



University Healthcare:  
Department of Behavioral Medicine and  
Psychiatry

**Doctoral Internship in  
Professional Psychology**

Internship Training Handbook 2016-2017

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## **TRAINING PROGRAM PHILOSOPHY**

University Healthcare's Department of Behavioral Medicine and Psychiatry (BMP) is dedicated to its doctoral internship in psychology. The overarching goal of BMP's internship program is to increase the access of West Virginia residents to highly trained mental health professionals by ensuring that future generations of psychologists receive quality education and training experiences. Specifically, we seek to train entry-level clinicians in how to integrate the discipline and practice of professional psychology within both community and integrated care settings. We do this by employing an empirically informed, competency-based, practitioner-scholar model.

Our doctoral internship program in psychology is first and foremost a training program that includes planned, programmed sequences of training experiences. The title of "psychology intern" is used to designate trainee status. Training at BMP has been deliberately designed to offer an experience-near, closely supervised, and developmentally appropriate sequence over the course of twelve consecutive months for two interns each academic year. Psychology interns will be exposed to a variety of types of psychological services and consumers. The doctoral internship in psychology is a 2000-hour, full-time appointment, which requires psychology interns to provide no fewer than 500 face-to-face direct service hours.

We work closely with each psychology intern to tailor an individualized plan for his or her internship year. These plans are designed to build upon each trainee's unique strengths to blend scientific knowledge with increasingly challenging professional experiences. Psychology interns are supported as they further integrate their identities as practitioners and scholars, thus consolidating their unique therapeutic voice and professional identity. We guide psychology interns through this process by providing opportunities for continued growth via regularly scheduled didactics, trainings, supervision, and consultation. It is our goal to support the entire intern through this transitional year by creating a warm and stimulating environment that provides opportunity for both personal and professional growth.

By the end of the internship year, psychology interns at BMP will have received a generalist training and are expected to possess the capacity to function independently as an entry-level professional. They will demonstrate an understanding of the empirical basis for their interventions and possess the skills to intervene with a wide array of presenting problems. They will exhibit respect and appreciation for both visible and invisible diversity factors, including the resilience that is often found in individuals living in underserved areas. In order to also meet the growing need for psychologists who are competent to function in integrated healthcare settings, they will demonstrate capability to effectively work in primary care settings. The totality of training experiences at BMP will provide a capstone training experience.

## **AGENCY OVERVIEW**

Introduced on January 1, 2015, University Healthcare brings together Berkeley Medical Center, Jefferson Medical Center, and West Virginia University Hospitals to form a new not-for-profit healthcare delivery system for the Eastern Panhandle. The Department of Behavioral Medicine and Psychiatry (BMP) is physically housed on the Berkeley Medical Center campus, in Martinsburg, West Virginia. BMP is a freestanding outpatient clinic and offers services primarily

to residents of the tri-state area (West Virginia, Virginia, and Maryland). We are staffed by a team of psychologists, psychiatrists, crisis workers, and medical assistants who work in conjunction with patient primary care and other medical providers.

BMP provides clinical services at two separate locations. Psychology interns and clinical staff are primarily housed in BMP's outpatient clinic on the Berkeley Medical Center campus in Martinsburg, WV. Each psychology intern has their own office with furnishings, a computer, and video recording equipment. Clinical records and schedules are maintained in EPIC electronic records. Training resources, including a training room with literary and electronic resources, are also available at BMP.

Psychology interns will also spend their primary care major rotation (which equates to approximately four months) dividing their time between BMP's clinic and Harpers Ferry Family Medicine (HFFM). HFFM is a family practice office within University Healthcare, located in Harpers Ferry, WV housed in a 10,000 square foot state-of-the-art facility that current accommodates more than 30,000 patient visits per year. The staff includes full and part-time Family Medicine and Pediatric faculty physicians, psychologists, resident physicians, physicians' assistants, pharmacists, medical students, clinical nursing staff, and administrative support staff. During this rotation, psychology interns will spend approximately two days per week at HFFM. Clinical staff will be on-site with the psychology interns during this time to provide formal supervision and consultation as necessary. Interns will have access to all of the resources available to clinical staff and family medicine residents, including a training room, computer lounge, electronics, and consultation rooms.

University Healthcare's overarching mission is to improve the health status of Eastern Panhandle residents by providing excellence in health and wellness services, expanding access to care, and participating in the education of healthcare professionals. The University Healthcare values of respect, teamwork, integrity, excellence, quality, and stewardship are reflected in the internship training program offered through BMP. These values form the foundation of the services that we provide to the residents of the Eastern Panhandle and inform not only our work with patients but also with our interactions with trainees, staff, and the larger community.

Martinsburg, with a population of 17,000 residents, is the fastest growing city in the state of West Virginia. Located in the heart of the Eastern Panhandle, Martinsburg is often referred to as the "gateway to the Shenandoah Valley." Approximately 75 miles outside of Washington, DC and 90 miles outside of Baltimore, MD, Martinsburg balances the proximal benefits of being close to a major metropolitan area with the relaxed nature and beauty of a small town. It offers breathtaking views and beautiful scenery. Martinsburg is conveniently located between Maryland and Virginia, offering the ability to travel into all three states within 30 minutes. The Eastern Panhandle of WV is located in a rich historical area, with easy access to the C&O Canal, Appalachian Trail, and Antietam National Battlefield. Further, the area is home to several recreational, cultural, and arts festivals each year, including the Apple Harvest Festival and the Leitersburg Peach Festival.

## **INTERN STIPEND AND BENEFITS**

### **Stipend**

The annual salary for interns during the 2016-2017 academic year is anticipated to be a \$27,500.00 stipend paid in 26 biweekly payments.

### **Insurance and Retirement Plan Benefits**

Interns are eligible for health and other benefits as an employee of University Healthcare. They are offered the same plan that is made available to all full-time employees.

### **Vacation and Leave**

Over the course of the academic year, interns will accrue 18 days of vacation and 12 days of sick leave.

### **West Virginia Psychological Association (WVPA) Fall Conference**

University Healthcare will cover conference and travel expenses for psychology interns to attend the WVPA Fall Conference.

### **Professional Liability**

While interns are covered for their internship training activities under University Healthcare's professional liability insurance, we recommend that interns also begin to explore the costs and benefits of purchasing their own professional liability insurance ([www.trustinsurance.com](http://www.trustinsurance.com)).

## **DIVERSITY STATEMENTS**

### **Department of Behavioral Medicine and Psychiatry (BMP) Diversity Statement**

University Healthcare's Department of Behavioral Medicine and Psychiatry (BMP) is dedicated to creating an atmosphere of openness and inclusion of all individuals. We value the diversity of our staff and of our community, which includes but is not limited to individuals who differ in terms of age, appearance, ethnicity and race, financial means, gender, language, military experience, nationality, physical and mental abilities, politics, religion and spirituality, region, and sexual orientation. We strive to be mindful of not only visible but also the invisible diversity factors that may impact our interactions with others. Our goal is to continuously increase our awareness of diversity in all of its manifestation and be aware of the ways diversity impacts our work with patients, colleagues, and the larger community. We recognize that diversity in a rural versus an urban population, and we strive to be inclusive of all residents of the Eastern Panhandle.

In line with this mission, BMP encourages staff and interns to become increasingly aware of the interaction between their own diversity factors with those of those whom they interact. We acknowledge that this is a never-ending process and, thus, routinely explore cultural variables in supervision, consultation, and didactics.

## **Doctoral Internship Diversity Statement**

University Healthcare's Doctoral Internship in Psychology strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by the program to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. The program strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. The training program includes expected competencies in diversity, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area.

The University Healthcare BMP Doctoral Internship welcomes applicants from diverse backgrounds. The program believes that a diverse training environment contributes to the overall quality of the program. The internship provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

## **TRAINING COMMITTEE**

The Training Committee, chaired by the Training Director, consists of clinical staff and benefits from input from interns, as needed. The goal of the Training Committee is to support the doctoral internship program at BMP. The Training Committee is tasked with the following responsibilities:

1. To aid in the coordination of the training program
2. To recommend policy provisions of the training program
3. To monitor the training program
4. To participate in the ongoing planning and evaluation of the training program

## **Statement Regarding the Training Director**

The Training Director is an experienced, licensed, doctoral-level psychologist who chairs The Training Committee. The Training Director bears overall responsibility for selecting interns, monitoring and evaluating intern performance, and maintaining documentation of intern records.

## **The Training Staff**

*Alison Krawiecki, Psy.D.*

*Director, Psychiatry Clerkship Co-Chair, Assistant Professor (Clinical), Psychology Intern Supervisor*

Education: Psy.D. in Clinical Psychology, University of Denver, Graduate School of Professional Psychology (2004) Postdoctoral Clinical Fellowship in Neuropsychology and Behavioral Medicine, Colorado Neurological Institute

Licensure Status: Licensed Psychologist in West Virginia (#1100), Virginia, and Colorado

Orientation: Eclectic, heavily behavioral, ACT, Functional Contextual.

Emphasis: Behavioral Medicine and Neuropsychology, Assessment, Teaching.

*Stephanie McGraw, Psy.D.*

*Training Director, Assistant Professor, Psychology Intern Supervisor*

Education: Psy.D. in Clinical Psychology, George Washington University, Professional Psychology Program (2014)

Licensure Status: Licensed Psychologist West Virginia (#1117)

Orientation: Integrated with a foundation in psychodynamic and interpersonal theories within a developmental context.

Emphasis: Children, adolescents and adults; Individuals, couples, and groups;

Anxiety/Depression, interpersonal conflict, developmental issues, LGBTQ topics, and grief.

*Brian Creasy, Ph.D.*

*Assistant Professor (Clinical), Psychology Intern Supervisor*

Education: Ph.D. in Clinical Psychology, West Virginia University (2012); Postdoctoral Fellowship, University of Texas Health Science Center at San Antonio (2012-2014)

Licensure Status: Licensed Psychologist in Texas (#36616) and West Virginia (#1123)

Orientation: Cognitive-Behavioral; Behavioral; Family Systems

Emphasis: Children and adults, Individual and families Behavioral Concerns, Parent-Child Interaction Therapy, Post-Traumatic Stress Disorder

## **PROGRAM OVERVIEW**

University Healthcare trains entry-level clinicians how to integrate the discipline and practice of professional psychology by employing an empirically informed, competency-based, practitioner-scholar model. The program provides experiences in clinical learning environments that are responsive to the diverse and changing needs of the rural West Virginia community. Training at BMP has been deliberately designed to offer an experience-near, closely supervised, and developmentally appropriate sequence over the course of twelve consecutive months for two interns each academic year. The internship year begins with a week-long orientation, which focuses on acquainting the interns with the procedures and policies of this office, assessing their current abilities, and developing an individualized plan for their internship year. In order to accomplish these goals, interns will meet individually with the Training Director to discuss their areas of interest and goals for internship. This information will be combined with data obtained through self-evaluation of competencies outlined in the Fouad et al. (2009) article as well as through in-room observation of direct intervention (most likely during a psychodiagnostic interview). Once interns have been approved by the Training Committee to begin individual work, co-therapy will no longer be required as the primary model of service provision. Interns will then be allowed to provide direct clinical services, which is reviewed via videotape. Interns are provided feedback on their direct services during weekly individual and group supervision.

Training staff review all new patient intake paperwork and recommend assignment based on presenting problem, treatment needs, case complexity, level of risk, and intern's current major and minor rotations. As interns demonstrate competence in a variety of areas, they are awarded the opportunity to see increasingly complex therapy and assessment cases.

Group and individual supervision is the primary vehicle used to monitor the intern's progress towards their individual goals as well as the overarching internship goals, competencies, and objectives. Throughout the course of this training year, interns will receive supervision from each of the three staff



psychologists. As the program firmly believes that competent, evidence-based practice of psychology requires an integration of both scientific and professional knowledge, skills and attitudes, interns will be provided a minimum of 3-hours of individual, face-to-face supervision, 1-hour of group supervision of assessment, and 2- to 3-hours of didactic activities each week of their internship year. Interns will be provided additional individual supervision, as necessary. Additionally, interns will be encouraged to participate in Grand Rounds and didactic trainings with medical students and medical residents throughout the academic year.

With regard to direct service delivery, interns are expected to have 19 hours each week devoted to intervention and consultation, which includes individual/family psychotherapy, psychodiagnostic consultations, crisis interventions, and behavioral health consultations depending on one's major and minor rotation at the time.

