Clinical Alliance Services, LLC

PSYCHOLOGY INTERNSHIP HANDBOOK

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TABLE OF CONTENTS

Introduction

Clinical Alliance Services, LLC ("CAS") is a mental health group practice and clinical training program serving the Cambridge and greater Boston communities. Our interdisciplinary training program provides psychology practicum trainees, psychology interns, postgraduate social workers and postgraduate pre-licensed mental health counselors an opportunity to expand their clinical training in psychodynamic, relational and attachment-based psychotherapy approaches. While our training program offers advanced training in relational psychodynamic psychotherapy, it is designed to provide a broad range of clinical experiences, client populations, and theoretical approaches consistent with internship-level training in health service psychology. We offer individual and couples therapy to adults of all ages and our treatment model is heavily influenced by culturally informed relational, psychodynamic and attachment-based treatment approaches, although our clinical team is trained in a variety of other treatment approaches. We value the flexibility to deliver integrative treatment approaches to best meet our clients' needs. We are committed to offering mental health services in an inclusive setting, anchored in a social justice framework, and are passionate about providing psychotherapy services to clients across all identities, experiences and backgrounds. CAS serves over 600 clients at any given time, approximately half of whom are college or graduate students. Approximately 42% of CAS clients identify as BIPOC, 45% as LGBTQ+ and 20% as both BIPOC and LGBTQ+. CAS serves clients seeking services for a wide variety of clinical presentation and presenting concerns, including, but not limited to:

- Academic Concerns
- Anxiety Disorders
- Career and Work-Related Concerns
- Chronic Illness
- College Adjustment
- Complex Posttraumatic Stress Disorder
- Dissociation
- Divorce
- Gender Dysphoria
- Gender Identity
- Grief
- Identity
- Life Transitions
- Mood Disorders / Depression / Bipolar Disorder
- Polyamorous / Consensual Non-Monogamous Relationships
- Posttraumatic Stress Disorder
- Quality of Life
- Racial Identity
- Relational Issues (Peer, Couples, Family)
- Self-Esteem
- Sexual Identity
- Social Oppression Related to Race, Ethnicity, Nationality, Gender, Sexuality, Ability, Religion, Spirituality and / or Socioeconomic Status
- Spirituality
- Stress
- Trauma & Related Disorders

Location

CAS has two office locations, including a main office located at 10 Concord Avenue, Cambridge, MA in Harvard Square, which is walking distance from the Harvard Square MTBA station and numerous MBTA bus routes, and a satellite office located at 875 Massachusetts Avenue, Cambridge, MA, located between Harvard Square and Central Square. The two offices are located approximately one mile from one another. Most internship training activities take place at the main office. The satellite office is available for interns and/or clients who require an ADA-accessible office and houses CAS's psychological and cognitive testing/assessment program. Interns who choose to participate in the year-long comprehensive assessment training rotation will work at the satellite office up to one day per week to engage in direct service testing/assessment services and participate in related supervision.

Aim & Goals of Internship

Aim: CAS offers a full-time 12-month (2000 hour) internship that is ideal for doctoral candidates interested in relational psychodynamic and attachment-based psychotherapy approaches, and in working with emerging adults, college students, and adult populations. The general aim of the internship program is to support interns in developing a proficiency in assessment and intervention skills for adult populations across a wide variety of identities, with a specific emphasis on training in relational psychodynamic psychotherapy. In addition to specialized training in relational psychodynamic and attachment-based psychotherapy, the internship ensures breadth of training through exposure to a wide variety of presenting concerns, treatment modalities, and evidence-based intervention approaches, preparing interns for entry-level independent practice. In accordance with APA guidelines, the training program is designed to support interns in developing proficiency in the following core competency domains:

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

Goals: Through didactics, supervision and clinical experience, interns will develop mastery of the following core competencies over the course of the internship year as evidenced by these key indicators:

Core Competencies	Key Indicators
Research	● Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). ● Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level).
Ethical & Legal Standards	● Demonstrate knowledgeable of and act in accordance with each of the following: ▪ the current version of the APA Ethical Principles of Psychologists and Code of Conduct; ▪ 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. ● Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. ● Conduct self in an ethical manner in all professional activities.

Individual & Cultural Diversity	● Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. ● Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. ● Demonstrate the ability to integrate awareness and knowledge of the influence of individual and cultural identities, particularly experiences of difference, similarity, and oppression, in the conduct of professional roles. ● Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity. ● Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
Professional Values & Attitudes	● Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others ● Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. ● Actively seek and demonstrate openness and responsiveness to feedback and supervision. ● Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
Communication & Interpersonal Skills	● Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. ● Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated. ● Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
Assessment	● Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. ● Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural). ● Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. ● 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. ● 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 assessment that are subjective from those that are objective. ● Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention	● Establish and maintain effective relationships with the recipients of psychological services. ● Develop evidence-based intervention plans specific to the service delivery goals. ● Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. ● Demonstrate the ability to apply the relevant research literature to clinical decision making. ● Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. ● Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
Supervision	● Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. ● Apply the supervisory skill of observing in direct or simulated practice. ● Apply the supervisory skill of evaluating in direct or simulated practice. ● Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
Consultation and Interprofessional/ Interdisciplinary Skills	● Demonstrate knowledge and respect for the roles and perspectives of other professions. ● Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Interns will also learn the basic tenets of relational psychodynamic psychotherapy, including the use of self and relationship to facilitate change in psychotherapy. In collaboration with their supervisors and peers, interns will learn to actively reflect on the therapeutic process and their role in it, in service of utilizing interventions and developing clinical formulations, as well as tailoring treatment plans for their clients. Interns will also be encouraged to critically reflect on the impact of their personal identities and experiences, and the broader systems in which these exist, on their clinical work. Specifically, interns will learn to recognize and understand the:

- influence of the unconscious on behavior;
- impact of early experience on development;
- how the current therapeutic relationship is influenced by clients' early relationships;
- benefits and limitations of psychodynamic treatment approaches and when alternative treatment approaches, including specialty treatment or higher levels of care, may be clinically indicated; and
- experience of difference and the impact of oppression on their own lives and the lives of clients, including the ability to reflect on the internal unconscious meanings of these experiences and their impact on both the therapeutic relationship and process.

Supervision

Overview: Interns participate in a minimum of four hours of supervision per week. Interns participate in two hours per week of individual supervision with doctoral level licensed psychologists, who maintain an ongoing supervisory relationship with the intern and hold primary clinical responsibility for assigned clinical cases. Interns also participate in one hour per week of individual supervision with a licensed independent social worker, and one hour per week of group supervision led by a licensed psychologist or licensed independent social worker. CAS's approach to supervision is highly collaborative. Supervisors meet regularly to coordinate supervision efforts, support intern development, and ensure continuity of training across clinical activities. Interns are informed that supervisors communicate closely to ensure supervision is comprehensive, consistent, and responsive to interns' clinical needs and professional growth.

Supervisors document the following information for each clinical supervision meeting:

- Date of supervision meeting;
- Supervision meeting start time;
- Supervision meeting length;
- Type of supervision (e.g., individual or group);
- Supervision meeting location (e.g., in-person virtual, phone);
- Clients discussed;
- Summary of primary topics discussed (e.g., clients, clinical work, clinical techniques, ethical issues, legal issues, professional development, clinical documentation)
- Supervision / feedback / recommendations provided;
- Supervision provided on clinical risk management; and
- Supervisees' progress, challenges, and areas for improvement.

CAS clinical supervisors work collaboratively and engage in regular consultation with one another regarding supervision and related clinical matters. Supervisors participate in regularly scheduled supervision consultation meetings with other supervisors at CAS at a frequency determined by the Training Director. Given this collaborative supervision and training model, supervisors will sometimes share information that arises in supervision with other CAS supervisors where such information may have a direct impact on client welfare, including, but not limited to the supervisee's ability to provide effective clinical care, and impact the supervisee's professional development, work performance and/or ability to fulfill their professional responsibilities in a competent and ethical manner. Supervisors engage in careful consideration of relevant ethical principles, legal guidelines, and respect for supervisees' privacy when sharing such information with other supervisors and consider the potential impact of sharing such information on the supervisory relationship. If the supervisor determines that sharing such information may negatively impact the supervisory process, the supervisors will endeavor to address this with the supervisee in the context of supervision.

Supervision Agreement, Goals and Expectations: All interns sign a Supervision Agreement (Appendix 4) with their supervisors, which addresses the goals, expectations, and structure of the supervision relationship.

Telesupervision Policy: CAS utilizes a blended supervision model that includes both in-person supervision and telesupervision. Telesupervision refers to synchronous audio-visual supervision conducted when the supervisor and

intern are not physically located in the same facility. As supervisors, interns, and clients may participate in clinical services through a hybrid combination of in-person and telehealth schedules, telesupervision may be used for individual supervision when schedules do not allow both the supervisor and intern to be on site at the same time. In addition, all group supervision is conducted via telesupervision. Interns participate in telesupervision based on prior doctoral-level supervised clinical experience and demonstration of professionalism, judgment, and readiness for this modality. Readiness is reviewed on an ongoing basis by supervisors and the Psychology Training Director and increased in-person supervision may be implemented if indicated. Interns receive at least one hour per week of individual supervision in person. When schedules allow, a greater proportion of in-person supervision is prioritized. Whenever both the supervisor and intern are on site, supervision is held in person. Due to hybrid work schedules, however, the proportion of in-person supervision and telesupervision may vary. Supervisory relationships are established and supported through recurring in-person contact. Early in the training year, supervisors meet with interns in person whenever schedules permit to develop rapport, assess training needs, and orient interns to supervisory expectations. Ongoing supervision relationships are monitored via biannual supervisor evaluations completed by interns and reviewed with supervisors.

