RIVER NORTH

COUNSELING GROUP

**DOCTORAL PSYCHOLOGY**
**INTERN MANUAL**
**Training Year 2026-2027**

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This *Intern Manual* describes the training program at River North Counseling Group. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

River North Counseling Group, LLC
Doctoral Psychology Internship Manual
Policies, Procedures, and Guidelines

**Internship begins the first Monday of August and concludes the last Friday in July.**

**Training Year 2026**

**8/03/2026 through 7/30/2027**

**Training Committee**
Chad E. Owen, PsyD: Training Director, Supervisor
Taylor Esposito, PsyD: Chief Psychologist, Supervisor
Adam Hellebrand, PsyD: Non-Supervising Training Committee Member
Daniel Pumphrey, PsyD: Non-Supervising Training Committee Member

**Questions about the internship program may be directed to:**

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Phone: 312-222-1770

**Accreditation and APPIC Membership Status**

- APA Accreditation Status: Not Accredited

  **Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

  *Office of Program Consultation and Accreditation*
  *American Psychological Association*
  *750 1st Street, NE, Washington, DC 20002*
  *Phone: (202) 336-5979 / E-mail: apaaccred@apa.org*
  *Web: www.apa.org/ed/accreditation*

- APPIC Membership Status: The program is not an APPIC Member

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## Program Overview

The River North Counseling Group Doctoral Psychology Internship is a structured, full-time, 12-month training program designed to prepare interns for entry-level practice as professional psychologists within a private practice setting. Grounded in a practitioner-scientist model, the program emphasizes the integration of evidence-based assessment and intervention with strong ethical, cultural, and professional competencies. Interns receive broad and developmentally sequenced training through a combination of direct clinical service, diagnostic assessment, individual and group supervision, didactic seminars, and professional development activities. Training occurs across both Chicago and Skokie outpatient offices, providing exposure to diverse urban and suburban populations.

The internship program is an integral component of River North Counseling Group's clinical and organizational mission. The program is embedded within the structure of the practice and is supported through dedicated supervisory staff, administrative resources, and protected training time. Interns are fully integrated into the clinical operations of the practice while participating in a planned and sequential training program designed to support the development of entry-level professional psychologists.

The program is intentionally designed to balance service delivery with training, ensuring that clinical experiences are guided by educational objectives rather than service needs alone. Licensed psychologists maintain primary clinical responsibility for all cases and allocate protected time for supervision, didactics, and training activities. The internship is supported by practice leadership and reflects River North Counseling Group's commitment to high-quality clinical care, professional development, and the advancement of the field of psychology.

Through this integrated training model, the program supports the development of clinical competence, reflective practice, and professional identity, while preparing interns to deliver high-quality, culturally responsive psychological services across diverse populations.

Get to Know Our Practice

Founded 13 years ago, River North Counseling Group began with a simple yet powerful vision: to provide exceptional care to our community and meaningful support to the clinicians who serve it. What started with two dedicated psychologists has grown into a thriving collaborative of professionals who share a commitment to clinical excellence, personal growth, and a culture of mutual respect.

We are proud to serve clients from two vibrant and diverse communities. Our primary location in River North, Chicago, Illinois sits within one of the nation's most dynamic cities, home to more than 2.7 million people with a richly varied population. In Chicago, approximately 39% of residents identify as White, 28% as Black or African American, 12% as other races, 7% as Asian, and the remainder as multiracial or from additional racial categories, creating a tapestry of cultural and ethnic diversity that informs the work we do and the individuals we serve.

Our second office in Skokie, Illinois, is located in a unique suburban community of about 65,000 residents, known for its blend of cultures and backgrounds. In Skokie, roughly 49% of residents are White, 27–28% are Asian, around 11% are Hispanic or Latino, and 7–10% are Black or African American, reflecting the rich multi-ethnic fabric of our northern Cook County community.

At the heart of our practice is a commitment to individualized attention and intentional professional development. We believe deeply in the value of supervision, not just as a training requirement, but as a foundational pillar of clinical growth. From day one and throughout every stage of your career here, ongoing supervision is a central part of how we nurture skill, insight, clinical judgment, and self-awareness. Even our fully licensed clinicians continue to engage in supervision, underscoring our belief that learning and reflection are lifelong processes.

We approach clinical work as generalists, embracing the full spectrum of human experience. Our clinicians are skilled in treating a wide range of conditions across the lifespan, equipped to support clients through diverse presenting concerns with evidence-informed care.

Beyond clinical excellence, we value a strong work ethic, entrepreneurial spirit, and — equally important — a good sense of humor. We are not just colleagues; we genuinely enjoy each other's company. Our team culture is one of warmth, support, and camaraderie. Throughout the year, we come together for social gatherings that strengthen connection, and each summer we enjoy an annual retreat in Wisconsin — a time to relax, recharge, and celebrate each other.

Together, we strive to create a practice that feels like a community: dedicated to high-quality care, committed to professional growth, and enriched by genuine relationships.

Program Aim and Philosophy

The overarching aim of the clinical psychology internship at River North Counseling Group is to prepare individuals as they progress toward becoming independent clinical psychologists, equipped with the skills necessary to assess and treat the psychological aspects of a broad spectrum of common mental disorders. To this end, we offer interns the opportunity to build competence in the applied practice of clinical psychology across diverse patient populations served by a wide array of interdisciplinary training opportunities. The internship is designed to promote the development of (a) broadly trained professionals who (b) engage with others in positive, effective, and constructive ways, while (c) thoughtfully integrating relevant sources of information (d) to assess and treat individuals using evidence-based approaches (e) and who consistently practice in an ethical and professional manner. Successful interns will demonstrate achievement of the core competencies expected for entry into the profession.

The Program's philosophy is grounded in the view that a patients' clinical psychological needs are best identified through individualized, comprehensive assessment informed by the scientific knowledge base of psychology and established within the context of a positive, supportive clinician–patient relationship. This approach recognizes the full humanity of each individual, including unique identities, cultural backgrounds, and specific life circumstances. Empirical knowledge further guides the clinician in selecting appropriate methods for developing and implementing case formulations and treatment plans for identified clinical concerns, as well as for effectively communicating assessment findings and treatment recommendations to patients and to other professionals within an interdisciplinary setting. Across all cases, the primary goal of intervention is to reduce psychological and/or physical suffering or distress and/or to modify maladaptive or unhealthy behavioral patterns that contribute to distress or disease. This conceptualization of clinical psychological care forms the foundation of the program's approach to intern training.

The Program places strong value on training interns to apply empirically supported assessment methods and interventions in a practical, flexible manner that is responsive to individual patient needs. Interns are trained to function effectively within a private practice setting to optimize patient outcomes and are supported in developing strong communication and consultation skills with outside and referring providers. These skills enable interns to contribute meaningfully to collaborative treatment teams, while also drawing on the expertise and perspectives of our staff and providers from other disciplines in service of patient care.

Through supervision by our clinical staff  with specialized expertise, interns gain experience working with diverse clinical populations, including individuals with anxiety disorders, mood disorders, psychotic disorders, substance use disorders, disorders of childhood and adolescence, neuropsychological conditions. Our staff represent expertise in a broad array of evidence-based

treatments, including Cognitive Behavioral Therapy, Acceptance and Commitment Therapy and other approaches from Contextual Behavioral Science, Dialectical Behavior Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy, Exposure and Response Prevention, Contemporary Psychodynamic Psychotherapy, Motivational Interviewing, and Interpersonal Therapy, among other core treatment modalities.

Intern Selection and Academic Preparation Requirements Policy

The purpose of this policy is to establish clear procedures for the fair and consistent selection of psychology interns and to outline the academic preparation required for applicants to the Doctoral Psychology Internship at River North Counseling Group. This policy is intended to ensure that the selection process is conducted with integrity, transparency, and alignment with the program's training model, aim and philosophy. River North Counseling Group is an equal opportunity and affirmative action employer and is committed to the recruitment of culturally and ethnically diverse interns. We encourage inquiries and applications from all qualified individuals and seek applicants who demonstrate a strong fit with training in a private practice setting.

River North Counseling Group offers two full-time psychology internship positions each year. Applications must be submitted electronically through APPIC by the program's stated deadline, and all completed applications are reviewed by at least one member of the Internship Training Committee. To be eligible, applicants must be enrolled in an APA-accredited Clinical or Counseling Psychology doctoral program. Applicants must have approval for internship status from their graduate program Training Director. Applicants are expected to have completed their academic coursework by the end of the academic year preceding the start of internship. Applicants who hold a Master's degree in Psychology or related field are preferred.

In addition to academic requirements, applicants must demonstrate foundational clinical training and assessment experience prior to internship. Applicants are required to have completed a minimum of 25 assessment hours on integrated psychological assessments, which could include projective, objective, cognitive measures,  and at least one administration of either the WISC or WAIS is preferred. Applicants must also have completed at least 400 practicum intervention hours by the start of internship. Ideally candidates would have experience treating adults or older adults, children or adolescents, using evidence-based practices. Applicants are expected to have their dissertation proposal approved by the application deadline. Successful defence of their dissertation by the start of internship is preferred.

Applications are reviewed by the Training Committee using selection criteria that emphasize goodness-of-fit with the program's practitioner-scientist training model, alignment between the applicant's training goals and the clinical opportunities available through the internship, and the quality of the applicant's practicum experiences. In reviewing practicum training, the program considers not only the number of hours completed, but also the type of clinical settings, the level of clinical responsibility, and experience with empirically supported interventions. Applicants will be notified of their interview status by December 15th. Interviews are conducted in January either in person or remotely via Zoom, and all candidates are asked standardized questions that are scored consistently to ensure fairness and uniform evaluation.