### **Required Direct Service Experiences**

#### *Individual/Family Therapy*

Interns will work in an outpatient setting to provide individual, family and/or couples therapy to people from a diverse range of age groups (children, adolescents and adults), sociocultural groups, and socioeconomic levels. Interns will conduct approximately 19 hours weekly of therapy with variety patients who are experiencing presenting problems that span from developmental issues to serious mental illness and comorbid medical diagnoses. Interns may have to schedule more hours of therapy in some weeks to ensure they meet the 500-hour requirement for internship completion.

#### *Group Therapy*

In addition to individual therapy, interns will also be expected to participate in BMP's growing group therapy program. Interns will develop, recruit, plan, and run at least one group that runs for a minimum of 8-weeks throughout the internship year. While not actively conducting a group session, interns will use this time to learn about the other areas involved in developing, recruiting, and planning psychotherapy groups. Groups include both process oriented to structured modalities, with topics ranging from substance abuse to mindfulness. Group topics are based on patient needs and intern interests. Interns usually co-lead a group with a more experienced staff member, who provides supervision for the intern's work.

#### *Psychodiagnostic Consultation/Crisis Intervention*

Throughout the year, interns will have the opportunity to conduct brief, initial assessments with patients, form and document clinical impressions, and then route patients to the appropriate services (e.g. individual therapy, psychiatric consultation, follow-up with PCP). Further, throughout the year interns will have increasing opportunities to manage crises that may be encountered while conducting intake assessments or through their work with ongoing patients. Interns are provided close support and supervision throughout all crises.

#### *Psychological Assessment*

Interns will be expected to administer, interpret, and provide written synthesis of psychological test batteries. Interns will be expected to engage in a minimum of six-hours of assessment related activities weekly throughout the course of the year. Psychological assessments may include intellectual, achievement, personality, neuropsychological and competency-based measures. Interns will also have opportunities to write reports and make recommendations that convey

meaningful information to patients and referring agencies. Therapeutic feedback skills will be taught, modeled, and honed over the course of the Internship.

While interns are expected to engage in some form of psychology assessment over the course of the training year, one of their minor rotations is required to be in learning disability/ADHD assessment. This rotation is usually their first minor rotation and provides an opportunity for psychology interns to receive more formalized instruction to ensure they have adequate training to provide these services.

## **Training Methods**

### *Required Major Rotations*

Every intern will complete each of the three following four-month rotations at differing times throughout their training year as decided by the Training Director. The order of assignments will take into account previous training, personal preference, and chosen minor rotations. Interns dedicate approximately two days per work in activities related to their major rotation. Interns will be expected to engage in shadowing and other learning activities, and may engage in clinical service provision during these rotations. These rotations are intended to provide exposure to special populations and/or treatment modalities.

1. **Child and Family Services** – During the Child and Family Services rotation, which is housed within BMP’s outpatient clinic, interns will gain additional experience working directly with children/adolescents and their families. Patients will present with a variety of chief complaints including, but not limited to, behavioral concerns, attentional impairment, trauma, anxiety, OCD, and mood disorders. Activities may include individual psychotherapy, family therapy, parent-child interaction therapy, parenting consultations, and community/school advocacy. Emphasis is placed on the development of diagnostic and treatment skills, service delivery, and conceptualization.
2. **Health Psychology/Behavioral Medicine** – During the Health Psychology/Behavioral Medicine rotation, which is housed primarily within BMP’s outpatient clinic, interns will receive more specialized training areas may include chronic pain, behavioral sleep medicine (e.g., CPAP compliance, insomnia), compliance with complicated or chronic medical regimens, weight loss, conversion disorder, and bariatric surgery evaluations. This rotation will consist of a combination of self-directed learning, didactics, co-therapy, individual therapy, and assessment.
3. **Integrated Primary Care** – During the Integrated Primary Care rotation interns will be providing a range of direct and support services to patients and providers at Harpers Ferry Family Medicine (HFFM). Activities may include conducting psychodiagnostic consultations, short-term behavioral medicine interventions, crisis interventions, curbside consultations, and warm-handoffs. At least one member of the training staff will accompany interns to HFFM to provide onsite supervision and consultation. Interns are also welcome to participate in resident physician development trainings and in-service programs hosted at HFFM.

### *Minor Rotations*

In addition to the required experiences, interns will have the opportunity to help shape their training year to emphasize and further develop areas of particular interest. Approximately one-

day per week will be allocated for interns to pursue an area of special emphasis. Interns will be provided the opportunity to pursue several different areas of special emphasis throughout the training year, during four-month rotations that mirror the interns' major rotations. The only required minor rotation is Learning Disability/ADHD Assessment, which is typically the psychology intern's first minor rotation (and the only rotation that interns complete simultaneously). While the majority of areas of special emphasis include clinical activities, interns will also be afforded the opportunity to engage in non-clinical activities, such as designing a research project or developing a grant application. Examples of minor rotations are included below:

- **Learning Disability/ADHD Assessment** – While interns will administer assessment throughout the year (which will likely continue to include at least some LD/ADHD evaluations), the first formal minor rotation is in LD/ADHD assessment. Initially, assessments are scheduled across two days, totaling approximately 14-hours bi-weekly, with every other week being reserved for report writing. Once interns acclimate to the fast-pace nature of this work and are able to demonstrate the fundamental skills underlying LD/ADHD assessments, they will be scheduled one assessment case per week. Training will be provided in every aspect of the assessment process, from designing a battery to recommendations and therapeutic feedback.
- **Neuropsychology** – The Neuropsychology minor rotation will expose interns to the world of neuropsychology so that they will be better prepared to understand and interpret neuropsychological evaluations. Areas of emphasis will include a combination of self-directed learning, didactics, co-therapy, and assessment interpretation. Note: This rotation emphasizes teaching interns how to interpret and utilize neuropsychological data and reports obtained by licensed neuropsychologists.
- **Diversity** – The minor rotation in Diversity allows interns the opportunity to emphasize cultural competency with diverse populations in a traditionally rural and impoverished setting. Changes to the demographics of Martinsburg and the surrounding areas have and continue to broaden the sociocultural and socioeconomic diversity of this area. Areas of emphasis can include clinical work (individual/group therapy, assessment), outreach, research, and training.
- **Psycho-oncology** – The Psycho-oncology minor rotation involves learning about the unique issues facing patients and caregivers of those diagnosed with cancer. This rotation will consist primarily of a combination of self-directed learning, didactics, co-therapy, and individual/family therapy. Interns will be encouraged to attend the hospital's weekly tumor board meetings as well as the oncology department's weekly staffing meetings to increase exposure to interdisciplinary patient care.
- **Acute/Chronic Trauma** – The Acute/Chronic Trauma minor rotation involves opportunities to work with survivors of traumatic experiences as well as their families and loved ones. Emphasis is placed on the development of diagnostic and treatment skills, delivery of psychoeducational information, self-monitoring, and case conceptualization from a range of evidence-based treatment models.
- **Parent-Child Interaction Therapy** – The Parent-Child Interaction Therapy (PCIT) minor rotation will expose interns to the empirical basis of PCIT and provide an opportunity to gain experience with the clinical application of this treatment modality.

PCIT strives to improve the quality of parent-child interactions and support parents as they provide consistent, predictable consequences in the home environment.

- **Other Specialization Opportunities** – BMP is inspired by the many areas of expertise within the much larger field of clinical psychology. As a result, we acknowledge and are excited by the individual areas of specialty and interest our interns bring with them. As we strive to be as accommodating as possible to an intern's specific training needs, if an intern has an idea for an alternative minor rotation, they are encouraged to work alongside the Training Director to customize their training experience.

## **Training Activities**

### *Individual Supervision*

Interns receive supervision from each of the three-licensed, staff psychologists. In total, psychology interns receive a minimum of three-hours of individual supervision each week from their supervisors. Additional individual supervision is provided as necessary and especially when an intern is actively running their group(s).

Supervision methods may include co-therapy, video/audio recording, live observation, and review of process notes. Supervision will focus on review of the intern's clinical work and emphasize conceptualization, service provision, professional standards, and ethics. All individuals served by interns are the clinical responsibility of the doctoral-level psychologist who is providing supervision on the case.

### *Group Supervision*

Additionally, one-hour weekly group supervision of assessment cases will be provided. Group supervision may focus on all aspects of the assessment process, including but not limited to designing a battery, administration, scoring, interpretation, report writing, and providing feedback. Additionally, interns will be provided additional information regarding test design and a range of assessment instruments to increase their ability to choose an assessment battery tailored to the individual referral question. Psychology interns will have the opportunity to not only receive feedback on their work but to also practice providing this feedback to others.

### *Intern Training Seminars*

Interns attend weekly two- to three-hour training seminars that focus on various aspects of service provision, specialized topics, and professional development. Mental Health Seminar and Behavioral Medicine Seminars are held three weeks a month, one hour each. The fourth week of each month will include three one-hour didactics in the following areas: Professional Development, Diversity, and Supervision Seminars.

### *Clinical Case Conferences*

Interns will meet with BMP for one-hour every month for clinical case conference. Interns and staff will take turns presenting clinical material to the group for consultation, support, and feedback. Interns will be required to complete two formal, hour-long presentations over the course of the training year.

*Staff Meetings*

Interns are required to attend regularly scheduled, monthly staff meetings. These meetings involve updates on WVU policies, updates on developments at WVU, and professional development topics.

*WVU Grand Rounds*

Additionally, several times a semester the hospital will host Grand Rounds, which interns are invited to attend.

*West Virginia Psychological Associated (WVPA)*

Interns will be encouraged to participate in training, research, and professional development by regular interactions with WVPA members and required attendance at the fall conference. University Healthcare will cover travel expenses for the interns to attend the fall WVPA conference.

## **INTERN WEEKLY SCHEDULE**

Interns are expected to work no fewer than 40-hours per week in order to obtain enough hours in 12 consecutive months to obtain the required 2,000 for successful completion of internship. Interns keep the same schedule as BMP staff, working from 8:00 am to 5:00 pm, with an hour lunch, from Monday to Friday.

Interns meet with the Training Director prior to each rotation (every 4-months) to discuss training goals and scheduling changes. In addition to constructing the ongoing training goals, the Training Director assists interns in monitoring their progress toward meeting the requirement of 2,000 hours of on-site activities, including 500 hours of direct services, for successful completion of internship.

While interns are completing their integrated primary care major rotation (4 months), they will be expected to travel to Harpers Ferry Family Medicine (HFFM) two days per week. During this time, a significant portion of their intervention will take the form of consultations, crisis interventions, and psychodiagnostic interviews. They will also receive training in participating in warm handoffs with physicians and providing curbside consultations to other providers.

### **Training/Supervision**

Individual Supervision	3 hours
Supervision of Group Therapy	0.5 hours
Group Supervision of Assessment	1 hour
Didactics	<u>2-3 hours</u>
	<b>6.5-7.5 hours</b>

### **Direct Service Delivery**

Intervention/Consultation	19 hours
Psychological Assessment	3 hours
Group Therapy	<u>1.5 hours</u>
	<b>23.5 hours</b>

### **Documentation/Other**

Assessment Report Writing	3 hours
Notes/Tape Review/Supervision Prep	<u>5 hours</u>
	<b>9 hours</b>

<b>Total Number of Hours:</b>	<b>40 hours</b>
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### SAMPLE WEEKLY SCHEDULE

	Mon	Tues	Wens	Thurs	Fri
800	Support & Prep	Support & Prep	Support & Prep	Support & Prep	Case Conference (1x/month) or Diversity Didactic (1x/month)
830	Intervention		Psychological Assessment	Intervention	
900		Intervention		Intervention	Intervention
930	Intervention			Intervention	Mental Health (3x/month) or Professional Development Didactics (1x/month)
1000	Intervention			Intervention	
1030	Intervention	Intervention		Feedback Session	
1100	Support & Prep	Support & Prep		Support & Prep	Support & Prep
1130	Support & Prep	Support & Prep		Support & Prep	Support & Prep
1200	Lunch	Lunch	Lunch	Lunch	Lunch
1230					
100	Support & Prep	Intervention	Individual Supervision	Individual Supervision	Individual Supervision
130	Intervention		Intervention	Intervention	Intervention
200		Intervention	Group Therapy Individual Supervision	Intervention	Intervention
230	Intervention		Intervention	Intervention	
300	Intervention		Group	Intervention	Intervention
330	Intervention	Intervention		Intervention	
400		Intervention		Intervention	Intervention
430	Support & Prep	Support & Prep	Support & Prep	Support & Prep	Support & Prep

## INTERNSHIP TRAINING GOALS, OBJECTIVES, AND COMPETENCIES

The internship provides resources and faculty for the purpose of providing a broad and general educational program for doctoral psychology interns. The program will prepare professionals to successfully meet the unique challenges of practicing psychology in rural and underserved settings.