Supervisors are expected to be competent to provide telesupervision in a manner consistent with ethical and legal standards and with the program's training aims. Supervisor competence is supported through ongoing oversight by the Psychology Training Director, routine discussion of supervision practices within the training team, and review of intern feedback (including biannual supervisor evaluations and monthly intern meetings). When concerns related to the effectiveness of telesupervision are identified, the Psychology Training Director consults with the supervisor and intern and may recommend additional support (e.g., increased in-person supervision, changes to supervision structure, or additional consultation) as indicated. CAS also attends to accessibility considerations in telesupervision by addressing technology barriers when they arise and implementing reasonable accommodations, as needed (e.g., adjustments to modality, use of captions or other accessibility features when available, flexibility in meeting format). Interns are encouraged to communicate access needs or concerns, and supervisors and the Psychology Training Director collaborate with interns to support full participation in supervision and training activities.

Licensed doctoral-level psychologists serving as supervisors retain full professional and clinical responsibility for cases discussed in supervision, regardless of supervision modality. Supervisors review documentation, treatment planning, clinical risk assessment, and case conceptualization, and may also be available for consultation during working hours through the agency's pager-based on-call system. The on-call supervisor may or may not be the intern's direct supervisor, as on-call responsibilities rotate among supervisors. Interns have access to consultation and crisis coverage when urgent clinical issues arise. During regular business hours, an on-call supervisor is available and may be contacted through the paging system. If the on-call supervisor and intern are both on site, the consultation may occur in person. If either party is working remotely, consultation occurs via telesupervision (synchronous audio-visual communication) or by phone. Phone consultation may be used when clinically appropriate, including situations in which the intern is engaged in a telehealth session and phone communication allows for more immediate supervisory support. Interns are oriented to on-call procedures during orientation, and these expectations are reinforced in supervision.

Telesupervision is conducted using secure, HIPAA-compliant synchronous audio-visual platforms approved by CAS. Supervisors and interns are expected to participate in telesupervision from private locations and to ensure protection of confidential information. The program provides guidance on technology use, confidentiality expectations, and procedures in the event of connection or platform failure. If technology failure interferes with

supervision, alternate arrangements such as rescheduling, telephone consultation, or in-person follow-up are implemented.

Supervision records identify whether supervision occurred in person or via telesupervision. The Training Director periodically reviews supervision patterns to ensure that interns receive recurring in-person supervision across the training year and that telesupervision is used in a manner consistent with developmental needs and the program aim. In addition, the Psychology Training Director solicits feedback from interns in the context of monthly meetings regarding their experience of telesupervision versus in-person supervision.

Intern Evaluations and Requirements for Successful Internship Completion

Evaluations occur at mid-year and at the end of the training year. Interns are provided with a copy of the evaluation template (Appendix 1) used by their supervisors to complete their evaluations as early as possible in the supervision relationship, ideally prior to or at the first supervision meeting, but no later than within the first month of supervision. Each individual supervisor will review the evaluation with the intern and the interns will be provided with an opportunity to provide oral and/or written feedback regarding the evaluation to their supervisor. If requested by the intern, or at the discretion of the supervisor, any documented feedback and/or responses provided by the supervisee as to the evaluation will be appended to the evaluation. For each evaluation, interns will complete and submit to their supervisor a self-evaluation that mirrors the evaluation form the supervisors complete.

The intern's individual supervisors collaborate to complete a written evaluation with specific feedback regarding the relevant key indicators for each core competence, as well as an overall rating for each of the core competencies using the following scale:

0	Intern does not demonstrate the key indicators of the core competency
1	Intern rarely demonstrates the key indicators of the core competency
2	Intern demonstrates the key indicators of a core competency at novice/beginner level requiring significant support from supervisors/ instructors
3	Intern is progressively demonstrating the key indicators with a developmentally appropriate level of support from supervisors/instructions
4	Intern consistently demonstrates the key indicators and is beginning to do so independently with support from supervisors/instructions
5	Intern consistently demonstrates the key indicators at an independent level and demonstrates a readiness for entry level independent practice; specifically, the intern demonstrates the abilities to independently function in a broad range of clinical and professional activities, generalize skills and knowledge to new situations, and self-assess as to when to seek additional training, supervision, or consultation

By mid-year, interns are expected to earn ratings of at least 3 (and generally between 3 and 4) on all learning elements across all Profession-Wide Competencies. A rating below 3 in any competency area at mid-year indicates that the intern is not yet meeting minimum expectations for that point in training.

If an intern receives a rating below 3 in one or more Profession-Wide Competencies at mid-year, or if supervisors have reason to be concerned about the student's performance or progress at any point during the training year, Due Process procedures will be initiated. These procedures may include the development of a formal remediation plan designed to support the intern in addressing identified areas of concern and meeting competency expectations. In some cases (e.g., the areas of concern do not sufficiently improve) the outcome of Due Process may result in dismissal from the internship.

By the end of the internship year, interns are expected to have completed 2,000 internship training hours and demonstrate readiness for entry-level practice. To meet this standard, interns must earn a rating of 5 on all learning elements across all Profession-Wide Competencies. Achieving this level is required to successfully complete the internship and receive a certificate of completion at the end of the internship year. Copies of intern evaluations and certificates of completion will be provided to the Director of Clinical Training at the intern's doctoral program.

CAS believes that the evaluation process should be reciprocal to encourage open discussion about how the supervisory process can be improved. Therefore, interns complete a written supervisor evaluation (Appendix 2) for each of their individual supervisors at mid-year and at the end of the training year and meet with the supervisor to discuss the evaluation. Interns will be provided with a copy of the evaluation template to be used for evaluation of their supervisor as early as possible in the supervision relationship, ideally prior to or at the first supervision meeting, but no later than within the first month of supervision. Interns shall complete a written evaluation for each of their supervisors by a date determined by the Training Director. Interns shall review the evaluation with each supervisor they evaluated and supervisors may provide feedback regarding the evaluation to the intern.

Training Program Content

Interns will develop mastery of the following core competencies through didactics, supervision and clinical experience, as follows:

Core Competency	Training Content & Progression
Research	Interns are assigned research articles in seminars on a wide variety of topics with a focus on empirical literature addressing clinical practice. Reading studies are incorporated in seminars, during which interns and other trainees engage in critical evaluation of this empirical literature and consider applications to their clinical practice. As the year progresses, interns independently identify research articles and empirical literature related to seminar topics and clinical practice to share with colleagues and supervisors, including, but not limited to, research related to their dissertation research. They incorporate this research in their informal and formal case presentations and apply it to their clinical practice with consideration of relevant application limitations.
Ethical and Legal Standards	During orientation, the APA Ethical Principles of Psychologists and Code of Conduct, the APA Multicultural Guidelines and the CAS Standard Operating Policy and Procedures Manual, which includes policies related to relevant laws, regulations, rules and policies governing health service (e.g., HIPPA), is reviewed with interns. In individual supervision, group supervision and seminar, supervisors and instructors support interns in identifying ethical dilemmas and issues related to relevant laws, regulations, rules, and policies governing health service psychology and/or other relevant professional standards and guidelines as they arise in their clinical and professional practice. Interns attend a monthly administrative supervision with a supervisor who holds a JD with a concentration and health law, in which the intersection of ethical, legal and clinical considerations across all areas of intern's work is explicitly explored. As the year progresses, interns independently identify areas of their clinical work and professional practice that implicate ethical dilemmas, laws/regulations/rules/ policies governing health service psychology and other relevant professional standards and guidelines. They solicit consultation on these matters from colleagues and supervisors with the appropriate expertise. Interns learn to identify when a consultation with consultants outside of CAS (e.g., legal counsel; Ethics Committee consultations with a local State, Provincial and Territorial Psychological Association/SPTA) may be warranted and how to access appropriate consultative services to prepare for transition to independent practice.
	The opening activity for orientation is Pamela Hayes' ADDRESSING framework, in which supervisors, interns and other trainees introduce themselves to one another by describing their identities. This facilitates an exploration of the interns' privileged and marginalized identities, laying the groundwork for interns to apply this framework in their clinical work and professional practice throughout the year. The APA Multicultural Guidelines are also reviewed with interns during orientation. In seminar and supervision, interns are actively encouraged to explore their own identities, both privileged and marginalized, personal and cultural history, attitudes and biases. They develop working relationships with supervisors and other trainees of similar and different identities, as well as an awareness of the impact of

Individual and Cultural Diversity	their identities on their clinical work and professional practice. They are encouraged to consider how their identities impact their clinical work with clients from similar and different backgrounds and how to incorporate this understanding in their intervention approaches. Interns have the option of participating in the BIPOC Clinicians Seminar or the White Clinicians Allyships Seminar. Both seminars aim to create an intentional space to explore the influence of racial and ethnic identity on the process of psychotherapy. In seminars, readings, didactic content, and case presentations are structured to promote the analysis of the impact of privilege, marginalization, and racism on the therapeutic relationship and the systems within which psychotherapy is delivered. As the year progresses, interns increasingly understand and apply principles of privilege, marginalization and oppression in all aspects of their clinical work and professional practice. They readily recognize the importance and relevance of their own identities and those of their clients in their clinical work. Interns develop a stance of cultural humility and openness when working with clients and colleagues across identities. They understand the significance of intersectional identities in their clinical work and professional practice. These factors are woven into the fabric of their informal and formal case presentations, as well as in their assessment and intervention efforts.
Professional Values and Attitudes	During orientation and early in the training year, expectations for professional behavior are reviewed with interns. Topics reviewed include the importance of establishing professional work habits, adhering to CAS policies and procedures, keeping accurate clinical documentation, meeting deadlines and taking accountability for professional responsibilities. Potential ethical, legal and clinical implications of not doing so are addressed, including potential impact on clients, colleagues and CAS. Interns are encouraged to access available support early in the training year if they experience challenges in meeting these expectations and being proactive seeking such support. Interns are expected to consistently attend, prepare for and actively participate in seminars, individual supervision, group supervision and clinical appointments. Supervisors review how interns can prepare for supervision. Interns are encouraged to self-reflect on areas of growth, both informally in supervision, as well as formally by completing a self-evaluation prior to being formally evaluated by supervisors. As the year progresses, interns are expected to respond professionally to increasingly complex areas of professional practice (e.g., complex interactions with clients, outside providers, ethical dilemmas, issues implicating legal matters), as well as to identify when and how to seek appropriate consultative support in doing so. Interns will be familiar with and adhere to all CAS policies and procedures, including accurately completing all clinical documentation in a timely manner. They will be able to receive feedback in supervision and from colleagues in a constructive manner, demonstrating humility and an openness to learning. Interns self-identify areas of growth (e.g., complete a self-evaluation at the end of the year prior to receiving their formal evaluation from their supervision) and seek out appropriate support to address these areas of growth. By the end of the training year, interns will identify areas of professional growth they would like to receive additional training in as they transition to independent practice and formulate a post-internship professional development plan.

