SVPS Clinical Psychology Doctoral Internship Program

Training Program Curriculum Overview

At Shared Vision Psychological Services, Inc. (SVPS), one of our primary initiatives is to enhance the growth of the next generation of caring professionals in our field by offering wide-ranging, hands-on experience providing treatment to the clients we serve. Relying on a comprehensive array of psychodynamic and developmental theories, the Clinical Psychology Doctoral Internship Program at SVPS is a full-time (40-45 hours per week), 12-month long program for qualified doctoral residents from clinical psychology graduate school programs, which affords clinicians-in-training opportunities to provide an extensive blend of therapeutic, diagnostic, and consultative services to children, adolescents, adults, and families in our outpatient professional setting. Our clinic fosters professional development through balanced, comprehensive supervision that affords consistent guidance, encouragement for self-reflection and awareness, and support for increased autonomy and growth. The established Clinical Training Program at SVPS maintains the utmost attention to current literature and empirical research, considerations for individual diversity, effective multidisciplinary collaboration, and professional ethics. We strive to provide the highest quality training environment and rich clinical opportunities that propel our doctoral residents into creative, unique, and fulfilling careers in clinical psychology.

Clinic Overview

SVPS is a not-for-profit organization made up of Clinical Psychologists and Clinical Therapists who have come together because we share the same vision: to offer support and healing within a compassionate environment that strives to make patients feel comfortable, encouraged, and understood. We work side-by-side with patients and their families to help reach understanding, strengthen resilience, and experience hope. SVPS provides the most current methods of clinical assessment and treatment to optimally serve the needs of children, adolescents, adults, couples, families, educational systems, community liaisons, and other health care providers, promoting the mental health and wellness of all members of our community.

Further, SVPS is strongly invested in providing superior training opportunities to the next generation of developing professionals in the field of psychology, providing training, supervision, and consultation to doctoral and post-doctoral clinicians and staff alike, and maintaining an unwavering commitment to continued professional and organizational development. Our staff clinicians all hold advanced-level degrees in clinical psychology, each clinician-in-training is degreed at the master's level, and all supervisory staff are licensed by the state of Illinois.

Our specialized services include:

Therapeutic Services – Individual Therapy, Play Therapy, Couples Therapy, Family Therapy, Parent Guidance, Group Therapy, DIR Floortime (Developmental, Individual Difference, Relationship-based model), Parenting Workshops, Multidisciplinary Treatment Consultation

Testing & Evaluations – Psychological, Neuropsychological, and Developmental Assessment, including testing for Autism Spectrum Disorder, ADHD, Specific Learning Disorders, PTSD, mood and anxiety disorders

Special Services – Circle of Security© Parenting Education Groups, Developmental & Special Needs Psychological Services, Executive Functioning Seminars & Coaching, Pre- and Post-Adoption Psychological Services, Social Skills Groups for Kids & Teens, Adult Stress Management Groups, Program Development & Evaluation, Outcome Research, Consultation to Professionals, and Doctoral and Post-Doctoral Training in Clinical Psychology

Community Services – Consultation to Schools, Community Presentations, Outreach, and Professional Training Initiatives

One-Year Full Time Requirement

The SVPS Clinical Psychology Doctoral Internship is an APA-accredited, full-time training program that is 12 months in length, annually beginning and ending in early July. To achieve successful program completion, doctoral residents are expected to work 40-45 hours per week, and are required to accumulate a minimum of 1,750 hours of work, and at least 750 of these hours must be provision of direct service. Doctoral residents receive 14 paid vacation/sick/personal days, as well as 9 paid national holidays.

If a Doctoral Resident is unable to complete the required program hours due to illness or some other unexpected circumstance, they may petition for an extension of the training experience beyond the scheduled completion date; the SVPS Training Committee will make decisions regarding extensions of the training year on case-by case basis.

Program Philosophy, Objectives, and Training Model

Educational Philosophy and Training Model:

The educational philosophy of the SVPS Clinical Psychology Doctoral Training Program is based on a Practitioner- Developmental-Apprentice (PDA) model. This model is based on a training mission emphasizing direct clinical practice consistent with the tradition of professional psychology training in the United States (practitioner), facilitating the transition from Doctoral Resident to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as personal and professional growth (apprentice). Taken together, each of these categories builds upon a Doctoral Resident's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity. The SVPS Doctoral Clinical Psychology Internship Program is carefully planned to sequence both learning activities and clinical deliverables related to the practice of professional psychology within our outpatient clinic. In an effort to ensure that doctoral residents are afforded a depth and breadth of professional development experiences in their time as valued clinicians at our organization, all training activities run throughout the duration of the training year.

In order to support the overarching goals of our Clinical Psychology Training Program, our year-long curriculum includes many clinically diverse components. Doctoral residents provide a broad range of treatment services at our outpatient clinic, including play therapy, individual psychotherapy, family psychotherapy, group psychotherapy, couples therapy, and parent guidance services. In addition, Doctoral Residents conduct a minimum of five to six comprehensive diagnostic evaluations incorporating psychological, neuropsychological, and developmental facets of assessment. On a weekly basis, doctoral residents assume leadership roles in our clinic's intake department, as well as participate in individual clinical and diagnostic supervision, group clinical and diagnostic supervision, and didactic and experiential seminars that include rotating clinical topics, case presentations, and trainings emphasizing the integration of professional literature and clinical practice. They also participate in a monthly Clinical Reading Group, engage in group psychotherapy peer mentorship opportunities, as well as clinic-wide didactic, experiential, and consultative training activities alongside clinical staff members. Doctoral Residents attend monthly meetings with the Director of Clinical Training, Early Career Supervision Consultation seminars, as well as Professional Development Training & Consultation Meetings facilitated by the SVPS founder & CEO 2-4 times per month. Additionally, SVPS offers specialized programming in which doctoral residents are encouraged to engage, including but not limited to: Developmental & Special Needs Services, School & Community Outreach, Group Therapy Programming, Bilingual Services, and Research and Professional Development.

