year, the general expectations of the training program are that the intern will:

- Practice within the bounds of the APA Ethical Principles of Psychologists and Code of Conduct.
- Practice within the bounds of federal and state laws and regulations including those of the Texas State Board of Examiners of Psychologists and the Texas Juvenile Justice Department.
- Adhere to Travis County Juvenile Probation Department policies and procedures.

Functioning in a professional manner includes, but is not limited to:

- Acting in a professionally appropriate manner that is consistent with the standards and expectations of the internship program (including a reasonable dress code).
- Balancing department needs with personal needs.
- Managing personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.
- Being alert to emotional responses that may interfere with professional functioning.
- Accomplishing tasks efficiently and meeting identified timelines.
- Making appropriate use of supervision, seminars, and other opportunities for learning through such behaviors as arriving on time, being prepared (e.g. having an agenda/plan for supervision) and being open to accepting and using constructive feedback.
- Maintaining appropriate interactions with peers, colleagues, staff, and other trainees
- Using appropriate channels of communication when participating in meetings and department activities.
- Giving professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the training experience.
- Actively participating in the training, service, and overall activities of the training program with the end goal of being able to provide services across a range of clinical activities.

Interns are responsible for maintaining standards of conduct appropriate to their work environment as mandated for all persons who work for or with the department. Examples of unacceptable conduct include, but are not limited to theft, intoxication on the job, dishonesty, assault, use or possession of drugs, insubordination, and failure to comply with department rules. In addition, interns are expected to exhibit ethical professional behavior, which includes adherence to the APA Ethical Principles of Psychologists and Code of Conduct. Examples of ethical violations of these guidelines include but are not limited to sexual harassment; sexual contact with adolescents, supervisor, consultants or supervisees; violation of confidentiality; practicing outside one's competency areas without supervision; and infringement on the rights, privileges, and responsibilities of adolescents, other trainees, and department staff.

## **Chapter 8 – Routine Tasks**

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Throughout the internship year, there are typical tasks that must be completed, and staff works together to ensure that vital functions are appropriately addressed in a timely fashion. As listed previously, the vital functions of the intern are:

- To provide direct clinical care to a caseload of approximately 2-4 adolescents and their families (combination of ISC residential and community-based clients).
- To complete a minimum of 18 assessments (psychological, MHA, and risk/needs) throughout the internship year.
- To facilitate SEL groups in the detention setting for a three-month rotation.
- To facilitate twice weekly DBT oriented SEL group interventions in the residential setting for the duration of the internship year.
- To facilitate other specialized group interventions in the residential setting as opportunities arise.
- To ensure that adolescents' behavioral and emotional needs are adequately identified, and appropriate intervention is implemented.
- To provide crisis intervention services to adolescents in a timely and thorough manner.
- To ensure that potentially suicidal adolescents are properly identified and treated.
- To engage in interpersonal behavior that is consistent with professional expectations.

- To provide appropriate and effective feedback when consulting with others.
- To complete all required documentation in accordance with policies and standards.
- To complete psychodiagnostics assessments, psychological evaluations, and risk assessments and integrated reports within identified timelines.
- To ensure compliance with professional and other applicable standards.

## **Crisis Intervention and Suicide Prevention**

As a part of the training, interns will have the opportunity to provide crisis assessment and intervention as needed while under the supervision of Katherine Rose, Psy.D. For adolescents in residential treatment, services and referrals are made through Residential Services or assigned Treatment Services' representatives. For adolescents in detention and in the community, referrals are made by the Probation Officer, Detention Counselor, Detention staff, or Assessment Services clinicians. During the six-month supervision experience with Dr. Rose interns will have the opportunity to participate in crisis assessment and intervention services. In general, the department defines crises as thoughts/plans to inflict serious self-harm, serious thoughts/plans to harm someone else, and serious thoughts/plans to attempt an escape. Adolescents presenting with these concerns are seen immediately and monitored closely and appropriately while these concerns are being addressed. Documentation is essential and consultation with medical, mental health, and institutional staff is usually necessary. The department has the resources to place adolescent on a heightened supervision plan as outlined in the department's suicide precaution and suicide watch policies. The department's suicide precaution and suicide watch policies are available on the juvenile probation department's internal website. These policies are also covered in detail during orientation.

## **Screening and Assessment Procedures**

The TCJPD Assessment Services Division provides graduated assessments in the areas of mental health and substance use to identify adolescent needs and make appropriate recommendations for intervention. These assessments range from substance use and mental health screening instruments to psychological evaluation and risk assessments. Adolescents who are detained complete the Massachusetts Youth Screening Inventory-2 (MAYSI-2) during the intake process. If scores are elevated, adolescent will be referred to Assessment Services

for a MAYSI-2 follow-up assessment. This is conducted by a member of the Assessment Services team and may lead to further evaluation, including a mental health assessment, substance use assessment or a psychological evaluation. Through the assessment process, adolescents are directed towards appropriate services and interventions.

## **Substance Use Intervention and Treatment**

Substance use education and treatment occurs at many different levels and is tailored to the individual needs of the adolescent. Strategies used to treat substance use are Dialectical Behavior Therapy and Motivational Interviewing. Interns have the opportunity to work with adolescents with substance use difficulties and will be provided with the appropriate training and support needed to work with adolescents with substance use problems.