Our program offers a 12-month, full time internship. It is expected that by the conclusion of the internship year, interns will have accomplished the following goals and objectives:

### GOAL I: ETHICS/PROFESSIONAL BEHAVIOR

**Goal 1:** Ethics/Professional Behavior - Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of ethics and professional behavior.

#### OBJECTIVES

**Objective 1:** Demonstrates knowledge of the APA Ethical Principles of Psychologists and Code of Conduct.

*Competencies:*

- a. Demonstrates knowledge of the general principles and ethical standards included in the APA Ethical Principles of Psychologists and Code of Conduct.*
- b. Demonstrates ability to apply these principles and standards in professional decision-making.*

Method/Process: This document is included in the Internship Handbook, which is issued to each intern at the beginning of the internship year. These principles and standards are reviewed in group supervision and regularly discussed with interns in the context of formal supervision and informal consultation with the training staff.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to conduct oneself in accordance with the principles and code of conduct of psychologists.

*Competencies:*

- a. Accurately identifies complex ethical issues, appropriately analyzes, and proactively addresses them.*
- b. Complies with agency expectations for completing clinical and accountability documentation in a timely manner.*
- c. Applies applicable ethical principles and standards in interactions with patients, coworkers, and other professionals.*



Method/Process: The training staff aspires to model professional judgment and conduct that is in accordance with the profession's guidelines, and provides supervision and consultation, as needed, to interns regarding this objective.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3**: Demonstrates professional identity and investment in professional development.

*Competencies*:

- a. *Demonstrates understanding and acceptance of the various roles and responsibilities of being a psychologist.*
- b. *Consistently acts in a professional manner across settings and situations.*
- c. *Shows initiative in pursuing training experiences or other opportunities for growth that will expand or enhance his/her professional development.*
- d. *Formulates appropriate professional goals for self.*
- e. *Holds oneself accountable for and submits to external review of quality service provision.*
- f. *Demonstrates receptivity to learning in his/her supervisory and training experiences.*
- g. *Demonstrates effective use of seminars as well as individual supervision by means of attendance and active participation.*

Method/Process: The training staff aspires to model the roles and responsibilities of being a psychologist. The Training Director and other training staff offer consultation to interns regarding their choices of professional goals and training experiences. Primary supervisors and other training staff assist interns in developing their self-monitoring skills and receptivity to learning. Time in group supervision/didactics is used to address professional issues and preparation for upcoming professional development tasks of the interns (e.g. job search, licensure preparation).

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4**: Demonstrates ability to establish and maintain professional relationships with supervisors and colleagues.

*Competencies*:

- a. *Maintains positive relationships with co-workers, supervisors, and peers.*
- b. *Demonstrates adaptive interpersonal skills (e.g. expresses awareness of diverse viewpoints, seeks clarification in confusing interactions, acknowledges personal limitations, communicates clearly, etc.).*
- c. *Consistently attends scheduled supervisory sessions on time and adequately prepared.*

- d. *Appropriately seeks peer consultation and/or informal supervision, as necessary.*
- e. *Effectively navigates difficult and/or complex relationships, including those with individuals and groups who are significantly different than oneself.*

Method/Process: The training staff aspires to model positive interpersonal relationships. Group supervision and didactics will provide additional opportunity to practice giving and receiving professional feedback. Primary supervisors and other training staff will assist interns in enhancing their professional relationships.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates personal and professional self-awareness and self-reflection.

*Competencies:*

- a. *Accurately assesses and monitors his/her professional functioning, including one's relative strengths and growth areas.*
- b. *Seeks to resolve any incongruities between one's own and others' assessment of their skills/abilities.*
- c. *Monitors and evaluates personal attitudes, values, and beliefs towards diverse others.*
- d. *Articulates professional values and takes measures to correct situations that are in conflict with professional values.*
- e. *Consistently recognizes and addresses own problems, minimizing their negative impact on professional functioning.*
- f. *Anticipates disruptions in functioning and regularly engages in adaptive self-care activities.*

Method/Process: The training staff aspires to model personal and professional self-awareness and self-reflection. Group supervision and didactics focusing on cultural competence and professional development will offer space to discuss and examine personal and professional self-awareness. Primary supervisors and other training staff will assist interns in enhancing their self-monitoring skills and receptivity to learning.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 6:** Demonstrates knowledge of theories and models of supervision.

*Competencies:*

- a. *Demonstrates knowledge of the strengths and limitations of current supervision models.*
- b. *Demonstrates knowledge of and effectively addresses limits of competency to supervise.*

- c. *Knowledgeable about the supervisory alliance and identifies explicit strategies to create and maintain a collaborative relationship that promotes the supervisees' competence.*
- d. *Understands how to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.*
- e. *When provided clinical examples, he or she can reliably identify, communicate, and suggest interventions to address these concerns.*
- f. *Understands the ethical, legal, and contextual issues of the supervisor role.*

Method/Process: The training staff aspires to model personal and professional self-awareness and self-reflection. Group supervision and didactics focusing on cultural competence and professional development will offer space to discuss and examine personal and professional self-awareness. Primary supervisors and other training staff will assist interns in enhancing their self-monitoring skills and receptivity to learning.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 7:** Demonstrates knowledge of program evaluation.

*Competencies:*

- a. *Demonstrates an understanding of the utility of program evaluation in a variety of settings.*
- b. *Knowledgeable about theories and models of program evaluation.*

Method/Process: The training staff aspires to model personal and professional self-awareness and self-reflection. Group supervision and didactics focusing on cultural competence and professional development will offer space to discuss and examine personal and professional self-awareness. Primary supervisors and other training staff will assist interns in enhancing their self-monitoring skills and receptivity to learning.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Ethics/Professional Behavior evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

## **GOAL II: EVIDENCE-BASED PSYCHOLOGICAL ASSESSMENT**

**Goal 2:** Evidence-Based Psychological Assessment - Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of psychological assessment.

### ***OBJECTIVES***

**Objective 1:** Demonstrates the ability to select an appropriate battery of tests to answer specific referral questions.

*Competencies:*

- a. *Demonstrates knowledge of assessment measurements and psychometrics.*
- b. *Demonstrates knowledge of DSM-V diagnostic criteria for a range of diagnoses, including most common differential diagnoses.*
- c. *Demonstrates knowledge of research relevant to cognitive, achievement, and personality assessments.*
- d. *Demonstrates ability to evaluate the appropriate use of specific instruments to answer tailored referral question.*

**Method/Process:** Individual and group supervision provide the environment to discuss didactic resources and apply information to specific cases.

**Criterion Measures:** The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to establish and maintain rapport with examinee and to administer assessment instruments in a standardized fashion.

*Competencies:*

- a. *Establishes and maintains rapport with examinees.*
- b. *Administers the assessment instruments in a standardized fashion.*

**Method/Process:** Individual and group supervision provides the environment to discuss didactic resources and apply information to specific cases.

**Criterion Measures:** The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3:** Demonstrates the ability to accurately score and interpret assessment cases based on knowledge of instruments, criteria, and research.

*Competencies:*

- a. *Accurately scores and evaluates tests administered.*
- b. *Accurately integrates subjective and objective testing data to assess various areas of functioning (e.g., cognitive, achievement, personality, etc.).*

Method/Process: Orientation provides opportunity for didactic presentations, demonstrations, and opportunities to practice with test administration. Towards beginning of internship, practice sessions will be videotaped or directly observed by the supervisor, with feedback provided.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4:** Demonstrates the ability to use assessment-writing skills to efficiently produce accurate, high quality, and useful reports.

*Competencies:*

- a. *Writes organized, meaningful reports based on backgrounds information, behavioral observations, and test data.*
- b. *Demonstrates ability to provide accurate diagnoses based on test results and integration of information collected from collateral sources.*
- c. *Conceptualizes cases with attention to special circumstances and patient characteristics.*
- d. *Consistently includes specific and individualized recommendations based on the results of the assessment.*
- e. *Submits written reports to supervisor within specified time frames.*

Method/Process: Supervisors provide discussion and modeling of delivering performance feedback. Supervision includes reviewing videotaped portion of intern feedback sessions to examinees.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates the ability to provide accurate and specific feedback regarding test performance and findings to examinees within specific time frames.

*Competencies:*

- a. Provides feedback to examinees within specified time frames.
- b. Provides accurate, specific, and useful feedback to examinees regarding test results.
- c. Can efficiently communicate information from written report to patients in an emotionally attuned and experience-near way.
- d. Describes limitations of assessment clearly in oral and written feedback.

Method/Process: Orientation and group Supervision outline a variety of strategies for addressing client issues. Supervision provides opportunity for exploration of assessment administration with feedback.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

***Objective 6***: Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.

*Competencies*:

- a. Demonstrates knowledge of diversity issues relevant to psychological assessment.*
- b. Demonstrates awareness of appropriate use of culturally sensitive assessment tools and norms.*
- c. Interacts with patients in a way that demonstrates an awareness of and sensitivity to diversity issues.*
- d. Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues.*

Method/Process: Orientation and group Supervision outline a variety of strategies for addressing client issues. Supervision provides opportunity for exploration of assessment administration with feedback.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Psychological Assessment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

### GOAL III: EVIDENCE-BASED TREATMENT

**Goal 3:** Evidence-Based Treatment - Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of evidence-based treatment.

#### OBJECTIVES

**Objective 1:** Demonstrates understanding of and ability to communicate the principles of evidence-based treatment.

*Competencies:*

- a. *Reliably utilizes the best available research regarding psychological treatment and intervention, including awareness of both treatment efficacy and clinical utility.*
- b. *Takes steps to regularly review and interpret research.*
- c. *Independently applies knowledge and understanding of scientific foundations independently applied to practice.*
- d. *Demonstrates clinical expertise by clearly communicating rationale for clinical strategies.*
- e. *Effectively incorporates individual patient characteristics, culture, and preferences into treatment.*
- f. *Efficiently communicates the ways evidence-based practice applies to one's approach to treatment*

**Method/Process:** Topics relevant to psychotherapy/counseling theories, techniques, and research will be presented in weekly individual supervision.

**Criterion Measures:** The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to design effective treatment plans.

*Competencies:*

- a. *Possesses the ability to systematically draw from a range of theories and treatment models to develop individualized treatment plans.*
- b. *Provides oral and/or written conceptualizations of patients during supervision.*
- c. *Utilizes assessment data to design appropriate interventions.*
- d. *Accurately assesses patients' growth and progress, and reviews or modifies treatment plans as necessary.*

**Method/Process:** Orientation and Group supervision outline a variety of strategies for addressing client issues. Individual supervision provides opportunity for oral and/or written treatment planning with feedback.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3:** Demonstrates the ability to implement tailored treatment plans based on an individualized conceptualization of each patient.

*Competencies:*

- a. *Establishes and maintains rapport with patients.*
- b. *Accurately translates principles of evidence-based treatment into one's interventions.*
- c. *Implements treatment plans based on accurate case conceptualizations.*
- d. *Accurately evaluates progress of treatment plan and revises plan as necessary.*
- e. *Works effectively utilizing time-limited approaches to treatment.*
- f. *Works effectively with long-term psychotherapy cases.*
- g. *Accurately assesses patients' readiness for termination.*

Method/Process: Individual supervision includes review of session case notes, audiotape, and/or videotape, with feedback provided regarding interventions and client progress.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4:** Demonstrates the ability to coordinate care with families and collateral resources.

*Competencies:*

- a. Demonstrates knowledge of interventions relevant to patients within a larger family system.
- b. Refers patients to community resources, as appropriate.

Method/Process: Individual supervision includes review of session case notes, audiotape, and/or videotape, with feedback provided regarding interventions and client progress.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates the ability to effectively communicate relevant diagnostic and clinical material via case conceptualization to a range of providers.