Program Structure and Training Methods

Sequence, Intensity, Duration, and Frequency of Training Activities:

The Practitioner-Developmental-Apprentice model of training at SVPS is accomplished through an extensive range of carefully planned and sequenced activities related to the practice of professional psychology. During the first four weeks of the training program, doctoral residents are afforded a structured orientation process, provided by a variety of the clinic's staff members. Orientation activities include: frequent orientation meetings with the Director of Clinical Training & Associate Director of Clinical Training; initial meetings with each direct assessment and therapy supervisor; meetings with all program directors and specialists within the clinic; initial orientation related to clinical issues of safety and risk; procedures for initiating the treatment process with new cases; orientation around our training manual of clinic policies, procedures, and doctoral resident expectations; training on specific agency documentation and forms; meetings with our Practice Manager and Billing & Account Manager for general orientation to the office space and an introduction to our Health Insurance Portability and Accountability Act (HIPAA) compliant billing software; clinic HIPAA compliance training; a more extensive introduction to our Assessment Clinic and Clinic Intake Department; and an Introductory Courageous Conversations course, scheduled and covered by SVPS. These meetings guide doctoral residents in acclimating to their roles at clinic, as well as to begin forming a training cohort with one another alongside our advanced doctoral extern(s). The mid-summer starting date for doctoral residents falls during a time of year when clinic activities are quieter, allowing for a gradual introduction into the agency, an increased availability of staff, and time for doctoral residents to reach some level of comfort and steady rhythm within the clinic before the fall.

Assessment training is didactic and experiential, as well as equally broad and thorough. At the beginning of the training year, before there is a full therapy caseload, assessment training is largely didactic. Assessment orientation occurs during the first two weeks of internship, then quickly but gradually increases the intensity of clinical assessment challenges and requirements. Doctoral residents' clinical skills are reviewed and augmented where necessary early on in the training year, and initial case assignments receive intensive supervision. By the end of the first trimester, around the fourth month of internship, direct training in all areas of the assessment process and all major assessment measures used in the clinic has been completed. Weekly, assessment-related didactic seminars shift to a group supervision format, with didactics primarily occurring within the context of doctoral resident cases. Doctoral residents are exposed to a great deal of rehearsal and constructive critique through presenting data and case material to one another, as well as to the assessment supervisors. In this way, they improve: skills and comfort related to providing testing feedback sessions; collaboration with other health and mental health experts close to a case; and any future participation in conferences or other professional activities a doctoral resident might pursue. The assessment training is designed to gradually taper towards the end of the year. Similarly, specialized seminars in Pediatric Neuropsychology, occurring later on in the training year, are designed in a sequential and cumulative manner, allowing doctoral residents to move from the scientific bases (theory and research) of this subject to the translation of this knowledge to clinical practice.

As doctoral residents are provided with extensive orientation to the organization during the initial phase of the training year, they are closely guided through their training activities alongside the provision of their diagnostic and therapy case assignments. Throughout this phase, supervisors are available to observe through a one-way mirror to oversee administration of testing, and by appointment to review scoring and interpretation of assessment measures. Likewise, supervisors may elect to join in live sessions or feedbacks, as well as to review audio/videotapes of sessions per client consent. Live testing feedback observations take place once per trimester alongside individual diagnostic supervisors, each individual therapy supervisor reviews a minimum of one audio/video recording per trimester.

Case assignments are structured to provide direct clinical experiences that are graded in terms of case complexity, with a diverse range of referral questions, presenting difficulties, and areas of individual difference. Doctoral resident therapy caseloads are built gradually until approximately 50% of their time is spent providing direct service delivery. Weekly case summary updates are written by doctoral residents and provided to their respective primary therapy supervisors prior to scheduled supervisory meetings. Weekly case summary documentation requirements allow for careful, thorough supervisory review of case material and treatment progress, as well as afford both depth and breadth to individual therapy supervisory hours, which also incorporate a predominant focus on the Doctoral Resident's professional identity development. Additionally, Doctoral Resident Case Presentations are organized two times per year for each Doctoral Resident. Doctoral Resident Case Presentations require the Doctoral Resident to select one therapy client on which to present to SVPS staff, facilitating clinic-wide opportunities to follow the therapeutic development of the treatment case, along with the professional identity development of the doctoral resident, while further enhancing the accessibility of diverse supervisory and feedback opportunities available to Doctoral Residents across the training year.

Doctoral Residents meet weekly throughout the year to discuss clinical intake screenings and policy processes. Weekly Clinical Interviewing and Initiating Client Treatment meetings are initially supervised by the SVPS Intake Coordinator, who provides scaffolding opportunities for doctoral residents to gradually assume leadership positions in both facilitating introductory intake calls with clients and facilitating intake team meetings (while overseeing advanced doctoral externs in this aspect of their roles within the clinic when present in the training cohort) . By the second half of internship, once doctoral residents transition into leadership roles within the clinic's intake department, they continue to receive supervision by the Intake Coordinator as necessary for guidance and consultation, while further promoting their professional identity development. In the second half of the year, each resident will have the opportunity to lead Clinical Interviewing and Initiating Client Treatment meetings as the role of supervisor, which will include reviewing upcoming intakes and providing feedback regarding next steps, responding to questions and providing guidance, role-playing challenging calls, and talking through case assignments. This will provide residents with the opportunity to provide direct feedback throughout the second half of the year. For greater opportunity for supervisory and leadership experience, doctoral residents are paired with doctoral externs (when present) to facilitate psychotherapy groups throughout the first half of the training year whenever possible through the groups program. This presents several opportunities to work in a mentorship role as doctoral residents are learning and honing supervisory skills and in ongoing conversation with the Psychotherapy Groups program coordinator related to the provision of supervision. In the second half of the year, doctoral residents will meet with doctoral externs to provide direct feedback and ongoing support through their training in the groups program, while continuing to receive consultation and guidance from the program's supervisory coordinator.

Bi-weekly Clinical Group Supervision begins during the first full month of the training year, as doctoral residents build their individual caseloads. Clinical Group Supervision is designed as a process-oriented forum for doctoral residents and advanced doctoral externs to discuss any number of issues pertaining to their clinical work and professional identity development, which continues through to the end of the training year.