## **Behavioral Interventions**

Comprehensive behavioral interventions are provided via core cognitive behavioral curricula with a specific focus on Dialectical Behavior Therapy (DBT). DBT offers intervention in the areas of emotion regulation, interpersonal effectiveness, distress tolerance, and mindfulness. In addition to specific DBT strategies, staff and clinicians utilize behavioral strategies with an emphasis on age appropriate consequences and reinforcement.

## **Treatment Team**

While working with youth in our ISC residential program, interns serve as members of the treatment team and attend treatment team meetings to discuss each adolescent's risks/needs, treatment goals, and progress towards meeting goals. Adolescents are individually reviewed by the multidisciplinary team made up of treatment providers, support staff, and probation officers. A representative from Austin Independent School District (AISD) may attend or provide relevant academic information on adolescent and all interested staff members are invited to attend and provide input. The purpose of these team meetings is to review each adolescent's progress towards his/her goals, involvement in appropriate programming, reentry plans, and concerns identified by the adolescent or family.

## **Consultation**

Psychologists and interns frequently consult with supervision staff, medical staff, and other mental health staff about the adjustment and functioning of adolescents. Psychologists and interns may assume the role of mental health advocate and assist adolescent in improving

communication skills and increasing positive interactions with other adolescents and staff. Consultation is also provided through involvement with community programs and the courts.

## **Safety & Security**

All staff members need to remain mindful of the secure nature of the environment in which they work, regardless of job description and title. As such, all staff members have a responsibility for maintaining a safe and secure institution and for modeling prosocial values and norms. For the most part, these duties include maintaining key security, using radios as trained, following safety protocols for scheduling and seeing clients, being mindful of department policies, and assisting with staff and adolescent accountability.

## **Chapter 9 – Resources and Staff**

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### **Stipend & Benefits**

The annual stipend for the internship program is a minimum of \$44,561. County health benefits are provided to all interns, to include sick leave, vacation time, and medical and dental benefits. A comprehensive review of the County's benefits is provided to all interns by the main human resources department at the beginning of the training year.

### **Resources**

TC-PIP interns have access to numerous resources. Assessment and other training materials are provided, and additional materials may be purchased through the County with Training Committee approval. Each intern has access to administrative and IT support via the department.

Within Detention and Residential settings, group interventions are typically conducted on the units or in classrooms. Space is available throughout the department for individual work, training sessions, and conferences. Adolescent records are maintained in secured areas as well in secure online locations. Interns are provided with keys to access these areas when they start the internship program.

Interns have a shared office space with laptops issued for the internship year. An institutional network with internet access is provided throughout TCJPD facilities. Due to the nature of the work environment, computer security is essential. Prior to use, each intern is issued a password,

and additional passwords may be necessary to access other programs. Passwords must be changed every 90 days at a minimum. Most information accessed and printed through the various computer systems is confidential information and must be shredded prior to disposal.

A resource library has been created to provide interns with books, videos, and other materials commonly used in treatment. This collection of resources has been placed in the interns' office for use throughout the year.

The Assessment Services Division maintains a wide variety of standard testing material and equipment to screen and assess intellectual functioning, behavioral functioning, personality dynamics, and neuropsychological functioning. A listing of these materials is provided in *Appendix E*.

Some specialized programs, such as scoring programs, are provided via online portals for use with report writing, and a variety of assessment instruments are available for use. At present, the department maintains online scoring programs for the following tests: Rorschach Performance Assessment System (R-PAS), Behavior Assessment System for Children, Third Edition (BASC 3), Child Behavior Checklist, Youth Self-Report, MACI II, MMPI-A, MMPI-A-RF, and the PAI-A.

As with any institution or agency, there are many acronyms used throughout the juvenile probation department. To help interns navigate this new language, we have compiled a list of the more commonly used acronyms/abbreviations; this list is located in *Appendix F*.

## **Internship Faculty**

- Casey O'Neal, Ph.D., Training Director  
University of Texas at Austin – 2006  
Licensed in the state of Texas
- Daniel Hoard, Ph.D., Chief Psychologist  
University of Texas at Austin – 2007  
Licensed in the state of Texas

- Katherine Rose, Psy.D., Faculty  
Immaculata University – 2014  
Licensed in the state of Texas
- Keeley Crowfoot, Psy.D., Faculty  
The Chicago School of Professional Psychology, Los Angeles - 2014  
Licensed in the state of Texas
- Jasmine Jenkins, Ph.D., Faculty  
The University of Georgia - 2019  
Licensed in the state of Texas
- Jessica Peller, Psy.D., Faculty  
Adler University - 2015  
Licensed in the state of Texas
- Barbara Romanova, Psy.D., Faculty  
Loyola University Maryland – 2021  
Licensed in the state of Texas



## APPENDIX A: Standards

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Departmental policies and procedures can be found on your issued laptop computer via the internal department website.