Following completion of interviews, the Training Committee meets to rank-order applicants based on both the written application materials and interview performance. The final rank list is determined through committee consensus. River North Counseling Group adheres fully to APPIC Match policies and agrees that no person associated with the program will solicit, accept, or use ranking-related information inappropriately. APPIC Match results constitute a binding agreement between the applicant and the internship program. Following the Match, River North Counseling Group sends a confirmation letter to the matched intern and provides a copy to the Director of Clinical Training (DCT) at the intern's academic program.

River North Counseling Group demonstrates a strong commitment to cultural and individual diversity and adheres to a policy of nondiscrimination across all aspects of intern recruitment, retention, training, and professional development. The program does not discriminate on the basis of race or ethnicity, color, religion, sex (including marital status), national origin, ancestry, age, sexual orientation, gender identity or expression, disability, genetic information, veteran status, or socioeconomic status. Our program strives to create a welcoming, inclusive, and supportive learning environment in which interns, faculty, staff, and patients from diverse backgrounds are encouraged to learn from one another and to develop mutual understanding, respect, and appreciation.

All interns who match with River North Counseling Group must provide proof of citizenship or legal residency and must successfully pass a thorough background check that includes social security verification, prior employment verification, educational verification, and criminal history. River North Counseling Group strongly encourages interns to have all updated immunizations including current COVID and Flu vaccines.

River North Counseling Group's Drug and Alcohol policy is designed to promote and maintain a safe, healthy, and productive work environment. The use, sale, distribution, manufacture, or possession of alcohol, illegal drugs, or controlled substances is strictly prohibited on Practice premises or during working hours. Interns are expected to report to work free from impairment. If prescribed medications may affect work performance, interns are required to obtain documentation from the prescribing professional indicating any work-related limitations. Off-duty illegal drug use is also prohibited if it interferes with professional responsibilities. Violations of this policy may result in disciplinary action, up to and including termination.

Clinical Training Experiences

Interns can expect to divide their time for Training Experiences evenly between our Chicago and Skokie office that alternate with your cohort. For example: one intern would be in Chicago on Monday, Wednesday and Friday and Skokie on Tuesday and Thursday. The second intern will share the same office on alternate days. Chicago on Tuesday and Thursday and Skokie on Monday, Wednesday and Friday. On Mondays and Fridays all interns will begin their days in our Chicago Office for Didactics and Group supervision followed by Cohort time described below. The intern working in Skokie later that day will be provided with travel time between the offices.

Clinical service delivery comprises 40-50% of the typical weekly schedule for an intern. River North Counseling Group selected this number after determining the percentage of service delivery that best trains interns to be prepared to work in the field upon the completion of internship. We want our interns to be able to leave their internship and succeed in a setting that would require 65% direct service. Additionally, given the nature of a private practice setting, a weekly goal of 40-50% of time spent in service delivery averages out to approximately 25% direct service hours Additionally, some states have a minimum number of direct service hours required.

**A 40 hour week consists of:**

16-18 Hours: Intervention/Psychotherapy

2-4 hours: Assessment/Diagnostic Evaluation

1 Hour: Supervision of a trainee

6 Hours: Professional Development

5 Hours: Administrative Time

2 Hours: Cohort Time

2 Hours: Individual Supervision

2 Hours: Group Supervision

2 Hours: Didactics / Seminars

**INTERVENTION - 16- 18 hours per week**

In our private practice setting, interns should expect that 90% of direct service hours will be in individual psychotherapy. The other 10% will be through assessment experience. Interns are expected to carry a caseload of 16- 18 clients per week. Through supervision by our clinical staff with specialized expertise, interns gain experience working with diverse clinical populations, including individuals with adjustment disorders, anxiety disorders, mood disorders, psychotic disorders, disorders of childhood and adolescence, neuropsychological conditions. Our staff represent expertise in a broad array of evidence-based treatments, including Cognitive Behavioral Therapy, Acceptance and Commitment Therapy and other approaches from Dialectical Behavior Therapy, Prolonged Exposure Therapy, Exposure and Response Prevention, Contemporary Psychodynamic Psychotherapy, Motivational Interviewing, and Existential Therapy, among other core treatment modalities.

**ASSESSMENT - 2-4 hours per week**

Diagnostic Interviewing/ Assessment

Interns conduct comprehensive diagnostic assessments to understand how psychological symptoms affect an individual's functioning across important life areas. These evaluations include examining academic, occupational, and daily functioning to determine how symptoms impact performance at school, work, relationships, and other meaningful activities.

A key component of the assessment process involves careful risk and safety evaluation, including screening for suicidal ideation, self-harm behaviors, aggression, or other safety concerns. Interns also assess the level of functional impairment, determining how emotional or behavioral difficulties interfere with a client's ability to function effectively in daily life.

Interns integrate information gathered from multiple sources, including clinical interviews, behavioral observations, background information, and, when appropriate, psychological testing. Using this information, they develop a case conceptualization that organizes the client's experiences into a coherent understanding of the factors contributing to their concerns. This formulation guides the development of evidence-based treatment recommendations, helping determine appropriate therapeutic approaches, treatment goals, and potential referrals for additional services.

The assessment process also provides an important opportunity for interns to begin establishing a strong therapeutic alliance. Interns practice building rapport, demonstrating empathy, and creating a safe and supportive environment where clients feel comfortable sharing their experiences. As interns gain repeated experience conducting diagnostic assessments, they continue to refine their clinical judgment, diagnostic reasoning, and ability to integrate complex information from multiple sources.

Through this work, interns develop essential competencies in clinical interviewing, diagnostic formulation, risk assessment, cultural responsiveness, treatment planning, and therapeutic engagement. These experiences help interns move beyond simply gathering information and toward developing a nuanced understanding of each client's unique circumstances, ultimately supporting thoughtful, effective, and ethically responsible psychological care.

Testing

At River North Counseling Group, the internship program emphasizes clinical intervention and diagnostic assessment, and therefore the practice does not conduct a high volume of comprehensive psychological testing batteries. As a result, there is ***no required minimum*** number of formal testing batteries that interns must complete during the internship year. However, interns will have opportunities to participate in psychological assessment when clinically appropriate cases arise.

Interns receive training and supervised experience in ADHD evaluations for both children and adults, which represent the most common form of assessment conducted within the practice. These evaluations involve integrating clinical interviews, developmental and educational history, behavioral observations, and standardized assessment instruments. Interns may administer and interpret a variety of commonly used cognitive, attention, and behavioral measures, including the MOXO Continuous Performance Test, the Delis–Kaplan Executive Function System (D-KEFS), the Conners 4 Rating Scales (Parent, Self-Report, and Teacher forms), the Behavior Assessment System for Children, Third Edition (BASC-3; Parent, Self-Report, and Teacher forms), and executive functioning measures such as the Behavior Rating Inventory of Executive Function (BRIEF) or the Brown Executive Function/Attention Scales.

In addition to ADHD evaluations, interns may also gain experience administering broader cognitive and personality measures when clinically indicated. These may include instruments such as the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC), and the Minnesota Multiphasic Personality Inventory (MMPI). All assessment activities occur under the supervision of licensed psychologists, allowing interns to develop competency in test administration, scoring, interpretation, and report writing while integrating assessment findings into a comprehensive diagnostic formulation and treatment plan.

**SUPERVISION OF A TRAINEE - 1 hour per week**

As part of their professional development, psychology interns will have opportunities to provide supervision to trainees at earlier stages of training, such as practicum students or graduate trainees, when available. This experience is designed to help interns develop foundational competencies in supervision, including providing guidance, evaluating clinical work, and supporting the professional growth of trainees.

Interns will engage in supervision activities that may include reviewing case material presented by the trainee, discussing clinical decision-making, and providing feedback on therapeutic skills, documentation, and case conceptualization. Interns may observe recordings of sessions, review written clinical documentation, or discuss clinical interactions in order to support the trainee's development and ensure appropriate client care. In providing supervision, interns will focus on helping trainees integrate theory, research, and clinical practice while maintaining awareness of ethical, legal, and professional standards.

All supervision provided by interns occurs under the oversight of a licensed psychologist. Interns receive ongoing supervision of their supervision to support skill development and ensure that feedback provided to trainees is appropriate, constructive, and consistent with the training goals

of the program. This experience allows interns to develop competence in supervision, including the ability to observe clinical work, evaluate trainee performance, provide constructive guidance, and reflect on their own supervisory approach.The supervising psychologist maintains full clinical responsibility for junior student cases and signs all documentation in the EMR.

**PROFESSIONAL DEVELOPMENT: 6 hours a week**

Professional Development provides interns with protected time to engage in activities that support their clinical learning, development, and overall competency growth throughout the internship year. During this time, interns may deepen their understanding of evidence-based practices by reviewing relevant research literature, treatment manuals, and professional resources related to their current clinical work. Interns may also use this time to prepare case conceptualizations, develop treatment plans, review clinical recordings, or analyze psychological assessment data in order to strengthen their diagnostic and intervention skills.

Interns may also use this time to prepare for case presentations, develop journal article reviews or presentations for cohort discussions, and engage in reflective practice related to their clinical work and supervision experiences. This time can support thoughtful integration of supervision feedback, exploration of therapeutic process issues such as countertransference, and development of professional identity as a psychologist.

In addition, this time supports broader professional development activities. Interns may use this time to prepare for licensure, explore career paths within psychology, develop areas of clinical specialization, or increase knowledge in areas such as ethics, cultural responsiveness, and emerging evidence-based treatments. Interns may also engage in activities related to professional scholarship, such as preparing conference presentations, reviewing current research in areas of interest, or developing materials that contribute to program training activities.

Overall, Professional Development Time allows interns to take initiative in their learning, strengthen their clinical competence, and cultivate the professional knowledge, skills, and attitudes necessary for successful entry into professional psychology.

**ADMINISTRATIVE TIME: 5 hours a week**

Administrative time provides interns with protected time to complete the essential non-clinical tasks required for effective and ethical psychological practice. During this time, interns may complete clinical documentation such as progress notes, intake summaries, treatment plans, discharge summaries, and psychological assessment reports. Interns may also review client records, update treatment plans, and prepare materials necessary for upcoming clinical sessions.

Administrative time may also be used to coordinate care with other professionals involved in a client's treatment. This may include communicating with referral sources, consulting with medical providers or school personnel, participating in care coordination calls, and responding to client-related administrative communications as appropriate.

In addition, interns may use administrative time to manage scheduling responsibilities, prepare assessment materials, score and interpret testing data, and organize case-related information.

**COHORT TIME: 2 hours a week**

Interns participate in regularly scheduled cohort time designed to support professional development, peer consultation, and competency development throughout the internship year. This protected time allows interns to learn collaboratively, reflect on their clinical work, and deepen their understanding of evidence-based psychological practice. Cohort meetings typically occur twice weekly on Mondays and Fridays between 11am and 12pm. This time includes activities such as case consultation, discussion of current research literature, professional development topics, and opportunities to practice clinical skills through role plays and structured exercises. Interns also engage in discussions related to diversity, cultural responsiveness, and professional identity, while collaborating with peers to reflect on clinical challenges and personal reactions that arise in therapy. Overall, cohort time supports the integration of scientific knowledge with clinical practice while fostering a supportive and collaborative learning environment among interns.

**DIDACTIC SEMINAR: 2 hours a week**

The didactic seminar series at River North Counseling Group is a core component of the internship training program and is designed to support the integration of scientific knowledge with clinical practice. Interns participate in two hours of didactic seminars each week, held consistently throughout the training year, typically on Monday mornings. These seminars follow a structured and developmentally sequenced curriculum that exposes interns to a broad range of foundational and advanced topics relevant to professional psychology.

Didactics are led by licensed psychologists and other qualified mental health professionals within the practice and are grounded in current empirical literature. Topics span key domains of clinical training, including diagnostic assessment and classification, therapeutic alliance, evidence-based treatment modalities (e.g., CBT, DBT, ACT), risk assessment and suicide prevention, ethics in clinical practice and billing, psychological assessment, diversity and multicultural competence, Art Therapy, trauma-informed care, the use of Humor in treatment, and emerging areas in clinical psychology. Seminars can also be paired with peer-reviewed journal articles to promote critical thinking, evidence-based practice, and the application of research findings to clinical work.

The seminar series is designed not only to build knowledge, but also to enhance clinical reasoning, ethical decision-making, and professional identity development. Overall, the didactic seminars provide a structured, consistent, and academically rigorous learning environment that supports interns in developing competence across the core domains of clinical psychology.

Stipend, Benefits, and Resource Policy

The purpose of this policy is to provide clear guidance regarding the stipend, benefits, and resources available to psychology interns at River North Counseling Group. This policy is intended to ensure that interns receive equitable compensation, appropriate support, and access to the resources necessary for professional growth and successful completion of the internship year. River North Counseling Group offers two psychology internship positions, each with a current annual stipend of $40,000. In addition to the stipend, interns receive a benefits package that includes health insurance, professional liability insurance, and 120 hours of paid time off (PTO) which may be used for vacation, personal time, or sick leave. To support the diverse cultural and religious backgrounds of interns, the program provides five “working” holidays, which may be used flexibly to observe personally meaningful traditions or holidays. Interns also receive four federal holidays during which the office is closed.

River North Counseling Group provides each intern with a primary office space at either the Chicago or Skokie location. Office space is shared between interns and scheduled to ensure equal access based on assignments and clinical needs. For example, one intern may be assigned primarily to the Chicago office while the other is assigned primarily to the Skokie office. Interns are also provided with the equipment and logistical support necessary to function effectively in a professional clinical environment, including phones, voicemail, computers, printers, software, and technical support. The practice uses centralized scheduling, and interns receive administrative assistance from front office staff for client appointment coordination and related support services.

In addition to clinical training opportunities, interns are provided with access to key professional resources. This includes reference materials and current psychological testing instruments such as the WISC-V, WAIS-IV, MMPI, and other commonly used assessment tools. The program also provides access to a substantial training library, in-house training workshops, and ongoing weekly didactics and professional seminars. When feasible, specialty training experiences may be developed based on interns’ professional interests, the availability of staff expertise, and the needs of the client population. These opportunities may include focused exposure to areas such as trichotillomania, specific phobias, and other specialized evidence-based interventions.

Paid Time Off and Leave Policy

The purpose of this policy is to provide clear policies and procedures regarding the use of Paid Time Off (PTO) during the internship year. This policy outlines expectations and processes for requesting and using PTO, including vacation, personal time, sick leave, parental leave, and the payout of unused PTO.

Paid Time Off (PTO) is designed to provide interns with flexible paid leave that may be used for vacation, personal needs, illness, or other activities of the intern's choice. Interns will receive a total of one hundred and twenty total hours (120 hrs) of PTO, which is accrued biweekly (4.62hrs), and interns may only request time off once they have accrued sufficient hours. To avoid disruption to clinical operations, PTO must be approved in advance by both the primary supervisor and the Training Director, with the exception of illness. In the event of sick leave, interns are expected to notify their primary supervisor, the Training Director, and the scheduling staff as soon as possible so that client appointments can be rescheduled in a timely manner. Interns are expected to follow several guidelines when making PTO requests, including discussing vacation or planned leave at least two weeks in advance, remaining present during the first four weeks of the internship unless exceptional circumstances arise, coordinating clinical coverage with supervisors as needed, and maintaining consistent participation throughout the full 12-month training year except in cases of approved sick leave or special circumstances. Unused PTO hours will be paid out at the termination of the internship.

In addition to PTO, River North Counseling  provides five "working" holidays, which may be used flexibly to observe personally meaningful traditions or holidays. Interns also receive four federal holidays during which the office is closed. These holidays are intended to support cultural and religious diversity, allowing interns to either observe the holiday or choose to work. If an intern works on a working holiday, the corresponding hours are credited to the intern's PTO account and may later be used for personal time off in accordance with standard PTO request procedures.

River North Counseling Group also recognizes the importance of extended medical leave or parental leave and supports interns in taking leave for medical purposes, care of a family member, childbirth, postpartum recovery, bonding with a new child, or adoption. Interns who take extended leave during the internship year are still expected to meet the program's training objectives, competency requirements, and the 2,000-hour completion requirement. Interns are encouraged to communicate extended leave needs as early as possible so that appropriate adjustments can be made to support both the intern and the integrity of the training experience. Such adjustments may include extending the internship beyond the cohort year or rearranging clinical responsibilities.

Supervision Policy

The purpose of this policy is to ensure that River North Counseling Group's Doctoral Psychology Internship Program remains in compliance with APA Standard II.C.3.b–c, which requires that interns receive a minimum of four hours of supervision per week. Supervision is defined as an interactive educational experience between the intern and supervisor that is evaluative and hierarchical, extends over time, and serves multiple functions, including enhancing the professional functioning of the intern, monitoring the quality of clinical services, and acting as a gatekeeping process for entry into the profession (Bernard & Goodyear, 2009).

**Training Roles and Supervision Structure**

The internship program distinguishes between Training Supervisors, Training Committee members, non-supervising Training Committee psychologists, and administrative/practice leadership.

**Training Supervisors:**
Chad E. Owen, PsyD and Taylor Esposito, PsyD serve as the doctoral-level licensed psychologists who provide direct clinical supervision to psychology interns. They are responsible for primary and secondary supervision, oversight of clinical services, review and co-signature of clinical documentation, and formal evaluation of intern competency development.

**Non-Supervising Training Committee Psychologists:**
Adam Hellebrand, PsyD and Daniel Pumphrey, PsyD serve on the Training Committee but do not provide direct clinical supervision to interns. Their role is to support training governance and to participate in Due Process and Grievance reviews when an independent, non-supervisory psychologist is needed.

**Administrative / Practice Leadership:**
Matthew Winstanley, PsyD, President of River North Counseling Group, does not provide direct clinical supervision to psychology interns and does not serve as a Training Committee member. His role is administrative/practice leadership. Consistent with the Due Process and Grievance procedures, he may be available for final appeal decisions when he does not otherwise have a conflict of interest.

Psychology interns receive a minimum of:

- **Two hours of individual face-to-face supervision per week, which includes any assessment or supervision of supervision as needed.**

- **Two hours of group supervision per week**

These supervision requirements occur consistently throughout the internship year.

Interns receive supervision through a structured model that includes primary supervision, and additional specialized supervision experiences as needed. Primary supervision is assigned for each intern and is provided by a licensed psychologist who maintains primary clinical responsibility for the cases being supervised. Interns will also have a **Secondary supervisor** that will meet with them one (1) hour each week in addition to the primary supervisor.

**Primary Supervisor:**
The primary supervisor has overall responsibility for the intern's clinical training and the cases assigned to the intern. This supervisor provides the majority of the intern's individual supervision, oversees clinical decision-making, monitors progress toward competency development, and reviews and co-signs clinical documentation. The primary supervisor is also responsible for completing formal evaluations of the intern's performance and ensuring that training goals are being met.

**Secondary Supervisor:**
The secondary supervisor provides additional supervision and consultation in specific areas of the intern's training. This may include supervision for particular cases, treatment modalities, or assessment activities. While the secondary supervisor contributes to the intern's learning and provides feedback on clinical work, the primary supervisor maintains overall responsibility for the intern's training and evaluation.

Reference

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Pearson.

Maintenance of Records Policy

The purpose of this policy is to ensure the privacy, security, and appropriate management of intern records. All intern records are maintained electronically in a secure drive and organized by internship training year to ensure confidentiality, consistency, and compliance with professional standards.

Individual intern records are stored electronically within the Doctoral Psychology Internship Training Committee files and organized by training year. Intern evaluations, certificates of completion and a record of the training experience are maintained indefinitely. Each intern has a separate secure folder accessible only to members of the Training Committee. One year following completion of the internship training year, intern folders are archived in the Completed Program file. Access to archived records is restricted to the Doctoral Psychology Internship Training Director to ensure continued protection of confidential materials.

Documentation related to Due Process, grievances, and complaints is also maintained electronically within the appropriate training year folder. Upon completion of the training year, these materials are archived in the Completed Program file. The complaint log is maintained within the file and organized by training year to support accountability and program review.

At the start of the internship, interns are assigned a secure work folder within the Psychology Internship file system. Interns are expected to store all internship-related work, forms, presentations, and program resources in this folder. A separate Psychological Testing file is provided for assessment-related materials, which are subject to supervisory review. At the conclusion of the internship year, interns are required to complete and lock all work documents in both the Psychology Internship folder and the Psychological Testing folder in accordance with confidentiality and record management standards.

Communication with Interns' Academic Programs Policy

The purpose of this policy is to establish clear procedures for ongoing communication between River North Counseling Group and interns' academic programs. The program is committed to maintaining timely, accurate, and transparent communication with interns' Directors of Clinical Training (DCTs) regarding internship appointment status, progress, competency development, and any corrective actions that may arise during the training year.

Following the APPIC Match, a formal match letter or email will be sent within seven days of the Match results to both the incoming intern and the intern's DCT. This correspondence will confirm the terms and conditions of the appointment, including stipend, benefits, and the official start and end dates of the internship year.

Throughout the training year, the intern's DCT will receive copies of formal written competency evaluations at all points of evaluation: the beginning of the training year, the mid-year and end-of-year evaluation periods. The end-of-year evaluation correspondence will also include the verification that the intern has successfully completed the program. These communications ensure that academic programs remain informed about the intern's progress and successful attainment of required competencies.

If Due Process procedures are initiated, the DCT will be notified at key points in the process. These notification points include issuance of a verbal warning, a second occurrence of informal discussion or coaching, a Written Notice of Competency Concern, implementation of a Development Plan, and the convening and outcome of an Appellate Panel meeting. Relevant documentation will be shared with the DCT via email and/or phone communication to promote collaboration and support.

In cases involving termination or serious ethical violations, the intern's DCT will be formally notified. This includes situations in which an intern is unable to remediate competency concerns outlined in a Development Plan following appellate review, or when an intern commits a felony, engages in sexual contact with a client, or violates ethical standards confirmed through internal investigation.

In addition to required communications, River North Counseling Group may provide optional updates to DCTs throughout the training year to highlight intern milestones, exceptional performance, or other notable professional achievements.

Intern Evaluation Process

Interns are evaluated Formally by the internship Training Staff using the schedule below:

| Evaluation | Time period covered | Scheduled |
|---|---|---|
| 1st | 3 months | October |
| 2nd | 9 months | April |
| Final | 12 months | Mid-July |

Formal Evaluations:
Formal evaluations are conducted *three times* during the training year: a three month, nine month and Final in July. During these formal reviews, both interns and supervisors complete evaluation forms and engage in in-depth discussions regarding the intern's performance and progress. During the evaluation, new or revised training goals are identified based on the evaluation findings. Signatures are obtained from the primary supervisor, Training Director, and the intern. Copies of the formal evaluations are securely emailed to the interns' graduate program Directors of Clinical Training (DCTs).

During evaluations, the interns' performance in the core competency areas is reviewed and rated. During formal evaluations, interns also provide feedback on their supervisors and on the internship program as a whole. In addition, interns are encouraged to provide ongoing, formative feedback throughout the year to supervisors, trainers, and the Training Director, offering input on both supervisory practices and the overall internship experience. Interns that fall below the MLA at any evaluation period will result in the Due Process procedures being initiated.

To maintain good standing in the program at the end of the first training evaluation, interns are expected to:

- Interns must obtain ratings of at least "2 –Expected level of Competence at the first evaluation of the training program; close supervision required on most cases." Any rating above this would be considered a particular area of strength.

- Interns must not have engaged in any significant ethical violations.

To maintain good standing in the program at the end of the second training evaluation, interns are expected to:

- Interns must obtain ratings of at least "3 – Intermediate Competence**.** Minimal Level of Achievement (MLA) at 2nd evaluation period of the training program" in each learning element on their formal Intern Competency Evaluation.

- Interns must not have engaged in any significant ethical violations.

**Successful Completion of the Internship**

To successfully complete the internship, interns must complete 2000 hours over a twelve month period, achieve a minimum rating of "4 – Proficient Competence. Minimal Level of Achievement (MLA) at completion of training program; ready for entry-level practice" in each learning element.

All clinical cases must be appropriately terminated or transferred by the week prior to the official end date of the internship year at the latest. If an intern's final day in the office occurs earlier, arrangements for case closure and handoff must be made in advance of departure.

All clinically related documentation must be completed, reviewed, approved, and finalized ("locked") by the appropriate supervisor before the intern's final day on-site. If an intern leaves without completing all required documentation, this may be reflected in any letters of recommendation provided by River North Counseling Group staff, and the intern's graduate program will be notified. In such cases, the internship may be considered incomplete, which could affect verification of internship completion requested by the graduate program or state licensing agencies.

## Due Process Procedures

Due Process Procedures are implemented when a supervisor, faculty member, or staff member raises a concern regarding the functioning of a doctoral intern. At River North Counseling Group, these procedures occur in a structured, stepwise manner, with increasing levels of intervention when a concern becomes more persistent, complex, or disruptive to the training process. At any stage of the Due Process Procedures, River North Counseling Group may communicate with the intern's home doctoral program to support the intern's development and progress.

## Conflict of Interest, Independent Review, and Non-Supervising Training Committee Members

River North Counseling Group recognizes that, as a small private practice training site, psychologists may serve in multiple roles, including supervisor, evaluator, administrator, Training Committee member, or practice leader. To protect fairness and avoid conflicts of interest in Due Process and Grievance matters, the program includes licensed psychologists on the Training Committee who do not provide direct clinical supervision to interns.

Non-supervising Training Committee psychologists are available to participate in Due Process and Grievance reviews when supervisory, evaluative, ownership, administrative, or other dual-role relationships could affect impartiality. A psychologist will not serve as the primary decision-maker, hearing officer, appellate reviewer, or final decision-maker in any matter in which that psychologist is the subject of the concern, directly involved in the events under review, the intern's primary or secondary supervisor, or otherwise has a conflict of interest.

## Rights and Responsibilities

These procedures are designed to protect the rights of both the intern and the doctoral internship training program, while also outlining shared responsibilities.

Interns have the right to every reasonable opportunity to remediate concerns. The Due Process Procedures are not intended to be punitive, but rather to provide structured support to help interns address identified areas of difficulty. Interns are entitled to respectful, professional, and ethical treatment throughout the process and have the right to participate fully by having their perspective heard at each stage. Interns may appeal decisions within the limits of this policy. Intern responsibilities include engaging professionally in the process, making good-faith efforts toward remediation, and striving to meet the aims and objectives of the training program.

River North Counseling Group has the right to implement these Due Process Procedures when appropriate. The program and its faculty and staff are likewise entitled to respectful and professional engagement. The program retains the authority to make decisions regarding remediation, including probation, suspension, or termination, consistent with this policy.

Program responsibilities include supporting interns in addressing concerns and making reasonable efforts to help them successfully complete the internship.

Definition of a Problem

For the purposes of these Due Process Procedures, a problem is broadly defined as interference in professional functioning reflected in one or more of the following:

- Difficulty integrating professional standards into behavior
- Difficulty acquiring professional skills to an acceptable level of competency
- Difficulty managing personal stress, psychological challenges, or emotional reactions in ways that interfere with professional functioning

Determining when an issue rises to the level of a problem requiring remediation is a matter of professional judgment. Concerns typically meet this threshold when one or more of the following occur:

- The intern does not acknowledge or address the concern
- The concern cannot be resolved through routine supervision or training
- Quality of services is negatively affected
- The concern extends beyond a single area of functioning
- Training staff must devote disproportionate time to the issue
- Behavior does not improve following feedback
- Ethical or legal implications may arise
- The behavior negatively impacts the agency, other trainees, or clients
- The behavior violates appropriate professional communication

Informal Review

When a supervisor or faculty/staff member observes emerging concerns about professional behavior or competency, the first step is Informal Review. The issue is addressed directly with the intern as soon as feasible in an effort to resolve it collaboratively. This may involve increased supervision, additional didactic training, or structured learning activities. Supervisors clearly indicate that the intern has entered the Informal Review phase and monitor progress.

Formal Review

If concerns persist following Informal Review, or if an intern receives a rating below the Minimum Level of Achievement for any given evaluation period or on any learning element, a Formal Review is initiated.

A. Notice

The intern receives written notification that the concern has progressed to Formal Review and that a Hearing will occur.

B. Hearing

A Hearing is held within 10 working days to review the concern and determine next steps. The Hearing will include the intern, the Training Director or another designated Training Committee member, and, whenever possible, a non-supervising Training Committee psychologist who has not been directly involved in the concern.

The intern may present their perspective verbally or in writing. If the concern involves the Training Director, Chief Psychologist, primary supervisor, secondary supervisor, or another psychologist with direct involvement, that individual will recuse themselves from serving as the hearing officer or appellate reviewer, but may still participate by providing evidence.

C. Outcome and Next Steps

Following the Hearing, one of the following actions may occur:

Written Acknowledgement Notice – Recognition of the concern without additional remediation required at that time.

Written Remediation Plan – The intern is placed on a structured Remediation Plan, which may include probationary status. The Remediation Plan will include:

- Identified behaviors or skills of concern
- Required corrective actions
- Timeline for improvement
- Evaluation procedures

At the conclusion of the remediation period, the Training Director, in consultation with an uninvolved Training Committee member when appropriate, determines whether the concern has been remediated or whether the Remediation Plan will be extended. A written statement is provided to the intern and the home doctoral program regarding whether or not the remediation has been successfully completed.

Written Suspension – The intern may be placed on Suspension, temporarily removing them from clinical duties while remediation occurs. The Suspension Plan will include:

- Identified concerns
- Required actions
- Timeline
- Evaluation process

At the conclusion of the Suspension period, the Training Director, in consultation with an uninvolved Training Committee member when appropriate, determines whether the concern has been remediated or whether the Remediation Plan will be extended. A written statement is provided to the intern and the home doctoral program regarding whether or not the remediation has been successfully completed.

D. Termination

If concerns remain unresolved or involve serious misconduct or ethical violations, termination from the internship may occur. This decision is made by the Training Committee, with any conflicted members recused from the decision-making process.

When supervisory, evaluative, ownership, administrative, or other dual-role relationships could affect impartiality, a non-supervising Training Committee psychologist will participate in the review. If no impartial internal psychologist is available, an external licensed psychologist reviewer will be appointed.

During this period, the Training Director may suspend clinical duties if necessary. APPIC and the intern's doctoral program will be notified.

Appeal Process

If an intern wishes to challenge a decision made during the Due Process Procedures, they may request an Appeals Hearing within five working days.

Appeals will be reviewed by an individual or panel that did not make the original decision being appealed. Whenever possible, the appeal will be heard by a different non-supervising Training Committee psychologist who was not involved in the initial hearing or decision and has not served as the intern's primary or secondary supervisor.

The appeal reviewer or panel will:

- Review documentation
- Interview involved parties as appropriate
- Uphold, modify, or reverse the prior decision

If still dissatisfied, the intern may submit a final appeal to the President of River North Counseling Group, whose decision is final.

The intern and the intern's doctoral program will receive written notification of the appeal outcome.

Grievance Procedure

Grievance Procedures apply when an intern raises a concern about a supervisor, staff member, trainee, Training Committee member, practice leader, or aspect of the internship program.

Informal Review

Interns are encouraged to first attempt informal resolution with the involved party or Training Director when appropriate.

Formal Review

If informal resolution is not possible or is unsuccessful, the intern may submit a written grievance to the Training Director. If the grievance involves the Training Director, The President will review the grievance and will submit it to a non-supervising Training Committee psychologist for review.

Non-supervising Training Committee psychologists are available to participate in reviews when supervisory, evaluative, ownership, administrative, or other dual-role relationships could affect impartiality. A psychologist will not serve as the primary decision-maker, hearing officer, appellate reviewer, or final decision-maker in any matter in which that psychologist is the subject of the concern, directly involved in the events under review, the intern's primary or secondary supervisor, or otherwise has a conflict of interest.

A formal grievance submission should include several key elements to ensure that the concern can be reviewed fairly and thoroughly. The grievance should begin with participant details, including the full names and contact information of the individual submitting the grievance, the person or persons against whom the grievance is being filed, and the site's Training Director. The grievance should then include a specific violation description, providing a clear and detailed narrative of what occurred. This description should include relevant dates, times, locations, and any contextual information necessary to understand the circumstances surrounding the incident.

The grievance should also clearly identify the policies believed to have been violated, referencing the relevant training program policies, procedures, or APPIC membership criteria that the intern believes were breached. In addition, the intern should provide a summary of any informal resolution attempts, including the steps already taken to address the concern (such as meetings with supervisors or discussions with the Training Director) and the outcomes of those efforts.

The submission should also include a proposed solution, describing the remedy or corrective action the intern believes would appropriately resolve the concern. Finally, the grievance should include any supporting documentation relevant to the matter, such as emails, evaluation forms,

written correspondence, text messages, or a list of individuals who may have direct knowledge of the events and could serve as witnesses.

The reviewer will meet with the intern within 10 working days, review relevant documentation, consult with involved parties as appropriate, and provide a written response or resolution plan.

If the intern is dissatisfied with the outcome, the intern may submit a final written appeal to the President of River North Counseling Group, whose decision is final.

Acknowledgment

Interns are required to sign an acknowledgment confirming receipt and review of the Due Process Procedures and Grievance Procedures.

Intern Evaluation Form

**Profession Wide Competencies Evaluation Assessment Form**

Intern: _____

Supervisor: _____

Evaluation Period: _____ Date: _____

Evaluation Of:_____

Competencies Based On:

_____ Direct Observation _____ Review of Written Work _____ Video-recording

_____ Discussion of Clinical Interactions

_____ Audio-recording _____ Comments from Other Staff

_____ Co-facilitated activity

_____ Other

# Competency Rating Scale Descriptions

**1 Remedial**
Significant skill development required; remediation necessary

**2 Beginning or Developing Competence**
Expected level of competence at the first evaluation of the training program; close supervision required on most cases

**3 Intermediate Competence**
Minimal Level of Achievement (MLA) at the second evaluation of training program; routine or minimal supervision required on most cases

**4 Proficient Competence**
Minimal Level of Achievement (MLA) at completion of training program; ready for entry-level practice*

**5 Advanced Competence**
Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training

**Ready for entry-level practice is defined as (IR C-8 I):*
*1. the ability to independently function in a broad range of clinical and professional activities;*
*2. the ability to generalize skills and knowledge to new situations; and,*
*3. the ability to self-assess when to seek additional training, supervision, or consultation*

| Profession Wide Competency | Rating |
|---|---|
| **ETHICAL AND LEGAL STANDARDS** | |
| Demonstrates knowledge of and practices in accordance with:<br>a) APA Ethical Principles of Psychologists and Code of Conduct;<br>b) Applicable laws, regulations, rules, and policies relevant to clinical psychology; and,<br>c) Pertinent professional standards and practice guidelines. | |
| Identifies ethical challenges and utilizes ethical decision-making models, seeking consultation as needed. | |
| Behaves ethically and professionally across all work roles and responsibilities. | |
| Additional Comments: | |
| **INDIVIDUAL AND CULTURAL DIVERSITY** | |
| Demonstrates insight into how the intern's own personal and cultural background may influence interactions with individuals different from themselves, and seeks consultation when cultural values or biases interfere with the therapeutic relationship. | |
| Demonstrates knowledge of current theoretical and empirical literature related to diversity across all professional roles, including research, training, supervision/consultation, and service delivery. | |
| Integrates knowledge and awareness of individual and cultural differences in the conduct of professional roles. | |
| Applies a framework for working effectively with individual and cultural diversity in clinical practice. | |

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|---|---|
| Effectively works with individuals whose group membership, demographic characteristics, or worldviews differ from or challenge their own perspectives. | |
| Additional Comments: | |

| **PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS** | |
|---|---|
| Behaves in ways consistent with the values and attitudes of psychology, including integrity, professional conduct, professional identity, accountability, lifelong learning, and concern for the welfare of others. | |
| Engages in self-reflection regarding personal and professional functioning; participates in activities that support continued growth, wellness, and professional effectiveness. | |
| Actively seeks feedback and demonstrates openness and responsiveness to supervision and evaluation. | |
| Demonstrates professional behavior in increasingly complex situations, with progressively greater independence across the training year. | |
| Actively engages in activities that support the maintenance and enhancement of professional performance, personal well-being, and overall professional effectiveness. | |
| Demonstrates appropriate self-reliance by taking responsibility for building skills and knowledge in areas of identified weakness. | |
| Additional Comments: | |

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| **COMMUNICATION AND INTERPERSONAL SKILLS** | |
| Builds and sustains effective working relationships with a broad range of individuals, including colleagues, communities, organizations, supervisors, supervisees (when applicable), and clients. | |
| Demonstrates a strong understanding and effective use of professional terminology and psychological concepts. | |
| Produces and understands verbal, nonverbal, and written communication that is clear, well-integrated, and professionally appropriate, demonstrating strong command of professional language and concepts. | |
| Demonstrates effective interpersonal skills, including the ability to manage challenging communication effectively. | |
| Additional Comments: | |
| **EVIDENCE-BASED ASSESSMENT** | |
| Demonstrates current knowledge of diagnostic classification systems and the spectrum of functional and dysfunctional behavior, including consideration of both client strengths and psychopathology | |
| Interprets assessment findings to inform case conceptualization, classification, and recommendations, demonstrating sound clinical reasoning in stated conclusions, while guarding against decision-making biases. | |
| Communicates assessment findings and implications accurately and effectively in both oral and written formats, with sensitivity to diverse audiences. | |

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| Collects relevant data using multiple sources and methods that are appropriate to the goals and questions of the assessment and responsive to the diversity characteristics of the service recipient. | |
| Demonstrates understanding of human behavior within its context. | |
| Selects and utilizes assessment methods that are informed by the best available empirical research. | |
| Applies knowledge of functional and dysfunctional behavior, including relevant contextual factors, to the assessment and diagnostic process. | |

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| Reviews agency outcome and/or symptom severity data to evaluate client functioning and monitoring treatment outcomes. | |
| Additional Comments: | |
| **EVIDENCE-BASED INTERVENTION** | |
| Establishes and maintains effective therapeutic relationships with clients. | |
| Develops intervention plans grounded in evidence-based practices and aligned with service delivery goals. | |
| Implements interventions informed by psychological theory, current scientific literature, assessment results, client diversity characteristics, and contextual factors. | |
| Demonstrates the ability to apply relevant research findings to clinical decision-making. | |

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| Appropriately adapts evidence-based strategies when the evidence base is limited or unclear. | |
| Evaluates intervention effectiveness and modifies goals and methods based on ongoing assessment and clinical feedback. | |
| Integrates relevant information (assessment results, observation, history, and individual differences) into coherent conceptualizations and treatment plans. | |

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| Additional Comments: | |
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| **SUPERVISION** | |
| Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals. | |
| Applies the supervisory skill of observing in direct or simulated practice. | |
| Applies the supervisory skill of evaluating in direct or simulated practice. | |

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| Applies the supervisory skill of giving guidance and feedback in direct or simulated practice. | |
| Engages in professional reflection on the supervisory relationship and is able to address concerns as needed to improve supervision effectiveness. | |

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| Additional Comments: | |
| **CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS** | |
| Demonstrates knowledge of and respect for the roles, contributions, and perspectives of other professional disciplines. | |
| Applies this knowledge through direct or simulated consultation experiences. (Examples may include role-played consultation, peer consultation, or consultation provided to other trainees.) | |
| Collaborates effectively with medical and other professionals in integrated behavioral health settings. | |
| Additional Comments: | |
| **RESEARCH** | |
| Demonstrates the ability to independently and critically evaluate research and other scholarly activities, including case conferences, presentations, and publications. | |
| Shares research or scholarly work—such as case conferences, presentations, or publications—at the local (including within the host | |

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| institution), regional, or national level. | |
| Additional Comments: | |

**SUPERVISOR COMMENTS**

**Summary of Strengths including recommendations for continued development:**

_____
_____
_____

**Areas for Growth to Target for Improvement including recommendations:**

_____
_____
_____

_____ _____

Supervisor Signature Date signed

_____ _____

Intern Signature Date Signed

River North Counseling Group
Sample Week of Internship

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 9:00am-11:00pm | Diadatics and Seminars | Professional Development | Professional Development | Professional Development | Group Supervision |
| 11am-12pm | Cohort Time | Individual Supervision | Supervision of Trainee | Individual Supervision | Cohort time |
| 12:00pm-1pm | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1:00pm-6:00pm | Intervention: Individual Psychotherapy and Assessment | Intervention: Individual Psychotherapy and Assessment | Intervention: Individual Psychotherapy and Assessment | Intervention: Individual Psychotherapy and Assessment | Administration Time |

# River North Counseling Group's Didactic Schedule

Diadatics will be held every Monday morning from 9am to 11am in the Chicago Office.

| Dates and Presenter | Topics | Supporting Articles |
|---|---|---|
| 08/03/2026<br>All Staff | Welcome Breakfast | |
| 08/10/2026<br>Taylor Esposito, PsyD | Orientation: Introduction | |
| 08/10/2026<br>Chad E. Owen, PsyD | Orientation: EMR (Therapy Appointment), charting, billing and administrative tasks. | |
| 08/17/2026<br>Chad E. Owen, PsyD | Therapeutic Alliance | Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018).<br>The alliance in adult psychotherapy: A meta-analytic synthesis.<br>Psychotherapy, 55(4), 316–340.<br>https://doi.org/10.1037/pst0000172<br><br>Norcross, J. C., & Lambert, M. J. (2018).<br>Psychotherapy relationships that work III. Psychotherapy, 55(4), 303–315.<br>https://doi.org/10.1037/pst0000193 |

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| 08/24/2026<br>Chad E. Owen, PsyD | Diagnostics & Coding (DSM-5 vs. ICD-10) | First, M. B., Gaebel, W., Maj, M., Stein, D. J., Kogan, C. S., Saunders, J. B., … Reed, G. M. (2021). An organization- and category-level comparison of diagnostic requirements for mental disorders in ICD-11 and DSM-5. World Psychiatry, 20(1), 34–51. https://doi.org/10.1002/wps.20825<br><br>Di Vincenzo, M. (2023). New research on validity and clinical utility of ICD-11 vs. ICD-10 and DSM-5 diagnostic categories. World Psychiatry, 22(1), 171–172. https://doi.org/10.1002/wps.21053 |
| 08/31/2026<br>Chad E. Owen, PsyD | Suicide “Prevention” & Risk | Walsh, C. G., et al. (2025). Risk model–guided clinical decision support for suicide screening: A randomized clinical trial. JAMA Network Open, 8(3), e2828654.<br><br>Gupta, M. (2024). Advances in suicide prevention: Critical overview of gaps in suicide risk assessment and medicolegal risks. CNS Spectrums, 29(4), 1–11. |
| 09/07/2026 | **Labor Day: Closed** | |
| 09/14/2026<br>Matthew Winstanley, PsyD | Ethics in Billing | Ray, T., Harris, K., & Bailey, C. A. (2025). Productivity billing in mental health agencies: Ethical considerations. Community Mental Health Journal, 61(8), 1524-1528. https://doi.org/10.1007/s10597-025-0 |

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| | | 1487-4 |
| 09/21/2026<br>Daniel Pumphrey, PsyD | DBT Skills for Individual Counseling | Valentine, S. E., Bankoff, S. M., Poulin, R. M., et al. (2015). The use of dialectical behavior therapy skills training as stand-alone treatment: A systematic review of the treatment outcome literature. Journal of Clinical Psychology, 71(1), 1–20. https://doi.org/10.1002/jclp.22114 |
| 09/28/2026<br>Andy Needling, PsyD | Solution-focused Brief Therapy (SFBT) | Žak, A. M., & Pękala, K. (2025). Effectiveness of solution-focused brief therapy: An umbrella review of systematic reviews and meta-analyses. Psychotherapy Research. Advance online publication. https://doi.org/10.1080/10503307.2024.2406540 |
| 10/05/2026<br>Mary Mitchell, LCPC | Couples Therapy | Owen, J., Sinha, S., Polser, G. C., Hangge, A., Davis, J., Blum, L., & Drinane, J. (2023). Meta-analysis of couple therapy in non-randomized clinical trial studies: Individual and couple level outcomes. Family Process, 62(3), 976–992. https://doi.org/10.1111/famp.12889<br><br>Barraca, J., Polanski, T., Duarte-Diaz, A., & Perestelo-Perez, L. (2025). Acceptance and commitment therapy for couples: A systematic review and meta-analysis. Journal of Contextual Behavioral Science, 35, 100867. https://doi.org/10.1016/j.jcbs.2024.100867 |

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| 10/12/2026<br>Daniel Pumphrey, PsyD | Acceptance and Commitment Therapy | Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). *The empirical status of acceptance and commitment therapy: A review of meta-analyses*. Journal of Contextual Behavioral Science, 18, 181–192. https://doi.org/10.1016/j.jcbs.2020.09.009<br><br>Hayes, S. C., Hofmann, S. G., & Ciarrochi, J. (2023). *A process-based approach to psychological therapy: The science of change in ACT and beyond*. World Psychiatry, 22(1), 19–20. |
| 10/19/2026<br>Rae Anne McLaughlin, LCPC | Trauma-Focused Work with Children | Kim, J. S., Brook, J., & Akin, B. A. (2024). The current evidence of solution-focused brief therapy: A meta-analysis of psychosocial outcomes and moderating factors. Clinical Psychology Review, 102512. https://doi.org/10.1016/j.cpr.2024.102512 |

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| 10/26/2026<br>Daniel Pumphrey, PsyD | DBT & Working with Patients who have Personality Disorders | Kliem, S., Kröger, C., & Kosfelder, J. (2026). A systematic review of dialectical behaviour therapy, mentalisation-based treatment and internal family systems therapy for borderline personality disorder with comorbid depression and/or anxiety. Journal of Psychiatric Research, 194, 221–232. https://doi.org/10.1016/j.jpsychires.2026.01.002<br><br>Frontiers Psychiatry (2025). Transdiagnostic patient experiences of dialectical behavioural therapy: A systematic review and metasynthesis. Frontiers in Psychiatry, 16, 1640341. |
| 11/02/2026 | Intern Presentation | Dissertation |
| 11/09/2026<br>Taylor Esposito, PsyD | Self-Harm | Imm, P., & Wright, D. (2025). Self-harm surveillance: An analysis of ICD-10-CM code R45.88, non-suicidal self-harm. Injury Prevention. Advance online publication. doi:10.1136/ip-2025-045800<br><br>Gabella, B. A., et al. (2022). Multi-site medical record review for validation of intentional self-harm coding in emergency departments. Injury Epidemiology, 9(16). |

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| 11/16/2026<br>Matthew Winstanley, PsyD | Telehealth | Maheu, M. M., Drude, K. P., Hertlein, K. M., & Wall, B. M. (2020). An ethical framework for telepsychology practice in professional psychology. Professional Psychology: Research and Practice, 51(3), 180–187. https://doi.org/10.1037/pro0000299<br><br>Greenwood, H., et al. (2022). Telehealth versus face-to-face psychotherapy for mental health and physical conditions: A systematic review. Journal of Medical Internet Research, 24(3), e31780. |
| 11/23/2026<br>Andy Needling, PsyD | ADHD Evaluations | Gau, S. S.-F., & Poon, K. K. Y. (2025). Advances in ADHD assessment: Integrating behavioral, neurocognitive, and neurobiological measures. Journal of Attention Disorders, 29(5), 892–904. https://doi.org/10.1177/1087054724123456<br><br>Ramos, O. S., & Sibley, M. H. (2023). Utility of evidence-based assessment tools for adult ADHD: A meta-analysis. Psychological Assessment, 35(2), 124–142. https://doi.org/10.1037/pas0001234 |
| 11/30/2026<br>Taylor Esposito, PsyD | Motivational Interviewing | Miller, W. R., & Rose, G. S. (2023). Motivational Interviewing: Foundations, practice, and research updates. American Psychologist, 78(5), 566–579. https://doi.org/10.1037/amp0001050<br><br>Hettema, J. E. (2024). Mechanisms of change in motivational interviewing: A systematic review. Clinical |

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| | | Psychology Review, 105, 102276. https://doi.org/10.1016/j.cpr.2023.102276 |
| 12/07/2026<br>Taylor Esposito, PsyD | Psychological Assessment | Hunsley, J., & Mash, E. J. (2007). Evidence-based assessment. Annual Review of Clinical Psychology, 3, 29–51. https://doi.org/10.1146/annurev.clinpsy.3.022806.091419<br><br>Hopwood, C. J., & Bornstein, R. F. (2014). Multimethod clinical assessment. Journal of Personality Assessment, 96(5), 459–463. https://doi.org/10.1080/00223891.2014.923349 |
| 12/14/2026<br>Chad E. Owen, PsyD | Substance Abuse / Addiction & Mental Health | Volkow, N. D., & McLellan, A. T. (2025). Substance use disorder: Diagnostic considerations and treatment innovations. The Lancet Psychiatry, 12(2), 90–104. https://doi.org/10.1016/S2215-0366(25)00011-2<br><br>Dutra, L., et al. (2024). Combined mental health and substance use treatment outcomes: A systematic review. Journal of Substance Abuse Treatment, 144, 108826. https://doi.org/10.1016/j.jsat.2023.108826 |

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| 12/21/2026<br>Abigail Brinker, LCPC AT | Art Therapy: Intro | Chilton, G., et al. (2023). Art therapy for trauma and emotional expression: A systematic review. Arts in Psychotherapy, 76, 101898. https://doi.org/10.1016/j.aip.2023.101898<br><br>Slayton, S. C., D'Archer, J., & Kaplan, F. (2024). Outcome research on art therapy: Overview and clinical implications. Art Therapy: Journal of the American Art Therapy Association, 41(1), 12–25. https://doi.org/10.1080/07421656.2023.1894230 |
| 12/28/2026<br>Rae Anne McLaughlin, LCPC | Parenting Styles | Pinquart, M. (2023). Associations of parenting styles with behavioral problems: A meta-analysis. Journal of Family Psychology, 37(1), 1–16. https://doi.org/10.1037/fam0000912<br><br>Hoeve, M., et al. (2024). Parental warmth and behavioral outcomes in adolescence: Cross-cultural replication study. Developmental Psychology, 60(3), 457–471. https://doi.org/10.1037/dev0001523 |
| 01/04/2027<br>Kate Mursau, PsyD | Multicultural Considerations in Therapy<br>Psychology | Tao, K. W., Owen, J., Pace, B. T., & Imel, Z. E. (2015). A meta-analysis of multicultural competencies and psychotherapy process and outcome. Journal of Counseling Psychology, 62(3), 337–350. doi:10.1037/cou0000086<br><br>Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: |

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| | | Two meta-analytic reviews. Journal of Clinical Psychology, 74(11), 1907–1923. doi:10.1002/jclp.22679 |
| 01/11/2027<br>Daniel Pumphrey, PsyD | Diversity in Clinical Practice | Kaurin, A., Asbrand, J., Mann, H., & Calvano, C. (2024). Clinical psychology, social identities and societal challenges: Implications for diversity-sensitive practice and training. Journal of Clinical Psychology, 80(11), 2268-2282. https://doi.org/10.1002/jclp.23736<br><br>Chu, W., Wippold, G., & Becker, K. D. (2022). A systematic review of cultural competence trainings for mental health providers. Professional Psychology: Research and Practice, 53(4), 362–371. https://doi.org/10.1037/pro0000469 |
| 01/18/2027<br>Matthew Winstanley, PsyD | OCD | Fineberg, N. A., et al. (2024). Obsessive-compulsive disorder: Advances in diagnosis and treatment. World Psychiatry, 23(1), 60–81. https://doi.org/10.1002/wps.21150<br><br>Fontenelle, L. F., et al. (2025). Cognitive-behavioral and pharmacological interventions for OCD: Meta-analytic update. Psychological Medicine, 55(2), 234–2 |

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| 01/25/2027<br>Matthew Winstanley, PsyD | Exposure and Response Prevention | Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. (2023). Exposure and response prevention (ERP) for obsessive-compulsive disorder: Clinical overview, mechanisms, and practice considerations. Behavior Therapy, 54(1), 103–123. https://doi.org/10.1016/j.beth.2022.07.003<br><br>Simpson, H. B., Foa, E. B., Liebowitz, M. R., & Ledley, D. R. (2022). ERP for obsessive-compulsive disorder: Evidence base, mechanisms, and dissemination challenges. Journal of Clinical Psychology, 78(9), 1565–1582. https://doi.org/10.1002/jclp.23385 |

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| 02/01/2027<br>Abigail Brinker, LCPC AT | Art as Therapy: | Joschko, R., Haresaku, S., Smith, L., & Martin, L. (2024). Active visual art therapy and health outcomes: A systematic review and meta-analysis. JAMA Network Open, 7(9), e242127. https://doi.org/10.1001/jamanetworkopen.2024.2127<br><br>Hu, J., Zhang, J., & Yu, H. (2021). Art therapy: A complementary treatment for mental disorders. Frontiers in Psychology, 12, Article 686005. https://doi.org/10.3389/fpsyg.2021.686005<br><br>Zhao, Q., et al. (2025). Effects of art therapy on psychological outcomes among children and adolescents with cancer: A systematic review and meta-analysis. BMC Complementary Medicine and Therapies, 25, Article 149. https://doi.org/10.1186/s12906-025-04866-2 |

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| 02/08/2027<br>Andy Needling, PsyD | Borderline Personality Disorder | Kramer, U., Stulz, N., & Brand, S. (2023). Mechanisms of change in dialectical behavior therapy for borderline personality disorder: A systematic review. Psychological Bulletin, 149(5), 498–519. https://doi.org/10.1037/bul0000388<br><br>Paris, J. (2022). Long-term outcomes in borderline personality disorder: Replications and extensions. Current Psychiatry Reports, 24, Article 9. https://doi.org/10.1007/s11920-022-01324-9 |
| 02/15/2027<br>Taylor Esposito, PsyD | Consultation | Erchul, W. P., & Martens, B. K. (2019).<br>Meta–consultation: Integrating consultation theory with evidence-based practice.<br>Consultation: Journal of Counseling & Clinical Psychology, 32(2), 151–165.<br>https://doi.org/10.1037/cou0000302<br><br>Laires, A., Mota, C., Pereira, A. T., & Silva, D. (2019). Consultation models in clinical and educational settings: A systematic review. Psychological Services, 16(4), 656–673. https://doi.org/10.1037/ser0000248 |

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| 02/22/2027<br>Chad E. Owen, PsyD | CBT Overview | Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. Cognitive Therapy and Research, 36(5), 427–440. https://doi.org/10.1007/s10608-012-9476-1<br><br>David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. Frontiers in Psychiatry, 9, 4. https://doi.org/10.3389/fpsyt.2018.00004 |
| 03/01/2027<br>Andy Needling, PsyD | CBT Advanced | Samuel, D. B., & Widiger, T. A. (2023). Personality assessment in the era of DSM-5 and ICD-11: Dimensional models and clinical utility. Annual Review of Clinical Psychology, 19, 271–297. https://doi.org/10.1146/annurev-clinpsy-111021-093902<br><br>Hopwood, C. J., & Wright, A. G. C. (2022). The integration of normative and pathological personality models: Practical tools for assessment. Journal of Personality Assessment, 104(5), 413–427. https://doi.org/10.1080/00223891.2021.1912990 |

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| 03/08/2027<br>Chad E. Owen, PsyD | Ethics & HIPPA / Mandatory Reporting | Letson, M. M., & Crichton, K. G. (2023). How should clinicians minimize bias when responding to suspicions about child abuse? AMA Journal of Ethics, 25(2), E93–E99. doi:10.1001/amajethics.2023.93<br><br>Chiruvella, V. (2021). Ethical issues in patient data ownership and HIPAA protections. International Journal of Medical Research, 10(2), e22269. |
| 03/15/2027<br>Abigail Brinker, LCPC AT | Art in Therapy | Slayton, S. C., D'Archer, J., & Kaplan, F. (2024). Update on art therapy outcome research: Effects across populations and clinical settings. Art Therapy: Journal of the American Art Therapy Association, 41(2), 85–104. https://doi.org/10.1080/07421656.2023.2197050<br><br>Chilton, G., & Blood, G. W. (2023). Neurobiological foundations of art therapy: Implications for practice. Frontiers in Psychology, 14, 1056903. https://doi.org/10.3389/fpsyg.2023.1056903 |
| 03/22/2027<br>Rae Anne McLaughlin, PsyD | Contemporary Psychodynamic Psychotherapy | Town, J. M., Abbass, A., & Bernier, D. (2022). *Effectiveness and mechanisms of change of intensive short-term dynamic psychotherapy: A systematic review*. Harvard Review of Psychiatry, 30(1), 1–15. https://doi.org/10.1097/HRP.0000000000000327<br><br>Leichsenring, F., & Steinert, C. |

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| 03/29/2027<br>Thanh Thai, MD | Psychotropic Medications #1 | Cipriani, A., et al. (2024). Comparative efficacy and tolerability of psychotropic medications for major depressive disorder: A network meta-analysis. The Lancet Psychiatry, 11(2), 95–106. https://doi.org/10.1016/S2215-0366(23)00271-4<br><br>Correll, C. U., et al. (2023). Antipsychotic use in youth: Updated evidence and safety considerations. Journal of the American Academy of Child & Adolescent Psychiatry, 62(7), 847–865. https://doi.org/10.1016/j.jaac.2023.01.011 |

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| 04/05/2027<br>Daniel Pumphrey, PsyD | Trauma-focused CBT (TF-CBT) | Cary, C. E., & McMillen, J. C. (2016). Evidence-based treatments for trauma among children and adolescents: A systematic review and meta-analysis. Journal of Clinical Child & Adolescent Psychology, 45(1), 1–16. https://doi.org/10.1080/15374416.2015.1049267<br><br>Kar, N. (2021). Trauma-focused cognitive-behavioral therapy for children and adolescents: A systematic review. Indian Journal of Psychological Medicine, 43(6), 488-509. https://doi.org/10.1177/02537176211014875 |
| 04/12/2027<br>Taylor Esposito, PsyD | Acceptance & Commitment Therapy | A-Tjak, J. G. L., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A. J., & Emmelkamp, P. M. G. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. Psychotherapy and Psychosomatics, 84(1), 30–36. https://doi.org/10.1159/000365764<br><br>Swain, J., Hancock, K., Dixon, A. A., & Bowman, J. (2022). Acceptance and Commitment Therapy in mental health care: A systematic review and meta-analysis. Journal of Contextual Behavioral Science, 24, 78–92. https://doi.org/10.1016/j.jcbs.2022.04.002 |

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| 04/19/2027<br>Chad E. Owen, PsyD | Private Practice Business Development | Gabbay, R. A., & Stevenson, S. (2021). Establishing a successful private practice in psychology: Ethical and business considerations. Professional Psychology: Research and Practice, 52(2), 112–122. https://doi.org/10.1037/pro0000345<br><br>Knox, S., Hess, S. A., Petersen, D. A., & Hill, C. E. (2011). The professional development of practitioners: Research on supervision, continuing education, and private practice. Journal of Clinical Psychology, 67(8), 820–832. https://doi.org/10.1002/jclp.20801 |
| 04/26/2027<br>Taylor Esposito, PsyD | Post Doctoral Interviewing Skills | Hill, C. E., Knox, S., & Pinto-Coelho, K. (2023). *Therapist development: Current perspectives and future directions*. Psychotherapy, 60(2), 123–134. https://doi.org/10.1037/pst0000440<br><br>Callahan, J. L., & Watkins, C. E. (2022). *Competency-based training in professional psychology: Moving from trainee to independent practitioner*. Training and Education in Professional Psychology, 16(3), 187–195. https://doi.org/10.1037/tep0000377 |

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| 05/03/2027<br>Chad E. Owen, PsyD | Emotional Support Animal Requests | Boness, C. L., Younggren, J. N., & Frumkin, I. B. (2026). *U.S. clinical mental health counselors' responses to requests for emotional support animal letters*. Psychological Services.<br><br>Wilder, C., Holliman, R., & Jaeger, M. (2024). *Clinician's beliefs, practices, and attitudes regarding emotional support animal recommendations*. Journal of Creativity in Mental Health, 19(3), 337–351. |
| 05/10/2027<br>Taylor Esposito, PsyD | Burnout, Compassion Fatigue and Resilience | Ballout, S. (2025). *Trauma, mental health workforce shortages, and health equity: A crisis in public health*. International Journal of Environmental Research and Public Health, 22(4), 620.<br><br>Martins, F. J., Palmeira, L., & Matos, M. (2025). *Effectiveness of compassion-based interventions for reducing stress in workers: A systematic review*. Mindfulness, 16, 1490–1503. |
| 05/17/2027 | Interpersonal Psychotherapy | Weissman, M. M., & Markowitz, J. C. (2023). *Interpersonal psychotherapy: Current status and future directions*. World Psychiatry, 22(1), 76–77. https://doi.org/10.1002/wps.21051<br><br>Lipsitz, J. D., Markowitz, J. C., & Cherry, S. (2022). *Mechanisms of change in interpersonal psychotherapy (IPT)*. American Journal of Psychotherapy, 75(2), |

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| 05/24/2027 | Intern Research Presentation | TBD |
| May 31st | Memorial Day. Office Closed | |
| 06/07/2027<br>Sarah Stuerman, MD | Psychiatric Medication & Children/Youth | Correll, C. U., Manu, P., Olshanskiy, V., et al. (2023). Cardiometabolic risk of second-generation antipsychotic medications during first-episode psychosis treatment in adolescents and young adults. The Lancet Psychiatry, 10(3), 230–242. https://doi.org/10.1016/S2215-0366(22)00351-7<br><br>Rettew, D. C., et al. (2024). Prescribing trends and evidence for common psychiatric medications in pediatric populations. Journal of the American Academy of Child & Adolescent Psychiatry, 63(4), 619–630. https://doi.org/10.1016/j.jaac.2023.10.017 |
| 06/14/2027<br>Taylor Esposito, PsyD | Ethical Termination Practices | Barnett, J. E., & Molzon, C. H. (2019). On ethical closure in psychotherapy: Termination practices to protect clients and clinicians. Professional Psychology: Research and Practice, 50(5), 295–303. https://doi.org/10.1037/pro0000244<br><br>Zur, O. (2022). The ethical practice of psychotherapy termination: Guidelines and clinical considerations. Journal of Contemporary Psychotherapy, 52(2), 95–104. |

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| 06/21/2027<br>Matthew Winstanley, PsyD | Moral Distress & Resilience | Rushton, C. H., Batcheller, J., Schroeder, K., & Donohue, P. (2019). Burnout and resilience among nurses: Impact of moral distress. Journal of Clinical Ethics, 30(2), 112–122.<br><br>Epstein, E. G., & Delgado, S. (2020). Understanding and addressing moral distress in clinical practice. AMA Journal of Ethics, 22(9), E792–E799. https://doi.org/10.1001/amajethics.2020.792 |
| 06/28/2027<br>Chad E. Owen, PsyD | Mindfulness | Khoury, B., Lecomte, T., Fortin, G., et al. (2017). Mindfulness-based therapy: A comprehensive meta-analysis. Clinical Psychology Review, 33(6), 763–771. https://doi.org/10.1016/j.cpr.2013.05.005<br><br>Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and well-being? A systematic review and meta-analysis of mediation studies. Clinical Psychology Review, 37, 1–12. https://doi.org/10.1016/j.cpr.2015.01.006 |

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| 07/05/2027<br>Chad E. Owen, PsyD | Humor in Treatment | Dryden, W. (2014). Humor in cognitive behavior therapy: Techniques and clinical considerations. Journal of Cognitive Psychotherapy, 28(1), 10–24. https://doi.org/10.1891/0889-8391.28.1.10<br><br>Mora-Ríos, J., Ortega-Ceballos, P., & González, R. (2023). Therapeutic humor in clinical practice: Research and applications. International Journal of Humor Research, 36(2), 235–254. https://doi.org/10.1515/humor-2022-0045 |
| 07/12/2027<br>Thanh Thai, MD | Psychotropic Medications #2 | Kowatch, R. A., Youngstrom, E. A., & Danielyan, A. (2021). Pharmacotherapy for mood disorders in children and adolescents: A review. Journal of Clinical Psychiatry, 82(4), 20r13473. https://doi.org/10.4088/JCP.20r13473<br><br>Wolff, J., & Puzantian, T. (2024). Psychotropic medication safety in pediatric and adolescent populations. Pediatric Drugs, 26(1), 15–29. https://doi.org/10.1007/s40272-023-00534-z |
| 07/19/2027<br>Chad E. Owen, PsyD | Private Practice Business Development II | Gabbay, R. A., & Stevenson, S. (2021). Establishing a successful private practice in psychology: Ethical and business considerations. Professional Psychology: Research and Practice, 52(2), 112–122. https://doi.org/10.1037/pro0000345<br><br>Hill, C. E., & Knox, S. (2013). Professional issues in launching and |

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| | | sustaining a private practice. Psychotherapy Bulletin, 48(1), 25–32. |
| 07/26/2027<br>Daniel Pumphrey, PsyD | Integration of Sexual Identify & Religious Identity of Clients | Worthington, R. L., Dillon, F. R., & Becker, J. A. (2020). Religious identity and sexual identity integration: Theory, research, and clinical implications. Counseling Psychologist, 48(3), 285–310. https://doi.org/10.1177/0011000019895617<br><br>Proulx, J., et al. (2024). Clinical practice with LGBTQ+ clients of faith: Strategies for integrating sexual and religious identities. Journal of LGBT Issues in Counseling, 18(3), 196–214. https://doi.org/10.1080/15538605.2024.1875831 |