By the sixth month of the training year, doctoral residents continue to be closely supervised from construction of an initial psychological testing battery through completion of comprehensive, integrative assessment case reports, as well as with their therapy cases, through use of taping, written case summary updates, progress notes, and verbal reports of clinical work. As the year progresses, doctoral residents are expected to balance their need for guidance and support with a developing sense of confidence and competence in their clinical decisions and recommendations, as well as the assessment and therapeutic services they provide. It is our goal that doctoral residents come to feel integrated into the framework of the organization in a manner consistent with that of post-doctoral and staff clinicians. Doctoral residents participate in outreach and presentation opportunities as feasible within the balance of their internship requirements, and frequently collaborate on treatment cases shared with staff. The input and feedback provided by doctoral residents on cases should be valued and respected by colleagues to the extent that as they approach the end of the training year, their absence will be clearly noticed and their presence significantly missed.

A doctoral resident's internship hours, including direct service, support hours, supervision, and training activities, are monitored quarterly, along with a progress summary of their therapy caseloads, through use of a Quarterly Hours Summary tracking sheet. This form is submitted to direct individual therapy supervisors, including the Director of Clinical Training, at the conclusion of each training quarter. Doctoral Residents are also required to complete an Internship Competency Checklist to monitor and verify their completion of required program components as their training year progresses.

The SVPS Clinical Training Performance Evaluation Form is completed collaboratively by direct individual diagnostic and therapy supervisors, including the Director of Clinical Training, at the end of every trimester of the clinical training year. To ensure thorough opportunities to assess and review developmental progress with supervisors across the training year, as well as to provide feedback regarding the internship experience, doctoral residents complete an Initial Self-Evaluation version of the SVPS Clinical Training Performance Evaluation Form at the start of their internship year, as well as a Mid-Year Self-Evaluation and an Outcome Self-Evaluation version of this form upon the completion of their internship.

Consistently folding the Practitioner-Scholar model upheld by many of SVPS' local, affiliated graduate school programs into our Practitioner-Developmental-Apprentice model, our training activities are consistently supported by current research and clinical publications that are relevant to the work doctoral residents are asked to complete during their training year. Beginning with their initial orientation to the clinic, the SVPS Clinical Training Program ensures that this supporting material is fully transparent to Doctoral Residents, and facilitates active discussion of current clinical or theoretical controversies and unresolved questions across all training activities. Orientation activities incorporate training in professional standards and ethics through a review of general facets of HIPAA compliance, as well as professional and ethical standards pertaining to clinician policies and procedures at SVPS. All scheduled training seminars, case presentations, and supervisory experiences maintain an emphasis on the integration of current research and literature with clinical practice, as well as strict adherence to professional standards and ethics codes.

Clinical Training Program Curriculum Components

Clinical Training in Psychological Intervention:

Doctoral residents are assigned 16-20 psychotherapy clients to work with throughout the year through a thorough intake process (conducted and placed by senior clinical supervisors) that prioritizes the doctoral resident's needs, skills, and areas of experience, interest, and expertise. A doctoral resident's individual caseload typically consists of a combination of children, adolescents, adults, couples, families, and/or groups, with clients of varying backgrounds and clinical presentations. The SVPS parent guidance model provides caregivers with ongoing opportunities to receive feedback regarding their child/adolescent's treatment progress and to enhance guidance towards supportive interventions they can utilize, in order to further alleviate presenting clinical concerns while strengthening parent-child attachment relationships and related treatment recommendations. As doctoral residents offer parent guidance to all parents/guardians of the individual child and adolescent clients on their caseloads, this framework ensures that doctoral residents receive abundant exposure to family-based work

throughout the course of their training year. Doctoral residents also play a pivotal role in our clinic's intake team, affording them the opportunity to screen and evaluate a great number of incoming clients with diverse presenting concerns. Aside from utilizing diagnostic skills in this process, doctoral residents often must discuss the nature and benefit of psychological interventions for the populations we serve. Additionally, through their leadership roles in the clinic's intake department, doctoral residents must provide an assessment of the level of clinical care required from incoming patients. On the front lines, they are often making assessments and clinical decisions about the level of care needed as well as collaborations with and referrals to community resources and hospital programs. Weekly individual and group therapy supervision meetings involve careful attention to actual session material, allowing for intensive, case-specific learning opportunities and rich discussion about the integration of theoretical principles and professional research in clinical practice, as well as welcome and encourage opportunities for audio and videotape review of live sessions beyond the minimum trimester requirement for individual supervisory review. Weekly case summary updates are written by doctoral residents and provided to their individual therapy supervisors prior to scheduled supervisory meetings to allow for careful, thorough supervisory review of case material and treatment progress, as well as to incorporate opportunities towards advancing the exploration and enhancement of the doctoral resident's professional identity development.

Clinical Training in Diagnostic Testing and Evaluation:

The SVPS Assessment Clinic provides psychological and neuropsychological testing and consultation on an outpatient, fee-for-service basis. Requests for services are directed to a diagnostic case coordinator, who tracks clinical paperwork (including insurance benefits). The Directors of Psychological Assessment complete intake assessments and make case assignments to doctoral residents, clinical staff members, and advanced doctoral externs. Specific services include: full battery psychological assessment, including assessment of global intellectual/cognitive functioning, assessment of executive functioning, psycho-educational testing, early childhood assessment, social and emotional functioning, differential diagnostic assessment, assessment of autism spectrum disorders, and consultation on assessments done previously by professionals in the community. Assessments are requested in our clinic primarily for child, adolescent and young adult clients who present with a wide range of presenting problems and symptoms. We complete assessments for many clients referred through area pediatricians and child psychiatrists, through the SVPS outpatient psychotherapy clinic, and outpatient clients referred from the local community. Doctoral residents are trained in the administration, scoring, and interpretation of a variety of neuropsychological, cognitive, academic, and social-emotional testing instruments. Each evaluation is individualized based on the reason for referral and its complexity. Doctoral residents are expected to write a minimum of 5-6 comprehensive reports and provide supervised feedback to the client and/or family as a part of the evaluation process. Finally, doctoral residents may have the opportunity to collaborate with Developmental Assessment staff members to assess for an autism spectrum disorders. Doctoral resident activities in this area also include report writing, assessment feedback sessions with families, and feedback to referring physicians and others. Given the amount of diagnostic supervision provided during the week, the doctoral residents are active participants in our assessment team. Doctoral residents become qualified to select, administer, score, interpret, and integrate test batteries through weekly individual supervision with a primary diagnostic supervisor, as well as at least two hours of diagnostic group supervision/training/seminar activities.