### **APA Practice Guidelines**

<http://www.apa.org/practice/guidelines/index.aspx>

### **APA Ethical Principles of Psychologists and Code of Conduct**

<http://www.apa.org/ethics/code/index.aspx>

### **Texas Constitution and Statutes**

<http://www.statutes.legis.state.tx.us/>

**Texas Department of State Health Services: Chapter 448—Substance Abuse Standards of Care Rules** – a complete copy of this documentation will be provided to each intern

### **The Acts and Rules of the Texas State Board of Examiners of Psychologists**

<http://www.tsbep.state.tx.us/act-and-rules-of-the-board>

### **Texas Juvenile Justice Department**

<http://www.tjjd.texas.gov/>

## APPENDIX B: Program Development Timeline

Training Year	Number of Interns	APPIC Membership	APA Accreditation
2012-2013	Two	<ul style="list-style-type: none"> <li>• Participated in APPIC Match as non-member</li> <li>• Submitted APPIC application by September 1, 2012</li> <li>• Obtained APPIC membership November 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Not accredited</li> <li>• Submitted Self-Study prior to August 1, 2013</li> </ul>
2013-2014	Three	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> </ul>	<ul style="list-style-type: none"> <li>• Completed and submitted application for APA accreditation</li> <li>• Completed site visit February 2014</li> </ul>
2014-2015	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> </ul>	<ul style="list-style-type: none"> <li>• Received letter from the APA Commission on Accreditation stating that the program was granted accreditation by the APA</li> </ul>
2015-2016	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited,</li> </ul>
2016-2017	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited,</li> </ul>
2017-2018	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited,</li> </ul>
2018-2019	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited,</li> </ul>
2019-2020	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited</li> </ul>
2020-2021	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited</li> </ul>
2021-2022	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited</li> </ul>
2022- 2023	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited</li> </ul>

		<ul style="list-style-type: none"> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	
2023-2024	Four	<ul style="list-style-type: none"> <li>• APPIC member</li> <li>• Participated in Match as APPIC member</li> <li>• APA-Accredited</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited through 2033</li> </ul>

## APPENDIX C: Expanded Intervention and Assessment Opportunity Information

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### Intervention Opportunities

**Primary Supervisors: Dr. Keeley Crowfoot, Dr. Katherine Rose**

**Description:** Participation in clinical intervention in our ISC residential setting provides interns with unique opportunities to expand their knowledge and skill in case conceptualization and therapeutic intervention throughout the internship year. Interns provide treatment to Travis County juveniles and families while in residential treatment and once they return to the community as part of the SOAR reentry court. Additionally, interns may work with juveniles from throughout the state of Texas who are placed in the Travis County Regional program as a diversion from commitment to the state.

Residential treatment programs are designed for juveniles who are experiencing significant behavioral and emotional difficulties, including behaviors typically seen with Conduct Disorder and Oppositional Defiant Disorder. Still, given the growing complexity of the juvenile justice population and the need for mental health treatment amongst juveniles referred to the department, interns can expect to work with juveniles who are experiencing a variety of mental health concerns including depression, anxiety, grief and loss, and post-traumatic stress.

Interns will have the opportunity to provide individual, group, and family treatment utilizing specialized interventions for behavioral and mental health needs as well as trauma, substance use, sexual offending, gang involvement, and teen parenthood.

Providing psychological services throughout the department's residential facility requires knowledge of the Texas Juvenile Justice Department (TJJD) and other standards. All interns complete training at the start of the internship year along with the core training required by TJJD. Throughout the course of the year, interns demonstrate the ability to communicate and

effectively collaborate with other treatment providers, medical staff, education providers, unit supervisors, treatment officers, and probation staff.

Interns will also have the opportunity to provide intervention services through our Diversion Programming to youth involved with TCJPD and living in the community. These intervention opportunities will include individual, group and family work and may include a full DBT orientation, trauma-focused interventions, or other evidence-based interventions depending on the needs of the youths and their families. Youth in our diversion programming come from Travis County and typically have diagnoses related to trauma or major mood disorders. Youth and families are seen via a combination of telehealth and in-person sessions on our TCJPD campus. Throughout the course of the rotation interns demonstrate the ability to communicate and effectively collaborate with the other members of the COPE mental health court including judges, attorneys, juvenile probation officers, and case managers.

#### **Intervention Requirements:**

1. Two interns will begin the internship year working with youth in our ISC residential program. These interns are expected to carry a caseload of a minimum of 2 adolescents & families in our ISC residential program. Interns will develop and implement individualized treatment plans based upon identified risks and needs. At the mid-year, interns will likely maintain any ISC therapy clients and add to their caseload with community-based clients. Interns will have the opportunity to work with specialized populations, such as juveniles who have experienced trauma, have committed sex offenses, are involved in gangs, and/or are teen parents. Interns may also participate with the departmental placement staffing committee which meets twice weekly to review cases and provide the court with recommendations for level of service including community versus placement need, and if necessary, direction on the necessity of non-secure versus secure placement. Interns will have opportunities to engage in program development.
2. Two interns will begin the internship year working with youth in our community-based mental health diversion program through the COPE mental health court. These interns are expected to carry a caseload of a minimum of 2 adolescents & families and to participate in parent and adolescent community-based group programming. Mid-

Year, interns may have the opportunity to finish work with existing community-based clients while also gaining experience with at least 2 adolescents & families in our ISC residential program.