*Competencies:*

- a. *Demonstrates ability to concisely communicate relevant clinical information during case conceptualization.*



- b. *Able to translate conceptualization into specific techniques and procedures utilized in treatment.*
- c. *Demonstrates ability to effectively respond to and integrate feedback from supervisors and colleagues regarding presentation.*

Method/Process: Individual supervision includes review of session case notes, audiotape, and/or videotape, with feedback provided regarding interventions and client progress.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 6:** Demonstrates the ability to identify and adequately address obstacles to treatment.

*Competencies:*

- a. *Demonstrates awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision.*
- b. *Reliably identifies a patient's readiness for change.*
- c. *Accurately identifies obstacles to treatment, based on behavioral observations, patient self-report, and conceptualization.*
- d. *Promotes patient autonomy by collaborating to address observed resistances to treatment.*

Method/Process: Individual supervision includes review of session case notes, audiotape, and/or videotape, with feedback provided regarding interventions and client progress.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 7:** Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.

*Competencies:*

- a. *Demonstrates knowledge of diversity issues and literature relevant to treatment.*
- b. *Conceptualizes cases with attention to special circumstances and patient characteristics.*
- c. *Interacts with patients in a way that demonstrates an awareness of and sensitivity to diversity issues.*
- d. *Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues.*
- e. *Demonstrates understanding of the self and others as both shaped by individual and cultural diversity.*
- f. *Demonstrates understanding of the interaction of self and others as shaped by individual and cultural diversity.*

Method/Process: Orientation and Group supervision outline a variety of strategies for addressing client issues. Individual supervision provides opportunity for oral and/or written treatment planning with feedback

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Evidence-Based Treatment evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

## GOAL IV: INTAKE/CRISIS INTERVENTION

**Goal 4:** Intake/Crisis Intervention - Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of intake/crisis intervention.

### OBJECTIVES

**Objective 1:** Demonstrates knowledge of interviewing skills appropriate for initial contact with patients.

*Competencies:*

- a. *Establishes an interpersonal climate that promotes patient disclosure useful for developing therapeutic alliance.*
- b. *Elicits and clarifies with the patient the purpose/goals of current interview.*
- c. *Gathers adequate information for the purpose of assessment, intervention, and treatment planning.*
- d. *Provides appropriate immediate clinical interventions, as needed, to the patient.*
- e. *Communicates appropriately with the patient regarding assessment outcomes and recommended interventions.*

Method/Process: Intervention skills training are provided during the orientation period at the beginning of the internship year. This objective is also addressed in individual and group supervision, as well as through consultation with other training staff.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Intake/Crisis Intervention evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to make accurate diagnoses and to assess client needs based on the integration of clinical interview data with other available information (e.g. medical records, intake forms, assessment instruments).

*Competencies:*

- a. *Demonstrates understanding of the DSM-V diagnostic system.*
- b. *Integrates all available information into appropriate DSM-V assessment.*
- c. *Makes appropriate recommendations when indicated, for additional assessment, including psychometric and psychiatric evaluations.*
- d. *Makes appropriate recommendations for auxiliary services for patients (e.g. group therapy, community programming).*

Method/Process: Topics relevant to diagnosis and assessment instruments are presented in individual and group supervision.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Intake/Crisis Intervention evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3:** Demonstrates competence effectively and efficiently assessing for risk of harm to self or others.

*Competencies:*

- a. *Able to identify information needed to conduct thorough risk assessment.*
- b. *Knowledge of literature of risk prevention, including variables that predispose a patient to increased risk.*
- c. *Effectively and consistently utilizes formal risk assessment measures.*
- d. *Seeks in the moment consultation with supervisor(s) as necessary.*
- e. *Can facilitate patients' development of self-care plan.*
- f. *Clearly communicates level of risk and recommendations to patient and family.*
- g. *Accurately identifies moments requiring breaches of confidentiality.*

Method/Process: Topics relevant to diagnosis and assessment instruments are presented in individual and group supervision.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Intake/Crisis Intervention evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4:** Demonstrates the ability to accurately communicate results of interviews and crisis interventions both orally and in writing.

*Competencies:*

- a. *Completes the required documentation for intake interviews and crisis interventions appropriately.*
- b. *Communicates orally in an effective and timely manner with others in the interest of patient welfare.*

Method/Process: Protocols and procedures for this objective are presented during the orientation period at the beginning of the internship year. Further training in this objective occurs in individual supervision, as well as through consultation with other training staff.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Intake/Crisis Intervention evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.

*Competencies:*

- a. Demonstrates knowledge of diversity issues and literature relevant to intake/crisis intervention.*
- b. Initial conceptualizations include attention to special circumstances and patient characteristics.*
- c. Interacts with patients during intake and crisis intervention in a way that demonstrates an awareness of and sensitivity to diversity issues.*

Method/Process: Orientation and Group supervision outline a variety of strategies for addressing client issues. Individual supervision provides opportunity for oral and/or written treatment planning with feedback.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Intake/Crisis Intervention evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

## GOAL V: INTEGRATED CONSULTATION

**Goal 5:** Integrated Consultation - Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of integrated consultation.

### OBJECTIVES

**Objective 1:** Demonstrates the ability to effectively coordinate care with multidisciplinary teams..

*Competencies:*

- a. *Actively coordinates care between members of multidisciplinary team.*
- b. *Integrates psychological research and theory while engaged in multidisciplinary team meetings.*
- c. *Able to articulate the roles that others provide in treatment of the patient.*

Method/Process: Individual supervision for this major rotation. Supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Integrated Consultation evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to accurately assess patients' presenting concerns and developing efficient treatment plans.

*Competencies:*

- a. *Quickly develops rapport with patients and efficiently elicits current concerns.*
- b. *Accurately communicates the purpose of consultation, its difference from psychotherapy, and elicits collaboration of consultation goals.*
- c. *Knowledgeable about screening measures used in consultations to aid in differential diagnosis and treatment planning.*
- d. *Clearly communicates findings and recommendations to patients and referring providers.*

Method/Process: Individual supervision for this major rotation. Supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Integrated Consultation evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3:** Demonstrates the ability to utilize time-limited, effective interventions through consultation.

*Competencies:*

- a. *Regularly uses short-term, evidence-based interventions while working with patients in consultation.*
- b. *Ability to apply traditional behavioral medicine interventions with patients in consultation (e.g., sleep restriction, smoking cessation, weight loss, motivational interviewing).*
- c. *Accurately completes risk assessments in integrated healthcare settings.*

**Method/Process:** Individual supervision for this major rotation. Supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available. Additional opportunities for growth in this area include attendance at Grand Rounds and participation in Staff Meetings.

**Criterion Measures:** The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Integrated Consultation evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4:** Demonstrates the ability to engage in explicit, concise, and helpful consultations with professionals from other disciplines.

*Competencies:*

- a. *Reliably able to articulate the interaction of psychological variables on medical conditions.*
- b. *Provides professionals from other disciplines with education on psychological assessment and treatment recommendations.*
- c. *Concisely communicates treatment summaries in both oral and written formats.*

**Method/Process:** Individual supervision for this major rotation. Supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available. Additional opportunities for growth in this area include attendance at Grand Rounds and participation in Staff Meetings.

**Criterion Measures:** The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Integrated Consultation evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates the ability to assist patients in initiating psychological services.

*Competencies:*

- a. *Professionally provide prospective patients with psychological treatment options.*

- b. Accurately assesses the level of service patients' needs (e.g., follow-up consultation, short- or long-term therapy, community supports, etc.).*
- c. Effectively assists patients as they consider the influence of psychological variables on current functioning.*
- d. Provide patients with guidance and support navigating the referral process.*

Method/Process: Individual supervision for this major rotation. Supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Integrated Consultation evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.



## GOAL VI: GROUP THERAPY

**Goal 6:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of group therapy.

### OBJECTIVES

**Objective 1:** Demonstrates the knowledge of theories, techniques, clinical skills and judgment, and research relevant to the provision of group therapy.

*Competencies:*

- a. *Demonstrates knowledge of theories relevant to group psychotherapy.*
- b. *Demonstrates knowledge of techniques relevant to group psychotherapy.*
- c. *Demonstrates knowledge of research relevant to group psychotherapy.*
- d. *Demonstrates knowledge of evidence-based practice as it applies to group psychotherapy*

Method/Process: Individual supervision provides the environment to discuss didactic resources and apply information to specific cases. Additionally, individual supervisors will co-lead the intern's groups in order to provide modeling and opportunities for additional training.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Group Therapy evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 2:** Demonstrates the ability to plan and develop a group.

*Competencies:*

- a. *Demonstrates understanding of the preliminary considerations to creating a group.*
- b. *Demonstrates ability to identify intended structure of group.*
- c. *Develops group curriculum.*
- d. *Actively recruits members for group.*
- e. *Demonstrates ability to apply both inclusion and exclusion criteria as it relates to group selection.*

Method/Process: Individual supervision provides the environment to discuss didactic resources and apply information to specific cases. Additionally, individual supervisors will co-lead the intern's groups in order to provide modeling and opportunities for additional training.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Group Therapy evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 3:** Demonstrates knowledge of and ability positively influence group cohesion.

*Competencies:*

- a. *Able to apply principles from research literature in order to properly orient new members to group.*
- b. *Demonstrates ability to address common misconceptions of group.*
- c. *Actively facilitates group cohesion within session.*

Method/Process: Individual supervision provides the environment to discuss didactic resources and apply information to specific cases. Additionally, individual supervisors will co-lead the intern's groups in order to provide modeling and opportunities for additional training.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Group Therapy evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 4:** Demonstrates the ability to effectively intervene with patients in a group setting.

*Competencies:*

- a. *Accurately evaluates progress of treatment plan and revises plan as necessary.*
- b. *Works effectively utilizing time-limited approaches to group therapy.*

Method/Process: Individual supervision provides the environment to discuss didactic resources and apply information to specific cases. Additionally, individual supervisors will co-lead the intern's groups in order to provide modeling and opportunities for additional training.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Group Therapy evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

**Objective 5:** Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.

*Competencies:*

- a. *Demonstrates knowledge of diversity issues and literature relevant to group therapy.*
- b. *Conceptualizes cases with attention to special circumstances and group characteristics.*
- c. *Interacts with group members in a way that demonstrates an awareness of and sensitivity to diversity issues.*
- d. *Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues and how this presents in group therapy.*

Method/Process: Individual supervision provides the environment to discuss didactic resources and apply information to specific cases. Additionally, individual supervisors will co-lead the intern's groups in order to provide modeling and opportunities for additional training.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competencies as rated on the program's Group Therapy evaluation form at the final evaluation period. This rating is made by the Training Director, in consultation with the training staff.

## **INTERNSHIP EVALUATION AND DUE PROCESS PROCEDURES**

### **Introduction**

Faculty and staff at University Healthcare: Department of Behavioral Medicine and Psychiatry (BMP) are committed to the development and training of its doctoral interns in psychology. As such, the department has installed regularly scheduled formal and informal opportunities for feedback to be provided throughout the training year. Additionally, the follow policy has been drafted to document the procedures for addressing concerns that may arise regarding intern performance. The following procedures are modeled on those developed by Douglas H. Lamb, Ph.D. and his doctoral internship training colleagues at the Illinois State University Student Counseling Services.

### **Definition of Problematic and Unprofessional Behavior**

For purposes of this document, intern problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- 2) An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 3) An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes problematic rather than of concern, for the purposes of this procedure, problematic and/or unprofessional behavior refers to a trainee's behaviors, attitudes, or characteristics that would be unexpected or excessive for the majority of his or her peers. Problems typically become identified as impairments when they include one or more of the following characteristics:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified;
- 2) The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
- 3) The quality of services delivered by the intern is sufficiently negatively affected,
- 4) The problem is not restricted to one area of professional functioning;
- 5) A disproportionate amount of attention by training personnel is required;
- 6) The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- 7) The problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) The intern's behavior negatively impacts the public view of the agency;
- 9) The problematic behavior negatively impacts the intern class.

### **Definition of Administrative Hierarchy**

The Due Process Procedure for University Healthcare's Psychology Internship occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence,

complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

- Supervisor: Any faculty member who provides direct supervision or teaching to an intern. Supervisors will participate as voting members of the Training Committee.
- Training Director: The supervisor who functions as the program-level director of training. She leads the Training Committee and serves as a voting member.