Individual Supervision:

Each doctoral resident receives 3 hours of weekly scheduled individual supervision from a Licensed Clinical Psychologist who is a member of the SVPS Training Committee: 2 hours of weekly supervision are provided for therapy cases, and 1 hour of weekly supervision is provided for assessment cases. Additional supervision is available as needed for therapy and assessment cases by senior clinical supervisors, clinic consultants, staff clinicians, and/or supervisors-in-training, and supplemental collegial supervision and case consultation takes place on a frequent, ongoing basis. While each doctoral resident has designated individual supervisors within the organization, our whole staff is in some way involved in our clinical training program and maintains an open door policy for our doctoral residents - in an effort to promote staff-wide access for case collaboration and consultation whenever needed and/or desired.

Group Supervision:

On a weekly basis, in conjunction with advanced doctoral externs, doctoral residents receive 1 hour of group supervision facilitated by a licensed clinical psychologist for individual and/or group therapy cases, rotating every other week between Clinical Group Supervision and Supervision of Groups. Additionally, group clinical training activities occur consistently through the training cohort's weekly participation in Clinic Intake and Professional Development meetings, Clinical Seminars, Clinical Case Conference presentations, and group diagnostic supervision/training (1 hour of Diagnostic Seminar/Case Conference and 1 hour Group

Diagnostic Lab/Consultation). Doctoral residents are required to present case material during these training activities on an ongoing basis, in an effort to optimize the depth and breadth of supervision and consultation opportunities to which they are exposed, as provided by staff clinicians throughout their training year.

Diagnostic Supervision:

At all times residents are carrying an active testing case, they participate in weekly, individual diagnostic supervision. Residents also attend a weekly didactic and experiential seminar that incorporates group diagnostic supervision, rotating assessment topics, and assessment case presentations. In addition, a weekly diagnostic lab provides hands- on training, practice, and consultation in the administration, scoring, and interpretation of specific measures. Use of a two-way mirror allows opportunities for live demonstration of resident skills to supervisor and peer feedback, as well as learning through observation of supervisor and peer testing. Doctoral residents frequently have opportunities to formally present their cases to peers and supervisory staff, and guest workshops by experts in specific areas of assessment are also offered through the year during our Friday diagnostic lab time.

Training in Clinical Interviewing and Initiating Client Treatment:

SVPS provides doctoral residents with opportunities to learn more about the professional side of the field through on site exposure to clinic development and practice management. As a part of their professional development, doctoral residents will be responsible for coordinating the intake process for all new therapy clients in the second half of the year. Their introduction to the client initiation process in the first half of the year will be scaffolded from a developmental approach to ensure readiness and growth in their clinical evaluative skills. This requires residents to know how to effectively respond to clinic inquiries and new client phone messages in a timely manner left on the intake line. Doctoral residents will lead the intake department's efforts in returning new client calls to assess client risk and schedule first appointments. This provides doctoral residents with an opportunity to be the first to interface with new prospective clients. Training in how to determine level of risk, how to respond to challenging early interactions, and how to provide appropriate feedback to inquiries around clinic policies is an initial aspect of training at the start of their training year. Calls are organized through a "Brief Phone Intake Clinical Screening & Risk Assessment" process, which is outlined specifically to streamline new client contact information, insurance information, presenting problems and appropriateness of fit, all in an effort to manage new client anxiety and unease around initiating the process of seeking support. Doctoral residents meet together once weekly throughout the year to discuss ongoing nuances of clinic intake policies, respond to incoming client questions, and gain clarification around insurance benefits and coordination of intake scheduling. These weekly meetings are facilitated by doctoral residents and supervised by the SVPS Intake Coordinator. In the second half of the year, residents will have opportunities to shadow intake clinicians and observe how intake clinicians facilitate and navigate the intake process with new clients.

Clinical Seminar:

Weekly didactic and experiential seminars are 1 hour in length and include rotating clinical topics, case presentations, in-services, and trainings that emphasize the integration of professional literature and clinical practice. Training materials and seminars provide emphasis on theoretically diverse approaches to treatment, effective family-focused interventions, approaches to parent consultation and guidance, factors of diversity and individual difference, and clinical approaches to emotional, social, neurobehavioral, eating, and learning disorders across the lifespan. Seminar leadership rotates across members of the SVPS staff throughout the training year. When seminars are didactic, a portion of seminar time is consistently allotted for discussion and group supervision of cases as they pertain to the topic. Seminar presentations are broken down into segments reflecting areas of expertise of each staff clinician. SVPS offers advanced-level clinical training and consultation meetings specifically for doctoral residents, once per month at minimum, which enables them to build upon topics presented to the training cohort earlier that month.

EDI Seminar:

SVPS Equity, Diversity, and Inclusion (EDI) Seminars provide an overview of the history and framework for understanding and practicing cultural humility, specifically in the context of mental health and in our work as providers of psychological services. Utilizing the APA Multicultural Guidelines (2017) as a reference point, this program will explore and discuss topics such as power, privilege, and oppression, history of racism/caste systems and marginalization, influence of dominant culture, social determinants of mental health, empowerment & liberation, various identities according to the ADDRESSING model (Hays, 2001), and intersectionality both from the perspective of the clinician and the patient. Within these broader topics, case consultation and practical approaches to working with patients of differing backgrounds and identities will be heavily emphasized. The overall intention of the SVPS EDI Seminar Curriculum is to provide didactic and experiential training and allow space to process personal experiences and perceptions in relation to the work as a psychologist in training and as an active participant in social change. Throughout the training year, these seminars take place once per month, are co-facilitated by rotating clinical staff members, and

each cohort member is provided with the opportunity to select an EDI topic on which they wish to present during the annual seminar cycle.

Monthly Early Career Supervision Consultation Group:
Doctoral residents meet with one of our senior staff supervisors and/or supervisory consultants once per month for consultation around the provision of early career supervision. Early in the year, this includes exposure to models of clinical supervision and early career application, to provide them with a framework around the provision of clinical supervision at this juncture of their careers, for their development as leaders within their doctoral cohort, and for further consideration and advancement as they launch more independently into the field as practitioners and future supervisors.
Subsequently, supervisory frameworks are integrated and advanced within their weekly individual supervision spaces, and integrated as possible within Clinical Group Consult roles, Clinical Interviewing and Initiating Client Treatment meetings, and in ongoing supplemental Director of Clinical Training meetings throughout the entirety of the internship year.