Communication and Interpersonal Skills	During orientation and in the early weeks of the training year, supervisors and seminar instructors facilitate activities that lay the groundwork for interns to establish close working relationships with other trainees and supervisors. Throughout the year, interns work closely with other trainees and supervisors with whom they are expected to maintain productive professional relationships. As difficult communication or interpersonal issues arise, supervisors work closely with interns to identify the issues and guide them in addressing the issues in a productive manner and with appropriate supports. Group dynamics are identified and discussed in both group supervision and seminar as they arise. During orientation and in administrative supervision, the purpose of written clinical documentation and reports is reviewed with interns, including the various ways in which the documentation may be used (e.g., to communicate interns' work to supervisors; by outside providers for coordination of care; to support disability applications; in court systems; by insurance companies to determine medical necessity). The impact of proper clinical documentation on client care is emphasized. Interns are provided with sample clinical documentation during orientation and early in the training year and supervisors provide detailed feedback on interns' draft documentation prior to finalizing it for clients' medical charts. As the year progresses, interns independently produce proper and complete clinical documentation. They also produce written communication for purposes other than standard medical records (e.g., written communication to clients; clinical documentation supporting disability applications; support letters for gender-affirming medical care).
Assessment	During orientation and in the first weeks of seminar, interns receive didactic instruction on key assessment domains (e.g., risk assessment) and methods by which to conduct assessments to help prepare them to conduct initial evaluations with clients who are assigned to their caseload. During the first half of the training year, there is a focus on developing interns' clinical interviewing skills with the goal of collecting sufficient data during a three-session initial evaluation to form working clinical and diagnostic formulations. Supervisors review interns' documented evaluations and provide feedback, identifying areas for interns to follow up on with clients. Ongoing evaluations are discussed in individual supervision meetings. Supervisors guide interns in identifying measures to inform the assessment process for the initial evaluation, as well as over the course of treatment. As the training year progresses, interns learn to collect, integrate and critically assess data from interventions to refine clinical and diagnostics formulations and inform treatment planning. They collect and integrate data from a variety of sources (e.g., clinical interview, collateral report, psychological/neuropsychological testing results, medical history) and present this information in individual and group supervision to supervisors and their colleagues, as well as in formal case presentations in seminar.
	A primary focus of seminar and supervision in the early weeks of training is on the development of an effective therapeutic relationship with clients to set the stage for effective interventions. Interns learn the importance of holding the therapeutic frame and related boundaries (e.g., session start/end time, boundaries on communication outside of session, role of self-disclosure). During the orientation and in the early week of the training year, interns' administrative supervisor works closely with interns and the intake coordinator to assign cases to interns that are an appropriate fit for their level of experience and exposure to certain

Intervention	clinical populations and treatment approaches. In seminar, interns are exposed to evidenced based intervention approaches with relevant consideration of clients' identities and sociocultural factors relevant to intervention. Interns are encouraged to directly apply what they learn in seminar to their clinical work in seminar and supervision. Supervisors guide interns in working collaboratively with clients to develop evidence-based treatment plans and interns are required to produce a written treatment plan after an initial evaluation with each client, in addition to revising the treatment plan, as clinically appropriate throughout treatment. Over the course of the year, interns learn to evaluate the effectiveness of their interventions with clients and adapt interventions based on these evaluations. They learn to identify the benefits and limits of specific treatment approaches with clients. Increasingly complex cases (e.g. higher risk cases) are assigned to interns over the course of the training year as they develop the skills necessary to provide intervention to such complex cases. In addition, cases are assigned to help interns develop skills in areas of growth as identified by them and their supervisors, as well as to round out their caseload diversity to ensure exposure to a wide variety of cases. Interns independently engage in evidenced-based treatment planning with clients and adapt interventions, as clinically warranted, by the end of the training year. They identify and apply relevant research to clinical decision-making throughout the treatment process.
Supervision	Interns develop a knowledge of supervision models and practices in supervision and explore the parallel processes between supervision and other areas of professional practice (e.g., psychotherapy, relationships with broader systems). Interns have an opportunity to develop these skills with various supervisors in individual supervision, group supervision and administrative supervision. As the year progresses, interns apply the supervisory skills of observing, evaluating and giving guidance/feedback to their peers in group supervision and supervisors provide feedback to interns as they practice these skills.
Consultation and Interprofessional/ Interdisciplinary Skills	During orientation, interns are introduced to trainees from other disciplines (e.g., postgraduate social work and mental health counseling trainees) with whom they will train alongside in group supervision and seminar throughout the training year. Core competencies and ethical guidelines for the disciplines represented amongst the trainees, supervisors and CAS staff clinicians are reviewed with interns to facilitate an understanding of similarities and differences of the roles of these various disciplines. Throughout the training year, interns work closely with and provide/receive consultation in seminars and group supervision to/from postgraduate social work and mental health counseling trainees. As the training year progresses, interns have the opportunity to engage in coordination of care with other CAS providers, as well as external providers across a variety of disciplines, including, but not limited to, primary care physicians, psychiatrists, couples therapists, dieticians and case managers. As interns are assigned increasingly complex cases over the course of the training year, they have increased opportunities to coordinate care with a wide variety of providers. Interns learn to identify when a referral to a provider of another discipline is clinically warranted and engage in appropriate coordination of care with the providers to whom they refer their clients.

Each intern completes an Individualized Training Plan (Appendix 3) collaboratively with their supervisors at the beginning of the training year and revisits the plan with their supervisor at mid-year to reflect developmental progress, evolving training needs, and goals for the remainder of the internship. The training plan is shared with group supervisors and seminar instructors, as appropriate, to support coordinated and individualized training experiences across supervision and didactic components.

Interns will:

- Schedule up to 26 initial evaluation or psychotherapy sessions per week with clients participating in weekly or twice weekly psychotherapy;
- Attend two individual psychotherapy supervision meetings per week with licensed psychologists;
- Attend one group psychotherapy supervision per week led by a licensed psychologist or licensed psychologist, social worker;
- Attend a weekly Psychodynamic Theory & Practice Seminar or Advanced Psychodynamic Theory & Practice Seminar;
- *Attend a weekly Psychodynamic Couples Therapy Seminar (Optional)
- *Attend a weekly BIPOC Clinician Seminar or White Clinicians Allyship Seminar (Optional)
- Attend a monthly administration supervision meeting with the Executive Director;
- Work five weekdays and be on-site at our Cambridge office at least two weekdays; and
- Provide both in-person and telehealth psychotherapy services.

**Interns are required to choose at least one optional seminar and may choose two optional seminars.*

Sample Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
*5 Initial Evaluations/ Psychotherapy Sessions (4.6 hrs)	*5 Initial Evaluations/ Psychotherapy Sessions (4.6 hrs)	*5 Initial Evaluations/ Psychotherapy Sessions (4.6 hrs)	*5 Initial Evaluations/ Psychotherapy Sessions (4.6 hrs)	*6 Initial Evaluations/ Psychotherapy Sessions (5.5 hrs)
Seminar (1.5 hrs)	Seminar (1.5 hrs)	Group Supervision (1 hr)	Individual Supervision (1 hr)	Individual Supervision (1 hr)
Clinical Documentation & Other Administrative Duties (1 to 2 hrs)	Clinical Documentation & Other Administrative Duties (1 to 2 hrs)	Clinical Documentation & Other Administrative Duties (1 to 2 hrs)	Clinical Documentation & Other Administrative Duties (1 to 2 hrs)	Clinical Documentation & Other Administrative Duties (1 to 2 hrs)
Mid-Day Break (1 hr)	Mid-Day Break (1 hr)	Mid-Day Break (1 hr)	Mid-Day Break (1 hr)	Mid-Day Break (1 hr)

**Interns will be scheduled for a maximum of two initial evaluations with new clients each day until their caseloads are full. Approximately 50% of interns' time will be devoted to direct client services.*

An optional, year-long comprehensive assessment rotation is available to interns who have completed a minimum of ten integrated assessment reports and have administered/scored a minimum of five R-PAS protocols during their doctoral training. No decision regarding participation in the rotation is required during the application or interview process, as interns will make this decision only after they have been matched with CAS for internship. Participation in this rotation is not required and the core psychotherapy training structure remains unchanged for interns who do not elect this option. Interns who elect to participate in the assessment rotation receive supervised training in the selection, administration, scoring, and interpretation of a wide range of psychological, neuropsychological, and projective/performance-based instruments, including the Rorschach Performance Assessment System (R-PAS), Thematic Apperception Test (TAT), Wisconsin Card Sorting Test

(WCST), Rey–Osterrieth Complex Figure Test, Wechsler Adult Intelligence Scale–Fifth Edition (WAIS–5), California Verbal Learning Test (CVLT), MIGDAS, Reading the Mind in the Eyes Test (RMET), Camouflaging Autistic Traits Questionnaire (CAT-Q), and the Yale–Brown Obsessive Compulsive Scale (Y-BOCS), as well as self-report measures (e.g., BDI-II, BAI, DES-II, TSC). Interns learn to integrate assessment data through a psychodynamic conceptual framework, engage thoughtfully with cultural context and test limitations, and formulate clinically grounded recommendations for treatment, academic accommodations, and therapeutic guidance. Interns electing this rotation complete approximately 8 to 12 integrated assessment batteries over the course of the year and only carry a caseload of up to 20 clients, rather than 26, to allow time for assessment service delivery, including scoring, report writing, and feedback sessions. One of the intern's weekly individual supervision hours includes assessment supervision and the intern also participates in weekly assessment group supervision. To ensure breadth of exposure, all interns, regardless of rotation participation, receive additional assessment-focused didactic instruction during the year that is calibrated to their level of professional development.