3. Interns are expected to maintain documentation on all clients in accordance with relevant state and departmental standards.
4. Interns will receive approximately 30 hours of training in Dialectical Behavior Therapy (DBT) and will lead a minimum of 2 DBT-based SEL groups per week in the residential setting for the duration of the training year. Interns have the opportunity to implement other group interventions with the approval of the clinical supervisor.
5. Interns will cofacilitate at least one SEL group per week in the detention setting for three months of the internship year. Interns will have the opportunity to supervise practicum students as part of this experience.
6. Interns learn and follow state and departmental standards (to include documentation).
7. Interns participate in twice monthly treatment team meetings.
8. Interns participate in departmental placement staffing committee meetings for six months of their internship year.
9. Interns engage in residential unit specific activities.
10. Interns participate in re-entry team meetings and re-entry court hearings as needed.
11. Interns attend community meetings and specialty court sessions to observe as well as provide appropriate consultation regarding mental health.
12. Interns provide court testimony as requested related to assessments and intervention clients.

Interns work with their primary supervisors to address ethical and legal dilemmas as they arise and are expected to seek guidance from their supervisor and others as needed and appropriate. Interns also work closely with their primary supervisor as they complete required documentation and manage the demands of their intervention cases. Interns submit treatment plans for their individual clients and work with their primary supervisors to ensure that such plans accurately reflect the individual's risks and needs, specific treatment concerns, and individual differences. Developing effective treatment plans requires interns to understand adolescent development and adolescent culture as it pertains to behavior and decision making so that this knowledge can be successfully incorporated into treatment

plans and interventions. It is expected that the written work produced by interns will demonstrate the ability to communicate relevant clinical information clearly and concisely. All documentation is reviewed and cosigned by the intern's primary supervisor for that clinical case.

Through supervision, direct clinical practice, and scholarly inquiry, interns are encouraged to identify a preferred theoretical orientation and to develop case conceptualizations within the context of both this model and others. Interns are also encouraged to consider the unique needs of diverse populations when formulating cases. Specifically, interns develop case conceptualizations within their preferred theoretical model but also draw insight from other theoretical orientations. Through the process of case conceptualization, interns demonstrate the ability to relate science to their practice, treatment planning, and responses to individual-specific factors.

Throughout the internship year, interns plan and adapt therapeutic interventions to meet the unique needs of a diverse recipient population. Interns are expected to demonstrate the ability to utilize interventions and clinical interpretations to facilitate change and risk management/reduction. Interns are also expected to expand their knowledge and range of interventions through reading, consultation, and clinical supervision.

It is expected that interns will demonstrate the ability to establish rapport with juveniles and families. Establishing such rapport may require interns to develop skills in treating new populations (i.e., a population with which one has no or limited prior experience). As such, interns are expected and encouraged to use supervision and consultation to help address new clinical experiences or difficult clinical situations so as to not undermine therapeutic success.

Cultural diversity is a key component of the internship program, and interns are expected to develop competency in the area of diversity and cultural effectiveness. To this end, interns are expected to discuss and demonstrate the ability to acknowledge and respect the differences that exist between themselves and their clients in terms of race, ethnicity, culture, and other individual diversity variables. Interns are encouraged to utilize supervision to openly

discuss limits to competence with diverse patients and to recognize and seek supervision when more information is needed as it pertains to issues of cultural identity and diversity.

Interns will also receive training in Dialectical Behavior Therapy and will cofacilitate at least one DBT skills group per week with juveniles in detention for three months of their internship year. Interns will receive initial training in providing services from a DBT orientation and will participate in an ongoing DBT consultation group. Interns will also be expected to complete suicide/homicide risk assessments as needed.

Interns provide direct clinical services in a juvenile justice setting and are expected to demonstrate professional growth as they become acclimated to this environment. Throughout the internship year, interns have opportunities to create and maintain communication channels with other divisions within the juvenile probation department in order to pass on clinically useful and relevant information and to learn from colleagues in other areas of juvenile justice.

Additionally, interns have opportunity to provide training to clinical and nonclinical staff that incorporates research and best practices within the practice of psychology. For six months interns also participate with the multidisciplinary departmental placement staffing committee that meets as needed to review cases and provide individualized recommendations to the court regarding the admissibility of a youth for placement services and length of stay.

## **Assessment Opportunities**

**Primary Supervisors:** Dr. Casey O'Neal, Dr. Barbara Romanova, Dr. Jessica Peller, Dr. Daniel Hoard

**Description:** Training in assessment focuses on strengthening interns' skills in the areas of psychological evaluation, forensic assessment, report writing, risk assessment, and brief therapeutic interventions/skills training. Interns complete mental health assessments, cognitive and emotional evaluations, risk/needs assessments, psychosocial assessments, and comprehensive psychological evaluations with juveniles within the probation system.



