



Doctoral Internship in
Clinical Psychology
Brochure



Agency Mission and Background

Asian Americans for Community Involvement (AACI) is Santa Clara County's largest community-based organization focused on the Asian community. Our mission is to strengthen the hope and resilience of our community members by improving their health, mental health and well-being.

The doctoral internship in clinical psychology is integral to AACI's mission because it prepares psychology interns to provide culturally appropriate mental health services, share their expertise about best service delivery practices and advocate for underserved populations. AACI, additionally, is an all-inclusive provider. All clients and patients of any demographic or ethnic group are accepted and welcome.

Our systematic training program integrates evidence-based practices and multicultural competence, and prepares interns for professional clinical licensure.

APA-Accreditation Status

AACI's Doctoral Internship in Clinical Psychology is fully APA accredited as of 7/22/18, and our next site visit for reaccreditation will be in 2020.

To verify the APA-accredited status of AACI's Doctoral Internship in Clinical Psychology, please check the American Psychological Association website: [APA Accreditation](https://www.apa.org/ed/accreditation) (<https://www.apa.org/ed/accreditation>) or contact the APA Office of Program Consultation and Accreditation.

Address:

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Eligibility for Doctoral Internship in Clinical Psychology & Selection Criteria

The doctoral internship in clinical psychology accepts all students from APA-accredited Ph.D. or Psy.D. programs in clinical, counseling, or school psychology. In order to be considered, applicants need to have a minimum of three years of applied graduate training (practicum) and must meet all their school's standards of internship readiness before our application deadline for the year during which a student applies. Additionally, by the start of the internship, applicants must possess at least an equivalent of a master's degree and have their dissertation proposal completed and accepted by their academic institution. The minimum practicum training requirement is 1,000 total hours expected by the start of the internship (including intervention and assessment hours), 500 face-to-face clinical hours, and 100 psychological assessment hours. Applicants who have a higher amount of previous training and those with similar clinical experience to the services offered at AACI will receive more favorable ratings. Additional factors considered include the following: fluency in a language that is highly utilized by our clients, positive transcripts that do not have any Ds, Fs, or Ws (unless adequate explanation is provided in follow-up documentation sent as a part of the application), positive letters of recommendation from at least 2 previous supervisors (3 letters total are required), and a sample de-identified psychological assessment that is deemed satisfactory by our assessment team during the application review process (only reports from previous practicum sites will be accepted). While our program emphasizes diversity training and gives preference to applicants who have experience or demonstrated strong interest in working with minority clients and/or who are bilingual, the Doctoral Internship in Clinical Psychology at AACI is an Equal Opportunity Employer and does not discriminate on the basis of race, culture, religion, ethnicity, nationality, class, physical ability, age, gender, gender identity, or sexual orientation.

Internship Application Process

The AACI Doctoral Internship in Clinical Psychology is a member of the Association of Psychology Post-doctoral and Internship Centers (APPIC). We abide by the APPIC policies regarding doctoral internship application, selection of candidates and notifications of their application status. All applicants are required to register for the APPIC Match and submit their applications online according to the procedures adopted by APPIC.

Each of the following items is required for consideration for interview candidates:

- **A cover letter** that describes your interest in the training program at AACI, as well as your comfort level and experience with providing community-based therapy services in a client's home or other community environment(s), and the



specific program(s) to which you are applying (AOA, F&C, and/or CST) and why. Applicants who do not include this information in their cover letters will not be considered for an interview.

-Current Curriculum Vitae

-3 Letters of Recommendation (minimum of 2 from past practicum supervisors).

-Copy of Graduate School Transcripts

-Copy of a de-identified integrated psychological assessment completed by the applicant (mock reports completed in a university classroom will not be accepted).

Interview Process

A typical interview is conducted by the Internship & Training Manager as well as others from the supervisory team. The interview includes group questions, individual questions, and a mock test administration of a selected subtest of a measure. The entire interview process takes approximately 2.5 hours in total. Interviewees will have several opportunities to ask training-specific questions to the Internship & Training Manager, other supervisors, as well as to current interns as part of the interview process.

Applicants are expected to be ready to present cases to illustrate their style of work and to demonstrate clinical and cultural competency. Individual questions will focus upon both program-specific (AACI) competencies as well as profession-wide (APA) competencies. (Please note that during the COVID-19 pandemic, we are sheltering in place as an agency, and interviews will be conducted via videoconferencing).