Training is structured in a sequential, developmentally progressive manner across all components of the assessment process. Initially, interns receive close guidance in selecting assessment instruments based on referral questions and, over time, they assume increasing independence in test selection. To develop administration skills, interns participate in role-plays with supervisors and observe supervisors conducting assessments prior to independently administering measures. Initial administrations are either directly observed or reviewed via video, with supervisors providing detailed feedback. A similar progression is followed for scoring and interpretation. Interns begin by scoring mock protocols, advance to joint scoring with supervisors, and ultimately complete scoring independently with supervisory review. In interpretation and report writing, interns initially collaborate closely with supervisors to integrate data and conceptualize findings, and progressively move toward independently producing comprehensive reports. Interns are provided with sample reports and receive iterative, detailed feedback on each report draft until reports meet competency standards. Finally, interns develop feedback skills by practicing with supervisors prior to independently delivering feedback to clients. Throughout each stage of training, supervisors provide ongoing formative feedback, assess competency, and determine readiness for increased autonomy, ensuring that the intern's responsibility is commensurate with demonstrated skill.

Didactic Curriculum

CAS offers three categories of seminars, two of which meet 1.5 hours per week from September through May and the third of which meets 2 hours per week from June through August. All interns participate in a Psychodynamic Theory and Practice Seminar. The Training Director will assign each intern to the standard seminar or the advanced seminar, depending on the intern's prior training and coursework in psychodynamic theory and practice. In addition, interns choose to participate in either the BIPOC Clinicians Seminar or the White Clinicians Allyship & Accountability Seminar. All interns participate in the Assessment Seminar during the summer.

1a. Psychodynamic Theory and Practice Seminar
1b. Advanced Psychodynamic Theory and Practice Seminar

Instructors: Gretchen Davidson, LICSW & Lucía Flores, LICSW

The Psychodynamic Theory and Practice and Advanced Psychodynamic Theory and Practice Seminars are weekly seminars aimed to promote the integration of psychodynamic theory and practice through the application of theories and readings to clinical work. Interns are assigned to one of the two seminars based on their background training and coursework in psychodynamic theory and practice. The purpose of these seminars is to examine relevant theories that illuminate participants' understanding of the psychodynamic theory and the ability to practice psychodynamic relational therapy. Central to our inquiry is an exploration of how theory can inform clinical assessment, formulation, the application of effective therapeutic interventions, and the work of creating, nurturing, and using the therapeutic relationship to promote psychological growth and healing. Seminar content is structured to attend to the influences of identity, power, and privilege on the therapeutic relationship. Participants will engage with weekly readings and didactic content in addition to learning how to apply different theoretical frameworks and develop and present clinical case formulations. Each seminar participant will have the opportunity to do a case presentation designed to strengthen their ability to: a) speak the language of theory, b) apply theoretical concepts to work with clients, c) develop theoretically informed case formulations, d) present case formulations to colleagues, and e) facilitate case consultations and discussions.

1a. The Psychodynamic Theory and Practice Seminar meets every week for 1.5 hours from September through May and covers the following topics:

- ADDRESSING Framework
- Social Identity
- Assessment, Diagnosis, Goals, Treatment Plans, Risk Assessment and Suicidality, Partial Hospitalization Programs (PHPs), Intensive Outpatient Programs (IOPs), Hospitalization
- How to Use Theory
- Drive Theory
- Psychosexual Development
- Ego Psychology
- Object Relations
- Attachment Theory
- Trauma Frameworks
- Dissociation
- Self-Psychology

- Relational Psychotherapy
- Personality Organization
- Psychotherapy Termination

1b. The *Advanced Psychodynamic Theory and Practice Seminar* meets every week for 1.5 hours from September through May and covers the following topics:

- Trauma: Nervous System, Embodiment, Somatics, Dissociation
- Drive Theory
- Attachment: Tailoring Therapy to Attachment Orientation/Needs, Session
- Object Relations: Klein, Envy, Rage, Self States, Winnicott
- Self Psychology: Self Experience, Narcissism
- Personality Organization: Assessment, Defining Types, Impact on Transferences
- Relational/Intersubjective Theory: Defining Third Space and Decolonization
- Interpersonal Theory and Culture
- Dreams
- Reveries and Free Association
- Psychotherapy Termination

2a. BIPOC Clinicians Seminar / 2b. White Clinicians Allyship & Accountability Seminar

2a Instructors: Lucía Flores, LICSW & Diana Sencherey, LICSW
2b Instructors: Deborah Cohen, LICSW & Gretchen Davidson, LICSW

The BIPOC Clinicians Seminar and White Clinicians Allyship & Accountability Seminar are weekly seminars aimed to create an intentional space to explore the influence of racial and ethnic identity on the process of relational psychotherapy. Seminar participants work to understand and explore how identity influences personal and professional development, the therapeutic relationship, as well as the development, interpretation, and application of psychodynamic theory. Weekly readings, didactic content, and case presentations are structured to promote the analysis of the impact of privilege, marginalization, and racism on the therapeutic relationship and the systems within which psychotherapy is delivered. The BIPOC Clinicians Seminar and White Clinicians Allyship Seminar meet every week for 1.5 hours from September through May and cover the following topics:

- Conceptualizing Anti-Racist Psychodynamic Relational Therapy
- Psychodynamic Treatments of Race & Racism Through the Lens(es) of BIPOC Analysts & Theorists
- Social Identity and Intersectionality
- The Influence of Whiteness on Psychotherapy and the Therapeutic Relationship Racial Identity Development
- Understanding the Role of Identity in Formation and Maintenance of Defenses and Resistance
- Exploring Racialized Transferences and Countertransferences
- Racial Enactments
- Racial Trauma

- Liberation Mental Health: Attending to Experiences of Power, Oppression, and Racism within the Therapeutic Setting
- The Experiences of the BIPOC/White Therapist: Professional Identity Development, Use of Self, Organizational Structures, and Concern

3. Assessment Seminar

Instructor: Chloe Cohen, Ph.D.

The Assessment Seminar is a weekly seminar designed to support the development of competencies in psychological and neuropsychological assessment. Central to the seminar is the understanding of assessment as both a technical and relational process. Seminar content emphasizes how identity, culture, and systemic factors shape both the assessment process and the interpretation of data, and interns are supported in developing culturally responsive and ethically grounded assessment practices. Participants engage in didactic learning, case-based discussion, and applied exercises designed to strengthen their ability to: a) formulate and refine referral questions, b) integrate data across multiple domains (cognitive, personality, and projective), c) develop nuanced diagnostic and psychodynamic formulations, d) critically read and evaluate psychological reports, and e) translate assessment findings into clear, meaningful recommendations for treatment. Through this process, interns build competence in using assessment to inform clinical decision-making and to enhance therapeutic work.

The Assessment Seminar meets weekly for 2 hours from June through August and covers the following topics:

- Foundations and Ethics in Psychological Assessment
- Psychodynamic Theory and Assessment Framework
- Projective Assessment I: The Rorschach
- Projective Assessment II: TAT, Drawings, and Narrative Methods
- Neuropsychological Testing I: Intelligence and Achievement
- Neuropsychological Testing II: Executive Function, Attention, and Memory
- Personality Assessment: Self-Report Measures
- Specialized Differential Diagnosis: Psychosis, Autism, and Complex Cases
- Testing Higher-Risk Patients
- Reading and Interpreting Psychological Reports
- Integration: Neuropsychological and Personality Data
- Treatment Planning and Collaborative Care

Intern Recruitment and Selection

CAS anticipates up to three open internship positions for which applications will be accepted between September 1st and December 1st for the following training year. The training year begins the last week of August with orientation and ends on August 31st the following year.

Applicant Requirements

1. Enrollment in a doctoral program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA);
2. Completion of all academic coursework and qualifying examinations leading to a doctoral degree in Clinical Psychology or Counseling Psychology;
3. Minimum 500 hours of supervised practicum experience;
4. Minimum of 250 direct adult intervention hours;
5. Completion of three or more clinical practica / externships, at least one of which must have been in an adult outpatient or college counseling setting;
6. Experience in the provision of culturally informed care; and
7. Experience and/or strong interest in relational psychodynamic and attached-based treatment approaches.

Application Materials

1. Cover letter addressing experience with or exposure to relational psychodynamic and attached-based treatment approaches and the provision of culturally informed care;
2. Curriculum vitae;
3. Clinical case formulation (redacted);
4. Three letters of references, at least of which should be clinical supervisors; and
5. Graduate transcript.

Selection Procedure

The Training Committee, which consists of the Psychology Training Director, Interdisciplinary Training Director, Associate Training Director, and Clinical Director, reviews all applications. Qualified applicants are invited for in-person or virtual interviews via email with select representatives from the Training Committee. The interview process consists of an informational meeting with the Training Director and two individual one-hour interviews with training committee members. During the interview, applicants are asked to respond to questions regarding their clinical training, experience and interests. Following the interviews, the Training Committee ranks candidates based on the following criteria: demonstration of clinical skills and acumen, both generally, and as specifically relevant to the provision of psychodynamic psychotherapy and culturally competent care; cultural humility; self-awareness; professionalism; and openness to learning. Preference is given to candidates with training and/or prior experiences relevant to working with client populations representative of clients served by CAS (e.g., marginalized populations; emerging adults). As a member of APPIC, CAS participates in the national internship matching process by submitting applicant rankings to the National Matching Service. CAS abides by the APPIC policy that no person at CAS will solicit, accept, or use any ranking-related information from any intern applicant.