### **Assessment Requirements:**

1. Interns gather assessment data through a variety of methods, including reviewing records, conducting clinical interviews with parents and adolescents, and administering standardized assessment measures.
2. Interns complete a minimum of 18 assessments during their internship year. Assessments may include mental health assessments and/or psychosocial assessments, which typically include a review of records, clinical interview(s) with adolescents and families, and parent and child self-report measures; psychological evaluations, which typically include a review of records, clinical interview(s) with adolescents and families, measures of cognitive functioning and academic achievement, and measures of emotional and personality functioning; and risk/needs assessments, which typically include a review of records, clinical interview(s) with the youth and treatment providers, and risk/needs assessment measures.
3. Mental health assessments, psychosocial risk/needs assessments and psychological evaluations are completed under supervision and all reports are reviewed and cosigned by assessment supervisors.
4. Interns present assessment findings to a variety of involved parties (e.g., parents, probation officers, treatment providers, and the court).
5. Interns observe elements of the court process, with a particular focus on the role of psychological assessment in the juvenile court system.
6. Interns may have opportunity to participate in collaborative assessments of juveniles who are already involved in the residential treatment program and additional assessment is indicated.
7. Interns may have opportunity to participate in psychological evaluations through our restorative justice programming.
8. Interns may have opportunity to participate in forensic assessments including fitness to proceed and psychosexual risk assessments.
9. Interns adhere to departmental deadlines as well as professional standards.

Throughout the internship year, the interns' training in assessment is based on best practices, which include addressing questions asked by the court, adolescent-specific and family-specific referral questions. This assessment process aids in the development of intervention recommendations that respect each individual's specific developmental stage, juvenile

justice needs, and clinical needs. By the end of the internship year, interns are expected to demonstrate competence in selecting and proficiently administering the appropriate tests to answer referral questions. Interns conduct clinical interviews, complete behavioral observations, and administer psychological tests (including objective and projective personality tests, intelligence tests, academic achievement measures, and neuropsychological measures) in a manner that is responsive to the unique needs of a juvenile justice population. When engaging in psychological assessment, interns are encouraged to actively utilize supervision and consultation as they conceptualize the strengths and needs of the adolescents with whom they work. Interns participate in a three-month rotation focused specifically on risk/needs assessment in which they will demonstrate competence in proficiently completing risk measures and translating the findings into treatment recommendations from a risk-needs-responsivity framework.

## Internship Weekly Log of Activities – Sample

\*\* interns may also use other means of tracking hours including Time to Track

**Intern's Name: Training Activities for the Week of:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat / Sun
<b>Supervision &amp; Training</b>						
Face to face individual supervision w/ intervention supervisor						
Face to face individual supervision w/ assessment supervisor						
Group Supervision (describe as clinical or assessment focused)						
Face to face individual supervision w/ Training Director						
Training Activities/Didactics (describe on back of sheet)						
<b>Professional Services Performed</b>						
Individual psychotherapy						
Group psychotherapy						
Testing & assessment (admin, scoring, interpretation, report)						
Crisis intervention/Brief contacts						
Consultation						
<b>Other Work Performed</b>						
Administrative duties						
Treatment team meetings						
Research/literature review						
Other professional activities (describe on back of sheet)						
<b>TOTAL # of HOURS for THIS week</b>						
Intern Signature & Date: _____	<p style="text-align: center;"><b>I certify that the information on this form accurately represents the training activities of:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Intern Name</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Primary Supervisor's Signature &amp; Date</b></p>					
Clinical Supervisor Signature & Date: _____						
Psychodiagnostic Supervisor Signature & Date: _____						

## Internship Supervision Log - Sample

Name of Intern: \_\_\_\_\_

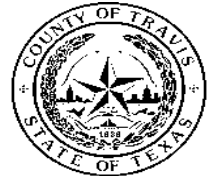
<b>Date:</b>	<b>Duration/Type of Supervision:</b> 1. One hour/Individual Face-to-Face 2. One hour/Group 3. Other (Specify)	<b>Supervision Task(s):</b> 1. Case Staffing 2. Record/Report Review 3. Review of Test Data 4. Other (Specify)	<b>Topics Addressed in Supervision:</b> 1. Critical issues discussed during supervision (to include issues of cultural diversity) 2. Goals set for next supervision hour	<b>Signatures/Date Reviewed:</b>
				Supervisee Signature/Date
				Supervisor Signature/Date
				Supervisee Signature/Date
				Supervisor Signature/Date

## APPENDIX D: Evaluation Forms

### Psychology Intern Competency Evaluation

*This evaluation addresses the goals, objectives, and competencies of the internship program and provides a summary of the intern's strengths, areas in need of additional development or remediation, and recommendations for further training.*

Travis County Juvenile Probation Department



### Psychology Intern Competency Evaluation

*This evaluation addresses the goals, objectives, and competencies of the internship program and provides a summary of the intern's strengths, areas in need of additional development or remediation, and recommendations for further training.*

**Circle One:**

Mid-Point Evaluation

End-of-Year Evaluation

Intern Name:	
Primary Supervisor:	
Date of Evaluation:	

Means by which information has been gathered regarding the intern's overall progress and performance include:

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Video Recording    | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audio Recording    | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation  | <input type="checkbox"/> Comments from Other Staff          |

**The intern's progress and performance are assessed throughout the year in relation to the following goals:**

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors

- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

**Interns are rated on a five-point Likert scale with values defined as:**

1. Remedial (Development Needed) – this rating indicates significant skill development is required and remediation is necessary.
2. Developing Competence – this rating indicates competence development is evident, with close supervision required on most cases.
3. Intermediate Competence (Meets Expectations) – this rating reflects the expected level of competence for the intern given their current stage of training/professional development. At the final evaluation, this rating indicates a readiness for entry level practice, which is defined in a manner consistent with the SoA as:
  - a. The ability to independently function in a broad range of clinical and professional activities,
  - b. The ability to generalize skills and knowledge to new situations, and
  - c. The ability to self-assess when to seek additional training, supervision, or consultation.
4. Proficient Competence – this rating indicates the intern is performing above the expected level of competence given their current stage of training and professional development.
5. Advanced Competence (Exceeds Expectations)– this rating indicates the intern is able to function autonomously with a level of skill representing what would be expected beyond internship training. This is a rare rating for internship.