Monthly Clinical Reading Group:
This group training experience is dedicated to better understanding psychodynamic ideas. It is also built to offer an enriched understanding of the intersection between psychodynamic theory and social neuroscience as a way to explain brain- behavior relationships in the social and emotional arena. Reading that connects these findings to analytic ideas bridge the two disciplines. Implications for testing and psychotherapy are discussed. The Clinical Reading Group, facilitated for one hour per month by SVPS clinical staff, is a training space for the doctoral resident cohort.

Clinical Case Conference:
Once per month, in lieu of Clinical Seminar, doctoral residents and advanced doctoral externs choose a piece of clinical work that raises conceptual and clinical issues of interest, and have 1 hour to present their case to their training cohort. Clinical Case Conferences are facilitated by a staff clinician, and offer residents the opportunity to apply conceptual and theoretical issues to clinical practice. To achieve this task, doctoral residents identify an issue of conceptual and clinical interest, consider this issue within their chosen theoretical framework, demonstrate how theory has guided their approach to treatment, and discuss how the case raises issues that inform theory and practice. Further, this experience offers doctoral residents the chance to reflect upon personal challenges in their clinical work. Presentations can describe interventions at a global level, as well as more discrete process issues. To ensure that case presentations are informed by best practices and current clinical literature and research, doctoral residents provide the case conference facilitator and training cohort with a copy of a journal article relevant to any of the clinical issues on which they will be presenting to review a week prior to the conference.

Doctoral Resident & Extern Clinical Seminar Presentations:
Each member of the training cohort, including residents and advanced doctoral externs, will have an opportunity to present to peers and staff on a clinical topic of their choosing. More specifically, this one hour didactic can be focused on a topic relevant to the SVPS patient population, whether that is a clinical presentation, an area of diversity and difference, and/or a theoretical or thematic topic presenting in their clinical work. This space can also be focused on a resident's area of expertise or a reflection of their research interests and experience.

Supervision of Groups:
This bi-monthly supervision group aims to provide Advanced Doctoral Externs, Doctoral Residents, and Post-Doctoral Fellows with an opportunity to collaborate and consult with both their cohort and staff clinicians who participate in facilitating psychotherapy groups. The Supervision of Groups hour provides a space to check-in about administrative tasks, discuss program development, as well as process group dynamics.

Director of Clinical Training Meetings:
The Director of Clinical Training serves as one of two primary supervisors for each doctoral resident. While doctoral resident needs, strengths, and areas for continued growth and development are discussed with the Director of Clinical Training on a continual basis, the training cohort, including advanced doctoral externs and doctoral residents, also meets together with the DCT, alongside one additional clinical supervisor who has previously matriculated through the SVPS Clinical Training Program, once per month throughout the year for 1 hour (often over brown bag lunch) to discuss relevant items related to training, administrative, research, and/or clinical issues, as well as to obtain feedback from doctoral residents with regard to their training experiences at SVPS. During the first 2 months of the training year, these meetings occur with greater frequency and with longer duration, with an emphasis upon doctoral residents' acclimation to the SVPS Clinical Psychology Training Program.

Agency Trainings, Professional Development, Outreach, & Program Development:

On an ongoing basis, doctoral residents are involved in all in-house workshops and seminars at no cost to them, and they are allotted funding to participate in professional development activities of interest outside of the clinic that are relevant to their training year. Several staff members host various consultation and reading groups for clinical enrichment, and doctoral residents are invited to participate in these activities alongside SVPS staff. SVPS also provides specialized supervision/consultation when necessary. Doctoral Residents meet two to four times per month with the SVPS founder & CEO for professional development training and consultation.

Additionally, throughout the training year, opportunities for outreach to the community and to develop proposals for presentations at local, state and national levels may arise, and doctoral residents often participate in various workshops and presentations to area professionals, schools and parents alongside SVPS staff. Doctoral residents are invited to initiate development of programming in their own unique areas of interest as applicable to the clinic's needs and in a manner that responsibly balances their roles and responsibilities within the context of their internship experience (e.g., group development, in-service programming, assessment research, community outreach, and/or consultation opportunities).

Didactic Seminar Topics Include (but are not limited to):

- Child & Adolescent Development & Psychopathology
- Providing Parent Guidance & Consultation
- Adult Psychotherapy & Psychopathology
- Eating Disorders: Conceptual & Treatment Issues
- Interpersonal Neurobiology
- Child Maltreatment: Ethical & Clinical Considerations
- Qualitative Analysis of Cognitive Measures
- The Developmental Impact of Parental Divorce
- Helping Clients & Families Coping with Medical Illness
- Learning Disabilities: Assessment & Intervention
- Clinical Risk Issues: Ethical Assessment & Intervention
- Mind-Body Connection: Psychology of Wellness
- Therapist Self-Care
- Elements of Mourning & Loss in Psychotherapy
- Treatment Transitions & Terminations
- Psychoanalytic/Psychodynamic Theory & Conceptualization
- Family Assessment & Therapy
- Utilizing School-Based Interventions
- Treatment with Developmental & Special-Needs Populations
- Play & Sandtray Therapies with Children & Adolescents
- Circle of Security Series
- Understanding & Interpreting the Rorschach
- Social Aggression
- Professional Ethics in Clinical Practice
- DIR Floor-Time
- Narrative Therapy
- Substance Abuse Assessment & Intervention
- Attachment Theory & Partner Violence
- Considerations for Diversity in Assessment & Treatment
- Negotiating Common Clinical Challenges

<u>Training Program Curriculum Structure</u>

Amount of face-to-face supervision per week by licensed psychologists: 4 hours

- 2 hours per week of Individual Therapy Supervision, each hour provided by 2 distinct primary licensed clinical supervisors
- 1 hour per week of Individual Diagnostic Supervision, provided by primary licensed diagnostic supervisor
- 1 hour every other week Supervision of Groups, rotating with 1 hour every other week Group Clinical Supervision - both facilitated by licensed staff psychologists (totaling 1 hour of Group Supervision weekly)

Additional training activities: 5-7 hours (average)