Training Program Aim, Program-specific Competencies, Profession-wide Competencies, and Evaluation

The aim of the AACI Doctoral Internship in Clinical Psychology is to train the next generation of culturally-sensitive mental health providers to effectively work with underserved members of the community in a trauma-informed and holistic manner.

Our systematic training program integrates evidence-based practices and multicultural competence, and prepares interns for professional clinical licensure.

Interns will learn about, gain experience, and be evaluated in the following areas:



SECTION I: PROGRAM-SPECIFIC (AACI) INTERNSHIP TRAINING COMPETENCIES:

1. Active involvement in outreach events in an effort to connect members of the community to available services at AACI
 - a. Participation in a minimum of 2 outreach events during the training year.
2. Administration of psychological testing and integrated report writing and interpretation that is culturally sensitive
 - a. Completion of a minimum of 6 integrated assessment reports during the training year.

SECTION II: PROFESSION-WIDE (APA) COMPETENCIES

1. Research
 - a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.
2. Ethical and Legal Standards
 - a. Demonstrates knowledge of and adheres to professional ethics, agency policies, procedures, and standards, and laws regulating the practice of psychology
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
3. Individual and Cultural Diversity
 - a. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with clients
 - b. Demonstrates 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 models (e.g., LGBT, identity development, acculturation) to treatment
 - c. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.



- d. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the training year.
4. Professional Values and Attitude
 - a. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
 - b. Conducts oneself in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
 - c. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
 5. Communication and Interpersonal Skills
 - a. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and clients.
 - b. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
 - c. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
 6. Assessment
 - a. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
 - b. Selects and applies 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.
 - c. Interprets 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.



- d. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
 - e. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
 - f. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
7. Intervention
- a. Implements evidence-based practices with clients that are specific to their treatment goals.
 - b. Establishes and maintains effective working alliances with clients, including effective interviewing and listening skills, appropriate empathy, genuineness, acceptance, and trust
 - c. Implements appropriate clinical interventions, which are formed by an understanding of theoretical concepts, current scientific literature, assessment findings, and diversity characteristics
 - d. Demonstrates the ability to apply the relevant research literature to clinical decision making and coherent conceptualizations relevant to treatment planning in both verbal and written form (i.e., treatment plans, mental health assessments, case presentations, etc.)
 - e. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
 - f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
8. Supervision
- a. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. (Information for this item can come from supervision role-plays, peer supervision rotation, or other similar method).
9. Consultation & Interprofessional / Interdisciplinary Skills
- a. Demonstrates knowledge and respect for the roles and perspectives of other professions and operates within their scope of practice.
 - b. Applies knowledge regarding the roles and perspective of other professions in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

EVALUATION

The training program conducts formal written evaluations of each intern's performance on at least two occasions, at the mid-point and endpoint of the internship, and no less than twice per year. An evaluation form is sent to the



primary supervisor at the mid-point and end point of the internship. Supervisors are to complete and review these evaluations with the intern prior to returning them to the intern's graduate program. A copy of the completed evaluation form will be submitted to the Internship & Training Manager.

Interns receive verbal feedback periodically in individual supervision meetings with supervisors. There will be additional opportunities to evaluate an intern and provide feedback, such as during the training year when the intern will be required to receive live supervision (supervisor in session, audio/video recording of session, etc.) at least 3 times during the training year, with follow-up review occurring during individual supervision with the primary supervisor.

Core Training Activities & Clinical Rotations of the Doctoral Internship in Clinical Psychology

Client Population:

Interns will work with diverse populations in terms of gender, age, ethnicity, religious, sexual orientation, and socio-economic status. Recipients of service include children/adolescents and their families, parents, groups, schools, agencies, and other staff, either directly or in consultation. Interns will gain experience with clients from lower income brackets and with a range of difficulties.

Some responsibilities for interns are included below, according to clinical track placement:

Family and Children (F&C) Program

Purpose: To provide culturally sensitive and linguistically competent health services that targets the needs of children and adolescents.

Description: AACI's Behavioral Health Program offers a range of culturally and linguistically competent services that works with the family unit to:

- Decrease clients' psychiatric symptoms
- Enhance clients' functioning at home, school and the community
- Link clients with appropriate social services and community resources
- Assist family members or related persons in their understanding of mental illness and in their interactions with their loved one

Services Offered:

- Counseling - providing individual, group and family counseling



- Outpatient clinic - providing psychiatric assessment, medication evaluation and appropriate prescriptions, maintenance, and follow-up
- Home/Field Sessions – providing therapeutic services in community-based settings.
- Case management - linking clients to various community resources and providing translation and transportation when necessary
- School-Based Counseling - providing services in school-based settings as needed

Community Served: Santa Clara County
Funded by: Santa Clara County Mental Health Department

Adult and Older Adult (AOA) Program

Purpose: To provide culturally sensitive and linguistically competent health services that targets the needs of adults and seniors.

Description: AACI's Behavioral Health Program offers a range of culturally and linguistically competent services that works with the family unit to:

- Decrease clients' psychiatric symptoms
- Enhance clients' functioning at home, and in the community
- Link clients with appropriate social services and community resources
- Assist family members or related persons in their understanding of mental illness and in their interactions with their loved one

Services Offered:

- Counseling - providing individual, group and family counseling
- Outpatient clinic - providing psychiatric assessment, medication evaluation and appropriate prescriptions, maintenance, and follow-up
- Home/Field Sessions – providing therapeutic services in community-based settings.
- Case management - linking clients to various community resources and providing translation and transportation when necessary

Community Served: Santa Clara County
Funded by: Santa Clara County Mental Health Department

Center for Survivors of Torture

Purpose: To provide clinical evaluation, treatment, and social services to survivors of political torture from all countries.

Description: Survivors of torture are severely traumatized and in exile as well. They suffer from a variety of psychological and physical symptoms and social service needs, sometimes well after they arrive in the U.S. Torture also has the effect of isolating the survivor because of lack of trust in others. This program provides the survivor the insight into these effects, and the consistent care to re-



establish trust, bring damage under control, and help relieve exile by enabling some mastery of problems in a new country and culture.

Services Offered:

- Psychotherapy, both brief and long-term, for both individuals and families
- Assistance obtaining social services needed for work, food, shelter, school, and other basic survival needs
- Training and consultation with or supervision for local clinicians, lawyers, teachers, county workers, and community organizations working with refugees and immigrants
- Home/Field Sessions – providing therapeutic services in community-based settings.

Communities Served:

Santa Clara County, Santa Cruz County, Monterey County, San Benito County

Domestic Violence Program

Purpose: To create a support network for survivors by providing services that prioritize their linguistic and cultural needs and by cooperating with other service providers to bridge service gaps. While we focus on the Asian community, we serve individuals from all backgrounds regardless of their ethnicity, gender, sexual orientation, socioeconomic level, or immigration status.

Description: Domestic violence takes many forms: physical violence, sexual abuse, psychological and emotional abuse, social abuse, harassment, and financial abuse. Family violence has several common features including loss of control, continuation despite adverse consequences, tolerance and withdrawal, involvement of the entire family, preoccupation or obsession and defenses of denial, minimization and rationalization (Muellerman, DenOtter, Wadman, Tran and Anderson, 2002).

Services Offered:

- A 24-hour emergency shelter
- A 24-hour crisis hotline
- Case management/Safety Planning
- Peer Counseling/Support Groups
- Legal advocacy and court accompaniment
- Help with employment, housing, and social services advocacy
- Information and referrals
- Community education and training

***Note: each intern will have a primary placement in one of three programs: the Adult/Older Adult (AOA) program the Family & Children (F&C) program,**



or the Center for Survivors of Torture (CST) program. Primary program placement will affect the types of rotations in which an intern is involved.

Internship Tracks

AACI offers 3 different clinical tracks for applicants to consider. These tracks have some similarities (overall aim of internship, competencies, peer supervision rotation, 6 report expectation, etc.) and some differences (program-specific rotations for each track). Please see below for our available clinical tracks:

Adult/Older Adult (AOA) Track

Family & Children (F&C) Track

Center for Survivors of Torture (CST) Track

Program Rotations:

Rotation	Description	Placements Requiring these Rotations	Duration
CST Rotation	2-4 hours per week of individual sessions with clients from the Center for Survivors of Torture (CST)	AOA & F&C *Note: CST interns will have cases primarily from this program	1 year
Group Facilitation Rotation	Involvement in group facilitation and support and/or program development (clinical or skills-building group initiation and facilitation within the Behavioral Health Department) *Interns on the AOA track will facilitate group(s) with adults; Interns on the F&C track will facilitate group(s) with children/adolescents	AOA & F&C	3 months



DV Rotation	2-4 hours per week of individual sessions and/or groups with clients from the Domestic Violence (DV) Program	CST only	1 year
Peer Supervision Rotation	Functioning as a supervisor for an assigned practicum student, which will be in addition to clinical supervision already in place. *Note: Another hour of supervision will be provided each week by a licensed psychologist during this rotation.	All Intern placements	3 months

Weekly Training Schedule Required Trainings & Group Supervision

Training Type	Day	Time
Behavioral Health Department Training	Monday	9:15am-10:30am (2 nd Monday) 9:00am-10:30am (4 th Monday)
Clinical Didactic Training (1 st , 3 rd , and 5 th Tuesday) Assessment Didactic (2 nd and 4 th Tuesday)	Tuesday	9:00am-11:00am
Group Supervision	Tuesday	1:00pm-3:00pm

*Note: each intern will have a full day dedicated to assessment reporting (including test administration, consultation, and report writing) each week.

Clinical Didactic Training & Assessment Didactic Training



The training year starts with a 2-day orientation centered on the training program, including expectations, aim of the training program, program-specific competencies, profession-wide competencies, and other applicable information. The following 2 weeks will involve additional trainings, some of which will be across all interns (e.g., documentation training, Electronic Health Record, etc.), while others will be specific to the primary program in which an intern is placed (e.g., for AOA: MORS training; for F&C: CANS assessment training).

After this initial period of training, didactic curriculum includes various trainings that are applicable to the work that will be done during the training year, as well as other clinical topics that are pertinent and approved by the Internship & Training Manager. The weekly didactic day is Tuesday, and the trainings are alternated so that the clinical didactics are on the 1st, 3rd, and 5th Tuesdays of the month, while assessment didactics are on the 2nd and 4th Tuesdays of the month. Clinical didactics focus on issues that come up for clinicians in their work in a setting such as AACI (e.g., personal values, assessment, mental status exam, coping skills, intimate partner violence, motivational interviewing, etc.). Assessment didactics focus on tools and procedures related to psychological testing. Both types of trainings expect active participation from all interns, and are designed to encourage critical thinking and hands-on activity and discussion.

Case Conference Presentation Format

During group supervision, each intern will be required to critically think about each of their presented clients, as well as the clients presented by their peers. The group supervisor establishes a safe environment for each intern to process their thoughts about presented clinical cases, and ensures active and thoughtful exploration of cultural factors that could impact treatment. Discussion of cultural values is expected as interns build a growing understanding of their clients from a non-judgmental stance as a growing professional in the field. An example of the factors discussed during a typical case conference presentation is included below.

Case Consultation Format

1. Client demographics:

- a. Age, race, gender
- b. Diagnosis
- c. Sexual orientation
- d. Appearance, affect, and mood
- e. Current living arrangements



- f. Present family relationships
- g. Significant family of origin relationships
- h. Marital/significant other relationships (past and current)
- i. Work history
- j. Level of engagement
- k. Medications
- l. Trauma history
- m. Legal history
- n. Religion & spirituality

2. Presenting Problem(s):

- a. What is the presenting problem, described in specific behavioral terms, including onset?
- b. What has been tried before, in therapy and/or by client? What has worked, what hasn't worked?
- c. Currently working with other mental health providers or community agencies?

3. Assessment/Impressions:

- a. What is your assessment of safety risks?
 - i. Risk to self/others
 - ii. Current/past attempts to harm self/others/suicide
 - iii. Level of impulsivity
- b. Assessment for substance abuse?
- c. Assessment of relationship/attachment style?
- d. Assessment of client's current level of functioning?
- e. Assessment of strengths and challenges
- f. Working diagnosis
- g. Therapeutic approach/lens used to understand and work with client
- h. What is it like to be in the room with the client?
- i. If applicable, how does their culture impact their presentation? How does it inform your treatment approach?

4. What is your primary consultation question/concern?

Supervision

Regularly scheduled face-to-face individual and group supervision is provided by staff supervisors in the agency, who carry clinical responsibility for the cases being supervised. Supervisors are licensed mental health professionals who are in good standing with the California Board of Psychology or the California Board of Behavioral Sciences. Interns meet with their primary supervisor weekly and



following case discussions have their progress notes, mental health assessments, treatment plans, etc. regarding each client co-signed by the appropriate supervisor. Supervisors also meet regularly to review supervision issues and practices.