### **Intern Evaluation and Review**

While orienting new interns to BMP, the Training Committee, including primary and secondary supervisors, gather to discuss the intern's knowledge, skills, and abilities to create an experience-near and developmentally appropriate, individualized training program. Interns will also be asked to participate in a self-evaluation of their readiness for internship, based on the competencies listed in the fundamental Fouad et al. (2009) article.

Halfway through each rotation, the Training Committee will meet to informally review interns' performance. Following this review, interns will receive verbal feedback from the Training Director. Written feedback is provided only for competency areas about which serious performance concerns have been raised, which includes any area where an intern is performing significantly below their expected level of competency. This process will enable interns to become more acquainted with their evaluation process and more deliberately enter the second half of their rotations.

After each rotation (every 4 months), interns will receive a formal, written evaluation in each of the six competency areas outlined in the internship manual (using the Evaluation For Intern Performance Form). These formal evaluations are completed by each of the intern's supervisors and a program summary is compiled by the Training Director. Interns will review and sign all written evaluations with their Training Director.

Interns are evaluated using the following rating scale: 1= Significantly below expected level of competency, 2= Below expected level of competency, 3= At expected level of competency, 4= Above expected level of competency, 5= Significantly above expected level of competency. Interns are expected to meet certain evaluation requirements for each formal evaluation period (every 4 months). During the first evaluation period, interns are expected to achieve scores of 2 or above on each individual competency. During the second and third evaluation periods, interns are expected to achieve scores of 3 or above on each individual competency. Failure to meet these evaluation requirements will result in the initiation of the program's formal Due Process procedures. Interns are expected to obtain a score of '3' on each individual competency during the third (final) evaluation period, in addition to completing 2000-hours of training and 500-direct service hours, in order to successfully complete the program.

These evaluations will allow interns to work with their supervisors to develop more tailored training goals for their remaining rotation(s). These evaluations will also be provided to the intern's graduate program, along with a letter regarding the intern's progress in the internship program. Formal, written evaluations will become a permanent part of the intern's internship file.

In addition to the evaluations described above, interns must complete a self-evaluation of their competencies based on the Fouad et al. (2009) article at the beginning and end of the internship.

After completing their third major and minor rotations and all paperwork has been signed off by their supervisor(s), a letter indicating successful completion of the internship program will be sent to the intern's graduate program.

### **Supervisor and Program Evaluation and Review**

Interns are encouraged to practice providing both formative and summative feedback with each supervisor, to the degree that they feel comfortable. Supervisors should take steps to elicit informal, verbal feedback regularly throughout the course of supervision. Additionally, interns are asked to complete an evaluation of their supervisors and of the program at the end of each rotation as well as at end of the internship year. The goals of this evaluation are to provide feedback that will inform any changes or improvements in the training program.

### **Identification and Management of Problems/Concerns**

If throughout a trainee's internship year at BMP, the faculty or staff become aware of a particular problem area or concern, the following steps will be taken in order to mediate the problem.

#### *I. Informal Review*

When a supervisor either directly observes or is made aware that an intern's behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. Regularly scheduled supervision and/or informal consultation are vehicles for this review to be provided. The supervisor and supervisee will work together to develop a potential actions and a planned approach to remedy the problem.

If during this discussion it is decided that additional feedback or action is required, a meeting will be set up between the intern, supervisor and training director. This process should be documented in writing, but will not become part of the intern's professional file.

#### *II. Formal Review*

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a score below the minimum requirement on a formal evaluation:

1. The supervisor will meet with the Training Director (TD) and intern within 14 days to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the intern's direct supervisor, an additional member of the Training Committee will be included in the meeting.
2. The intern will have the opportunity to provide a written statement related to his/her response to the problem.

3. After discussing the problem and the intern's response, the supervisor and Training Director may:
  - 1) Issue a written "Acknowledge Notice," which becomes part of the intern's permanent file and formally acknowledges:
    - a) That the faculty is aware of and concerned with the problem,
    - b) That the problem has been brought to the attention of the intern,
    - c) That the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating, and
    - d) That the problem is not significant enough to warrant serious action.
  - 2) Place the intern on "Probation," which defines a relationship such that the clinical faculty actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisors and TD. The probation is a written statement to the intern and the Director of Clinical Training at the trainee's graduate institution, which becomes a part of the intern's permanent file, and includes:
    - a) The actual behaviors or skills associated with the problem,
    - b) The specific recommendations for rectifying the problem,
    - c) The time frame for the probation during which the problem is expected to be ameliorated, and
    - d) The procedures designed to ascertain whether the problem has been appropriately rectified.
  - 3) In special cases, the intern may be moved to another training site within University Healthcare. This option would be applicable in situations in which it is believed that the intern's difficulties are the result of a poor "fit" between the intern and the training site, and that the intern could be successful in a different placement. This option would require a meeting of a review panel convened by the Training Director and include the entire Training Committee. Additional parties who are knowledgeable about the intern's abilities may be involved in order to inform decision making.
  - 4) Document the problem and take no further action.
4. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within University Healthcare may be terminated. The decision to terminate an intern's placement would be made by the entire Training Committee. The Training Committee would make this determination during a meeting convened within 14 days of the original meeting discussed in step A, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The Training Director may decide to temporarily suspend an intern's clinical activities during this period prior to a final decision being made, if warranted.

### *III. Hearing*

If the intern wishes to challenge the decisions made, he or she may request a

“Hearing” before the Training Committee. This request must be made in writing- an email will suffice- to the Training Director within 7 days of notification regarding the decision made in step C or D above. If requested, the Hearing will be conducted by a review panel convened by the Training Director and consisting of him/herself, the intern’s primary supervisor, and other members of the Training Committee, if appropriate. The intern may request a specific member of the Training Committee to serve on the review panel. The Hearing will be held within 14 days of the intern’s request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.

- A. If either the Acknowledgment Notice or the Probation action occurs, the TD will inform the intern's sponsoring university within 7 days, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.
- B. Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed and no further action will be taken.

#### IV. *Grievances by Interns*

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

- A. *Informal Review*  
First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Director in an effort to informally resolve the problem.
- B. *Formal Review*  
If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The Training Committee representative will meet with the intern and the individual being grieved within 14 days. In some cases, the Training Committee representative may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The Training Committee representative will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training



Committee representative in writing within 14 days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Committee representative will convene a review panel consisting of themselves and at least two other members of the Training Committee within 14 days. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome. If the review panel determines that a grievance against a staff member has merit, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

Please sign this acknowledgement page and return to the Training Director.

**Acknowledgment**

I acknowledge that I have received and reviewed the Due Process procedures of the University Healthcare Psychology Internship. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## EVALUATION OF INTERN PERFORMANCE

Intern: \_\_\_\_\_ Rotation(s) Completed: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Secondary Supervisor: \_\_\_\_\_

### Methods of Evaluation Utilized:

- |   |   |
|---|---|
| <input type="checkbox"/> Client File Review | <input type="checkbox"/> Case Presentation              |
| <input type="checkbox"/> Video Tape Review  | <input type="checkbox"/> Crisis Case Consultation       |
| <input type="checkbox"/> Co-Therapy         | <input type="checkbox"/> Client Outcome Data/Evaluation |
| <input type="checkbox"/> Case Discussion    | <input type="checkbox"/> Direct Observation             |

### Ratings

- 5 Significantly above expected level of competency.** This rating signifies performance that is well above what would be expected for an intern who was successfully completing internship. This may be a significant strength area of expertise for this intern, or a skill that is far above what would be ordinarily seen. Interns would not receive this rating on many competencies, particularly during the mid-year evaluations, as they are most likely to benefit from continue supervision and professional development during the later rotations of the internship year.
- 4 Above expected level of competency.** These ratings indicate that the intern is performing quiet well and is surpassing expectations.
- 3 At expected level of competency.** This rating indicates that the intern is performing at the level of an intern who is meeting expectations. This means that the intern is doing well and is on track in this area to successfully complete internship. Most interns would be expected to receive a large number of 3 ratings.
- 2 Below expected level of competency.** Many interns may receive a couple of 2 ratings, signifying an area in which the intern requires some additional work during the mid-year evaluations. This should indicate an area for further experience or more focused work in supervision during the later rotations.
- 1 Significantly below expected level of competency.** Interns receiving this score should know that in this area, they are performing significantly below expectations for interns, and are likely to require formal remediation in this area.
- N/A No basis for rating.** Generally, interns are expected to achieve an intermediate to advanced level of competency in almost all competencies specified in this evaluation. It will be very rare that a rating of N/A is assigned due to not having enough information.

**A passing grade is a score of “3” for each objective, with no ratings of “1.”**

## GOAL I: ETHICS/PROFESSIONAL BEHAVIOR

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of Ethical & Legal Standards and Policy.

<b>1. Demonstrates knowledge of the <u>APA Ethical Principles of Psychologists and Code of Conduct.</u></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates knowledge of the general principles and ethical standards included in the <u>APA Ethical Principles of Psychologists and Code of Conduct.</u></i>	1	2	3	4	5	N/A
b. <i>Demonstrates ability to apply these principles and standards in professional decision-making.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to conduct oneself in accordance with the principles and code of conduct of psychologists.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Accurately identifies complex ethical issues, appropriately analyzes, and proactively addresses them.</i>	1	2	3	4	5	N/A
b. <i>Complies with agency expectations for completing clinical and accountability documentation in a timely manner.</i>	1	2	3	4	5	N/A
c. <i>Applies applicable ethical principles and standards in interactions with patients, coworkers, and other professionals.</i>	1	2	3	4	5	N/A
<b>3. Demonstrates professional identity and investment in professional development.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates understanding and acceptance of the various roles and responsibilities of being a psychologist.</i>	1	2	3	4	5	N/A
b. <i>Consistently acts in a professional manner across settings and situations.</i>	1	2	3	4	5	N/A
c. <i>Shows initiative in pursuing training experiences or other opportunities for growth that will expand or enhance his/her professional development.</i>	1	2	3	4	5	N/A
d. <i>Formulates appropriate professional goals for self.</i>	1	2	3	4	5	N/A

e.	<i>Holds oneself accountable for and submits to external review of quality service provision.</i>	1	2	3	4	5	N/A
f.	<i>Demonstrates receptivity to learning in his/her supervisory and training experiences.</i>	1	2	3	4	5	N/A
g.	<i>Demonstrates effective use of seminars as well as individual supervision by means of attendance and active participation.</i>	1	2	3	4	5	N/A
<b>4.</b>	<b>Demonstrates ability to establish and maintain professional relationships with supervisors and colleagues.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Maintains positive interpersonal relationships with clients, co-workers, supervisors, and peers.</i>	1	2	3	4	5	N/A
b.	<i>Demonstrates adaptive interpersonal skills (e.g. expresses awareness of diverse viewpoints, seeks clarification in confusing interactions, acknowledges personal limitations, communicates clearly, etc.).</i>	1	2	3	4	5	N/A
c.	<i>Consistently attends scheduled supervisory sessions on time and adequately prepared.</i>	1	2	3	4	5	N/A
d.	<i>Appropriately seeks peer consultation and/or informal supervision, as necessary.</i>	1	2	3	4	5	N/A
e.	<i>Effectively navigates difficult and complex relationships, including those with individuals and groups who are significantly different than oneself.</i>	1	2	3	4	5	N/A
<b>5.</b>	<b>Demonstrates personal and professional self-awareness and self-reflection.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Accurately assesses and monitors his/her professional functioning, including one's relative strengths and growth areas.</i>	1	2	3	4	5	N/A
b.	<i>Seeks to resolve any incongruities between one's own and others' assessment of their skills/abilities.</i>	1	2	3	4	5	N/A
c.	<i>Monitors and evaluates personal attitudes, values, and beliefs towards diverse others.</i>	1	2	3	4	5	N/A

d.	<i>Articulates professional values and takes measures to correct situations that are in conflict with professional values.</i>	1	2	3	4	5	N/A
e.	<i>Consistently recognizes and addresses own problems, minimizing their negative impact on professional functioning.</i>	1	2	3	4	5	N/A
f.	<i>Anticipates disruptions in functioning and regularly engages in adaptive self-care activities.</i>	1	2	3	4	5	N/A
<b>6.</b>	<b>Demonstrates knowledge of theories and models of supervision.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Demonstrates knowledge of the strengths and limitations of current supervision models.</i>	1	2	3	4	5	N/A
b.	<i>Demonstrates knowledge of and effectively addresses limits of competency to supervise.</i>	1	2	3	4	5	N/A
c.	<i>Knowledgeable about the supervisory alliance and identifies explicit strategies to create and maintain a collaborative relationship that promotes the supervisees' competence.</i>	1	2	3	4	5	N/A
d.	<i>Understands how to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.</i>	1	2	3	4	5	N/A
e.	<i>When provided clinical examples, he or she can reliably identify, communicate, and suggest interventions to address these concerns.</i>	1	2	3	4	5	N/A
f.	<i>Understands the ethical, legal, and contextual issues of the supervisor role.</i>	1	2	3	4	5	N/A
<b>7.</b>	<b>Demonstrates knowledge of program evaluation.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Demonstrates an understanding of the utility of program evaluation in a variety of settings.</i>	1	2	3	4	5	N/A
b.	<i>Knowledgeable about theories and models of program evaluation.</i>	1	2	3	4	5	N/A

**Comments related to Ethics/Professional Behavior (e.g., description of intern's growth, strengths, weaknesses, areas of focus, suggestions for improvement, etc.).**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GOAL II: EVIDENCE-BASED PSYCHOLOGICAL ASSESSMENT

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of Evidence-Based Psychological Assessment.

