

Doctoral Clinical Psychology Internship Program Brochure

Children's Program (updated July 21, 2026)

We are pleased you are considering the Children's Program doctoral clinical psychology internship program. Children's Program is a multi-disciplinary mental health clinic serving children and families. Our internship in clinical psychology offers an opportunity to learn from more than 20 licensed psychologists, all of whom have a unique specialty relating to children and families. Areas of specialty include: diagnosis and treatment of neurodevelopmental disorders (including ADHD, Autism Spectrum Disorder, and developmental delays), mood disorders and anxiety, issues related to trauma and attachment, and issues specific to children involved in the child welfare system. Children's Program clinicians use empirically supported treatments and work primarily from a Cognitive Behavioral Therapy perspective. We offer a number of therapy and psychoeducational group programs and classes for children and families.

We are proud to have served our community since 1987. Although located in Southwest Portland, Children's Program serves children, families and agencies from across the state of Oregon. In addition to psychologists, Children's Program employs developmental behavioral pediatricians, a child psychiatrist, licensed professional counselors, a social worker, a psychometrician, tutors, and also is a training placement for students from various training programs and specialties (e.g., Pacific University, OHSU).

We approach the intern training year from a developmental perspective. We strive to expand on existing intern skill-sets and provide interns with an opportunity to further define their desired areas of expertise. Our goal is to provide interns with a supportive environment for professional growth, with a mix of hands-on practice and didactic experiences.

Diversity Statement

Children's Program values diversity among staff, trainees and the population we serve. Our non-discrimination policy indicates that trainees, clients and staff have the right be treated considerately and respectfully regardless of race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education or disability. We believe that diversity enhances the climate and training environment and are committed to ongoing efforts to recruit and retain diverse staff (including training supervisors) and trainees, as well as to improve our ability to serve diverse populations in our region. We seek to provide ongoing training and educational opportunities for our staff and trainees around issues of diversity, equity and inclusion, with a goal of improving clinical practice, increasing outreach to underserved communities and improving our ability to welcome and support trainees and staff from a wide range of backgrounds.

Children's Program values diversity among interns and seeks to create an environment that is welcoming to interns from a range of backgrounds. Diversity issues are considered during all phases of the internship, from application and interview to final evaluations. Applicants are evaluated individually on the basis of prior training experiences and goodness of fit to the internship program, and are not discriminated against on the basis of any other factor such as race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education or disability status. Applicants and interns who require accommodations are encouraged to contact the training director to initiate this process. Children's Program actively seeks feedback

from trainees on issues of diversity and incorporates feedback in the development of policies and programs.

The Children's Program internship includes an expected competency in issues of individual and cultural diversity training, consistent with APA's mandate that "... professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals." To that end, training in issues of diversity occurs throughout the training year and in multiple contexts, including didactics, supervision, and clinical work. Trainees are encouraged to explore and examine their own biases and particularly how those biases may impact client interactions.

Prerequisites for Application

Internship candidates must be doctoral students in counseling, clinical, or school psychology. Both psychometric assessment and psychotherapy experience are required. Qualified candidates will have completed at least 450 intervention and 50 assessment hours, with preference being given to applicants who have a majority of hours completed with children and/or adolescents. A minimum of 4 years of graduate training is required. All qualifying examinations must be passed by the internship application deadline. A candidate's dissertation proposal must be approved before the internship match ranking deadline.

Please note, we require a Supplemental Assessment Report for all applicants, which should include a comprehensive evaluation with a child or adolescent client (not for a class).

Background Check policy

Interns will submit a background check prior to employment. Note, prior conviction does not necessarily disqualify an applicant. As appropriate, a risk assessment will be made that considers the conviction relative to the essential functions as an intern, the time frame in which the offense occurs, and any mitigating circumstances. Serious criminal convictions and any convictions that would potentially threaten the safety of children and families would disqualify an applicant. Applicants concerned about potential issues are welcome and encouraged to contact the site early in the application review and selection process. In the event a risk assessment has yielded concerns about the intern's ability to conduct essential functions, Children's Program has the right to rescind or terminate an offer. Currently, Children's Program does not conduct drug testing for interns.

Internship Training Aims and Competencies

The aim of the doctoral psychology internship at Children's Program is to facilitate specialization in child/family psychology practice while meeting clinical training requirements in the doctoral training process in Clinical, School or Counseling Psychology. The internship is designed to support the Intern in developing a professional identity, assuming the professional role of a psychologist, growing clinical skills, and cementing the application of the scientist-practitioner model in clinical practice. As such, the Intern will take on increasingly complex cases throughout the year that will involve more autonomy as competence is demonstrated thereby building on the foundation of previous coursework and training and allowing the Intern to increase readiness for independent practice.

Competencies

The Interns and their respective supervisors will collaboratively develop an individualized training plan targeting areas of interest and growth. Interns are regularly evaluated on the following core competencies: Understanding and interpreting research, Ethical and legal standards, Individual and cultural diversity, Professional values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, Consultation and interprofessional/interdisciplinary skills. Please note, our internship program does not define any program-specific competencies. Our focus is on the required profession-wide competencies within the internship training activities and context. See below for further detail regarding competencies.

Learning Elements

The Children's Program Doctoral Clinical Psychology Internship Program learning elements include:

- Participation in regular didactic seminars instructed by psychologists with a range of specialties, including ethics, professional development, issues related to equity and diversity, and clinical topics
- Intensive didactic and experiential training in best practice models for assessing and treating the mental health needs of children and families
- Multiple supervisory experiences (both individual and group) with psychologists who specialize in a range of clinical issues relating to children and families
- Assistance and support in developing and refining a clinical specialty area on a topic of Intern interest
- Opportunity to function as a colleague and respected member of Children's Program multi-disciplinary clinical staff
- Regularly scheduled formal and informal consultation opportunities with multidisciplinary staff members
- Specific training regarding working within a multi-disciplinary practice and integrating care across disciplines

There are four prongs of the training program at Children's Program: didactic learning through weekly seminars, supportive training opportunities through case conferences and consultations, individual and group supervision, and direct client service. Interns at Children's Program will participate in a minimum of two hours of didactic instruction/professional development per week; however, there are often more opportunities than the minimum requirement. Additionally, Interns are afforded time to attend psychology-related conferences, workshops, or trainings beyond those provided by Children's Program.

Intern Seminar Series

The Children's Program Intern Seminar Series is designed to provide interns with advanced-level training in the following areas: ethics and professional development, issues related to diversity, equity and inclusion (DEI), as well as the assessment and treatment of clinical concerns in children and youth. The Intern Seminar Series is presented by Children's Program clinicians who possess

a diverse range of clinical specialties and areas of expertise. Seminars are presented throughout the entirety of the training year and are on a weekly basis.

Internal didactic seminar topics vary from year to year but may include:

Ethics and Professional Development Seminar Topics

- Child Abuse Reporting in Oregon
- Providing Ethical Consultation to Colleagues
- Whose Side am I On, Anyway? Navigating Ethical and Clinical Challenges in Working with Tweens, Teens, & Parents
- Psychologist Self-Care: Toward Supporting Ourselves and Our Colleagues
- Providing Court Testimony as a Child Psychologist

Diversity, Equity and Inclusion (DEI) Seminar Topics

- Transracial Adoption
- Assessment of Gender Identity in Children and Adults
- Multicultural Awareness and Diversity: Looking Inward
- PCIT Adaptations for Diverse Populations

Assessment Seminar Topics

- Hypothesis-Driven Assessment: A Seminar
- Psychological Assessment of Infants, Toddlers, and Preschool-Age Children
- Diagnosing ADHD: Considerations and Differential Diagnosis
- Cognitive and Achievement Test Administration and Interpretation for Children with Disruptive Behaviors
- Evaluating Children in the Foster Care System: Clinical and Case Planning Issues
- Assessment and Diagnosis of Autism Spectrum Disorder
- Assessment and Diagnosis of Learning Disorders Parts 1 & 2
- Delivering Assessment Feedback to Parents and Caregivers

Clinical Seminar Topics

- Parent Training for Childhood Anxiety Disorders: SPACE Program
- Evidence-Based Practices for the Treatment of Acute and Complex Trauma
- Strengthening Parent-Child Attachment: Assessment and Treatment Considerations
- Understanding Special Education and the IEP Process
- Introduction to PCIT
- Mindfulness Interventions for Children and Youth: An Overview
- Behavioral Treatments for Tic Disorders
- Emotion-Focused Family Therapy (EFFT): Applications for Diverse Populations

- Assessment and Treatment of Eating Disorders in Children and Teens
- Assessment and Treatment of Selective Mutism
- Assessment and Clinical Intervention for Sleep
- Utilization of Play, Narrative and Art Therapy in Trauma Based Treatment
- Psychoeducation and Parent Training for ADHD
- Working with Families Impacted by Divorce
- Assessing and Treating Vomit Phobia in Children
- Acceptance and Commitment Therapy: Group Intervention with Adolescents
- Media Use in Children and Teens: Clinical Implications
- EMDR: Introduction and Overview
- Game-Based Psychoeducational and Practice Activities for Children with ADHD
- Assessing and Treating OCD in Children
- Suicide Risk Assessment in Youth
- Clinical Applications of Biofeedback

Required supportive training opportunities include:

- Bi-monthly case consultation conferences with staff clinicians (aka “team meetings”)
- Monthly clinical trainings with external speakers/trainers (aka “clinical meetings”)
- Monthly Diversity, Equity, Inclusion (DEI) meetings
- Bi-annual case presentations by intern to staff clinicians

Interns are given time to work on dissertation and attend professional conferences and trainings as needed, in consultation with the Director of Training and primary supervisors. Interns are encouraged to seek out and access optional supportive learning activities, such as the Oregon Health & Science University Pediatric and Psychiatry Grand Rounds (which are free and open to the public).

Direct Client Service Options

Direct Service Treatment Modalities and Rotations

- Individual
- Group
- Family/Couples
- Agency consultation
- Parent training

Interns will participate in 2 training tracks focusing on assessment and/or intervention. Interns can customize their training year by requesting tracks that align with their clinical interests with the goal of total direct service equaling no more than 20 hours per week. A flexible approach will be taken in training planning to ensure Interns have core clinical experiences and may pursue areas of interest. The tracks are as follows:

Trauma track: This track involves both assessment and treatment of children and youth who have experienced trauma. Interns conduct evidence-based, trauma-focused treatment for children and families. Track may include opportunities to deliver trauma-informed intervention at a local high school, and learn about EMDR, TF-CBT, and/or TBRI. Interns complete comprehensive psychological evaluations of at-risk children across the age span who are involved in the child welfare system. Track involves clinical supervision and training in issues related to: trauma, attachment, interacting and coordinating care with community partners and agencies, ethical and legal issues specific to the child welfare system, as well as more general training in the psychological assessment of infants, children and youth. This track may include an optional opportunity to travel with licensed clinicians to a rural part of Oregon for a multiday evaluation clinic.

Diagnostic assessment track: completing comprehensive psychological, diagnostic, and psychoeducational evaluations for children with neurodevelopmental delays, ADHD, LDs, etc.

Anxiety treatment track: delivering evidence-based (e.g., ERP, CBT, SPACE) treatment for children with anxiety disorders including OCD and Selective Mutism.

Disruptive behaviors track: providing group and individual therapy to families/children with disruptive behavior problems (e.g., (Parent Child Interaction Therapy [PCIT], parent training, Incredible Years and Dinosaur School group interventions).

ASD track: conducting diagnostic ASD evaluations and providing behavioral intervention and consultation to families of children on the Autism Spectrum.

ADHD treatment track: providing group and individual intervention for children with ADHD diagnoses including ADHD-specific individual and group parent training, and behavior therapy.

Trauma treatment track: conducting evidence-based, trauma-focused treatment for children and families. Track may include opportunities to learn about EMDR, TF-CBT, and/or TBRI.

Early childhood mental health track: providing assessment and treatment to early childhood populations, ages 0-6, and their families. Track may include opportunities for trauma assessment, developmental evaluation (e.g., cognitive functioning, ASD), behavior intervention (e.g., Incredible Years, PCIT, PC-CARE, behavior parent training), individual therapy with family involvement for anxiety, emotion dysregulation and other emotional challenges (e.g., Being Brave curriculum, family-based CBT).

The introduction to independent clinical service delivery will be developmental and progressive in nature. Interns will start by shadowing supervisors and other clinic psychologists conducting evaluations and individual and group intervention. After a period of observation, the Intern will co-conduct these clinical services, with supervision and feedback provided; the Intern will assume gradually more responsibility and leadership in the provision of services. As the Intern demonstrates adequate skills, the Intern will then provide services with direct supervision. Finally, once the Intern's skills are assessed to be at a level appropriate for independent work, the Intern will proceed with autonomous provision of services with ongoing scheduled supervision to review cases.

Sample Intern Weekly Schedule

2 hours didactic training seminar
2 hours of individual supervision
2 hours for case management
1 hour per week consultation conference or journal club
1 hour of group supervision
1 hour of flexible supervision (either group, individual, or in-vivo supervision)
20 hours of direct client contact per week (Assessment, Group, and Individual Therapy)
8-10 hours of administrative time to complete paperwork, write reports, prepare for supervision
2 hours for other training activities (e.g., learning new assessment measures, observing other clinicians, attending external trainings, reading and research, and professional consultation). All supervised training will take place on site at the Children's Program clinic or virtually as pertinent laws and ethics standards allow. One exception may be workshops or talks provided to community bodies, which would be likely be delivered at the organization's place of service.

Intern Supervision

Interns will receive a minimum of four hours of formal supervision per week from Children's Program licensed psychologists, including two hours of individual supervision, one hour of flexible supervision (group, individual, or in-vivo) one hour of group supervision with other interns or trainees. See Appendix for detailed information regarding supervisors. Throughout the training year, additional in-vivo supervision will occur on a frequent and regular basis, as interns will be paired with supervisors and other clinical staff for assessment, therapy and group intervention activities. Supervision and consultation are always available on an as needed basis, given the number of clinicians on staff. Interns have two to three supervisors during the internship year, depending on their training goals and individualized training plan developed in consultation with the Director of Training.

Supervision will be flexible and oriented around the learning interests of the individual Intern while ensuring that all basic professional competencies are achieved. Interns are asked at the onset of internship to identify clinical and professional areas that they would like to strengthen and learn more about and this is incorporated into the supervision. Examples of this include strengthening particular assessment skills (e.g., assessment of executive function or Autism Spectrum Disorder), work with specific populations (e.g., infants and toddlers; preschoolers; teens; parents), or particular clinical issues (e.g., trauma and attachment; mood disorders; anxiety; behavioral disorders).

Children's Program Intern Evaluation, Retention, and Termination Policy

Children's Program Internship (CPI) requires that all interns demonstrate minimum levels of competency across all nine Profession Wide Competencies: research, ethical and legal standards, individual and cultural diversity, professional values, attitudes and behaviors, communication and interpersonal skills, assessment, intervention and supervision. CPI monitors and assesses intern progress achieving competency in these areas via formal twice-yearly completion of the Intern Evaluation Form by the intern's primary supervisor. In some circumstances (e.g., if required by the interns' graduate program) the Intern Evaluation Form will be completed bi-yearly basis. The form is completed by the primary supervisor with input from minor rotation supervisors and other internship staff clinicians. The form is completed (at minimum) at the midpoint and endpoint of

the training year. The primary supervisor reviews the Intern Evaluation Form with the intern at each time point and discusses the intern's progress.

A minimum level of achievement at the end of the training year is defined as an average rating of "4" for each competency domain, with no element rated less than a 4. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence. A rating of "4" indicates that the intern is showing readiness for entry level practice in that element. If an intern receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have other reason to be concerned about the student's performance or progress, CPI's Due Process procedures will be initiated (see Due Process procedures in Internship Manual). At the end of the training year, Interns must receive an average rating of 4 or above on all competencies and no ratings below a 4 on all training elements to successfully complete the program.

All CPI interns are expected to complete 2000 hours of training during the training year. Meeting minimum levels of achievement in all competency domains in combination with the completion of 2000 of training is considered sufficient to successfully complete the CPI. Upon completion of internship requirements, a certificate of completion is awarded to the intern and the intern's graduate program is notified of successful internship completion. The intern's doctoral program is provided with copies of the Intern Evaluation Forms and certificate of completion at the end of the training year. Evidence of successful completion, including copies of intern evaluations and certificates of completion, are maintained indefinitely in a secure digital file that is readily accessible by CPI staff.

In the instance that an intern appears at risk of not successfully completing the CPI program, i.e., the intern has entered Due Process proceedings, the intern's graduate program is notified of CPI concerns. The intern's graduate program is encouraged to remain engaged in Due Process proceedings and to support the intern in their progress toward completion of the CPI. The intern's graduate program is kept apprised of any further steps in Due Process proceedings, including termination from program.

In addition to the aforementioned twice-annual intern evaluations, each intern will also complete evaluations of their supervisor and of the CPI program at the mid- and end-point of the training year. Feedback resulting from these evaluations will be reviewed by the Director of Training and Assistant Director of Training, and used to inform future policies and programmatic decisions for the CPI. All three evaluation forms, including Intern Evaluation Form as well as supervisor and program evaluation forms, will be made available in the Internship Manual, which is distributed to interns at the start of the training year.

Intern records are stored electronically on Children's Program's secure server. Intern records are accessed via security credentials and accessible only to the Director of Training, Assistant Director of Training, and supervisors (not to other agency employees). The following documents are maintained indefinitely: intern certificates of completion, all evaluations of interns, intern training plan (which includes description of training experiences), and any records pertaining to intern involvement in due process or grievance policies.

Core Competencies

By the completion of the 12-month internship, interns are expected to evidence competency in the following areas: Understanding and interpreting research, Ethical and legal standards, Individual and cultural diversity, Professional values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, Consultation and interprofessional/interdisciplinary skills.

Understanding and Interpreting Research: Interns will demonstrate the ability to 1) utilize the relevant research literature on evidence-based practices to develop case conceptualizations and treatment plans; 2) collect and interpret outcome data; 3) revise treatment plans (if necessary) according to outcome measurement; 4) cite the relevant literature when discussing cases in supervision; and 5) develop and present a psychoeducational presentation on a topic of interest for colleagues and/or community group using relevant research base.

Ethical and Legal Standards: Interns will demonstrate the ability to 1) detect and resolve ethical dilemmas using APA Code of Ethics and relevant Oregon statutes; 2) use and understand informed consent; 3) detect and avoid dual relationships; 4) maintain confidentiality, as well as understand and follow HIPAA guidelines; 5) recognize the limits of their competency and seek consultation, supervision and provide referrals as appropriate.

Individual and Cultural Diversity: Interns will demonstrate the ability to 1) recognize and discuss their specific individual and cultural worldview and biases; 2) attend to each client's cultural values and context in assessment, conceptualization, treatment planning, and intervention; 3) evidence awareness and knowledge of diversity, equity and inclusion (DEI) concepts from relevant empirical literatures, including issues related to the culturally competent assessment and treatment of children and youth from BIPOC and queer identifying communities; 5) incorporate APA Code of Ethics guidelines regarding diversity into clinical work; and 6) sensitively discuss issues related to DEI and relevant clinical work in supervision and other professional interactions.

Professional Values, Attitudes, and Behaviors: Interns will demonstrate the ability to 1) solicit and respond constructively and professionally to feedback regarding their work, communication skills, and demeanor; 2) recognize and discuss their professional strengths and weaknesses in supervision and during consultation; 3) recognize, communicate about and manage workplace related stress; and 5) maintain professional boundaries with supervisees, supervisors, administrative staff and clients.

Communication and Interpersonal Skills: Interns will demonstrate the ability to 1) establish and maintain rapport with clients while maintaining a focus on therapeutic goals and professional boundaries; 2) communicate effectively in 1:1 interactions with peers, supervisors, coworkers and administrative staff; 3) communicate effectively in group consultation, supervision and training settings; and 4) communicate effectively during psychoeducational and research-focused presentations for fellow clinicians, clients, and community groups.

Assessment: Interns will demonstrate the ability to 1) identify the referral question; 2) build rapport with assessment client; 3) correctly administer, score, and interpret appropriate psychometric tests; 4) conceptualize and integrate test findings; 4) verbally communicate test findings in an accessible and sensitive manner; and 5) produce a written report of findings in a timely, professional manner.

Intervention: Interns will demonstrate the ability to 1) conduct a comprehensive intake assessment while building therapeutic rapport; 2) accurately conceptualize client presenting problem and development treatment plan that is based in theory and data; 4) seek consultation and respond appropriately in a crisis situation; 5) implement treatment plan; 6) monitor client progress toward treatment goals on a regular basis; 7) seek consultation and/or make appropriate referrals in the event that the client does not progress toward treatment goals; 8) terminate therapy in a sensitive and planful manner when appropriate, 9) maintain intervention records that are in compliance with clinic and professional guidelines and expectations.

Supervision: Interns will demonstrate the ability to 1) prepare for individual and group supervision meetings by developing consultation questions and case presentations; 2) be effective, timely and appropriate in communication with supervisors; 3) recognize the need for, seek out, and utilize supervision for difficult and/or complex clinical cases; and 4) provide appropriate, professional guidance and mentorship to supervisees (e.g., practicum students) when appropriate.

Consultation and Interprofessional/Interdisciplinary Skills: Interns will demonstrate the ability to 1) communicate and collaborate with professionals from other disciplines (e.g., psychiatry, speech language pathology, social work); 2) adapt verbal and written communication style to the needs of professionals from other disciplines; and 3) participate in interprofessional consultation and case presentations.

Children's Program Statement of Non-Discrimination

It is our policy to ensure equal opportunity for all people without regard to race, color, religion, creed, national origin, sex, sexual orientation, gender identity, age, ancestry, marital status, disability, veteran or draft status. It is our policy to comply with all relevant and applicable provisions of the Americans with Disabilities Act. Children's Program will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability. It is our policy to make reasonable accommodations wherever necessary for all employees or applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job, and provided that any accommodations made do not require significant difficulty or expense.

Location of Internship/Hours

Interns work at Children's Program, which is located in Southwest Portland. Children's Program is open Monday through Friday. Special classes and programs are occasionally offered late evenings or on the weekends and interns may be asked to assist with some of these activities. Otherwise, intern activities typically occur between 8:00 am and 6:00 pm (with interns working either 8:00 am to 5:00 pm or 9:00 am to 6:00 pm), Monday through Friday.

Interns are provided office space at Children's Program and are equipped with a computer, phone, etc. Interns have access to group rooms that include adequate space for conducting groups and classes. Interns have access to a kitchen/breakroom, and a printer/fax/copier. Children's Program has front office staff members who can assist with scheduling and scanning/mailing documents.

Population

Children's Program provides services to a wide array of clients throughout Portland and the state of Oregon. Children's Program provides services to families, adolescents, and children. These services include individual therapy, group therapy, couples' therapy, family therapy, medication evaluation and management services, behavioral health psychology, and school/agency consultation and training.

Applying for Internship

Children's Program adheres to the internship application, selection and notification policies and procedures in accordance with the standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Children's Program participates in the National Matching Service as approved by APPIC. Children's Program's NMS number is 254311. All application materials must be submitted online via the applicant portal described in the AAPI Online section of the APPIC website. Please note that Children's Program requires a Supplemental Assessment Report for all applicants, which should include a comprehensive evaluation with a child or adolescent client (not for a class). Children's Program follows APPIC policies regarding internship offers and acceptances. The APPIC selection policies are available through the APPIC website, and are listed in the printed APPIC Directory. Our internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC Match Policies are available on the APPIC web site: <http://www.appic.org/>. All applications are screened by the Director of Training and Assistant Director of Training. The Director of Training, Assistant Director of Training, and Children's Program primary supervisors conduct interviews and provide recommendations for APPIC match rankings. The Director of Training makes the final ranking decisions and submits them to the National Matching Service. Please refer to the APPIC website to view updated application deadline and interview dates.

Intern Compensation and Leave Policy

Compensation is \$38,500 for the training year and interns complete approximately 2080 hours (40 hours per week/52 weeks per year), which includes PTO. The training year typically starts and ends the first week of September, with Interns training at the site for a full calendar year (365 days). A briefer, preliminary orientation will take place the last week of August, followed by a full orientation starting the day after Labor Day. All training time credited to internship is post-practicum and pre-doctorate. Interns receive 20 days of PTO to be used at their discretion, inclusive of personal, sick and religious observance leave as well as professional leave (e.g., dissertation time, job interviews, etc.). Interns can expect a maximum of 50% of their time providing face-to-face services to clients. Intern schedules will be 40 hours per week or as otherwise determined by intern agreement.

All interns are required to demonstrate that they have purchased medical insurance by the time of the start of the training year and are required to maintain medical insurance for the entire training period.

Interns are allowed unpaid parental leave for parents and their new children, including for medical issues, birth and postpartum recuperation, adoption of a child, or other family issues such as bonding time with new children. Accommodations will also be made for nursing mothers returning to internship (i.e., dedicated space/time for expressing milk, etc.). An Intern will work with their supervisor and/or the Director of Training to identify mutually agreeable solutions that will allow the Intern to meet the training program's aims, training goals, and competencies while also balancing family needs.

Appendix 1

INTERN TIME OFF REQUEST FORM

Interns are asked to utilize this form to formally request time off for vacation, personal time, sick time, or other instances where an Intern is requesting time off. Time off must be approved in advance by a supervisor, except in cases of emergencies or unexpected illness. Time off is tracked in half-day increments. It is the Intern's responsibility to block time out on their schedule (except in cases of emergencies), inform clients, and arrange crisis call coverage, as appropriate.

Today's date _____

Dates requested _____ (designate half or full days request off)

Approved by (supervisor) _____

Comments (optional) _____

Director of Training signature

children'sprogram 

Appendix 2

Intern Evaluation Form

Date: _____

Intern Name: _____

Primary Supervisor's Name: _____

Secondary Supervisor's Name (if applicable): _____

This evaluation covers the following dates: _____ to _____

Indicate methods of evaluation used during this quarter (check all that apply; direct observation of some type is required):

- ☐ Direct observation of individual/family therapy
- ☐ Direct observation of group therapy
- ☐ Direct observation of assessment
- ☐ Review of written documentation (chart notes)
- ☐ Review of written documentation (assessment report)
- ☐ Review of audio/video
- ☐ Feedback from other clinicians/supervisors
- ☐ Case review (discussion of intervention or assessment case)
- ☐ Supervision

Performance Factors

1 = Remedial (significant skill development required; remediation necessary)

2 = Beginning/developing competence (expected skill level pre-internship; close supervision required)

3 = Intermediate competence (expected skill level at internship mid-point; minimum supervision required)

4 = Proficient competence (expected skill level at internship completion; ready for entry-level practice)

5 = Advanced competence (rare rating for internship; ability to function autonomously at skill level beyond expectations for entry-level practice)

	1	2	3	4	5	N/A
1) SUPERVISION:						
• Prepares for supervision						
• Makes use of supervision and feedback						
• Effective in communication with supervisor						
• Applies the supervisory skill of observing in direct or simulated practice						

Applies 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 of others, and peer supervision with other trainees						
Applies the supervisory skill of evaluating in direct or simulated practice						
Applies the supervisory skill of giving guidance and feedback in direct or simulated practice						
COMMENTS: Average competence area score: _____/5						

	1	2	3	4	5
2) INTERVENTION:					
• Able to establish and maintain therapeutic alliance and effective relationships with recipients of psychological services					
• Understand and conceptualize client problems using DSM-5					
• Formulates evidence-based intervention plans specific to service delivery goals					
• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.					
• Knowledge of empirical based treatment and best practices with populations served in clinic , demonstrating the ability to apply the relevant research to clinical decision-making.					
• Awareness of individual and cultural diversity in clinical service delivery					
• Coordinating with other professionals and services effectively					
• Provide case management, referral, and follow-up					

• Acknowledge and understanding of personal strengths and weaknesses in providing treatment					
• Modifying or adapting evidence-based approaches effectively when a clear evidence-base is lacking					
• Evaluating intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation					
COMMENTS:					
Average competence area score: _____/5					

	1	2	3	4	5
3) ASSESSMENT:					
• Utility of diagnostic and information-gathering interviewing skills					
• Selecting and applying assessment methods that draw from the best available empirical literature that 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					
• Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths					
• Ability to 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					
• Ability to conceptualize cases and integrate findings, demonstrating the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process					
• Ability to formulate appropriate and practical recommendations to families					

COMMENTS:					
Average competence area score: _____/5					

	1	2	3	4	5
6) CONSULTATION & INTERDISCIPLINARY SKILLS					
Understands the consultant and consuler roles respective perspectives and actively seeks out consultation as needed					
Formulates appropriate consultation questions					
Shows understanding of other disciplines and ability to collect and share relevant information to inform clinical work					
Contributes to consultation group meetings (e.g., asking questions, offering input or reflections)					
Conducts outreach activities (as available) with other professionals or members of the community					
Applies the knowledge of consultation models and practices in direct or stimulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior					
COMMENTS:					
Average competence area score: _____/5					

Average competence area score: _____/5					
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Overall rating (average of all competence area scores) _____/5

Signatures below indicate that this evaluation has been reviewed and discussed with Intern and Primary/Secondary Supervisors.

Intern

Date

Primary Supervisor

Date

Secondary Supervisor (if applicable)

Date

Appendix 3

INTERN DUE PROCESS AND GRIEVANCE POLICY AND PROCEDURES

Children's Program has instituted both Due Process and Grievance Procedure policies in order to resolve grievances in a manner that is fair, productive and allows for dialogue between involved parties. Due Process is a procedure that comes into use when an intern's behavior is problematic whereas the Grievance Procedure is invoked when an Intern has complaints against the training program.

Grievance Procedure

It should be noted that Children's Program encourages grievances to be resolved on an informal basis whenever possible through professional communication and consultation. If a grievance is not resolvable through informal processes, the formal grievance procedure outlined below is followed. The internship grievance procedures are designed to protect confidentiality for all parties as fully as possible. There are three levels of the Grievance Procedure: Informal Meeting, Grievance Meeting, and Formal Complaint, outlined below.

An intern can initiate Grievance Procedures in response to a significant problem or challenge related to any element of the training program. Examples include, but are not limited to: 1) poor supervision, 2) lack of availability of supervision/supervisor, 3) evaluations perceived as inaccurate or unfair, 4) workload issues, 5) treatment perceived as discrimination/bias or harassment, or 6) compensation disputes.

1. *Informal Meeting* The Intern should first request an Informal Meeting to verbally discuss the issue with the faculty, supervisor, or staff involved. The Intern is permitted to have a supporter, such as the doctoral training program mentor/advisor or an internship training peer, present throughout all stages of the process or in any grievance-related meeting. All parties are encouraged to document the outcome of the initial meeting and mutually decide if the issue is resolved, in progress, or unresolved. If in progress, another meeting (known as a Progress Meeting) should be scheduled at a future date to review the status of the concern. A mutually agreed-upon timeline for responding to the concern will be determined at the conclusion of the informal meeting, not to exceed 30 days. The Director of Training will be made aware of the meeting (if not directly involved) and parties will submit the documentation of the informal resolution meeting to the Training Director.
2. *Grievance Meeting* If the issue cannot be resolved informally, the Intern can request in writing a Grievance Meeting to orally discuss the concern with the Director of Training, Assistant Director or Intern supervisor. The Director of Training will respond to a request for a grievance meeting within 1 week. A decision will be made at the conclusion of this meeting as to whether further action is needed or if the Intern is satisfied with the plan or actions to address the concern and the outcome will be recorded in writing. A mutually agreed-upon timeline for responding to the concern will be determined at the conclusion of the grievance meeting, but should not exceed 30 days.
3. *Formal Complaint* If the Director of Training, Assistant Director of Training, Clinic Director, or Intern supervisor cannot resolve the issue, or if the Intern is not satisfied with the response to their grievance, the Intern can file a Formal Complaint with the Human Resources representative (this individual and their contact information will be clearly identified to the Intern, in writing, during internship orientation.) The complaint must be in writing, with all supporting documents attached. The complaint is given to the Director of Training, or, the Clinic Director if the complaint is about the Director of Training (i.e., there a conflict of interest involving the Director of Training).
4. The Director of Training or the Clinic Director will meet with all involved parties and gather data to investigate the grievance and make the best effort to resolve the complaint. If the complaint is not able to be resolved, the Director of Training or Clinic Director will provide a written explanation copied to all involved parties as to why the complaint is not resolvable. The Formal Complaint stage should be completed within 60 days from the time the grievance is first logged. The final decision-maker is the Director of Training, unless there is a conflict

of interest, in which case the final decision is made by the Clinic Director. The Intern will be informed of the final decision in writing by either the Director of Training or Clinic Director.

5. A Grievance may be logged for up to 6 months following the end of the internship training year.
6. If the Intern disagrees with final decision, the Human Resources representative will review the complaint, supporting documents, gathered data, and final decision. A meeting will be conducted that includes the Intern, Director of Training, Clinic Director, Human Resources representative, and, if desired, a representative from the Intern's graduate training program. The Human Resources representative will either resolve the complaint or explain to the Intern why the complaint is not resolvable.
7. The Children's Program Human Resources representative will become involved if/ when the complaint involves issues beyond the scope of clinical training and related to general clinic policies and/or laws and regulations pertaining to the practice of psychology.

Due Process

Due Process includes three elements: notifying the Intern of the problematic behavior; a hearing so the Intern may have the opportunity to hear and respond to concerns identified by the Internship Program Training Director and planning for remediation; and appeal procedure whereby the Intern may appeal any actions taken by the Internship program with respect to the problematic behavior. Due Process would be invoked if it becomes apparent an Intern is failing to meet minimum competency standards, exhibiting performance that is below expectations for the level of acquired training, or displaying concerning or problematic behavior. This could include a poor review on formal evaluation of the Intern's performance in one or more evaluated competency areas. Due Process would not apply to Interns who are deviating from standard training practices due to a documented disability covered under ADA. Children's Program Human Resources would be involved in intern Due Process procedures in circumstances where problematic behavior concerns are beyond the scope of clinical training and involve violation of clinic policy and/or laws or regulations pertaining to the practice of psychology.

Interns have the following Rights and Responsibilities:

Rights

- Have a support person present at each phase of the Due Process procedure or Grievance when meetings are conducted
- Creation of their own documentation of the outcome of any Due Process or Grievance meetings
- Have access to standards of competency being evaluated or monitored by the training program
- Access to a training environment and opportunities that are free of discrimination or unjust treatment

Responsibilities

- Uphold APA Ethical Principles of Psychologists and Code of Conduct and act in accordance with relevant Oregon state laws governing the practice of psychology
- Adhere to outlined Children's Program policies and procedures
- Attend Due Process meetings and respond to correspondence related to Due Process
- Attempt to hear out and remediate concerns in a collaborative manner

The training program has the following Rights and Responsibilities:

Rights

- Enact the Due Process procedure when Intern conduct or performance meets criteria for doing so (outlined above)
- Communicate with the Intern's training progress as specified in the Due Process procedure

Responsibilities

- Ensuring Interns have meet minimum training requirements for the internship program
- Regularly reviewing Intern performance on defined competency areas
- Provide regular, quality supervision
- Allowing the intern to seek individual support during the Due Process
- Acting and communicating in a respectful and just manner toward the Intern
- Responding to Intern inquiries or questions about the Due Process in a forthright and expedient manner

Due Process involves the following components:

- 1) *Notice* Intern would be notified of identified problems and that the internship is addressing the problem first through discussion with the primary supervisor and Training Director, with follow up written documentation of the notice (e.g., via email) with details about the hearing.
- 2) *Hearing* A hearing would take place within 7 business days following the *Notice* to review of the problem. Intern will be provided with specific and detailed written and verbal feedback regarding concerns. Feedback would be provided to allow the Intern to address and remediate the concern and give the Intern an opportunity to respond to concerns. A follow up review meeting will be scheduled, to be conducted within 30 days, at the conclusion of the discussion. If the concern is resolved, no further action would take place.
- 3) *Written Remediation Plan* If the concern remains after 30 days and the Intern's actions have been insufficient in correcting the problem the Intern would receive notification in writing and a written remediation plan would be developed in collaboration with the Intern, primary supervisor, and Director of Training. The remediation plan would include specific, concrete objectives for Intern behavioral change/performance improvement, as well as a timeline for review. A copy of the remediation plan would be provided to the Intern's doctoral training program.

- 4) *Review of Remediation Plan* Formal review of the remediation plan would occur every two weeks with the Intern, primary supervisor, and Training Director to assess the Intern's progress in responding to the identified problem. Monthly updates regarding the Intern's progress would be provided to the Intern's doctoral training program until the problem is designated as resolved. The remediation plan would last no more than 60 days, unless specifically approved by the Training Director.
- 5) *Probation* If the remediation plan is not successful in correcting the Intern's problematic behavior or performance within the 60-day timeline, the primary supervisor, Director of Training, and Clinic Director would place the Intern on probation for 90 days, with a written notification provided to the Intern. The Intern's doctoral training program would be notified of the probation period and the probation would be reflected on the Intern's evaluation review. A probation plan would be created with the primary supervisor, Director of Training, and Clinic Director and reviewed every two weeks until the end of the 90-day period. If the Intern successfully meets goals outlined in the probation plan, the Intern would exit the probation period. A written summary of the completion of the probation period and documentation of the Intern's remediation of the problem would be provided to both the Intern and their doctoral training program. If the Intern exits the internship training program prior to the end of the probationary period, this fact and a summary of concerns and progress would be reflected in their formal written evaluation.
- 6) *Termination* If problems persist following the 90-day probation period, the Intern would be terminated. The appropriate representative for the Intern's doctoral training program would be invited to attend a conference with the Training Director, primary supervisor, and Intern to review the decision for termination. The Children's Program Director of Training is responsible for making the final decision about termination of an Intern. A written summary of the concern, efforts by the internship trainers, and documentation of insufficient response to the concerns and remediation by the Intern would be provided to all parties. The Intern may receive credit for training hours completed as allowable by their doctoral training program but would not be permitted to indicate completion of the Internship at Children's Program on any future documentation (e.g., CV, resume, etc.). The Intern would be expected to finish all uncompleted clinical paperwork with close supervision of the Training Director as well as write a letter about the Intern's departure to current clients with a transfer plan to an alternative clinician.
- 7) *Intern Appeal Process (Appeal)* If the Intern disagrees with the identified concerns, the decision to initiate a remediation plan or probation period, or termination the Intern may provide written documentation of their dissent and defense of their behavior or performance. The Intern can appeal in writing to Director of Clinical Services (who is prohibited from involvement in previous due process steps) within 30 days of the final decision to terminate to dispute decisions made by the Training Director and/or direct supervisor. The Intern is also encouraged to notify the

appropriate parties at their doctoral training program to gain external support. The Director of Clinical Services will make all final decisions regarding the Intern appeal(s). Appeal decisions may include:

1. Support of the appeal with referral back to the Training Director and Clinic Director for re-consideration
2. Recommended reinstatement with continued remediation
3. Termination upheld

Children's Program Primary Clinical Supervisors

Rose Eagle, Ph.D., Director of Training

Dr. Eagle is the Director of Training and coordinates the internship at Children's Program. She has been Director of Training at Children's Program since 2016, and also supervises Psychologist Residents and practicum trainees. Dr. Eagle received her Ph.D. at Binghamton University, State University of New York in 2008. Her training also includes an internship in pediatric psychology and developmental disabilities at the Child Development and Rehabilitation Center at Oregon Health and Science University. Dr. Eagle has an extensive background and training in the evaluation and treatment of children with Autism Spectrum Disorders and developmental disabilities. She is also a Lead Clinician for the Incredible Years program at Children's Program.

Dr. Eagle provides evaluation and treatment for young children with various developmental, behavioral, and emotional difficulties. She enjoys working with children who are preschool through elementary school age on issues of social skills and emotion-regulation. Her treatment approach tends to be family-focused and employs cognitive-behavioral strategies.

Nichole Sage, Psy.D., Assistant Director of Training

Dr. Sage received her doctoral degree in clinical psychology with an emphasis in child and family practice from Pacific University. She has completed training at Wright State University, Dayton Children's Hospital, Morrison Child & Family Services, and Oregon Health & Science University-Child Development and Rehabilitation Center. Nichole's specialty area includes evaluating and treating infants, toddlers, preschoolers, and early school-age children, ages 0-10. She provides evidence-based treatment for anxiety disorders and OCD, ADHD and impulsivity, and disruptive behaviors (tantrums, aggression, non-compliance). She is certified in Exposure and Response Prevention [ERP] for OCD through the International OCD Foundation Behavior Therapy Training Institute. She has also been trained in Supportive Parenting for Anxious Childhood Emotions (SPACE) for child anxiety. Nichole is the Assistant Director of Training and acts as a supervisor for practicum trainees, pre-doctoral interns, and psychologist residents. She is a former member and Past Chair of the Oregon Psychological Association Ethics Committee.

Allan Cordova, Ph.D., Director of Clinical Services

Dr. Cordova received his doctorate from the University of Denver and completed his internship and postdoctoral work at the University of Washington. He has worked with youth and families in hospital, clinic and school settings. Born and raised in Oregon, he joined the Children's Program in 2002. He enjoys working with families and children of all ages. Areas of special interest include teenagers, couples, treatment of anxiety and depression, and family transitions.

Karina Peters, Psy.D., Supervisor

Dr. Peters is a California native who received her Doctorate in Clinical Psychology from George Fox University after completing her internship at the Chicago Area Christian Training Consortium. She has specialized her training in children, adolescents and family work and has experience in outpatient mental health clinics, medical clinics, hospitals, assessment evaluation centers, and schools. In therapy, Karina strives to create a safe, supportive space for clients to work through their deepest pain and most vulnerable moments. She believes that providing emotional attunement in the "here and now" with her clients is essential for growth and change and that the developing mind is eager to understand their inner world and the world around them. She considers it a privilege to come alongside each client's journey towards growth. Karina utilizes behavioral techniques with a foundation of relational and systems approaches using a multicultural lens. Her clinical interests include the treatment of stress and trauma, emotion dysregulation, adoption, parent-child attachment, loss or bereavement, and behavior problems. She is bilingual and is fluent in Spanish.

Stephen Beard, Psy.D., Supervisor

Dr. Beard is a Portland area native who obtained his doctoral degree in School Psychology from Nova Southeastern University after completing his internship at the Illinois School Psychology Internship Consortium with the Southern Illinois University School of Medicine. He has worked in public schools, private schools, and traditional outpatient settings providing evaluation and therapy for children from infancy through adolescence. Stephen specializes in psychological assessment, specifically in the areas of ADHD and executive functioning, autism spectrum disorder, and learning disorders. Stephen also serves as the director of staff technicians and testing and supervises trainees as part of the staff training team. In therapy, Stephen works with school-aged children and families using a strength-based approach to support areas of difficulty (i.e., optimizing parenting strategies, teaching children coping and problem-solving skills to assist with challenging behaviors and emotion regulation).

Priya Ramanujam, Ph.D., Supervisor, Director of Anxiety Services

Dr. Ramanujam helps children and youth find courage, lean into uncertainty, and take steps toward creating richer and more meaningful lives. She approaches her work with both skill and flexibility, balancing scientific knowledge with careful listening and collaboration. Her work is generally goal focused and she involves caregivers in the therapy process as needed.

Dr. Ramanujam received her B.A. from Wellesley College and Ph.D. in Clinical Psychology from The University of Utah. She went on to complete her residency and fellowship training at Oregon Health & Science University. She has extensive training in Cognitive Behavioral Therapies for pediatric anxiety and related conditions, and utilizes modalities such as Exposure and Response Prevention, Acceptance and Commitment Therapy, Habit Reversal Training, and mindfulness-based practices. Additionally, Dr. Ramanujam has specialized training in pediatric psychology and is adept in helping youth adjust to chronic health conditions.

Casey Wixson, Psy.D., Supervisor

Dr. Wixson received his doctorate in clinical psychology, with emphasis in child and family practice, from Pacific University in Portland, OR. He has specialty training in assessment and intervention of children with Autism Spectrum Disorders through Oregon Health and Science University (OHSU) and The Watson Institute (Pennsylvania). Dr. Wixson's approach to assessment and intervention is family and systems oriented, emphasizing education and positive interactions.

Rebecca Marcin, Psy.D., Supervisor, Clinical Lead of Child Welfare Assessment Program

Dr. Marcin received her doctoral degree in clinical psychology with an emphasis in child and family practice from Pacific University here in Oregon. She is originally from Texas, completed her undergraduate degree in Massachusetts, and has been in the Pacific Northwest since 2006.

Prior to joining the Children's Program in 2015, Dr. Marcin worked within crisis-care, residential, school, and other outpatient mental health settings. She enjoys working with children and families from a wide range of ages and backgrounds, but has a particular interest in working with adolescents struggling with anxiety and depression and with youth within the foster care system. Her other areas of interest include: psychological assessment, trauma, grief and loss, emotional dysregulation, and adjustment/life transition challenges. In addition to providing therapy and assessment services to our private clients/families, Dr. Marcin is also the clinical lead of our child welfare assessment program team that conducts psychological evaluations for children in child welfare custody to aid in the treatment and permanency planning process. Dr. Marcin practices within a behavioral/cognitive-behavioral framework and believes in the importance of involving a youth's entire system to help make effective and lasting change.

Hannah Bianco, Ph.D., Supervisor

Dr. Bianco received her doctorate in Clinical Psychology from the University of Denver and completed her pre-doctoral internship at the University of New Mexico. She works with children, adolescents, couples, and families in the areas of emotional and behavioral dysregulation, behavioral defiance/non-compliance, coping and stress management, parenting skills, depression, anxiety, ADHD, parent-child relationships, and adult relationship distress. Dr. Bianco provides individual, family, and couples therapy, psychological/neuropsychological assessment, and group therapy. Dr. Bianco uses an evidence-based approach including behavioral and cognitive-behavioral modalities within a family systems framework.

Kayla Bailey, Psy.D., Supervisor

Dr. Bailey received her doctorate in Clinical Psychology from Pacific University in Hillsboro, OR. At the core of her work, Dr. Bailey's passion is helping youth thrive and helping caregivers feel more confident in their ability to understand and manage their child's unique needs. Her areas of specialty include neurodevelopmental disorders (ADHD, ASD, learning disorders, intellectual disabilities, etc.), trauma/adverse life experiences, parent-child relationship, and behavioral/emotional problems.

Dr. Bailey provides treatment and assessment to youth of all ages, with a focus on children aged 0-10. She uses a variety of evidence-based practices to assist youth overcome challenges, such as parent coaching, collaborative problem-solving, skill building, and play therapy. Her approach emphasizes experiential learning and family involvement.

She is certified in Parent-Child Interaction Therapy (PCIT), a specialized treatment for children aged 2 to 7 with social, emotional, and behavioral problems.

Laine Towell, Psy.D., Supervisor

Dr. Towell earned her doctorate in clinical psychology from Pacific University, where she focused her studies on work with children and families. She completed her doctoral internship at the Pacific Psychology and Comprehensive Health Clinic in Portland, where she worked with children, families, and adults within an integrated care setting. Her primary area of interest is psychological and psychoeducational assessment, particularly for presenting issues of ADHD, learning disorders, and developmental delay. Dr. Towell particularly enjoys working with young children, including preschoolers, toddlers, and infants, as well as children with trauma histories. She utilizes an eclectic approach, including behavioral and strengths-based modalities within a developmental psychopathology framework. Dr. Towell's work includes consistent family and community involvement.

Sarah Lee, Psy.D., Supervisor

Dr. Lee received her doctorate in Clinical Psychology from Adler University in Chicago, IL. She completed her postdoctoral fellowship at the Child Study and Treatment Center and the University of Washington working with children in a long-term inpatient psychiatric hospital. She completed her internship at New Connections Academy, a therapeutic day school for students with developmental and behavioral challenges including Autism Spectrum Disorder. In addition, her predoctoral experiences include working within outpatient, school and developmental clinic settings providing both diagnostic (e.g., neuropsychological assessments and developmental and behavioral evaluations) and therapy services (e.g., individual, group and family therapy). Her interests include working with school-aged children with developmental and behavioral challenges (e.g., ASD, learning disorders and ODD). She further enjoys collaborating with the child, family and community supports in order to understand the whole child to inform individualized treatment planning.

Hailey Albin, Psy.D., Supervisor

Dr. Albin helps children and families understand challenges, build confidence, and create meaningful change together. She approaches her work with warmth and curiosity, balancing evidence-based practice with flexibility and collaboration. Her therapy style is active and goal-oriented, with an emphasis on helping children and caregivers develop practical skills that support growth both in and outside of sessions. Dr. Albin earned her doctoral degree in Clinical Psychology from Pacific University, where she specialized in child and family practice. She completed her doctoral internship and postdoctoral residency at Children's Program, providing therapy and assessment services for youth and their families.

Dr. Albin specializes in the evaluation and treatment of infants through school-age children. While her clinical focus has centered on childhood anxiety and obsessive-compulsive disorders, she also works with children experiencing selective mutism, PANDAS/PANS, tic disorders, and body-focused repetitive behaviors, and has extensive experience supporting children with trauma-related concerns, mood difficulties, ADHD, learning differences, and behavioral challenges. Her therapeutic approach is grounded in cognitive-behavioral therapy (CBT) and integrates a range of evidence-based practices (e.g., ERP, ACT, HRT). She is additionally trained in Supportive

Parenting for Anxious Childhood Emotions (SPACE), a parent-based intervention for child anxiety.

Dr. Albin takes a person-centered approach, recognizing that each child and family has unique strengths and needs. She is passionate about helping children and families better understand their experiences and values collaboration as a foundation for meaningful, lasting change. She believes progress is strongest when children, caregivers, and clinicians work together toward shared goals in a compassionate, supportive environment.