Supervision includes:

a. At least one regular weekly meeting at which the intern and supervisor discuss cases, problems, and therapy, etc.

i) For Therapy, the supervisor:

- May observe or co-facilitate therapy sessions
- Has a weekly discussion of treatment plans
- Reviews client response to treatment
- Reads the intern's documentation, then co-signs
- Ensures promptness of progress notes, treatment plans and assessments
- Will provide live supervision at least two times per training year for each intern

ii) For Psychological Testing and Assessment, the supervisor:

- Reviews test protocols
- Reviews diagnostic issues and treatment recommendations
- Reads the intern's report, then co-signs
- Ensures the promptness of testing report and feedback to client
- Provides regular face-to-face supervision to the intern during the assessment process for any given testing referral

b. Supervision will also involve the viewing of sessions directly or through a one way mirror, review of audio-taped or videotaped sessions, or co-therapy.

c. Ethical issues and questions, and relevant legislation and codes/standards of practice are also discussed in supervision as they arise in the interns' clinical work.

Peer Supervision

For a period of 3 months, interns will function as a peer supervisor for an assigned peer staff at the agency and will provide weekly peer supervision. Peer supervision will be in addition to other supervision received by staff. The intern will also receive weekly supervision around this process as they analyze their approach, consider professional boundaries, and hone their growing skill as a supervisor.

Psychological Testing and Assessment

Psychology interns will demonstrate competency in planning, administering, scoring, and interpreting full batteries of psychological tests for clients. Each



intern will be expected to complete at least 6 full batteries during their training year. Interns are expected to take a proactive approach in all testing and didactic experiences. Similarly, interns are expected to serve as guides for the practicum students and may be asked to take on a leadership role with trainees.

Testing batteries can consist of between four and eight hours of administration time, depending on the needs of each case. In order to obtain a valid assessment, clients are often scheduled in testing blocks. It will be important to observe for signs of fatigue, waning attention, and lack of effort as these factors will invalidate your results. Some clients may be able to complete several hours of testing. Small breaks are acceptable, particularly for children and elderly clients.

Testing kits are extremely expensive and are to be handled with care. In order to track the use of testing materials, all kits must be logged in and out of the log located on the shared computer drive. If testing kits need to be transported to another location, they should be returned by the following day. Please score tests needing templates and manuals in the office.

Testing materials/kits cannot be taken home or otherwise off-site for practice, scoring, or review unless under the direct instruction of the testing and assessment supervisors. Interns are responsible for all test materials they sign out. The content of the kits should be complete when they are returned. Interns must maintain the security and integrity of all test materials (test booklets, manuals, protocols, etc.) at all times in a manner consistent with the APA Ethical Guidelines for Psychologists and Code of Conduct concerning the use and protection of psychological test instruments and test results.

During your initial few months, the testing and assessment supervisors will assess competencies and readiness to test and will provide instruction on any unfamiliar tests. Interns will be expected to be proficient in more challenging tests and will be assigned more difficult cases.

Scoring is a critical function and errors are to be avoided with careful attention to instruction manuals and scoring subtleties. Clients' futures, diagnoses, medication and treatment recommendations, and educational/occupational functioning depend on accurate scoring.

Testing and assessment supervisors will be double-checking scoring and will work with you on any training necessary to help you develop competency in assessment.

Testing and assessment reports and feedback must be completed within 60 days of case opening.



Interns will be expected to prepare a presentation of their choosing that relates to the field of Neuropsychology. The presentation should include the use of psychometric measures, ethical issues, multicultural concerns, and clinical presentation of the population specified.

Competency Scheduling

Interns are assigned “Testing days” this time has specifically been set aside in your schedule to support you in meeting your deadlines, please ensure that testing is prioritized during this time.

The following is an expectation of the interns’ progress.

- Please note: this is a DEADLINE. Interns are suggested and encouraged to complete these in a more timely fashion
- If interns are not able to meet this expectation then remediation (including re-designation of position responsibilities) may be enacted.