<b>1. Demonstrates the ability to select an appropriate battery of tests to answer specific referral questions.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates knowledge of assessment measurement and psychometrics.</i>	1	2	3	4	5	N/A
b. <i>Demonstrates knowledge of DSM-V diagnostic criteria for a range of diagnoses, including most common differential diagnoses.</i>	1	2	3	4	5	N/A
c. <i>Demonstrates knowledge of research relevant to cognitive, achievement, and personality assessments.</i>	1	2	3	4	5	N/A
d. <i>Demonstrates ability to evaluate the appropriate use of specific instruments to answer tailored referral question.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to establish and maintain rapport with examinee and to administer assessment instruments in a standardized fashion.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Establishes and maintains rapport with examinees.</i>	1	2	3	4	5	N/A
b. <i>Administers the assessment instruments in a standardized fashion.</i>	1	2	3	4	5	N/A
<b>3. Demonstrates the ability to accurately score and interpret assessment cases based on knowledge of instruments, criteria, and research.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Accurately scores and evaluates tests administered.</i>	1	2	3	4	5	N/A
b. <i>Accurately integrates subjective and objective testing data to assess various areas of functioning (e.g., cognitive, achievement, personality, etc.).</i>	1	2	3	4	5	N/A
<b>4. Demonstrates the ability to use assessment-writing skills to efficiently produce accurate, high quality, and useful reports.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>

a.	<i>Writes organized, meaningful reports based on backgrounds information, behavioral observations, and test data.</i>	1	2	3	4	5	N/A
b.	<i>Demonstrates ability to provide accurate diagnoses based on test results and integration of information collected from collateral sources.</i>	1	2	3	4	5	N/A
c.	<i>Conceptualizes cases with attention to special circumstances and patient characteristics.</i>	1	2	3	4	5	N/A
d.	<i>Consistently includes specific and individualized recommendations based on the results of the assessment.</i>	1	2	3	4	5	N/A
e.	<i>Submits written reports to supervisor within specified time frames</i>	1	2	3	4	5	N/A
<b>5.</b>	<b>Demonstrates the ability to provide accurate and specific feedback regarding test performance and findings to examinees within specific time frames.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Provides feedback to examinees within specified time frames.</i>	1	2	3	4	5	N/A
b.	<i>Provides accurate, specific, and useful feedback to examinees regarding test results.</i>	1	2	3	4	5	N/A
c.	<i>Can efficiently communicate information from written report to patients in an emotionally attuned and experience-near way.</i>	1	2	3	4	5	N/A
d.	<i>Describes limitations of assessment clearly in oral and written feedback.</i>	1	2	3	4	5	N/A
<b>6.</b>	<b>Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Demonstrates knowledge of diversity issues relevant to psychological assessment.</i>	1	2	3	4	5	N/A
b.	<i>Demonstrates awareness of appropriate use of culturally sensitive assessment tools and norms.</i>	1	2	3	4	5	N/A
e.	<i>Interacts with clients in a way that demonstrates an</i>	1	2	3	4	5	N/A



*awareness of and sensitivity to diversity issues.*

- f. *Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues.*      1    2    3    4    5    N/A

**Comments related to Evidence-Based Psychologist Assessment (e.g., description of intern's growth, strengths, weaknesses, areas of focus, suggestions for improvement, etc.).**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GOAL III: EVIDENCE-BASED TREATMENT

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of Evidence-Based Treatment.

<b>1. Demonstrates understanding of and ability to communication the principles of evidence-based treatment.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Reliably utilizes the best available research regarding psychological treatment and intervention, including awareness of both treatment efficacy and clinical utility.</i>	1	2	3	4	5	N/A
b. <i>Takes steps to regularly review and interpret research.</i>	1	2	3	4	5	N/A
c. <i>Independently applies knowledge and understanding of scientific foundations independently applied to practice.</i>	1	2	3	4	5	N/A
d. <i>Demonstrates clinical expertise by clearly communicating rational for clinical strategies.</i>	1	2	3	4	5	N/A
e. <i>Effectively incorporates individual patient characteristics, culture, and preferences into treatment.</i>	1	2	3	4	5	N/A
f. <i>Efficiently communicates the ways evidence-based practice applies to one's approach to treatment.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to design effective treatment plans.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Possesses the ability to systematically draw from a range of theories and treatment models to develop individualized treatment plans.</i>	1	2	3	4	5	N/A
b. <i>Provides oral and/or written conceptualizations of patients during supervision.</i>	1	2	3	4	5	N/A
c. <i>Utilizes assessment data to design appropriate interventions.</i>	1	2	3	4	5	N/A
d. <i>Accurately assesses patients' growth and progress, and reviews or modifies treatment plans as necessary.</i>	1	2	3	4	5	N/A

<b>3. Demonstrates the ability to implement tailored treatment plans based on an individualized conceptualization of each patient.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Establishes and maintains rapport with clients.</i>	1	2	3	4	5	N/A
b. <i>Accurately translates principles of evidence-based treatment into one's interventions.</i>	1	2	3	4	5	N/A
c. <i>Implements treatment plans based on case conceptualizations.</i>	1	2	3	4	5	N/A
d. <i>Accurately evaluates progress of treatment plan and revises plan as necessary.</i>	1	2	3	4	5	N/A
e. <i>Works effectively utilizing time-limited appropriates to therapy.</i>	1	2	3	4	5	N/A
f. <i>Works effectively with long-term psychotherapy cases.</i>	1	2	3	4	5	N/A
h. <i>Accurately assesses client readiness for termination.</i>	1	2	3	4	5	N/A
<b>4. Demonstrates the ability to coordinate care with families and collateral resources.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates knowledge of interventions relevant to patients within a larger family system.</i>	1	2	3	4	5	N/A
b. <i>Refers patients to community resources, as appropriate.</i>	1	2	3	4	5	N/A
<b>5. Demonstrates the ability to effectively communicate relevant diagnostic and clinical material via case conceptualization to a range of providers.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates ability to concisely communicate relevant clinical information during case conceptualization.</i>	1	2	3	4	5	N/A
b. <i>Able to translate conceptualization into specific techniques and procedures utilized in treatment.</i>	1	2	3	4	5	N/A
c. <i>Demonstrates ability to effectively respond to and integrate feedback from supervisors and colleagues</i>	1	2	3	4	5	N/A

regarding presentation.

<b>6. Demonstrates the ability to identify and adequately address obstacles to treatment.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision.</i>	1	2	3	4	5	N/A
b. <i>Reliably identifies a patient's readiness for change.</i>	1	2	3	4	5	N/A
c. <i>Accurately identifies obstacles to treatment, based on behavioral observations, patient self-report, and conceptualization.</i>	1	2	3	4	5	N/A
d. <i>Promotes patient autonomy by collaborating to address observed resistances to treatment.</i>	1	2	3	4	5	N/A
<b>7. Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates knowledge of diversity issues and literature relevant to treatment.</i>	1	2	3	4	5	N/A
b. <i>Conceptualizes cases with attention to special circumstances and client characteristics.</i>	1	2	3	4	5	N/A
c. <i>Interacts with clients in a way that demonstrates an awareness of and sensitivity to diversity issues.</i>	1	2	3	4	5	N/A
d. <i>Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues.</i>	1	2	3	4	5	N/A
e. <i>Demonstrates understanding of the self and others as both shaped by individual and cultural diversity.</i>	1	2	3	4	5	N/A
f. <i>Demonstrates understanding of the interaction of self and others as shaped by individual and cultural diversity.</i>	1	2	3	4	5	N/A

**Comments related to Evidence-Based Treatment (e.g., description of intern's growth, strengths, weaknesses, areas of focus, suggestions for improvement, etc.).**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GOAL IV: INTAKE/CRISIS INTERVENTION

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of Intake/Crisis Intervention.

<b>1. Demonstrates knowledge of interviewing skills appropriate for initial contact with clients.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Establishes an interpersonal climate that promotes patient disclosure useful for developing therapeutic alliance.</i>	1	2	3	4	5	N/A
b. <i>Elicits and clarifies with the client the purpose/goals of current interview.</i>	1	2	3	4	5	N/A
c. <i>Gathers adequate information for the purpose of assessment, intervention, and treatment planning.</i>	1	2	3	4	5	N/A
d. <i>Provides appropriate immediate clinical interventions, as needed, to the client.</i>	1	2	3	4	5	N/A
e. <i>Communicates appropriately with the client regarding assessment outcomes and recommended interventions.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to make accurate diagnoses and to assess client needs based on the integration of clinical interview data with other available information (e.g. medical records, intake forms, assessment instruments).</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates understanding of the DSM-V diagnostic system.</i>	1	2	3	4	5	N/A
b. <i>Integrates all available information into appropriate DSM-V assessment.</i>	1	2	3	4	5	N/A
c. <i>Makes appropriate recommendations when indicated, for additional assessment, including psychometric and psychological evaluations.</i>	1	2	3	4	5	N/A
d. <i>Makes appropriate recommendations for auxiliary services for clients (e.g. group therapy, community programming).</i>	1	2	3	4	5	N/A
<b>3. Demonstrates competence effectively and efficiently assessing for risk of harm to self or</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>

**others.**

a.	<i>Able to identify information needed to conduct thorough risk assessment.</i>	1	2	3	4	5	N/A
b.	<i>Knowledge of literature of risk prevention, including variables that predispose a patient to increased risk.</i>	1	2	3	4	5	N/A
c.	<i>Effectively and consistently utilizes formal risk assessment measures.</i>	1	2	3	4	5	N/A
d.	<i>Seeks in the moment consultation with supervisor(s) as necessary.</i>	1	2	3	4	5	N/A
e.	<i>Can facilitate patients' development of self-care plan.</i>	1	2	3	4	5	N/A
f.	<i>Clearly communicates level of risk and recommendations to patient and family.</i>	1	2	3	4	5	N/A
g.	<i>Accurately identifies moments requiring breaches of confidentiality.</i>	1	2	3	4	5	N/A
<b>4.</b>	<b>Demonstrates the ability to accurately communicate results of interviews and crisis interventions both orally and in writing.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Completes the required documentation for intake interviews and crisis interventions appropriately.</i>	1	2	3	4	5	N/A
b.	<i>Communicates orally in an effective and timely manner with others in the interest of patient welfare.</i>	1	2	3	4	5	N/A
<b>5.</b>	<b>Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a.	<i>Demonstrates knowledge of diversity issues and literature relevant to intake/crisis intervention.</i>	1	2	3	4	5	N/A
b.	<i>Initial conceptualizations include attention to special circumstances and patient characteristics.</i>	1	2	3	4	5	N/A
c.	<i>Interacts with patients during intake and crisis</i>	1	2	3	4	5	N/A

*intervention in a way that demonstrates an awareness  
of and sensitivity to diversity issues.*

**Comments related to Intake/Crisis Intervention (e.g., description of intern's growth,  
strengths, weaknesses, areas of focus, suggestions for improvement, etc.).**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## GOAL VI: INTEGRATED CONSULTATION

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of integrated consultation.