Diversity and Non-Discrimination Policy

Clinical Alliance Services (CAS) is deeply committed to fostering a training environment that centers diversity, equity, and inclusion in both clinical practice and professional development, representing one of the organization's core values. Diversity is understood broadly as reflecting differences and similarities across identities, including, but not limited to race, ethnicity, culture, gender identity and expression, sexual orientation, relational orientation, socioeconomic status, religion, disability, age, national origin, language, and other intersecting identities. CAS serves a highly diverse adult population in the Cambridge and greater Boston communities and a substantial portion of its clients identify as BIPOC and/or LGBTQ+. The internship is intentionally designed to prepare interns to work thoughtfully and effectively with clients across a wide range of identities, backgrounds, and lived experiences. Training emphasizes culturally responsive, identity attuned, and context informed care, with particular attention to the ways in which systems of power, privilege, and oppression shape psychological functioning and the therapeutic relationship.

Diversity is integrated throughout all aspects of the internship. Interns are expected to develop competence in individual and cultural diversity as a core Profession-Wide Competency, including cultivating self-awareness of their own identities and positionality; developing knowledge of diverse cultural, social, and historical contexts; and building skills to provide effective, respectful, and responsive services to clients with identities that are different from or similar to their own. These competencies are addressed through clinical work with a diverse caseload, individual and group supervision, and a structured didactic curriculum that explicitly integrates issues of diversity, equity, inclusion, privilege, power, and oppression at both individual and systemic levels.

CAS recognizes that diversity in a training community enhances educational experiences and is critical to the provision of competent clinical care and, as such, actively seeks to recruit and retain interns, supervisors, staff, and faculty from diverse backgrounds, In addition, CAS is highly committed to creating a learning community in which its members feel respected, seen, heard, supported, and able to fully participate. The internship training program is committed to equal opportunity and does not discriminate in the selection, evaluation, or retention of interns or staff in accordance with its Equal Opportunity Policy. The program also strives to ensure accessibility and provide reasonable accommodations for qualified individuals with disabilities and other qualified needs. Importantly, CAS views diversity as an ongoing area of growth and institutional responsibility, regularly evaluating its training environment, curriculum, and policies to ensure that they support inclusivity and prepare interns to serve the public with competence, humility, and integrity.

Benefits & Resources

Stipend: Interns receive an annual stipend of $50,000, paid over the course of the training year on a biweekly basis, as full-time W-2 employees.

Benefits: Interns are eligible for employer-sponsored individual and family health/dental insurance. Interns receive ten days of Paid Time Off (PTO), which can be used for vacation, sick leave or personal time. Interns also receive PTO for 11 federal holidays and are eligible for leave related to Jury Duty, Voting Leave, Military Leave, Emergency Response Leave, Day of Rest, Paid Family Medical Leave and Parental Leave, as outlined in Section C of the *Employee Handbook*.

Relocation Assistance: CAS offers relocation assistance to accepted interns who are relocating (e.g., moving residences) from more than 60 miles away. Reimbursement up to a maximum of $2,500 will be provided to help with the cost of transporting belongings (e.g., moving company, moving truck rental, shipping boxes/containers/PODS, pet transportation) and/or travel expenses (e.g., one-way airfare or train ticket) related to moving. Reimbursement claims must be submitted with receipts verifying expenses within 30 days of the start date of the internship.

Resources: CAS's internship program is supported by a range of clerical, technical, and electronic resources that ensure interns and training faculty can carry out their work effectively. CAS provides administrative support for scheduling, onboarding, documentation needs, and general logistical coordination. Interns have access to the agency's electronic health record for scheduling, documentation, billing, and secure communication. Dedicated IT support is available to assist with software, hardware, and telehealth needs, ensuring that both in-person and virtual services run smoothly. These supports allow interns to focus their time on clinical training and client care while ensuring that administrative and technological systems remain reliable and accessible. The program is well resourced with training materials and equipment essential for high-quality clinical work. Interns have access to standard assessment tools and protocols, diagnostic and treatment-planning materials, and clinical references such as the DSM and ICD. The agency maintains up-to-date test materials and scoring resources needed for psychological assessment. Interns also have access to relevant readings and didactic materials provided through seminars, supervision, and training leadership. Office supplies, therapeutic resources, and other materials needed for psychotherapy and assessment are readily available.

The physical facilities further support the internship's training goals. CAS is in a professional office building in Cambridge's Harvard Square neighborhood, easily accessible by public transportation. The office suite includes a comfortable waiting area, private treatment rooms for psychotherapy, and designated office space for interns on their on-site days. Interns have access to quiet, confidential workspaces for documentation, supervision, and telehealth sessions, as well as space for group supervision and didactic seminars. The layout and atmosphere of the office are designed to support a welcoming, inclusive, and professional clinical environment, ensuring that both clients and trainees have space that promotes safety, comfort, and focused clinical work. CAS is committed to maintaining facilities and resources that meet ADA requirements. Its satellite office at 875 Massachusetts Avenue in Cambridge is located in a building that is accessible by ramp, elevator, and treatment rooms, hallways, and common spaces are arranged to accommodate mobility needs. Interns and clients may request reasonable accommodations and the agency provides access to assistive tools and technology as needed to support participation in clinical work, didactics, and supervision. These efforts ensure that the training environment is accessible to interns and clients and aligns with the agency's commitment to inclusive and equitable care.

Training Program Faculty

The Psychology Training Director is a doctoral-level licensed psychologist who has primary responsibility for the integrity and quality of the psychology internship program. The Interdisciplinary Training Director and Associate Training Director provide collaborative leadership and support to the psychology internship as part of the broader interdisciplinary training program, which includes social work interns, postgraduate social work fellows, and postgraduate mental health counseling fellows. The Psychology Training Director, Interdisciplinary Training Director, and Associate Training Director work closely together, along with other training faculty, to ensure an integrated and cohesive training experience across disciplines.

Lissa Dutra, Ph.D., J.D., Executive Director & Psychology Training Director

As Executive Director and Psychology Training Director, I am responsible for the integrity and quality of the doctoral psychology internship program. I hold a Ph.D. in Clinical Psychology from Boston University, a J.D. with a concentration in Health Law from Seton Hall University, and an Ed.M. from the Harvard Graduate School of Education. After training for several years at Cambridge Health Alliance in psychodynamic psychotherapy at the Victims of Violence Program and Outpatient Psychiatry Department, I completed a postdoctoral fellowship at the Pacific Islands Division of the National Center for PTSD and later worked as a Health Science Specialist at the Women's Health Sciences Division of the National Center for PTSD. Later, I transitioned to the role of Administrative Director of a community mental health center, which sparked my strong interest in the intersection of clinical work, administration, and health insurance. I serve on the Executive Committee of the Massachusetts Psychological Association and am dedicated to making mental health care accessible, particularly to underserved communities.

I have worked extensively with marginalized populations, particularly first and second-generation immigrants and socioeconomically disadvantaged individuals. My clinical areas of specialty include trauma and complex posttraumatic stress disorder, dissociation, personality disorders and attachment. My clinical orientation is attached-based, relational and psychodynamic. I also have training in Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT) and Motivational Interviewing (MI), as I believe it is important to be flexible and integrative when providing clinical care to best meet clients' individual needs.

Deborah Cohen, LICSW, Interdisciplinary Training Director

I believe that healing takes place within the context of relationships. My approach to therapy is grounded in a social justice framework and is integrative in nature, incorporating relational, psychodynamic and strengths-based perspectives as well as cognitive-behavioral and mindfulness-based interventions. I am committed to understanding clients within their cultural contexts, and pay close attention to the impact of ethnicity, gender, sexual orientation, religion and social class on development and identity.

There are many ways to bring about change, and I work collaboratively with clients to identify the ways that will work best for them. I offer individual therapy to adults across the age span and work with individuals experiencing anxiety, depression, relationship difficulties, struggles with identity and self-esteem, and challenges related to college adjustment and other life transitions.

Lucía Flores, LICSW, Associate Training Director

I use a relational psychodynamic lens to help explore the connection between how clients currently move through the world and how they learned how to make sense of the world. I also use somatic therapies like EMDR and Sensorimotor Psychotherapy to help bring attention to the way the body stores emotions and experiences and release patterns that no longer serve clients. I help clients navigate issues related to mood and anxiety disorders, complex trauma and PTSD, and other major life stressors. I use an anti-oppressive lens and pay close attention to the way cultural and institutional factors impact health. I believe that therapy is one part of a process toward connection and a sense of belonging with others. I am first-generation Afro-Dominican, queer and nonbinary. I have worked with clients across the lifespan in both English and Spanish. My style as a therapist is strengths-based and trauma-informed. I welcome all clients, including BIPOC, queer, trans and gender-expansive adults.

I serve in a dual capacity within the Society for Psychoanalysis and Psychoanalytic Psychology (APA Division 39) as co-chair for the Committee of the Global Majority and on the Division 39 Board as Member-At-Large. My areas of clinical interest include surviving the trauma of interpersonal, sexual, and/or political violence; negotiating a lesbian/ gay/ bisexual/transgender/queer identity; and the impact of stigma on mental and physical well-being. I also have an extensive background in university mental health and in the training and supervision of psychologists, social workers and mental health counselors.

Gretchen Davidson, LICSW, Clinical Director

My therapy approach is rooted in psychodynamic and relational theories. I also incorporate cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), Eye Movement Desensitization Reprocessing (EMDR) and other therapeutic approaches to meet my clients' unique needs. I believe in each person's potential for healing and empowerment, informing my approach to building a supportive and open therapeutic relationship. Self-understanding and healing can be facilitated by exploring the varied forces that shape us, including familial, cultural, societal, and historical experiences.

I work with couples, families, and individuals ranging from adolescence through late adulthood. I specialize in treating anxiety, depression, trauma, identity issues, and relationship challenges. I have extensive experience supporting young adults, parents, pregnant people and individuals traversing various life transitions. As a queer clinician, I enjoy working with the LGBTQ community. I strive to be an ally for communities of color and have joined efforts in my community to promote racial justice. I completed the Psychodynamic Couple and Family Institute of New England postgraduate training program and am currently a clinical supervisor at Clinical Alliance Services, LLC.

Chloe Cohen, PhD, Testing Program Coordinator & Clinical Supervisor

I work with individuals across all life stages, providing support for depression, anxiety, trauma, identity exploration, life transitions, psychosis, and relationship dynamics. I also offer psychological assessments to clarify diagnostic questions and help guide existing therapeutic treatments toward self-understanding, connection, and growth. I have advanced expertise in psychodynamic psychotherapy and psychological evaluation, honed through my training at Cambridge Health Alliance/Harvard Medical School. I also have experience working as a therapy

and testing consultant and have worked extensively with LGBTQIA+ populations in individual, group, and community-based contexts.

Ana Fernandez, PhD, Clinical Supervisor

I am a licensed psychologist, with a private practice in Cambridge. I obtained my PhD at Long Island University, in Brooklyn NY, and have worked in various types of settings, including hospitals, community mental health centers, a university counseling center, and eating disorder treatment center. I currently provide individual therapy to adults struggling with anxiety, depression, eating disorders, complex trauma, and acculturation/identity issues. Being bilingual (English-Spanish) and bicultural myself, I have a special interest in the experiences and needs of multicultural clients. My orientation as a therapist/clinical supervisor is primarily psychodynamic and trauma-informed, which I integrate with Feminist, family systems, and Health at Every Size (HAES) perspectives, as well as approaches from Cognitive Behavioral Therapy (CBT), and Acceptance and Commitment Therapy (ACT).

Xialou Hsi, PhD, Clinical Supervisor

I am a clinical psychologist and neuropsychologist. I have been on staff at the MIT Student Mental Health and Counseling Service since 2003 and am also in private practice. I have been supervising Harvard Medical School APA interns and post-docs since 1997, previously at Cambridge Health Alliance, where I co-founded the Asian Clinic, and currently at the Mass Mental Health Center (MMHC)/Beth Israel Deaconess Medical Center (BIDMC) and the Massachusetts Institute of Technology (MIT). I integrate psychodynamic theories of objection relations, self-psychology, attachment and acculturation in the globalization era in my dual specialty practice in psychodynamic psychotherapy and clinical neuropsychology (specializing in ADHD) with adolescents and adult populations individually and in groups. I am originally from China and am a faculty and board member of the China American Psychoanalytic Alliance (CAPA).

Grievance Policy

There may be times when interns need to file an official grievance complaint about unjust treatment, harassment, and/or health and safety concerns in the workplace. A grievance can be filed against any CAS employee or independent contractor, including supervisors, the Training Director, Clinical Director and Executive Director. The company defines a "grievance" as a formal work-related complaint, issue, and/or objection made by an intern. Prior to filing an official grievance, the intern should review the policy that directly impacts their complaint and first follow the relevant procedures for that policy as described in the *Employee Handbook*, if applicable. Interns should first attempt to informally resolve grievances or disputes with the help of a supervisor, Training Director, Clinical Director and/or Executive Director. If the intern feels informal efforts at addressing the dispute have not resulted in the issue being resolved fairly and constructively within a reasonable period of time, the intern may file a formal grievance.

Interns can file grievances when:

- Training Program policies and procedures are violated, including, but not limited to those related to intern evaluation, supervision or due process;
- Company policies are violated, including policies contained in the Standard Operating Policies and Procedures Manual and Employee Handbook;
- They have been victims of workplace harassment or discrimination;
- Their health and safety have been compromised;
- They have witnessed/been subjected to poor supervisor and/or leadership behavior;
- There is a dispute between other interns or supervisors;
- They feel they have been treated unfairly; and/or
- They have any other significant concern about their experience in the internship program.

CAS also recognizes that the nature of grievances may vary widely, so this list is flexible and subject to change.

To file a formal grievance, the intern is required to submit a written statement, describing the following:

- Nature of the incident(s);
- Specific description of what occurred in the incident(s);
- Date(s) of the incident(s);
- Individuals involved in the incident(s);
- Company or training program policies that intern believes may have been violated;
- Intern’s attempt to address or resolve the dispute, including individuals with whom the intern has consulted for assistance and support; and
- Intern’s suggestion(s) for a satisfactory resolution.

The intern should submit the grievance statement to the Training Director, unless the grievance is filed against the Training Director, in which case the statement should be submitted to the Clinical Director and/or Executive Director. The person against whom the grievance has been filed will be provided with a copy of the grievance statement and given five business days to formally respond in writing to the statement after consultation with their supervisor, the Training Director, the Clinical Director and/or the Executive Director.

The Training Committee shall convene a meeting to review the grievance within five business days of receiving the response from the person against whom the grievance was filed and to determine what type of investigation

should occur and by whom it will be conducted. For example, the intern and the person against whom the grievance was filed may be invited to meet with the Training Committee separately or jointly. Best efforts will be made to complete the investigation within 10 business days of the Training Committee's initial meeting. Once that investigation has been conducted, the Training Committee will meet to determine a disposition and recommendations, which will be provided in writing to the intern within 5 business days of that meeting.

The intern may appeal the disposition within five business days of receiving the written disposition from the Training Committee. The appeal must be provided in writing to all members of the Training Committee, with the exception of the person against whom the grievance was filed, and include any additional information not included in the initial grievance statement. The Training Committee will meet to discuss if the disposition should be revised. If the Training Committee determines the disposition should not be revised, it may then consult with an appropriate outside consultant, such as the Director of Clinical Training at the intern's doctoral program or CAS's legal counsel, depending on the nature of the grievance. A final disposition will be provided in writing to the intern within five business days of the Training Committee's meeting to review the appeal or, if applicable, within five business days of meeting with an outside consultant. This final disposition will not be subject to further appeal.

It is the Training Committee's responsibility to:

- Accept and investigate all filed grievances;
- Endeavor to reasonably resolve the grievance within a reasonable period of time, wherein reasonableness is understood to vary based on the nature of each case;
- Treat all parties fairly throughout the grievance process;
- Adhere to the no-retaliation policy when an intern files a grievance against any CAS employee or independent contractor, including against a supervisor or director;
- Organize mediation meetings with the relevant parties, when appropriate;
- Practice confidentiality throughout the grievance process;
- Endeavor to ensure that the final disposition and related recommendations, if any, is/are implemented; and
- Maintain records of each grievance.

CAS recognizes that grievances filed against individuals in leadership, particularly, but not limited to, the Training Director and Executive Director, may raise potential issues and concerns related to positionality, power and bias. The company acknowledges the limitations inherent in a company that does not have a Board of Directors to which grievances against employees in leadership may be filed. CAS will use every effort to utilize internal resources and, if necessary and when feasible, external resources, such as clinical, organizational and/or legal consultants, to endeavor to address such grievances in a just and unbiased manner. The leadership team works collaboratively to fully consider issues and concerns related to positionality, power and bias in addressing grievances. Filed grievances may be shared with employees in leadership, including supervisors, the Clinical Director and Executive Director, as a means of facilitating the use of internal resources to most effectively address grievances while remaining mindful of potential issues and concerns related to power, control and bias. If the company determines that the employee against whom the grievance was filed has committed the grievance they are being accused of, CAS will adhere to its Progress Discipline Policy and all other relevant company policies, as described in the *Employee Handbook*, as appropriate, to ensure that the matter is resolved.

Due Process

At times, an intern's performance, conduct, unwillingness or inability to perform, difficulty managing personal reactions, inappropriate conduct, or other behavior of concern may interfere with the intern's professional responsibilities to a degree that it is identified as problematic by the intern's supervisor, instructor or a director. At any point in the internship year, including but not limited to the mid-year and end-of-year evaluations, Due Process procedures may be initiated to address the following:

- Receipt of a mid-year intern evaluation rating below 3 for any core competency;
- Conduct that does not conform to Ethical Principles of Psychologists and Code of Conduct;
- Illegal behavior;
- Violation of CAS's policies and/or procedures;
- Behavior that negatively impacts client care;
- Behavior that requires inordinate attention from supervisors and/or directors;
- Skills deficits that cannot be improved in standard training curriculum and supervision;
- Refusal or follow to follow recommendations provided in supervision; and/or
- Behaviors that negatively impact the intern's ability to function as part of a team.

Due process follows the following standard procedure:

1. **Informal Notice:** The intern's supervisor and/or Training Director will first endeavor to engage in a discussion with the intern regarding the behavior of concern. The intern will be provided with an opportunity to respond to concerns and discuss ways the behavior may be remedied.

2. **Formal Notice:** If the behavior of concern continues after Informal Notice or if the behavior is so egregious that the Training Committee determines that a Hearing is immediately warranted, the intern will be provided with Formal Notice in writing and be invited to a Hearing with the Training Committee. The Director of Clinical Training at the intern's doctoral program will be notified of the Formal Notice and the date of the Hearing, which shall convene within five business days of issuance of the Formal Notice.

3. **Hearing:** The intern will attend a Hearing with the Training Committee to hear about the behavior of concern and be provided with an opportunity to respond. At this meeting, the Training Committee and intern will discuss what steps should be taken to address the behavior of concern. If the Training Committee determines a formal remediation plan is required and likely to be helpful, the plan will be discussed at the Hearing or, if requested by the Training Committee or intern, at a subsequent meeting that shall convene within 5 business days of the Hearing.

4. **Disposition:** Following the Hearing and any subsequent meeting(s), the Training Committee will provide the intern with a written Disposition. The Disposition may indicate that the behavior of concern was adequately resolved at the Hearing, no further action is required, and the intern is no longer on formal notice. Alternatively, the Disposition may indicate that the intern will continue to be on Formal Notice through a specified date and describe what further action needs to be taken, by whom, and by what timeframe, as next steps. The Disposition shall address any additional supports that will be provided to the intern, if applicable, and include a copy of any applicable Remediation Plan. Alternatively, the Disposition may indicate that the Training Committee has determined the intern's behavior of concern is so egregious

(e.g., unethical behavior, illegal violations, behavior compromising the integrity of the training program, behavior compromising the care/health/safety of clients) that immediate dismissal from the internship is warranted. A copy of the Disposition will be provided to the Director of Clinical Training at the intern's doctoral program.

5. **Remediation Plan & Probation:** If the Training Committee determines that a formal Remediation Plan is required and likely to help address the behavior, the intern will be notified that they are on Probation and required to follow a Remediation Plan. The Remediation Plan shall include information regarding any additional supports to be provided by the training program and behavioral changes expected from the intern. The Remediation Plan shall also specify the timeframe of the Probation period. A copy of the Remediation Plan shall be provided to the Director of Clinical Training at the intern's doctoral program. At the end of the Probation period, the Training Committee will meet to review the intern's progress and determine if the behavior of concern has been fully resolved, if there is some progress but additional progress is needed, or if the behavior of concern has otherwise continued. If the behavior of concern has been resolved, the intern will be notified that they are no longer on Probation. If it is determined that some progress has occurred, but additional progress is required, the Training Committee may extend the Probation period with or without a revision to the remediation plan. If the Training Committee determined that the behavior of concern has not sufficiently improved, the intern will be dismissed from the internship. The Director of Clinical Training at the intern's doctoral program will be notified of the disposition of the Training Committee's meeting at the end of the Probation period.

6. **Appeal:** Within five working days of each step of the Due Process procedure, the intern may appeal the outcome of the step. The intern shall submit a written notice of appeal and include any relevant documentation or additional information forming the basis of the appeal, if that information has not already been provided to the Training Committee. Within ten business days, the Training Committee will convene a meeting with the Director of Clinical Training at the intern's doctoral program and the Executive Director of CAS to discuss the appeal. The Executive Director will provide a written disposition of the appeal to both the intern and Director of Clinical Training at the intern's doctoral program within five business days of this meeting.

   At any point of the Due Process procedure, if the Training Committee or intern determines it may be helpful to involve the Director of Clinical Training at the intern's doctoral program in the Due Process procedure, they may do so. Such involvement may consist of consulting with the Director of Clinical Training at the intern's doctoral program and/or inviting them to participate in the Hearing or subsequent meetings.

Intern Training Record Retention Policy

All intern training records are maintained in secure electronic systems. Formal evaluations of interns and supervision documentation related to training and performance are stored within the program's HIPAA-compliant electronic medical record system. Access to these records is restricted to authorized training leadership and supervisors for training, evaluative, and administrative purposes. Additional training-related materials, including certificates of completion and descriptions of training experiences, are maintained electronically within the program's secure Google Workspace program. Access to these materials is managed by training leadership and limited to authorized individuals, including members of the training team and administrative staff. Confidentiality of intern records is protected through restricted electronic access, role-based permissions, and adherence to applicable ethical, legal, and privacy standards. Information from intern records is shared only as necessary for training, evaluation, due process, accreditation, or legally required purposes.

In accordance with APA Commission on Accreditation (CoA) Standard I.C.4, CAS permanently maintains required intern records, including formal evaluations of intern performance, documentation of supervision and training experiences, certificates and documentation of program completion, and descriptions of the intern's training experiences. Where applicable institutional, state, or federal requirements establish additional or longer record retention requirements, CAS complies with those requirements. Accordingly, records are maintained for whichever applicable retention period is longest. If applicable CoA, institutional, state, or federal record retention requirements change, CAS will comply with the applicable requirements.

CAS also maintains records of formal complaints and grievances in accordance with APA Commission on Accreditation (CoA) requirements. Consistent with Implementing Regulation C-7 I, CAS retains, at minimum, records of all formal complaints and grievances received since the program's prior accreditation site visit. Where applicable institutional, state, or federal requirements require a longer retention period, CAS follows the longer applicable requirement. Accordingly, records are maintained for whichever applicable retention period is longest. If applicable CoA, institutional, state, or federal record retention requirements change, CAS will comply with the applicable requirements.

Appendix 1: Intern Evaluation Template

Intern Name:
Clinical Supervisor Name:
Dates of training period being evaluated:
Date supervisor reviewed evaluation with Intern:

Methods utilized for evaluation (endorse all that apply):
___ case presentations
___ documentation review
___ direct (in person) observation
___ observation via audio/video
___ feedback from other staff/faculty
___ material presented by intern in supervision

Rate each of the core competencies using the following scale and describe the intern's areas of strength and areas of growth for each core competency:

- 0: Intern does not demonstrate the key indicators of the core competency;
- 1: Intern rarely demonstrates the key indicators of the core competency;
- 2: Intern demonstrates the key indicators of a core competency at novice/beginner level requiring significant support from supervisors/ instructors;
- 3: Intern is progressively demonstrating the key indicators with a developmentally appropriate level of support from supervisors/instructions;
- 4: Intern consistently demonstrates the key indicators and is beginning to do so independently with support from supervisors/instructions;
- 5: Intern consistently demonstrates the key indicators at an independent level and demonstrates a readiness for entry level independent practice; specifically, the intern demonstrates the abilities to independently function in a broad range of clinical and professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation.

Mid-Year Expectations: By mid-year, interns are expected to earn ratings of at least 3 (and generally between 3 and 4) on all learning elements across all Profession-Wide Competencies. A rating below 3 in any competency area at mid-year indicates that the intern is not yet meeting minimum expectations for that point in training.

End-of-Year Expectations: By the end of the internship year, interns are expected to demonstrate readiness for entry-level practice. To meet this standard, interns must earn a rating

of 5 on all learning elements across all Profession-Wide Competencies. Achieving this level is required to successfully complete the internship.

Remediation and Due Process: If an intern receives a rating below 3 in one or more Profession-Wide Competencies at mid-year, or if supervisors have reason to be concerned about the student's performance or progress at any point during the training year, due process procedures will be initiated. These procedures may include the development of a formal remediation plan designed to support the intern in addressing identified areas of concern and meeting competency expectations.

Research	Rating
Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).	
Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Ethical and Legal Standards	Rating
Demonstrate knowledgeable of and act in accordance with each of the following: • the current version of the APA Ethical Principles of Psychologists and Code of Conduct; • 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.	
Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.	
Conduct self in an ethical manner in all professional activities.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Individual and Cultural Diversity	Rating
Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity.	
Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Professional Values and Attitudes	Rating
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Communication and Interpersonal Skills	Rating
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.	
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Assessment	Rating
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
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.	
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 assessment that are subjective from those that are objective.	

Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Intervention	Rating
Establish and maintain effective relationships with the recipients of psychological services.	
Develop evidence-based intervention plans specific to the service delivery goals.	
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
Demonstrate the ability to apply the relevant research literature to clinical decision making.	
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Supervision	Rating
Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Apply the supervisory skill of observing in direct or simulated practice.	

Apply the supervisory skill of evaluating in direct or simulated practice.	
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Overall Competency Rating (Element Rating Average)	

Areas of Strength:

Areas for Growth:

Consultation & Interprofessional/ Interdisciplinary Skills	Rating
Demonstrate knowledge and respect for the roles and perspectives of other professions.	
Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	

Areas of Strength:

Areas for Growth:

Additional comments or feedback with respect to any areas of strength or areas of growth not addressed above:

Intern's response to evaluation, if any: Do you believe the supervisor has provided an accurate assessment of your competence in the various domains described in this evaluation? If not, please elaborate.

Intern's Signature Acknowledging Receipt of Evaluation Date

Supervisor's Signature Verifying Review of Evaluation with Intern Date

Appendix 2: Supervisor Evaluation Template

Intern Name:
Supervisor Name:
Dates of supervision being evaluated:
Date Intern Reviewed Evaluation with Supervisor:

Rating Scale:
0 = Not applicable / Unable to provide feedback
1 = I would prefer much more of this in supervision
2 = I would prefer somewhat more of this in supervision
3 = I would prefer a little more of this in supervision
4 = This area is satisfactory as is in supervision

Learning Environment	Rating
Promotes a sense of acceptance, affirmation, trust, and respect (e.g., Openly discusses and is respectful of differences in style, orientation, and case conceptualization)	
Understands my perspectives and makes an effort to understand me	
Establishes clarity in the purpose of supervision (e.g., helps me establish supervision goals)	
Is efficient in use of supervision time and helps me stay on track / on topic during supervision meetings	
Challenges and supports my professional growth and development	
Creates clear and reasonable expectations of my performance based on level of training/stage of development	
Clearly identifies areas of strength and areas for growth	
Treats mistakes as a learning opportunity	
Creates a space in which I feel comfortable acknowledging and discussing a lack of confidence in my work and/or my perceived weaknesses or failures as a therapist	
Provides ongoing feedback	
Helps me improve my ability to examine, modify, and refine my clinical approaches	
Supports development of skills that enhance my ability to be a more effective therapist	
Elicits discussion and creates comfort in processing how my intersectional identities impact how I experience my work	
Is knowledgeable regarding ethics, laws, and regulations and/or knows how to find or guide me in finding necessary resources	
Is knowledgeable regarding agency policies and procedures and/or knows how to find or guide me in finding necessary resources	
Supervision Style	**Rating**
Places a high priority on understanding the clients' perspectives and experiences	
Balances instruction with exploration	

Allows and encourages me to question, challenge, or doubt their opinions	
Makes supervision a collaborative experience; allows me to structure supervision	
Assists me in theoretical case formulations	
Defines and clarifies problems in treatment	
Encourages reflection of my work and exploration of potential alternative interventions	
Offers useful ideas for clinical interventions	
Offers feedback that is necessary and appropriate in a respectful and tactful manner	
Openly processes any conflicts that arise in the supervisory relationship	
Allows and encourages me to describe any difficult feelings I may have about our supervision or my supervision	
Admits errors or limitations without undue defensiveness	
Recognizes my stage of development/level of training and enables our relationship to evolve over time from advisory to consultative to collegial	
Openly discusses and is respectful of cultural differences other individual diversity	
Assists in navigating ethical concerns	
Makes decisions, takes responsibility, makes concrete specific suggestions, when appropriate	
Assists me in forming a clearer theoretical orientation and professional identity	
Assists me to integrate different techniques	
Challenges me/my perspective/my clinical work when appropriate	
Helps me take risks that lead to growth in my clinical practice and professional development	
Professional Behavior	**Rating**
Is reliable (i.e. on time, prepared) and available	
Addresses countertransference/transference issues present in both the clinical and supervisory relationships, including parallel processes	
Raises ethical and legal considerations, as appropriate	
Uses self-disclosure at appropriate times and in the interest of normalizing my experience as a therapist and/or otherwise furthering my professional development	
Offers practical and useful case-centered suggestions	
Presents theoretical rationale for suggestions	
Provides teaching that generalizes beyond specific cases to strengthen my general skills	
Models behavior and practices that help me learn about therapy	
Supports the development of my clinical interests, even if different from theirs	
Addresses and explores structural dynamics of power, privilege, and oppression to help me understand my clinical work and our work in supervision	
Is tactful and respectful when providing feedback about me, my work and my professional development	

The aspects of supervision I found most helpful were:

Supervision could be improved by:

Additional Comments / Feedback:

_____

Supervisor's Signature Acknowledging Receipt of Evaluation Date

_____

Intern's Signature Verifying Review of Evaluation with Supervisor Date

Appendix 3: Individualized Training Plan

This Individualized Intern Training Plan is completed by the intern in collaboration with their supervisors at the beginning of the training year to identify training goals, areas of interest, and support needs. The plan is formally reviewed and updated at mid-year in collaboration with supervisors to reflect the intern's developmental progress, evolving goals, and training experiences. The training plan is shared with group supervisors and seminar instructors, as appropriate, to support coordinated and individualized training experiences across supervision and didactic components. Revisions may occur as needed to ensure the training experience remains responsive and supportive.

Intern:

Supervisors:

Date:

1. Training Goals Aligned w/Profession-Wide Competencies

Please describe your primary training goals for the year. Goals should be specific, developmentally appropriate, and aligned with the profession-wide competencies below.

- **Assessment** (e.g., increasing competence in diagnostic interviewing; administering and interpreting specific types of assessment measures; writing integrated assessment reports; refining differential diagnosis skills)
- **Intervention** (e.g., developing proficiency in specific therapeutic approaches; strengthening case formulation skills; increasing confidence working with complex or high-risk presentations)
- **Ethical and Legal Standards** (e.g., applying ethical decision-making; strengthening knowledge of confidentiality; strengthening knowledge of mandated reporting; navigating boundaries; documentation requirements)
- **Individual and Cultural Diversity** (e.g., increasing awareness of how personal identities and biases impact clinical work; developing culturally responsive and identity-affirming interventions)
- **Professional Values and Attitudes** (e.g., strengthening professional identity; developing reflective practice; managing professional stress and self-care ethically)
- **Communication and Interpersonal Skills** (e.g., improving clarity and confidence in clinical communication; strengthening collaboration with supervisors and colleagues; giving and receiving feedback effectively)
- **Supervision / Consultation (as applicable)** (e.g., learning to present cases clearly; developing consultation skills; increasing comfort discussing uncertainty or challenges)
- **Research and Evidence-Based Practice** (e.g., integrating scientific literature into clinical decision-making; evaluating the relevance and applicability of research findings to clinical practice)

2. Individual Areas of Interest and Focus: Please describe the clinical and professional areas you are interested in emphasizing during the training year. You may wish to address any of the following, as relevant:

- Client populations you hope to work with
- Presenting concerns or diagnostic areas of interest
- Treatment approaches/competencies you would like to develop/strengthen
- Assessment approaches/competencies you would like to develop/strengthen
- Professional development goals or other areas of curiosity

3. Support Needs and Professional Development Considerations Please describe any learning needs, support considerations, or contextual factors that may be relevant to your training experience. This may include, but is not limited to:

- Learning style or pacing preferences
- Feedback preferences
- Areas where additional support or structure may be helpful
- Self-care considerations or professional sustainability needs
- Any other factors you believe would support your learning and development during the training year

_____

Intern's Signature Date

_____

Supervisor's Signature Date

_____

Supervisor's Signature Date

_____

Supervisor's Signature Date

Appendix 4: Supervision Agreement

I. <u>Supervision Goals:</u> Clinical supervision aims to:

1. Promote the provision of ethical and high-quality assessment and psychotherapy services provided to CAS clients;

2. Reinforce and enhance the supervisee's knowledge and skills with respect to:
    a. Assessment and diagnosis;
    b. Treatment planning, clinical skills, and intervention;
    c. Case management;
    d. Documentation practices;
    e. Ethical and legal issues in professional practice;
    f. Professional behavior;
    g. Professional development; and
    h. Self-care.

3. Reinforce and enhance the supervisee's general psychotherapy skills, such as the ability to establish and maintain a positive therapeutic alliance and to work collaboratively with clients in developing treatment goals;

4. Assist the supervisee in developing the knowledge and skills foundational to a psychodynamic approach to psychotherapy, including:
    a. Recognition and understanding of the influence of the unconscious on their own and others' behavior;
    b. Awareness of the impact of early experience on development;
    c. Recognition and understanding of how the current therapeutic relationship is influenced by the client's early relationships;
    d. Ability to reflect on clinical experience, including one's own internal and affective responses to the client, and to use this in the service of the client; and
    e. Recognition and understanding of the limitations of a psychodynamic approach and the willingness and ability to consider alternative approaches, including, but not limited to, specialty treatments and higher levels of care.

5. Support the supervisee's developing understanding of the influences of identity and the impact of oppression on their own life and the lives of clients, including the ability to reflect on the unconscious meanings of identity experiences and their impact on the therapeutic relationship and process;

6. Assist the supervisee in developing an understanding of their own strengths and growth edges as a therapist, encourage growth in areas of challenge, and support the recognition of limitations that may require referral to another clinician and/or further training; and

7. Reinforce and enhance the supervisee's ability to master the administrative and interpersonal tasks of this new professional role.

II. <u>Supervisee Expectations:</u> The supervisee agrees to:

1. Follow all policies and procedures in the Employee Handbook, Standard Operating Policies and Procedures Manual, and Simple Practice Manual and promptly raise any questions regarding policies and procedures in these manuals with the supervisor to ensure proper adherence to all policies and procedures;

2. Meet with clients consistently and endeavor to provide clients with the best possible psychological services;

3. Participate in regularly scheduled weekly supervision meetings;

4. Provide as much advance notice as possible if an individual supervision meeting has to be canceled and make every effort to reschedule the canceled meeting;

5. Provide as much advance notice as possible if unable to attend group supervision meeting;

6. Prepare for supervision by reviewing progress notes for each client to be discussed and/or generating topics and questions for discussion;

7. Update individual supervisor on relevant issues of each case and immediately inform the supervisor of any issue which may have a major impact on the client or the community, including, but not limited to, threats of suicide, violence, homicide, or impulsivity which could result in harm to self or others;

8. Share in supervision reflections of one's experiences with and affective responses to clients;

9. Be open to receiving feedback on one's work as a therapist and/or assessor;

10. Follow through on supervisor's recommendations regarding clinical work, documentation and didactic readings;

11. Address any concerns about supervision directly with one's supervisor as much as possible;

12. Consult with the Clinical Director and/or Executive Director if/when concerns cannot be addressed in supervision; and

13. For assessment training (if applicable), the supervisee agrees to:

a. Score, interpret, and write up testing results within two weeks of initial administration, unless a different deadline is explicitly agreed to with the supervisor in advance.
b. Finalize edits on psychological reports within one week of receiving feedback from supervisor, unless a different deadline is explicitly agreed to with the supervisor in advance.
c. Provide timely feedback to clients once the supervisor has signed off on the final draft of a psychological report.

III. <u>Supervisor Expectations:</u> The supervisor agrees to:

1. Follow all policies and procedures in the Employee Handbook, Standard Operating Policies and Procedures Manual, and Simple Practice Manual;

2. Provide as much advance notice as possible if an individual supervision meeting has to be canceled and make every effort to reschedule the canceled meeting;

3. Provide as much advance notice as possible if a group supervision meeting has to be canceled;

4. Present and model appropriate professional behavior;

5. Assist the supervisee in developing skills in assessment and psychodynamic/ relational case formulation, and in applying these skills to guide therapeutic goals and interventions;

6. Help the supervisee listen for and explore significant patterns in the clinical material;

7. Endeavor to develop a supervisory relationship which enables the exploration of what is happening within the supervision and within the therapy, as well as the ways in which these relate to one another;

8. Endeavor to create an environment in which the supervisee can share their thoughts and feelings about their clients and learn to use this to understand the client's transference and their own countertransference;

9. Support the supervisee's efforts at clinical care, including the insecurities, pressures, and frustrations encountered;

10. Treat the supervisee as a professional;

11. For assessments training (if applicable), the supervisor agrees to:

a. Review, request edits, and sign all of the supervisee's clinical documentation in an appropriate and timely manner in accordance with CAS policies and procedures.
b. Review, edit, and provide feedback on the supervisee's assessment report drafts within a timely manner
c. Help the supervisee gain confidence in administering, scoring, interpreting, and writing assessment reports;
d. Support the supervisee in developing a unique and individual writing and feedback style; and
e. Help the supervisee to develop skills in consolidating and expressing brief but thorough conceptualizations of testing clients

I understand that my signature below indicates that I have read, understood and agree to all terms and conditions of this Supervision Agreement.

_____

Intern's Signature Date

_____

Supervisor's Signature Date