Expectations of Interns

- Interns must be cleared on measures indicated in order to be assigned cases
- At the beginning of the training year, interns will be asked to demonstrate the tests they have utilized in the past.
- The Assessment supervisor will “sign off” that the interns are competent in each of these tests
- Interns are expected to be “signed off” on **all** level 1 tests by the 2nd week of their training year.
- **NO TEST MAY BE ADMINISTERED IF THE INTERN HAS NOT BEEN CLEARED**
- Interns are expected to have a first draft of their report to their supervisor within one week of the conclusion of testing.
- Supervisor’s edits are expected to be applied, edited and resubmitted within one week of the Intern receiving feedback.

➤ Expectations of Testing Supervisors

- Interns can expect that AACJ will provide them with:
 - Culturally sensitive assessment training
 - Weekly supervision of their testing cases
- Interns can expect to be trained in level 1 tests (levels 2 and 3 will be assigned as competency is established and as needed by referral question)
- Scoring and location of appropriate norms
- Report writing/case formulation
- Providing constructive feedback
- Reading and interpretation of neuropsychological reports



Testing materials available include:

➤ **Available Tests**

- Level 1:
 - Test administration of the following measures: (Level 1)
 - TOMM
 - Cognistat (Orientation, Comprehension, Repetition)
 - CIMT
 - BAI/BDI
 - WAIS-IV
 - WISC
 - RFIT
 - RBANS
 - MMSE
 - MOCA
 - MMPI-II
 - RCFT
 - ACS-TOPF
- Level 2:
 - WRAT-4
 - WIAT-II
 - Trail Making Test
 - DVT
 - WMS-IV
 - CVLT-II
 - DKEFS (Verbal Fluency Test, Trail Making Test, Color-Word Interference, Tower Test)
- Level 3:
 - WCST
 - BCT
 - BNT
 - DRS
 - Ravens
 - Token Test
 - NEPSY
 - Dot Counting Test
 - Thematic Apperception Test
 - Token Test
 - Woodcock Johnson
 - Peabody Picture Vocabulary Test
 - ABAS-II
 - CASL
 - CTOPP
 - Fuld Object Memory Evaluation
 - Conner's
 - Color Trails Test



- Dementia Rating Scale
- Grooved Pegboard
- Independent Living Scales
- WASI
- NEPSY-II
- TOVA
- Structured Interview of Reported Symptoms (SIRS)

Stipend and Time Off

Stipend

The interns will be paid a stipend of \$31,720 for the entire internship year, to be paid at a bi-monthly rate.

Time Off

Interns receive an allotment of 104.04 hours off (accrued at a rate of 8.67 hours per month), as well as agency holidays. Interns may use their days off after approval by the Internship & Training Manager. In the event of urgent leave needs, the intern would make a direct request to the supervisor(s) and receive instruction for how to proceed.

No other additional time off will be provided without preapproval from the Internship & Training Manager.

Because interns provide clinical services, there are certain restrictions on when leave time may be used and for how long. Interns may be denied leave by a supervisor if the supervisor believes taking leave for a requested time period or for a requested duration would jeopardize clinical services or patient well-being.

Similarly, interns may not take leave time during the last two weeks of the internship program. This is because the final two weeks are a clinically critical time in the closing and transfer of cases.

Additional leave is available for attending conferences and educational opportunities based on amount of absences accrued and staffing decisions. Conference leave cannot be used toward accrual of supervised professional experience (SPE) unless supervision of clinical hours occurs during this time period. Time off requests must be submitted to the intern's supervisor at least 2 weeks in advance of the requested time off.

Note Regarding Total Clinical Hours Accrued: AACI's Doctoral Internship in Clinical Psychology requires an intern's minimum accrual of 1500 clinical hours during the training year. Interns who are interested in accruing a maximum amount of hours (2000) must work a total of 50 weeks. Interns who are interested in doing so should direct their requests to the Internship & Training Manager, and approval for program extensions are granted at the discretion of the Internship & Training Manager.

Sick Leave



Interns receive an allotment of 96 hours of sick time (accrued at a rate of 8 hours per month). Interns may use their days off after approval by the Internship & Training Manager.

If an intern cannot attend work due to sudden illness, the intern should notify their primary clinical supervisor, the Internship & Training Manager, and the training/group supervision facilitators (if appropriate). In addition, the intern should notify any clients scheduled for that day by contacting an AACI front desk staff to assist with notification of the client(s).

In the event of prolonged absences due to illness (e.g. 3 weeks or more), the intern's client cases will be transferred to other providers as clinically appropriate.