- 1 hour Group Diagnostic Lab, facilitated by staff diagnosticians
- 1 hour per week consultation of Clinical Interviewing and Initiating Client Treatment meetings, provided by licensed staff psychologist
- 1 hour per month Clinical Case Conference, facilitated by staff clinician (in lieu of Clinical Seminar)
- 1 hour per week Diagnostic Seminar/Diagnostic Case Conference, provided by licensed staff psychologists
- 1 hour per month Clinical Seminar, led by staff clinicians (weekly for Doctoral Residents, bi-weekly for Advanced Externs)

- 1 hour per month, Director of Clinical Training Meeting
- 1 hour per month, Equity Diversity and Inclusion Seminar (facilitated by rotating SVPS staff)
- Doctoral Resident Case Presentations to SVPS staff (2 times per year for each Doctoral Resident, in lieu of Resident-Only Clinical Seminar)
- 1 hour monthly Clinical Reading Group, facilitated by staff clinicians
- 1 hour monthly Early Career Supervision Consultation Group, facilitated by senior clinical supervisor
- Doctoral Professional Development Training & Consultation Meetings with the SVPS CEO (as scheduled)
- 12-week Rorschach Course (in lieu of Diagnostic Lab & Diagnostic Seminar)
- SVPS Professional Development In-service Presentation & Experiential Trainings (including but not limited to SVPS Diversity and Ethics events, and as otherwise scheduled)

Estimated Average of Weekly Internship Hours Distribution: 40-45 hours/week Direct Service Delivery: 20 hours (16-20 therapy clients; 5-6 diagnostic batteries)
Supervision & Training Activities: 9-12 hours
Professional Development & Support Activities: 8-10 hours

PRACTICA & ACADEMIC PREPARATION ELIGIBILITY REQUIREMENTS:

SVPS DOCTORAL INTERNSHIP ELIGIBILITY REQUIREMENTS

SVPS utilizes the AAPI Internship Application Form created by APPIC to verify resident applicants' enrollment in an APA- accredited doctoral program in either clinical, school, or counseling psychology. Applicants are required to submit official graduate school transcripts as part of the application process. The application also requires that the AAPI Part I verifies eligibility from their academic Director of Training that the resident applicant has fulfilled all academic and practicum requirements to begin internship. If the AAPI Part I does not reflect this, then a separate letter from the Director of Training verifying eligibility is required.

Internship applicants must be enrolled in a Ph.D. or Psy.D. program in clinical psychology from an accredited university and have completed (or be in the process of completing) at least three years of supervised clinical work. Candidates from APA-accredited doctoral programs are required. Applicants must have the minimum assessment/therapy practicum hours as specified by most current APA guidelines, as well as provide verification that their dissertation project will be finalized by the time they have completed their internship year. Previous clinical training experience working with children and adolescents, relevant graduate academic coursework in child and adolescent development and treatment, as well as an identified emphasis on a psychodynamic theoretical approach to clinical work is required. As SVPS specifically offers formal training from a psychodynamic lens, with a particular emphasis on attachment-based theories, only applicants who have had prior experience and/or are interested in acquiring a more extensive background working from these theoretical perspectives will be considered for review. Applicants with diverse backgrounds and experiences, including bilingual competencies in therapy and assessment, are encouraged to apply.

Further, a curriculum vita detailing clinically-relevant experiences is required as part of the application process. In reviewing an applicant's curriculum vita, special attention is paid not only to clinical work, but also to additional experiences such as volunteering within the non-profit social service sector, and past leadership and/or teaching experiences. In addition, close attention is paid to the tables in the AAPI that outline number of direct service hours (both therapy and assessment) provided and with what populations, as well as supervision and support hours received. Also, thoughtful consideration is paid to the quality of the applicant's three letters of reference provided by graduate faculty members and/or clinical supervisors, with a particular focus on verifying an applicant's prior clinical training experiences, future professional interests, and the strength of the writer's overall recommendation of the applicant.

Applicants are also required to submit a sample, de-identified psychological assessment report with their application. A minimum administration of 8 full psychological assessment batteries is required, with the incorporation of various testing instruments and assessment procedures to include an integration of diagnostic interviewing, self-report, intelligence, achievement, visual motor, objective, and projective measures. Experience with the administration and integration of the Rorschach in assessment report writing, as well as an interest and/or experience in Neuropsychological and/or Developmental assessment, is preferred and strongly encouraged.

Resident application packets are due annually on November 1st via the APPIC online application portal. In accordance with APPIC's Recruitment Selection Guidance at the present time for the 2026-2027 application season, SVPS will be exclusively utilizing remote virtual recruitment and interview formats. These remote processes will be used for *all* interviewees, including local candidates/applicants or those who may request an in-person visit, to ensure support and commitment to safe and equitable practices. Both Phase I and Phase II of interviews will take place via HIPAA-compliant video platforms. Phase I of the interview process will be conducted via video call on 11/21/2025. Phase II interview notification will be provided by 12/15/25; Phase II interviews will take place in January 2026, and will include a virtual tour of our clinic, as well as interviews with our clinical training staff, current doctoral residents, and organizational leadership.

SVPS POLICY ON RESIDENT RECRUITMENT & SELECTION

Application Process

The following documents should be included in the doctoral internship application:

1. Resume/Curriculum Vitae
2. One writing sample of a full, de-identified psychological assessment report
3. Three letters of recommendation. These letters are preferably written by previous clinical supervisors, and/or by professors with extensive knowledge of the applicant's clinical and academic strengths
4. Official graduate school transcripts
5. APPIC Application Packet with match number

Complete applications must be received by November 1st

Internship applicants will be notified via email as to whether or not they will be invited to interview. Applicants will be notified of interview status by December 15th. The SVPS Training Committee will review application packets, and selected applicants will be contacted via email to schedule an interview.

PLEASE NOTE: Given the clinic's location, access to a car/personal means of transportation is necessary for this internship site.

Interview Process

Phase I of the SVPS Doctoral Internship interview is conducted via video call. During Phase II of the interview process, SVPS will host 3 different virtual interview days for selected internship candidates. The interview day will consist of comprehensive rotating interviews in which applicants will meet with the majority of SVPS staff, as well as current residents. The Phase II interview process lasts for approximately 3 hours, and applicants are provided with site informational materials and an interview agenda prior to the start of the interview. Once the interview process is complete, the SVPS Training Committee meets together to review applicant interviews and to rank order resident candidates. Currently, SVPS has 3-4 full-time internship positions available. Applicants are ranked and notified of internship offers in accordance with APPIC guidelines.