**Goal 1: Interns will achieve competence appropriate to their professional developmental level in the area of Research.**

**Objective A:** Demonstrate the substantially independent ability to critically evaluate research relevant to the population within this setting and utilize the research to inform professional practices.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>

**Objective B:** Demonstrates the substantially independent ability to disseminate research in an accessible manner to a range of professionals including non-clinical staff.

1	2	3	4	5
<i>Development Needed</i>		<i>Meets Expectations</i>		<i>Exceeds Expectations</i>







**Objective D:** Respond professionally in increasingly complex situations with a greater degree of independence as the year progresses across levels of training.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

Average Score for Broad Competency:

**Goal 5: Interns will achieve competence appropriate to their professional developmental level in the area of Communication and Interpersonal Skills.**

**Objective A:** Develop and maintain effective relationships with a wide range of individuals, including professionals from other disciplines, colleagues, supervisors, community partners, and those receiving professional services.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B:** Produce verbal, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective C:** Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

Average Score for Broad Competency:

**Goal 6: Interns will achieve competence appropriate to their professional developmental level in the area of Assessment.**

**Objective A:** Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*





1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B:** Apply the supervisory skills of observing, evaluating, and giving guidance and feedback in direct or simulated practice..

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Average Score for Broad Competency:**

**Goal 9: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation and Interprofessional/Interdisciplinary Skills.**

**Objective A:** Demonstrate knowledge and respect for the roles and perspectives of other professions.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Objective B:** Apply knowledge of roles and perspectives of others in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

1                      2                      3                      4                      5  
*Development Needed*                      *Meets Expectations*                      *Exceeds Expectations*

**Average Score for Broad Competency:**

## Competency Assessment Summary Sheet

### Expectations for formal intern evaluations done at midpoint of the internship:

- A minimum level of achievement on each evaluation is defined as an average rating of “3” for each competency specified. Interns are expected to achieve an average rating of “3” for each profession-wide competency, with no learning element rated less than a “3”. If an intern receives a score of less than “3” on any learning element, or if there is concern regarding the intern’s performance or progress, the program’s Due Process procedures are initiated.

### Expectations for intern evaluations done at completion of the internship:

- A minimum level of achievement on each evaluation is defined as an average rating of “3” for each broad competency domain.

- **End-of-Year Administrative Action:**  Pass  Fail  Other (*describe on separate sheet of paper*)

### Trainee comments regarding competency evaluation (Optional):

\_\_\_\_\_  
Psychology Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Casey O’Neal , Ph.D.

License 33694

Training Director

Travis County Juvenile Probation Dept.

\_\_\_\_\_  
Date

# Internship Program Evaluation

Circle One:

Intern Name: \_\_\_\_\_

Date: \_\_\_\_\_

Along with other quality assessment and improvement activities related to the internship, we ask that you provide us with feedback on your training experience. This feedback will assist us in program development efforts and in planning future internship activities. Please rate each of the following aspects of the internship program using the following scale:

**1**= Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent

## I. Didactics & Supervision:

a. Intervention topics: 1 2 3 4

Comments/Recommendations:

---

---

b. Assessment topics: 1 2 3 4

Comments/Recommendations:

---

---

c. Cultural Diversity topics/Seminar: 1 2 3 4

Comments/Recommendations:

---

---

d. Individual Supervision: 1 2 3 4

Comments/Recommendations:

---

---

e. Group Supervision: 1 2 3 4

Comments/Recommendations:

---

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II. Overall Quality of Training in Areas of Professional Functioning

Please use the following scale to describe your training in each of the areas below:

1 = Needs Improvement 2 = Satisfactory 3 = Good 4 = Excellent

a. Ethical and Legal Standards: 1 2 3 4

Comments/Recommendations:

---

---

b. Professional Values, Attitudes, and Behaviors: 1 2 3 4

Comments/Recommendations:

---

---

c. Individual and Cultural Diversity: 1 2 3 4

Comments/Recommendations:

---

---

d. Assessment: 1 2 3 4

Comments/Recommendations:

---

---

e. Intervention: 1 2 3 4

Comments/Recommendations:

---

---

f. Research: 1 2 3 4

Comments/Recommendations:

---

---

g. Supervision: 1 2 3 4

Comments/Recommendations:

---

---

h. Communication and Interpersonal Skills: 1 2 3 4

Comments/Recommendations:

---

---

i. Consultation and Interprofessional/Interdisciplinary Skills: 1 2 3 4

Comments/Recommendations:

---

---



Please use the following scale to describe your experiences:

1 = Needs Improvement 2 = Satisfactory 3 = Good 4 = Excellent

Helpfulness of supervision	1 2 3 4
Availability of supervisors	1 2 3 4
Supervisors as role models	1 2 3 4
Frequency of supervision	1 2 3 4
Intern's satisfaction with supervision	1 2 3 4
Effectiveness of teaching	1 2 3 4
Breadth of clinical assessment experience	1 2 3 4
Breadth of clinical intervention experience	1 2 3 4
Balance between assessment and therapy	1 2 3 4
Intern's satisfaction with number of client contacts	1 2 3 4
Intern's satisfaction with types of training activities	1 2 3 4
Relevance of training to personal professional objectives	1 2 3 4
Clarity of expectations and responsibilities for intern	1 2 3 4
Role of intern within the organization	1 2 3 4
Overall rating	1 2 3 4

Case load was appropriate to meet educational needs: Yes  No

Clinical services were coordinated with training activities of internship:  Yes  No

Strengths of training experiences:

---

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Suggestions for enhancing training experiences:

---

---

# Evaluation of Supervisor

Intern Name \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Along with other quality assessment and improvement activities related to the internship, we ask that you provide us with feedback on your supervision experience. This feedback will assist us in program development efforts and in enhancing the supervisory experience. Please rate each of the following aspects of your supervision using the following scale:

**1**= Needs Improvement/Unsatisfactory **2** = Satisfactory **3** = Appropriate & Effective **4** = Major Strength

## I. Relationship Created by the Supervisor:

- |  |         |
|--|---------|
| a. Utilizes effective listening skills:                              | 1 2 3 4 |
| b. Demonstrates empathy:   | 1 2 3 4 |
| c. Expresses genuineness:  | 1 2 3 4 |
| d. Demonstrates a willingness to confront:                           | 1 2 3 4 |
| e. Creates and maintains a safe and supportive learning environment: | 1 2 3 4 |
| f. Conducts supervision at a comfortable pace:                       | 1 2 3 4 |
| g. Demonstrates a balance of challenge and support:                  | 1 2 3 4 |
| h. Encourages independent thinking and action:                       | 1 2 3 4 |
| i. Provides positive reinforcement:                                  | 1 2 3 4 |

## II. Focus on the Client:

- |   |         |
|---|---------|
| a. Assists in case conceptualization:                                 | 1 2 3 4 |
| b. Assists in clinical diagnosis:                                     | 1 2 3 4 |
| c. Offers general strategies for therapy or assessment:               | 1 2 3 4 |
| d. Provides insight into client dynamics:                             | 1 2 3 4 |
| e. Provides specific suggestions and responses:                       | 1 2 3 4 |
| f. Demonstrates or role plays techniques of alternative responses:    | 1 2 3 4 |
| g. Gives feedback on treatment plans, notes, and other documentation: | 1 2 3 4 |

- h. Encourages exploration of theoretical perspectives: 1 2 3 4
- i. Facilitates focus on the process of therapy in addition to the content: 1 2 3 4

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this evaluation.  
We appreciate your feedback!

## APPENDIX E: Available Assessment Measures

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### I. Cognitive

- a. Wechsler Intelligence Scale for Children-V (WISC-V) in both English and Spanish Language versions
- b. Wechsler Adult Intelligence Scales – IV (WAIS-IV)
- c. Wechsler Abbreviated Scale of Intelligence-2 (WASI-2)
- d. Wechsler Nonverbal Scale of Ability (WNV)
- e. Wide Range Assessment of Memory and Learning-3 (WRAML-3)
- f. Woodcock Johnson Test of Cognitive Abilities (WJ-IV)
- g. Batteria IV

### II. Achievement

- a. Wechsler Individual Achievement Test-IV (WIAT-IV)
- b. Wide Range Achievement Test, Fourth Edition (WRAT-5)

### III. Developmental

- a. Vineland
- b. Adaptive Behavior Assessment System 3 (ABAS 3) Spanish and English language versions
- c. Autism Diagnostic Interview, Revised (ADI-R)

### IV. Language

- a. Receptive and Expressive One-Word Picture Vocabulary Tests
- b. Wechsler Individual Achievement Test – IV (WIAT-IV) Oral Language component
- c. Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF 5)

### V. Behavioral/Emotional

- a. Youth Self-Report (YSR) (English and Spanish versions; *have Computer-based Scoring System*)
- b. Behavior Assessment System for Children (BASC3) English and Spanish versions
- c. Child Behavior Checklist (CBCL) (English and Spanish versions; *have Computer-based Scoring System*)
- d. Trauma Symptom Checklist for Children (TSCC)
- e. UCLA Trauma Scales
- f. Adolescent Anger Rating Scale (AARS)
- g. MACI II(English and Spanish versions; *have Computer-based Scoring System*)

- h. MMPI-A (English and Spanish versions; *have Computer-based Scoring System*)
- i. MMPI-A-RF (English and Spanish versions; *have Computer-based Scoring System*)
- j. Personality Assessment Inventory – Adolescent (PAI-A) (*Have Computer-based Scoring System*) English and Spanish administrations available
- k. Rorschach Performance Assessment System (R-PAS)
- l. Thurston Cradock Test of Shame
- m. Incomplete Sentence Task
- n. Thematic Apperception Test (TAT)
- o. Substance Abuse Subtle Screening Inventory – Adolescent
- p. Test of Memory Malingering (TOMM)

**VI. Risk/Needs**

- a. Structured Assessment for Violence Risk in Youth (SAVRY)
- b. Youth level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)
- c. Youth Needs and Progress Scale (YNPS)
- d. Risk-Sophistication-Treatment Inventory (RSTI)

**VII. Neuropsych**

- a. NEPSY-II
- b. Beery Test of Visual Motor Integration (VMI)
- c. Delis Kaplan Executive Functioning System
- d. BRIEF

## APPENDIX F: Commonly Used Acronyms

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As with any institution or agency, there are many acronyms used throughout the juvenile probation department. To help you navigate this new language, we have compiled a list of the more commonly used acronyms/abbreviations. Please note this is not an exhaustive list of acronyms (you may come across others).

- AAMA: Association for the Advancement of Mexican Americans
- ACA: American Correctional Association
- ACGC: Austin Child Guidance Center
- ADA: Assistant District Attorney
- ADJ: Adjudicated
- AGO: Agreed Orders
- AISD: Austin Independent School District
- ALC: Alternative Learning Center
- ANE: Abuse, Neglect, and Exploitation
- APD: Austin Police Department
- ARD: Admission, Review, and Dismissal Committee
- ASH: Austin State Hospital
- ATCAP: Austin Travis County Advocacy Program
- ATCIC: Austin Travis County Integral Care
- CASA: Court Appointed Special Advocates
- CASI: Comprehensive Adolescent Severity Instrument
- CBR: Can be Released
- CICC: Clean Investment Counseling Center
- CINS: Child in Need of Supervision
- CIS: Communities in School
- CLASS: Community Service and Life Skills Alternative to School Suspension
- CPC: Children's Partnership Community
- COP: Conditions of Probation
- COPE: Collaborative Opportunities for Positive Experiences
- CPS: Child Protective Services
- CRCG: Community Resource Coordination Group
- CSR: Community Service Restitution
- CW5: Caseworker 5
- DOA: Date of Admission
- DFPS: Department of Family Protective Services
- DH: Detention Hearing
- DHHS: Department of Health and Human Services
- DSHS: Department of State Health Services

- DO: Duty Officer
- DPU: Deferred Prosecution Unit
- DTA: Directive to Apprehend
- ED: Emotional Disturbance
- EM: Electronic Monitor
- FTA: Failure to Appear
- FPP: Family Preservation Program
- GAIN: Global Appraisal of Individual Needs Assessment
- GAL: Guardian Ad Litem
- GB: Gardner-Betts
- HX: History
- ISC: Intermediate Sanction Center
- IOP: Intensive Outpatient Program
- ISP: Intensive Supervision Program
- JAM: Juvenile Anger Management
- JDC: Juvenile Drug Court
- JSO: Juvenile Security Officer
- JJAEP: Juvenile Justice Alternative Education Program
- JJAT: Juvenile Justice Association of Texas
- JPD: Juvenile Public Defender
- JPO: Juvenile Probation Officer
- LCDC: Licensed Chemical Dependency Counselor
- LD: Learning Disabled
- LPC: Licensed Professional Counselor
- LRE: Law Related Education
- LSOTP: Licensed Sex Offender Treatment Provider
- LSSP: Licensed Specialist in School Psychology
- MAYSI-2: Massachusetts Youth Screening Instrument-2
- MHA: Mental Health Assessment
- MTM: Motion to Modify
- NCC: Neighborhood Conference Committee
- OPADC: Original Petition Alleging Delinquent Behavior
- PACT: Positive Achievement Change Tool
- PAH: Probation at Home
- PMC: Permanent Managing Conservatorship
- PIR: Preliminary Investigative Report
- POCS: Possession of a Controlled Substance
- PREA: Prison Rape Elimination Act
- PRT: Primary Restraint Technique
- R: Respondent
- R/C: Recall
- R/S: Reset
- RSAT: Residential Substance Abuse Treatment
- RTC: Residential Treatment Center
- RTO: Residential Treatment Officer

- SIR: Serious Incident Report
- SAVRY: Structured Assessment of Violence Risk in Youth
- SBP: Sexual Behavior Problems
- SOY: Save Our Youth
- SNDP: Special Needs Diversionary Program
- SP: Suicide Precaution
- SRO: School Resource Officer
- SRTO: Senior Residential Treatment Officer
- SSP: Sanction Supervision Program
- SUS: Substance Use Survey
- SW: Suicide Watch
- SW KEY: Southwest Key (monitor program)
- TAP: Theatre Action Project
- TARGET: Trauma Affect Regulation: Guide for Education and Therapy
- TCCC: Travis County Counseling Center
- TCJPD: Travis County Juvenile Probation Department
- TCOOMI: Texas Council on Offenders with Medical and Mental Impairment
- TJDA: Texas Juvenile Detention Association
- TJJD: Texas Juvenile Justice Department
- TOR: Time out room
- TSCO: Travis County Sheriff's Office
- TTM: Treatment Team Meeting
- TX: Treatment
- T4C: Thinking for a Change
- UA: Urinalysis
- UUMV: Unauthorized Use of Motor Vehicle
- VOP: Violation of Probation
- WAP: Worker's Assistance Program
- YLS-CMI-2.0: Youth Level of Service/Case Management Inventory 2.0
- YOQ 2.0: Youth Outcomes Questionnaire 2.0