<b>1. Demonstrates the ability to effectively coordinate care with multidisciplinary teams.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates awareness of the necessity of the scientific approach to knowledge generation.</i>	1	2	3	4	5	N/A
b. <i>Able to effectively apply the scientific method to practice to own activities.</i>	1	2	3	4	5	N/A
c. <i>Regularly demonstrates scientific mindfulness.</i>	1	2	3	4	5	N/A
d. <i>Articulates and understands the scientific foundation to both psychology and professional practice.</i>	1	2	3	4	5	N/A
e. <i>Performs scientific critique of literature.</i>	1	2	3	4	5	N/A
f. <i>Independently assesses and applies scientific knowledge and skills relevant to clinical work.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to accurately assess patients' presenting concerns and developing efficient treatment plans.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates understanding of the processes of and appropriate responses to management.</i>	1	2	3	4	5	N/A
b. <i>Demonstrates understanding of the processes of and appropriate responses to administration.</i>	1	2	3	4	5	N/A
c. <i>Demonstrates understanding of the processes of and appropriate responses to organizational leadership.</i>	1	2	3	4	5	N/A
d. <i>Able to effectively evaluate management and leadership.</i>	1	2	3	4	5	N/A
e. <i>Demonstrates ability to communicate evaluations effectively.</i>	1	2	3	4	5	N/A
<b>3. Demonstrates the ability to utilize time-limited, effective interventions through consultation.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>

a.	<i>Demonstrates technology skills useful to adequate documentation and coordination of care (e.g. electronic record keeping, HIPPA, etc.).</i>	1	2	3	4	5	N/A
b.	<i>Demonstrates cultural and relational understanding of patient population seen via primary care settings.</i>	1	2	3	4	5	N/A
c.	<i>Implements distance delivery methods.</i>	1	2	3	4	5	N/A
d.	<i>Able to articulate the roles that others provide in treatment of patient.</i>	1	2	3	4	5	N/A
e.	<i>Actively coordinates care with and integrates perspectives from multidisciplinary treatment teams, as necessary.</i>	1	2	3	4	5	N/A
f.	<i>Concisely communicates treatment summaries in both oral and written formats.</i>	1	2	3	4	5	N/A
<b>4.</b>	<b><i>Demonstrates the ability to engage in explicit, concise, and helpful consultations with professionals from other disciplines</i></b>	1	2	3	4	5	N/A
a.	<i>Reliably able to articulate the interaction of psychological variables on medical conditions</i>	1	2	3	4	5	N/A
b.	<i>Provides professionals from other disciplines with education on psychological assessment and treatment recommendations</i>	1	2	3	4	5	N/A
c.	<i>Concisely communicates treatment summaries in both oral and written formats</i>	1	2	3	4	5	N/A
<b>5.</b>	<b><i>Demonstrates the ability to assist patients in initiating psychological services</i></b>	1	2	3	4	5	N/A
a.	<i>Professionally provide prospective patients with psychological treatment options.</i>	1	2	3	4	5	N/A
b.	<i>Accurately assesses the level of service patients' needs (e.g., follow-up consultation, short- or long-term therapy, community supports, etc.).</i>	1	2	3	4	5	N/A
c.	<i>Effectively assists patients as they consider the influence of psychological variables on current functioning.</i>	1	2	3	4	5	N/A

- d. *Provide patients with guidance and support navigating the referral process.*                      1    2    3    4    5    N/A

**Comments related to Integrated Consultation (e.g., description of intern’s growth, strengths, weaknesses, areas of focus, suggestions for improvement, etc.).**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GOAL IV: GROUP THERAPY

**Goal:** Interns will demonstrate an intermediate to advanced level of competence, appropriate to their professional developmental level, in the area of group therapy.

<b>1. Demonstrates the knowledge of theories, techniques, clinical skills and judgment, and research relevant to the provision of group therapy.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates knowledge of theories relevant to group psychotherapy.</i>	1	2	3	4	5	N/A
b. <i>Demonstrates knowledge of techniques relevant to group psychotherapy.</i>	1	2	3	4	5	N/A
c. <i>Demonstrates knowledge of research relevant to group psychotherapy.</i>	1	2	3	4	5	N/A
d. <i>Demonstrates knowledge of evidence-based practice as it applies to group psychotherapy.</i>	1	2	3	4	5	N/A
<b>2. Demonstrates the ability to develop and create a group.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Demonstrates understanding of the preliminary considerations to creating a group.</i>	1	2	3	4	5	N/A
b. <i>Demonstrates ability to identify structure of group.</i>	1	2	3	4	5	N/A
c. <i>Develops group curriculum.</i>	1	2	3	4	5	N/A
d. <i>Actively recruits members for group.</i>	1	2	3	4	5	N/A
e. <i>Demonstrates ability to apply both inclusion and exclusion criteria as it relates to group selection.</i>	1	2	3	4	5	N/A
<b>3. Demonstrates knowledge of and ability positively influence group cohesion.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. <i>Able to apply principles from research literature in order to properly orient new members to group.</i>	1	2	3	4	5	N/A
b. <i>Demonstrates ability to address common misconceptions of group.</i>	1	2	3	4	5	N/A

4.	<b>Demonstrates the ability to effectively intervene with patients in a group setting.</b>	1	2	3	4	5	N/A
a.	<i>Accurately evaluates progress of treatment plan and revises plan as necessary.</i>	1	2	3	4	5	N/A
b.	<i>Works effectively utilizing time-limited approaches to group therapy.</i>	1	2	3	4	5	N/A
5.	<b>Demonstrates the ability to infuse diversity awareness in the meeting of all other objectives in this competency area.</b>	1	2	3	4	5	N/A
a.	<i>Demonstrates knowledge of diversity issues and literature relevant to group therapy.</i>	1	2	3	4	5	N/A
b.	<i>Conceptualizes cases with attention to special circumstances and group characteristics.</i>	1	2	3	4	5	N/A
c.	<i>Interacts with group members in a way that demonstrates an awareness of and sensitivity to diversity issues.</i>	1	2	3	4	5	N/A
d.	<i>Participates in supervision and training activities in a way that acknowledges an awareness of and sensitivity to diversity issues and how this presents in group therapy.</i>	1	2	3	4	5	N/A

**Comments related to group therapy (e.g., description of intern’s growth, strengths, weaknesses, areas of focus, suggestions for improvement, etc.)**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University Healthcare Doctoral Internship Program Evaluation:**

To be completed by intern.

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

Scoring Criteria:

**1 Very Unsatisfactory**

**2 Moderately Unsatisfactory**

**3 Moderately Satisfactory**

**4 Very Satisfactory**

**N/A--Not Applicable/Not Observed/Cannot Say**

**Note. This Program Evaluation is utilized by University Healthcare Internship Training Committee to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "1" or "2" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.**

Quality of training	
Quality of supervision	
Usefulness of supervision	
Amount of supervision	
Quality of seminars	
Usefulness of seminars	
Relevance of training experience to your career goals	

**University Healthcare Doctoral Internship Program has identified 6 main program goals in which the program provides training. Please rate the level of training you've received in each main goal.**

Ethics/Professional Behavior	
Evidence-Based Psychological Assessment	
Evidence-Based Treatment	

Intake/Crisis Intervention	
Integrated Consultation	
Group Therapy	
University Healthcare Doctoral Internship Program places a strong value on training in cultural diversity, and therefore includes competencies related to diversity as part of each main training goal. Please rate the training you've received in cultural diversity.	
<b>Please provide narrative responses for each item below.</b>	
<p>Please elaborate on the positive aspects of the training program.</p> <p>Please provide suggestions on ways to improve the program.</p> <p>Please provide an overall evaluation of the program.</p>	
<u>Supervisor's Signature</u>	
<u>Intern's Signature</u>	

### **Supervisor Evaluation:**

To be completed by intern at the end of each major rotation and discussed during a supervisor and intern meeting.

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

Scoring Criteria:

<b>1 Significant Development Needed</b> --Significant improvement is needed to meet expectations	
<b>2 Development Needed</b> -- Improvement is needed to meet expectations	
<b>3 Meets Expectations</b>	
<b>4 Exceeds Expectations</b> --Above average experience	
<b>5 Significantly Exceeds Expectations</b> --Exceptional experience	
<b>N/A</b> --Not Applicable/Not Observed/Cannot Say	

**NOTE:** Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

#### **General Characteristics of Supervisor**

Is accessible for discussion, questions, etc.	
Allotted sufficient time for supervision and scheduled supervision meetings appropriately	
Kept sufficiently informed of case(s)	
Was interested in and committed to supervision	
Set clear objectives and responsibilities throughout supervised experience	
Was up-to-date in understanding of clinical populations and issues	
Presented a positive role model	
Maintained appropriate interpersonal boundaries with patients and supervisees	
Provided constructive and timely feedback on supervisee's performance	
Encouraged appropriate degree of independence	
Demonstrated concern for and interest in supervisee's progress, problems, and ideas	
Communicated effectively with supervisee	
Interacted respectfully with supervisee	
Maintained clear and reasonable expectations for supervisee	
Provided a level of case-based supervision appropriate to supervisee's training needs	



Comments:	
<b>Development of Clinical Skills</b>	
Assisted in coherent conceptualization of clinical work	
Assisted in translation of conceptualization into techniques and procedures	
Was effective in providing training in behavioral health intervention	
Was effective in providing training in assessment and diagnosis	
Was effective in providing training in systems collaboration and consultation	
Was effective in helping to develop short-term and long-range goals for patients	
Promoted clinical practices in accordance with ethical and legal standards	
Comments:	
<b>Summary</b>	
Overall rating of supervision with this supervisor	
Describe how the supervisor contributed to your learning:	
Describe how supervision or the training experience could be enhanced:	
Any other suggestions/feedback for your supervisor?	
<u>Supervisor's Signature</u>	<u>Date</u>
<u>Intern's Signature</u>	<u>Date</u>

## **INTERN STAFF RELATIONS**

### **Responsibilities of the Training Staff**

Clinical staff members who serve as supervisors to psychology interns are responsible for abiding by the following:

1. Supervisors provide positive models for ethical and professional behavior
2. Within the scope of their competence, supervisors will be available for consultation, supervision, co-therapy, and direct teaching
3. Supervisors provide clear expectations of interns
4. Supervisors provide timely and appropriate feedback to interns regarding their performance
5. Supervisors regularly consult other members of the clinical staff in order to develop a broad picture of the interns' competencies and areas where further attention is needed
6. Supervisors discuss with the training Director their questions and problems that arise in supervision
7. Supervisors regularly attend Training Committee meetings to evaluate not only how interns are progressing through this program but also how the program is meeting the needs of each intern
8. Supervisors abide by the Internship Handbook for each training year
9. Supervisors are required to document their supervision and maintain a file for their supervisee that consists of the supervision agreement, supervision session notes, and a copy of all evaluations

### **Statement Regarding Intern and Staff Relationships**

We believe that transparent and honest communication between interns and staff is crucial for the development of the interns at University Healthcare. As a result, we aspire to create a learning environment that fosters intern comfort, safety, and professional self-disclosure.

Training in clinical psychology can be an emotionally taxing, humbling, and terrifying process. As with any emotionally charged environment, there is a risk that a supervisee and/or supervisor may experience a wide range of feelings, including sexual attraction, towards one another. As there exists an innate and unavailable power imbalance between supervisor and supervisee, it remains the responsibility of the training staff to respect and hold the boundaries of the professional relationships that they form with interns. Sexual relationships between interns and staff are in violation of agency policy and are strictly not permitted.

Supervisors are strongly encouraged to regularly self-reflect on how they experience their supervisees and seek consultation with the Training Director, Director, or other staff, as necessary. Should an intern find themselves attracted to a staff member, they are encouraged to discuss these feelings with colleagues, supervisors, and the Training Director in order to process the experience and evaluate the intern's current needs.

If a supervisor violates the professional boundaries of their relationship with an intern an administrative review of the situation will be conducted. Members of the larger institutions will be involved, as necessary. The supervisor may be subject to disciplinary action by the Director of Behavioral Medicine and Psychiatry or Dean of West Virginia University's School of Medicine.

## STATEMENT ON TRAINEE SELF-DISCLOSURE

The Department of Behavioral Medicine and Psychiatry adheres to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct (2002) by identifying our expectations of trainees with respect to self-disclosure of personal information during training. Interns are not required to engage in self-disclosure with faculty or staff as a part of the training experience. However, we do strive to create an environment that supports the totality of the intern, which includes both professional and personal identities. We value intern self-disclosure as a means to further one's training and professional development.

Notably, as stated in the Ethical Principles of Psychologists and Code of Conduct, we may require an intern to disclose information of a personal nature, should that information be necessary to evaluate or provide assistance for a trainee whose personal problems could reasonably be judged to be preventing them from performing self-disclosure of personal information if the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others (APA, 2002)\*.