Respect for Cultural and Individual Differences

SVPS is committed to a policy of equal opportunity for all applicants for employment and training in a manner that is consistent with applicable local, state, and federal laws. Likewise, the SVPS Clinical Psychology Doctoral Internship Program is committed to promoting respect for cultural and individual diversity, and understanding human diversity is an integral component and developmental competency of the SVPS clinical training program. Our emphasis in this area of clinical experience is achieved through the clinic's personnel policies, the training program's didactic curriculum, the issues discussed and processed in supervision and training seminars, and the opportunities of working with the clinic's diverse client population. In addition, SVPS has budgetary allowances for outside clinical consultation on a range of topics including issues of diversity and individual difference as necessary to enhancing the growth and expertise of our team of clinical psychologists and clinicians-in-training.

SVPS makes every effort to recruit resident candidates, graduate residents, and staff from diverse backgrounds and with a diverse range of personal and professional experiences. In the spirit and support of our Equity and Inclusion Policy and our Policy on Harassment and Discrimination, SVPS does not discriminate on the basis of race, color, gender, sexual orientation, citizenship, cultural background, marital status, unfavorable military discharge, or any additional status protected in areas of staff hiring, assignment, promotion, or discipline.

In an effort to promote accessibility and reduce the risk of applicants incurring unnecessary costs of travel, virtual screenings and interviews are completed by our internship selection committee. During any future time when in-person interviews becomes the primary mode recommended by APA and APPIC guidelines, in circumstances of financial strain SVPS will arrange for virtual interviews with our staff for those applicants who cannot afford the costs of travel associated with interviewing out of state.

Financial Assistance Policy

Stipend:

Residents will receive an annual salary of $35,000.00, as well as a pre-tax allocation to assist with the cost of Blue Cross Blue Shield health insurance coverage.

Overview of Benefits:

- 14 days paid personal/sick/vacation days
- 9 National Holiday days off
- Medical/Health Insurance Choice of PPO, HMO, or HSA plan
- Tax-Deferred Retirement Savings Account available
- Direct Deposit
- Participation in all in-house workshops and seminars free of charge
- Funds towards off-site professional development activities
- Coverage of specialized consultation/supervision as indicate

What distinguishes the SVPS Advanced Doctoral Externship from the SVPS Clinical Psychology Doctoral Internship Program?

While SVPS Doctoral Residents and Advanced Doctoral Externs matriculate together through the clinic's comprehensive array of year-long training activities, the curricula for these training opportunities differ substantially with regard to goals, expectations, and level of training experiences.

The following definitions outline the overarching goals distinguishing our Doctoral Internship program from our Advanced Doctoral Externship:

SVPS Advanced Doctoral Externship: a clinical training opportunity for doctoral graduate students advancing upon diagnostic and therapy practicum training years, which enhances their eligibility and readiness to apply and enter a year of clinical doctoral internship where they will be prepared to manage a full-time clinical caseload and related responsibilities with professionalism and sound clinical skill. The advanced externship year entails training in all indicated curriculum areas that facilitate the extern's gradual acquisition and application of theory to clinical practice.

SVPS Doctoral Internship: a clinical training opportunity for doctoral graduate students who have had a minimum of three years of prior training, which prepares doctoral interns for more complex case conceptualization, greater professional autonomy, and an advancement of skills that ensures eligibility and readiness to secure highly competitive post-doctoral fellowships. At the end of the internship year, competency measures that follow the intern- specific curriculum assess that the extern is prepared to diagnostically assess and treat clinical populations at a level commensurate with a psychologist-in-training one year shy of independent state licensure. The internship year entails training in all indicated curriculum areas at an advanced level that enhances the doctoral intern's proficiency in application of theory to clinical practice and related capacity for professional autonomy.

As compared with an advanced doctoral externship level of training, our doctoral residency positions entail far more extensive and intensive expectations and training opportunities with regards to the following:

- Supervisory assignments: Doctoral Residents receive individual supervision in a manner that provides a higher level of support around professional development, and also allows more extensive opportunities to reach greater levels of expertise and cultivation of specific areas of interest/specialization
- Diagnostic & Therapy case assignments: advanced doctoral externs' case assignments are distributed in a manner based upon assisting these externs in gaining fundamentals to assessment and clinical work; in contrast, resident caseloads are assigned to afford opportunities to work with cases presenting with greater clinical complexity and comprehensive case management across multi- disciplinary systems, as well as inviting Doctoral Residents to develop caseloads that are tailored to their particular areas of interest and expertise, as well as in line with their desired professional development goals, and to present their cases to supervisory staff
- Eligibility requirements (see "SVPS Doctoral Internship Eligibility & Recruitment Policy")
- Required hours and on-site responsibilities (see "SVPS Policy on Trainee Responsibility")
- Bi-weekly advanced-level clinical seminars, monthly advanced-level diagnostic seminars, and monthly early career supervision consultations
- SVPS offers training and consultation meetings for Doctoral Residents only, facilitated by senior staff, which enables them to build upon topics presented to the training cohort earlier that month, in a manner that further advances their knowledge base and capabilities for clinical application and professional practice
- Clinical Reading Group & Early Career Supervision Consultation Group (for Doctoral Residents only)
- Leadership roles assumed within our clinic's intake department (when externs are present in training cohort) and groups programming (reference "SVPS Doctoral Residency Curriculum")
- Staff-wide doctoral resident clinical case presentations (reference "SVPS Doctoral Residency Curriculum")
- Provision of professional development funds to secure interns' attendance at desired off-site professional training events
- Opportunities to develop proposals for presentations at local, state, and national levels
- Participation in program development, psycho-educational, and outreach activities

Further, our training program has implemented a performance evaluation process and competency requirements that solidly distinguish the expectations of the full-time training experience of doctoral residents from our part-time advanced doctoral externship (see "SVPS Policies & Procedures Manual," and "SVPS Due Process Policy" for minimum threshold achievement standards, as well as "SVPS Clinical Training Performance Evaluation," and "SVPS Competency Checklist").

While the same performance evaluation form is utilized for all advanced doctoral externs and doctoral residents, varying minimum competency achievement thresholds are required, and only doctoral residents are required to complete initial self-evaluations, mid-year, and outcome self-evaluations, as well as to fulfill various, resident-level competency benchmarks prior to the completion of their internship year. Advanced doctoral externs will be asked to complete initial self-evaluations to help establish the frame of supervision at the start of the training year.

In order to best monitor our Doctoral Residents' and Advanced Doctoral Externs' development throughout the training year, all individual supervisors complete clinical training evaluations at the end of every trimester. The evaluation is reviewed directly with the resident in order to identify learning and training goals. Additionally, it is used to re-evaluate the initial self-evaluation completed by doctoral residents at the mid-point of the training year, and is also utilized in reference to the doctoral resident's outcome evaluation that they completed at the conclusion of the training year. The Clinical Training Performance Evaluation Form includes a review of the doctoral resident's performance in the following domains (please reference SVPS Clinical Training Performance Evaluation document for a review of competency-related objectives):

- 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

The following rating scale is used to assess doctoral resident and advanced doctoral extern development in each evaluation objective:
N/A = Not applicable and/or rater is unable to evaluate

2 = Novice/Basic level: The supervisee is performing at the level expected of a resident who is completing the first practicum. Requires routine and intensive supervision.

3 = Intermediate level: The supervisee is performing at the level expected of a resident who is completing the second/intermediate practicum. Routine supervision is required in most instances, but resident requires additional guidance and oversight when faced with complex and novel situations.

4 = Advanced level: The supervisee is performing at the level expected of a resident who is completing the third practicum/advanced training year. Entry-level competency for independent practice has been attained some areas, but the resident still requires routine supervision in several other areas.

5 = Internship level: The supervisee is performing at the level expected of a doctoral resident ready for Entry-Level Practice. The supervisee has the ability to independently function in a broad range of clinical and professional activities, to generalize skills and knowledge to new situations, and to self-assess when to seek additional training, supervision, or consultation.

6 = Postgraduate level: The supervisee is performing at the level expected of a postdoctoral clinician or higher. In general, the resident functions appropriately, independently, and competently, and can effectively manage most instances via consultation rather than requiring supervision. However, the supervisee continues to seek supervision or consultation for ongoing growth and development to fully achieve competency for independent practice.

**The minimum requirement for successful completion of doctoral internship is a rating of at least Advanced Level (4) across areas of competency for the 1st & 2nd trimester, and a rating of at least Internship Level (5) across areas of competency for the 3rd trimester/completion of the internship year.*

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 6/17/2025

Program Disclosures

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

We are a group of Clinical Psychologists and Clinical Therapists who have come together because we share the same vision—to offer support and healing within a compassionate, caring environment.

Rooted in the principles of psychology, our shared vision for wellness builds healthy connections among children, adults, schools, and communities.
We are committed to providing culturally affirming and responsive patient care that supports growth and change, celebrates the diversity of identities and abilities in all bodies, and innovates the frontiers of clinical practice.

Please visit https://sharedvision.org/doctoral-internship/
for the following Links to General Clinical Training Policies:

Due Process Guidelines
Trainee Requirements & Policy on Responsibility
Policy on Equity & Inclusion
Policy on Harassment & Discrimination

Internship Program Admissions

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

PRACTICA & ACADEMIC PREPARATION ELIGIBILITY REQUIREMENTS

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Internship applicants must be enrolled in a Ph.D. or Psy.D. program in clinical psychology from an accredited university and have completed (or be in the process of completing) at least three years of supervised clinical work. Candidates from APA-accredited doctoral programs are required. Applicants must have at least 400 therapy hours and 100 assessment hours, as well as provide verification that their dissertation project will be finalized by the time they have completed their internship year. Previous clinical training experience working with children and adolescents, relevant graduate academic coursework in child and adolescent development and treatment, as well as an identified emphasis on a psychodynamic theoretical approach to clinical work is required. As SVPS specifically offers formal training from a psychodynamic lens, with a particular emphasis on attachment-based theories, only applicants who have had prior experience and/or are interested in acquiring a more extensive background working from these theoretical perspectives will be considered for review. Applicants with diverse backgrounds and experiences, including bilingual competencies in therapy and assessment, are encouraged to apply.

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interviews will take place in January 2026, and will include a virtual tour of our clinic, as well as interviews with our clinical training staff, current doctoral residents, and organizational leadership.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Yes		Amount: 400
Total Direct Contact Assessment Hours	Yes		Amount: 100

Describe any other required minimum criteria used to screen applicants:

SVPS POLICY ON RESIDENT RECRUITMENT & SELECTION

Application Process

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outside clinical consultation on a range of topics including issues of diversity and individual difference as necessary to enhancing the growth and expertise of our team of clinical psychologists and clinicians-in-training.

SVPS makes every effort to recruit resident candidates, graduate residents, and staff from diverse backgrounds and with a diverse range of personal and professional experiences. In the spirit and support of our Equity and Inclusion Policy and our Policy on Harassment and Discrimination, SVPS does not discriminate on the basis of race, color, gender, sexual orientation, citizenship, cultural background, marital status, unfavorable military discharge, or any additional status protected in areas of staff hiring, assignment, promotion, or discipline.

In an effort to promote accessibility and reduce the risk of applicants incurring unnecessary costs of travel, virtual screenings and interviews are completed by our internship selection committee. During any future time when in-person interviews become the primary mode recommended by APA and APPIC guidelines, in circumstances of financial strain SVPS will arrange for virtual interviews with our staff for those applicants who cannot afford the costs of travel associated with interviewing out of state.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	32,500	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	Yes	No
If access to medical insurance is provided:		
Resident contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	32	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to residents/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Pre-tax allocation to assist with cost of insurance coverage, tax-deferred retirement savings account available, direct deposit, participation in all in-house workshops and seminars free of charge, funds towards off-site professional development activities, coverage of specialized consultation/supervision as indicated.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-2024
Total # of residents who were in the 3 cohorts	10
Total # of residents who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other: Outpatient Clinic	7	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former residents working in more than one setting, select the setting that represents their primary position.