\*American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.

## **SUPERVISION CONTRACT AND INFORMED CONSENT**

Your clinical supervisor is a psychologist who is responsible for overseeing your clinical work and ensuring its quality. Clinical supervision focuses on the services you provide to patients and includes areas such as patient welfare, the therapeutic relationship, assessment, diagnosis, clinical interventions, prognosis, appropriate referral techniques, and occasionally advocating for your patient with other agencies within in the community. This is accomplished through a set of supervisory activities that include consultation, training and instruction, and evaluation.

### ***A. Purpose, Goals, and Objectives of Clinical Supervision***

1. To monitor and ensure the welfare of patients seen by the supervisee
2. To structure the activities of the supervisee to ensure they provide competent services
3. To ensure that the unlicensed provider functions within their level of competence
4. To facilitate the supervisee's professional and personal development
5. To promote accountability
6. To fulfill academic/departmental requirements for the supervisee's training

### ***B. Context of Services***

1. Supervision will concern patients seen at University Healthcare, its agencies, and affiliates.
2. Interns receive three hours of scheduled supervision: one hour of individual supervision with each major and minor rotation supervisors, one-half hour of individual supervision with group co-leader, and one hour of group supervision for assessment.
3. Regularly scheduled supervision times will be established at the start of each semester by mutual arrangement between supervisee and supervisor. Occasionally a regular time will have to be missed, but arrangements to make up missed supervision sessions should be made whenever possible. It is the responsibility of the person canceling a supervision session to make every effort to find an alternative time to meet.
4. The absolute minimum requirement for face-to-face supervision hours during the semester are: 24 hours with each primary supervisor for interns.
5. Supervisors are also expected to be available on an as-needed basis for consultation between regularly scheduled meeting times.

### ***C. Method of Evaluation***

1. Feedback will be provided to the supervisee during each session (formative evaluation). Specific feedback will focus on the supervisee's demonstrated clinical skills and clinical documentation.
2. Mid-Semester and End-Semester evaluation feedback will be provided.
3. A formal written evaluation of the supervisee will be conducted at the end of each semester.
4. The supervisee will complete an evaluation of the supervisor at the end of each semester.

### ***D. Duties and Responsibilities of Supervisor and Supervisee***

Your clinical supervisor is legally and ethically responsible, as are you, for the services you provide and the manner in which you conduct yourself. A supervisor has *full responsibility* for the supervised work of the supervisee, including assessment, diagnosis, treatment planning, the prescribed course of treatment, all documentation, and discharge planning. It is therefore *your* responsibility to keep your supervisor well-informed as to your clinical activities as well as any other interactions with your patients (e.g., encountering them around campus, contacting them

via phone or email). Openness with and trust in your supervisor will enhance your experience of supervision and your professional growth.

It is your **supervisor's role** to do the following:

1. Provide a location and atmosphere for supervision that is safe enough for supervisees to explore practice issues in their own way
2. Review audio/video recordings of supervisee's therapy sessions regularly and be aware of patient's ongoing issues and progress in therapy
3. Help the supervisee explore and clarify thoughts and feelings which underlie their practice
4. Assist the supervisee in anchoring interventions in a theoretical approach
5. Help the supervisee become aware of and remedy any professional and/or personal blind spots that are affecting the treatment process
6. Bring to the supervisee's attention personal difficulties of the supervisee that may directly affect the supervisee's clinical work and recommend a course of action to address these difficulties
7. Present and model appropriate interventions
8. Sign off on all clinical documentation—intakes (if primary supervisor), progress notes, miscellaneous notes, terminations, etc.
9. Maintain weekly supervision notes and store in a secure location
10. Provide timely feedback, particularly in areas of concern
11. Provide access to supervision when supervisor is off-site
12. Intervene if patient welfare is at risk
13. Model ethical behavior and ensure that ethical guidelines are upheld
14. Conduct activities in accordance with BMP Policy and Procedures, HIPAA requirements, APA ethics code and related WV state statutes.

It is your **role as supervisee** to do the following:

1. Be punctual, both at sessions with patients as well as at supervision. In the event that you are delayed for or unable to attend a supervision session, it is your responsibility to notify your supervisor prior to the appointment and make alternate arrangements.
2. Be prepared, both for sessions with patients and for supervision. You are expected to (a) have reviewed therapy session audio/video recordings in advance of weekly supervision and followed any specific instructions from your supervisor; (b) have all notes completed and forwarded to your supervisor in advance of the supervision hour, thus allowing your supervisor to review and sign notes; and (c) have an agenda of cases and/or issues that you want to address. Preparation will help you make the most effective use of your supervision.
3. Share with your supervisor your learning goals for the training experience. This will require self-reflection and self-evaluation regarding your current level of clinical skill. You can decide with your supervisor how to structure your training experience to meet your goals.
4. Be receptive to guidance and instruction from your supervisor, that is, be attentive to feedback and suggestions from your supervisor and follow through on such instruction promptly. It may be necessary to take notes during supervision in order to implement all instructions identified by your supervisor.
5. Inform your supervisor of any difficulties you are having in the areas of delivering services to patients, completing paperwork, or coordinating with other agencies or providers. Your supervisor has numerous means of providing assistance.

6. As you establish a working relationship with your supervisor, it is hoped that you will become increasingly able to share issues and concerns you may have that impact your clinical work. Be open to feedback from others and monitor any tendency you may have toward defensiveness.
7. With your supervisor, select theoretical models from which you will work and formulate patient case conceptualizations from this approach. Be ready to discuss the theoretical reasons for your interventions and techniques.
8. Do not engage in harmful multiple relationships with patients, that is, do not socialize with patients, nor provide services to individuals you know from other contexts, such as friends or acquaintances. In the event that someone you know is being seen at BMP, you are expected to remove yourself from situations where that patient's treatment and progress are being reviewed. It is your responsibility to alert your supervisor to such situations. It is also important that you process with your supervisor should you have contact with a patient outside the session.
9. You are responsible for ensuring that all patients are informed of the supervised nature of your work as a supervisee, and of the ultimate professional responsibility of the supervisor (must complete the Supervision Disclosure Statement during the first therapy session with your patient).
10. Implement supervisory directives promptly.
11. Complete professional tasks (clinical documentation, reports, and contacting patients) within time frames specified by the BMP Policy and Procedure Manual.
12. You are responsible for ensuring that any written communications concerning patients are co-signed by your clinical supervisor **before** they are sent out from BMP. It is also your responsibility to determine that an active Authorization for Release of Confidential Information form is present in the patient's chart before presenting the letter/report to the supervisor for signature. Notify your supervisor immediately if any written information is requested concerning your patient.
14. You must advise your clinical supervisor of all important changes in a case (e.g., patient starting a new medication, patient becoming involved in a legal case). The results of new intakes must be reviewed with your supervisor at the earliest opportunity to confirm diagnosis and treatment planning. Any changes to the treatment plan must be reviewed with and approved by your supervisor **before** they are presented to the patient. Also consult regarding the implementation of any strategy that has the potential for a negative outcome, **before** such an intervention is conducted.
15. Keep your supervisor informed about patients who are suicidal, homicidal, or threatening to harm others. Notify your supervisor about patients who are involved in child custody disputes, Disability Determination assessments, or any other matter that affects the patient's legal status. This is necessary because providers are often asked to testify in such situations and having time to prepare adequately is important. Notify your supervisor *immediately* if you receive a summons to testify or you are told that you will be subpoenaed to testify. Do **not** under any circumstances release patient information to an attorney or court or anyone else without a proper Authorization for Release of Confidential Information signed by the patient and your supervisor's signature on the document being released.
16. Seek supervision whenever you are uncertain about a situation: this requires self-awareness and good judgment. Make every attempt to reach your clinical supervisor before taking action with that patient. If your supervisor cannot be reached, contact another clinical

supervisor at BMP. Your clinical supervisor **must** be kept abreast of any and all emergencies. In the event of an emergency, you are to contact your supervisor. If you are unable to reach your supervisor, you may consult with any available licensed clinician at the BMP. Discuss with your supervisor at the beginning of your supervision contract how he/she may want you to contact him/her during emergencies.

**E. Fundamental Principles of Supervision**

1. Clinical competencies are attained in a **developmental** trajectory. Therefore, what your supervisor expects of you at the beginning of the year will differ from expectations for end-of-year performance.
2. The growth-promoting capacity of supervision is set by the limits of your **reflective** skills. Self-examination of your motives, attitudes, behaviors and your effect on others is critical.

**F. Informed Consent**

As part of the Training Staff of the University Healthcare Behavioral Medicine and Psychiatry, your supervisor will discuss your progress in terms of clinical training and professional development with the other members of the supervising staff. Formal consultation typically occurs in regularly scheduled Staff Meetings once or twice a semester, chaired by the Training Director. Your department’s Director of Clinical Training (DCT) is routinely invited to participate in such discussions. Supervisors will not discuss in such meetings any personal information you may choose to share in supervision sessions without your prior knowledge.

Supervisors who are not licensed will routinely audio/video record supervision sessions for their own supervision of supervision, and licensed supervisors may occasionally also choose to audio/video record supervision sessions. Recordings of supervision sessions will be shared only within the training context of Supervision Seminar (for psychology interns) or with the training staff, for consultation and feedback. Recordings are kept in the supervisor’s folder on our secure server, and are erased at the end of supervision.

No communication will be made with your department or DCT without it having been discussed with you in the context of formative or summary evaluations.

**G. Terms of the Contract**

This contract serves as verification and a description of the clinical supervision provided by \_\_\_\_\_, as the supervisor to \_\_\_\_\_, supervisee.

Supervision will be conducted on \_\_\_\_\_ (day of the week) from \_\_\_\_\_ to \_\_\_\_\_ (time).

This contract is effective from \_\_\_\_\_ (start date) to \_\_\_\_\_ (finish date).

Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from C.J.Osborn & T.E. Davis (1996). The supervision contract: Making it perfectly clear. Clinical Supervisor, 14(2), 121-134.

# SUPERVISION DISCLOSURE FORM

University Healthcare  
Behavioral Medicine and Psychiatry  
2004 Professional Court  
Martinsburg, WV 25401  
Phone: 304-596-5780 Fax: 304-596-5781

WV University Healthcare – Berkeley Medical Center is a teaching hospital. This means that one of our functions is to provide direct clinical experience for graduate students, pre-doctoral interns, post-doctoral fellows, and other clinicians working to become fully-licensed psychologists, licensed counselors, or to obtain additional credentials.

My name is \_\_\_\_\_, and I am under supervision at Behavioral Health.  
*Name of trainee*

I am a \_\_\_\_\_, which means I am training to be a \_\_\_\_\_  
*Title of clinician under supervision Professional title*

By law, I am being supervised by licensed psychologists, counselors or social workers. The name(s) of my supervisor(s) is (are)\_\_\_\_\_. My supervisor(s) will be directly responsible for overseeing the treatment you receive – I am practicing under his or her license. You have the right to meet with my supervisor(s) anytime if you wish. My supervisor(s) and I may be reached at the phone number above.

We will discuss confidentiality and its limitations today as outlined in our privacy policy. Both my supervisor(s) and I are bound by confidentiality laws as specified in our privacy policy.

Because it is important for my supervisor to provide me with feedback regarding my performance as your therapist, I regularly record sessions using video or audio recording devices. Session recordings are for supervisory and training purposes only, and are kept on a secure server with access limited only to University Healthcare clinical staff. Any information that you reveal, whether oral or written, will not be discussed or shared with anyone outside the University Healthcare clinical staff /faculty without your prior written permission. The recordings are erased promptly after my supervisor provides me with feedback.

If you have any questions or concerns about these policies, please feel free to let me know today. You can also bring up your concerns at any time in the future.

Your signature below indicates your agreement that you understand the statements above.

\_\_\_\_\_  
Name of Client (Please print)

\_\_\_\_\_  
Signature of Client and Date

\_\_\_\_\_  
Signature of Supervised Clinician and Date

\_\_\_\_\_  
Signature of Supervisor and Date



**UNIVERSITY HEALTHCARE  
BEHAVIORAL MEDICINE & PSYCHIATRY**

**SUPERVISION GOALS**

**Supervisee:**

**Supervisor:**

1.

2.

3.

4.

5.

Personal Strengths:

Growth Edges: