



DOCTORAL INTERN HANDBOOK

2021-2022 Clinical Psychology
Doctoral Internship

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SALINA REGIONAL HEALTH CENTER



ABOUT US

Salina Regional Health Center is a community-owned, not-for-profit regional referral center. SRHC has 393 licensed beds and more than 1,300 employees committed to providing quality health care service in a healing and spiritual environment for the people of north-central Kansas.

The health center serves a 14-county area with a combined population of more than 170,000. Forty percent of the hospital's patients come from outside Saline County. More than 135 physicians are on staff, representing 30 specialties ranging from psychiatry to women's and children's services to cardiovascular surgery and comprehensive oncology care.

In the last five years the organization has invested more than \$91 million in new medical facilities and technology. In 2009 the hospital opened a state-of-the art, six-story, patient tower that houses many of the hospital's inpatient services and allows all inpatients to have private rooms. In the past year SRHC has added the da Vinci robotic surgery system, the 128-slice CT scanner, and incorporated Trilogy stereotactic radiotherapy technology in its Tammy Walker Cancer Center.

ADMISSION SUPPORT AND INITIAL PLACEMENT DATA

Internship Program Admissions

Date Program Tables are updated:

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Broadly speaking, applicants who have traits such as flexibility, drive, clinical skill, humor, and desire to learn are more likely to succeed. We value interns who have a desire to work as generalists in a semi-rural setting and are comfortable working with a clientele that is often highly religious given that our aim is to train generalist psychologists. We look for interns who are interested in developing their clinical flexibility and ability to "wear many different hats," clinically speaking. Additionally, we seek diversity in all its forms and believe diversity in the internship nourishes the SRHC community and Salina in general.

We require that all interns have completed at least 400 hours of face-to-face delivery of professional psychological services prior to beginning the internship. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment and intervention, and the previously-described personal characteristics necessary to function well in our Internship setting. Experience with the Rorschach, desire to serve rural populations, and comfort treating religious clientele is highly desired.

Our selection criteria are based on a "goodness-of-fit" with our practitioner-scholar model and training setting, and we look for intern applicants whose training goals match sufficiently the training that we can offer. We prefer intern applicants from university-based programs but consider candidates from free-standing programs as well. We select candidates from many different kinds of programs and theoretical orientations, from different geographic areas, of different ages, or different ethnic backgrounds, and with different life experiences.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes		Amount:400
Total Direct Contact Assessment Hours		No	Amount:

Describe any other required minimum criteria used to screen applicants:

Although we do not state a specific number of assessment hours needed, the program prefers applicants to have some assessment experience and at least exposure to performance based measures such as the Rorschach.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$25,083	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	80	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Dental and Vision		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

	2016-2019	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		2
Federally qualified health center		
Independent primary care facility/clinic		2
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		1
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

PROGRAMS

SRHC offers services to children, adolescents, and adults. Services are available for persons experiencing difficulties ranging from acute crisis situations to outpatient services. The following is a non-exhaustive list of programs and services available to children and adults through the center.

Psychology Consultation/Liaison Services—SRHC Main Hospital

The goal of this rotation is to provide interns an opportunity to increase proficiency in assessing and providing brief clinical services to a variety of patient in medical units. Interns will work often with patients and their families to provide support and psychoeducation. Brief therapy services and psychological testing screens may also be rendered. Opportunities may become available to work in other medical settings such as pediatrics.

Interns on the Psychology Consultation/Liaison Services rotation gain experience with working as a consultant across the hospital in three units (Rehabilitation, ICU, and the ED). Interns provide consultation to physicians, nursing, physical therapists, occupational therapists, speech therapists, and other allied professionals. Common duties include short-term therapy for medical patients, cognitive screens, patient advocacy, and working with patients and staff to help patients successfully navigate their hospital stay/treatment. Patient medical concerns include spinal cord injuries, TBI, diabetes, amputation, stroke, and other severe injuries. Psychological concerns include stress, adjustment disorders, depression, anxiety, substance use, and personality disorders.

Inpatient Behavioral Health Unit (BHU)—SRHC

Our Inpatient Unit is a 16-bed unit that provides rapid stabilization under close psychiatric supervision to patients who are in acute crisis or who are a danger to themselves or others. Once stabilized, patients are actively involved in their care. The treatment team completes a thorough evaluation and tailors a treatment plan specifically to the patient.

Therapy modalities include daily psychiatric consultation, group and individual therapy, recreational therapy, and other interventions designed to improve daily life functioning. Family is encouraged to remain an active part of the treatment process.

Our goal is to assist patients in understanding their problems and developing more effective coping skills. To accomplish this, staff members encourage self-exploration, self-expression, rational thinking, insight, creativity, and interaction with peers and family. The physical aspects of mental illness are also addressed.

Interns are tasked with various clinical responsibilities: individual and group therapy, crisis intervention, interdisciplinary collaboration, and psychological testing.

Veridian Behavioral Health Services

Veridian Behavioral Health Services, Inc. is a component of the Behavioral Health Department of Salina Regional Health Center. Veridian's services are geared toward patients needing less intensive services who are struggling with common life problems such as depression, anxiety, marital problems, parent-child conflicts, or grief and loss. Services are provided in a private office setting.

Treatment modalities include:

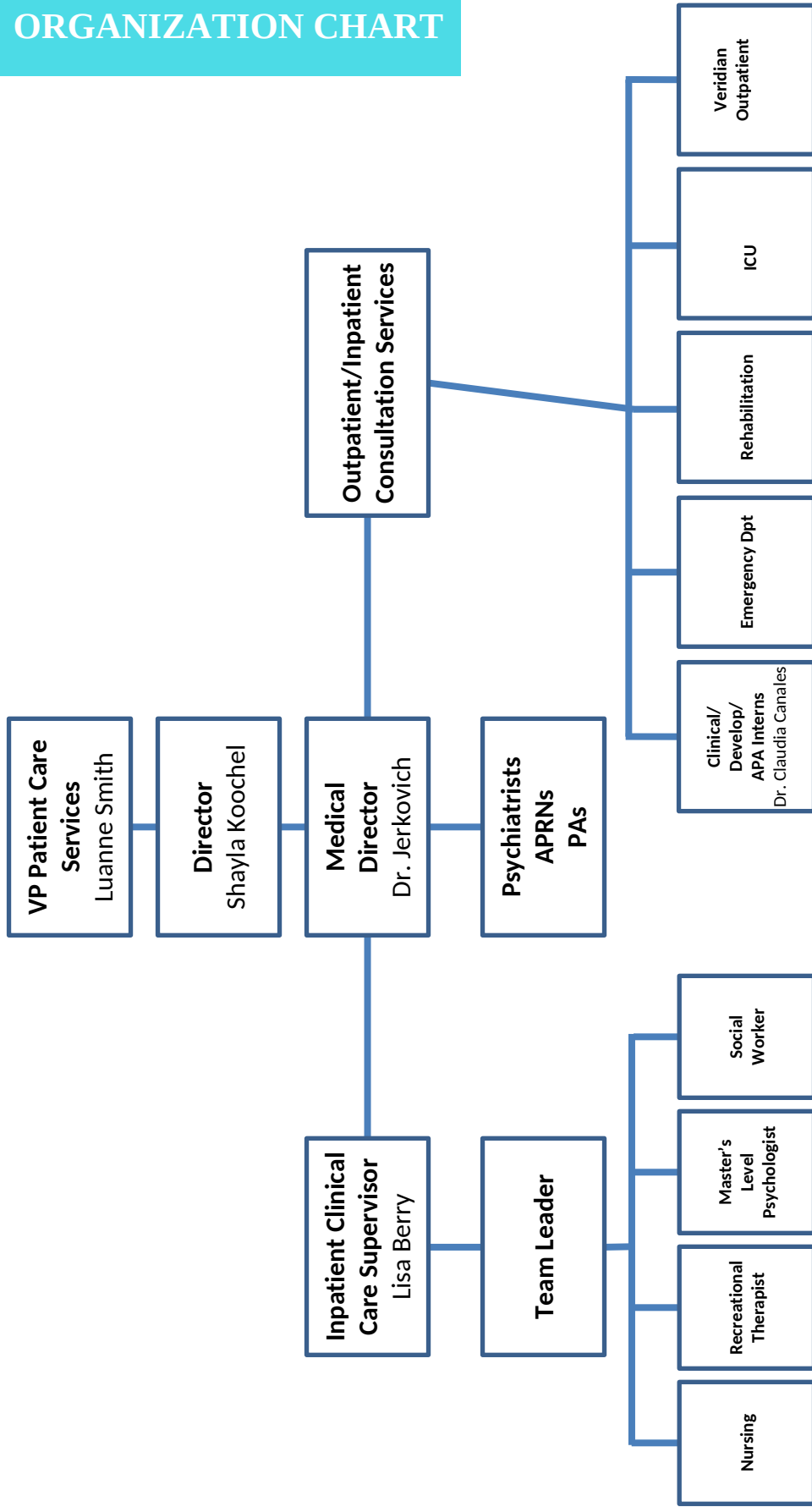
- Family therapy
- Individual psychotherapy
- Group therapy
- Psychiatric consultation
- Psychological assessment

Veridian Behavioral Health also serves as the provider for the Salina Regional Health Center Employee Assistance Program, as well as several other businesses within the Salina community region.

Licensed providers include:

- psychiatrists (MD)
- psychologists (PhD and PsyD)
- advanced practice registered nurse (APRN)
- marriage/family therapists (LCMFT)
- clinical social workers (LSCSW)
- master's level psychologists (LMLP)
- professional counselors (LCPC)

ORGANIZATION CHART



PSYCHOLOGY

2

INTERNSHIP

BURGEONING INTERNSHIP

Salina Regional Health Center is excited you are interested in becoming a part of something special — the dynamic team at Salina Regional Health Center's Behavioral Health Department. We created the internship in 2012 because we believe that SRHC is uniquely structured to provide interns an extraordinary opportunity that few other internships can offer — gaining experience at every level of the mental health treatment continuum.

As an intern at SRHC you will be able to hone your outpatient therapy skills, master group therapy process in either our inpatient, intensive outpatient programs, or outpatient process group, or continue to expand your psychological testing and assessment skills in each setting. You will work collaboratively with medical professional in the medical units the ICU and other medical units at SRHC to help broaden your exposure to how psychology is practiced in various settings. In general, you will find yourself challenged by the broad range of diagnoses you will treat and rewarded when you finish the program ready to begin your professional career in whatever clinical setting you desire.

ACCREDITATION

The internship at SRHC is a member of APPIC. We earned full APA-accreditation in 2018.

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

[Office of Program Consultation and Accreditation](#)

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

All other questions about the internship program may be directed to Claudia Canales, PhD, Salina Regional Health Center Psychology Internship Training Director, at ccanales@srhc.com or 785-452-7395.

STIPEND, BENEFITS & RESOURCES

There are two full-time training internship positions available. Interns are paid an annual stipend of \$25,083. Benefits are the same as those for all new staff. Health and dental insurance plans are also available for the intern and family members. Interns begin the year with 10 days of time off which they can use as vacation or sick time as it is paid time off. Questions regarding specific benefits packages can be directed to SRHC's Human Resources department, at 785-452-7142. Questions regarding the internship's time off policy should be directed to the intern's primary supervisor.

All interns are provided with a private office space, office telephone and a computer. Attendance at professional conferences is also encouraged and may be funded by SRHC PACE grants when opportunities are available. Assessment and other training materials are provided by each training site. Each intern additionally has access to administrative and IT support throughout SRHC.

Our training year begins on July 6, 2021 and ends on June 17, 2022.

As an Equal Opportunity Employer, we value diversity and encourage all qualified applicants to apply.

TRAINING PHILOSOPHY

The goal of our clinical psychology internship program is to prepare doctoral students in clinical psychology to provide psychological services in public mental health, managed care, and private sector settings. The internship is based on the practitioner-scholar model, and training is generalist with some opportunities for specialization. We expect that the interns will begin the training year with knowledge of the theories, research, and models of general psychology in addition to having basic clinical skills in therapy and assessment. Ideal applicants are those who have a strong interest in both therapy and full-battery psychological assessment. Administration, scoring, and interpretation of the Rorschach is a major training focus. Interns should have experience with administering full-battery assessments, scoring and interpreting various measures, and writing psychological reports based on testing data. During the internship, interns are expected to increase their knowledge of clinical psychology and their ability to intervene in ways that are sensitive to the level of the client's psychopathology, ethnic or cultural background, and legal or ethical factors. Interns are expected to be functioning at a beginning doctoral level by the end of internship. Research opportunities are available but are not required.

Internship is a critical transition period during which graduate students become early-career professionals, and so our culture, values, and training philosophy are designed to create an environment of challenge and warmth in equal measure. In addition to building competence in therapy, assessment, and consultation, we encourage formal and informal interaction between interns, postdocs, supervisors, and staff both during and after work hours. The most successful interns are those who bring a mix of teachability, humor, intellectual curiosity, energy, and openness to the internship year.

We believe that exposure to new experiences is essential and we aim to provide a breadth of options while still allowing sufficient intensity of experience. Since the exposure to, learning in, and thought about clinical experience are primary, treatment, supervision, consultation, and assessment experiences are given priority in the assignment of the intern's time. Seminars, in turn, are geared to clinical service. The integration of service and research is an important emphasis of the program but, in terms of time allocation, research has been given a lesser role.

TRAINING COMPETENCIES

1.) Research

A psychologist is proficient in the application of research knowledge and analytical skills to clinical services and clinical service delivery systems.

Based on the discretion of the Internship Director, interns may be asked to complete one research project during the program year in order to gain experience and training in this competency domain. If applicable, interns will complete a program evaluation project where you objectively assess some aspect of a service delivery program where you work and present your findings in a report with recommendations and solutions. Possible projects might include: patient satisfaction surveys, evaluating intervention programs, or drafting recommendations for improving clinical standards and systems. This project allows interns to apply analytical skills toward specific outcomes that practicing psychologists must achieve every day. Additionally, interns are expected to be engaged in program evaluation throughout the internship in order to continually ensure the internship is meeting their needs and the needs of future interns.

Learning Element 1.1: Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)

Learning Element 1.2: Researches empirically-supported interventions appropriate for the patient

Learning Element 1.3: Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

2.) Ethical and Legal Standards

It is imperative for psychologists to be well-versed in the application of the principles in the ethical practice of psychology. A psychologist is professional in conduct and demeanor while functioning as a psychologist. A psychologist is aware of standard paths to professional licensure and board certification.

You will be expected to adhere to the APA Ethical Principles of Psychologists and Code of Conduct in all of your work as an intern. You will be expected to conduct yourself professionally in all of your interactions with peers, supervisors, and colleagues. During the Ethics Seminar, you will be guided through the process of licensure and exam preparation. You will also be introduced to the process of Board Certification.

Learning Element 2.1: Be knowledgeable and act in accordance with each of the following:

- o The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
- o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- o Relevant professional standards and guidelines.

Learning Element 2.2: Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

Learning Element 2.3 Conduct self in an ethical manner in all professional activities

Learning Element 2.4: Seeks out consultation/supervision regarding ethical and legal issues when appropriate

3.) Individual and cultural diversity

Psychologists must demonstrate appropriate knowledge, skills and attitudes about cultural and individual differences in all professional roles. Diversity occurs in both the “macro” and “micro” sense and sensitivity to those aspects of a client’s personhood is essential to proper diagnosis and treatment.

Learning Element 3.1: Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself

Learning Element 3.2: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity

Learning Element 3.3: Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles

Learning Element 3.4: Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Learning Element 3.5: Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own

4.) Professional values and attitudes

Because clinical psychologists are often pulled in many different directions and wear many different “hats” in the course of their job, it is essential to develop systems to manage your practice as efficiently and effectively as possible. The three main

areas that will we focus on is in organization, documentation, and developing and maintaining professional relationships with other providers.

Learning Element 4.1: Behaves in ways that reflect the values and attitudes of psychology

Learning Element 4.2: Engages in self-reflection regarding personal and professional functioning

Learning Element 4.3: Engages in self-reflection regarding personal and professional functioning

Learning Element 4.4: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Learning Element 4.5: Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.

5.) Communication and interpersonal skills

Ideally, psychologists should be exemplars of excellent communication and healthy interpersonal relationships. During the internship year your ability to relate to all people (e.g., clients, professional staff, support staff, etc.) is evaluated. Every interaction you have is possible “grist for the mill” in supervision to help you develop your communication and interpersonal skills.

Learning Element 5.1: Develop and maintain effective relationships with a wide range of clients, colleagues, organizations, and communities

Learning Element 5.2: Produces and comprehends oral, nonverbal, and written communications

Learning Element 5.3: Demonstrates effective interpersonal skills and the ability to manage difficult communication well

6.) Evidence-based practice in assessment

A psychologist is proficient in the testing and measuring of psychological and neuropsychological symptoms in order to aid in diagnostic clarification, treatment planning, service provision, etc. This is an especially important aspect of a psychologist’s training as it is one of the few clinical services that psychologists are uniquely equipped to provide.

You will be asked to complete eight to ten test batteries consisting of IQ tests, achievement screens, Learning Element personality measures (MMPI-2 RF, MCMI-IV, etc), and various specialty measures (Rorschach) depending on the referral question. You must complete full written reports on these test cases as well as provide feedback to patients as requested. Dr. Morris will review your work and provide feedback and guidance during the testing seminars.

At the intern level, proficiency in psychological testing is typically evaluated during testing seminar when you present your testing data and assessment reports to your supervisor and fellow interns. During the year, your ongoing performance and acquisition of new skills is the means by which your testing proficiency will be evaluated.

Learning Element 6.1: Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors

Learning Element 6.2: Demonstrates understanding of human behavior within its context

Learning Element 6.3: Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

Learning Element 6.4: Selects and applies assessment methods that draw from the best available empirical literature

Learning Element 6.5: Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient

Learning Element 6.6: Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases

Learning Element 6.7: Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner

7.) Evidence-based practice in intervention

A psychologist is proficient in planning and implementing empirically-supported interventions appropriate for the individual being served and the setting where services are provided.

Essentially, you will be asked to develop appropriate intervention strategies which can be referenced to the empirical literature. You should be able to cite that research base when asked by a supervisor (or a client). You should be able to recommend appropriate additional consultations such as a psychopharmacological evaluation, medical evaluation, psychological testing, and other services. Your supervisor will review your work and provide feedback and guidance during the implementation.

At the intern level, proficiency in clinical intervention is typically evaluated during clinical supervision when you present your recommended intervention. Your recommendation should be based on two empirical sources: 1) the research literature relative to the presentation and formulation, and 2) your direct observation of unique and specific features of the case. During these times, your ongoing performance is the means by which your intervention proficiency will be evaluated.

Learning Element 7.1: Establishes and maintains effective relationships with recipients of psychological services

Learning Element 7.2: Develops evidence-based intervention plans specific to the service delivery goals

Learning Element 7.3: Implements interventions with fidelity to empirical models and flexibility to adapt when appropriate

Learning Element 7.4: Appropriately examines transference and countertransference within therapy

Learning Element 7.5: Manages patient risk and safety

Learning Element 7.6: Demonstrates the ability to apply the relevant research literature to clinical decision making

Learning Element 7.7: Modifies and adapts evidence-based approaches effectively

Learning Element 7.8: Evaluates intervention effectiveness

8.) Supervision

Psychologists often serve a supervisor in the clinical settings in which they work. As such, developing this skillset is important to developing skilled clinicians.

Learning Element 8.1: Demonstrates knowledge of supervision models and practices:

- apply this knowledge in direct or simulated practice. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees;
- apply the supervisory skill of observing in direct or simulated practice;
- apply the supervisory skill of evaluating in direct or simulated practice;
- apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Learning Element 8.2: Understands the ethical, legal, and contextual issues related to the supervisor role

Learning Element 8.3: Demonstrates knowledge of and effectively addresses limits of competency to supervise

9.) Consultation/interprofessional/interdisciplinary

A psychologist is proficient in showing flexibility between being a specialist (e.g., testing) and also a generalist. It is important to be able to utilize the wide-range of clinical skills you have learned and be able to apply them not only to various clinical populations but also in the entire range of the psychological treatment continuum. Providing group therapy in an outpatient clinic is vastly different than conducting group on an inpatient unit with schizoaffective patients or with soldiers suffering from combat stress in a partial hospital setting.

Essentially, you will be asked to demonstrate your clinical ability while moving between the various clinical levels of the Behavioral Health Department at SRHC—often in the same day. Your supervisor will educate you on adjustments that need to be made based on each setting and will work closely with you during the initial stages of working on a new rotation. They will review your work and provide feedback and guidance in conjunction with the site supervisor.

At the intern level, proficiency in clinical flexibility is typically evaluated during clinical supervision when you review cases. Interns are also expected to be able to provide consultation as needed to SRHC staff as appropriate.

Learning Element 9.1: Demonstrates knowledge and respect for the roles and perspectives of other professions.

Learning Element 9.2: Applies knowledge about consultation in direct or simulated (e.g. role played) consultation

COMPLETION REQUIREMENTS

The program is considered an average of 40 hours per week placement (an average of 20 hours are face-to-face). Normally, the entire internship is completed in 12 months. In some cases, this may be extended, but only with prior approval by the Director of the Internship, psychology faculty, and the intern's graduate program. In all cases, the internship will be completed within 24 months.

Interns exit the program after accruing at least 2000 hours of training over 12 months. Successful completion of the internship requires (1) accruing 2000 hours of training, including 500 hours of direct service and 5 hours per week of supervision (2 of which are individual supervision), and (2) a rating of “proficient competence” (at least 4 on the five-point scale) on all competencies and learning elements for each program goal as rated by interns' supervisors and/or instructors.

For clarification, direct service is any clinical service and activities involved with the delivery of direct service other than routine paperwork. This includes face-to-face clinical encounters, crisis consultation by phone, observation sessions, assessment protocols, special report writing, phone contact with other clinicians working on the case, phone contacts with other parties (e.g., follow-up with parents, schools, Army personnel, etc.), and case conferences and similar meetings. Not included are routine documentation, filing records, time spent drafting case presentation materials, internship research projects, seminars, and travel time to and from sites. Upon completion of the training program, you will be issued a certificate of completion listing the date of completion. This document will be useful when applying for licensure, board certification, or additional certification.

ROTATIONS

After an initial orientation, interns are expected to function as and will be treated as full, professional members of the team. All interns will gain experience working with managed care, Medicaid, as well as with various insurance companies and fee-for-service situations. Supervision is provided for all rotations.

The internship is structured around **one full-year rotation** at Veridian, the BHU, and Psychology Consultation/Liaison Services in the medical floors.

Veridian Outpatient/BHU

The full-year rotation includes provision of both inpatient and outpatient services, including multiple modalities of therapy and a range of assessment experiences.

Individual Therapy (Outpatient)

Over the course of the training year, each intern will develop and carry a maximum caseload of 12 patients as a member of the Veridian Behavioral Health clinical team. These are long-term therapy cases with a wide range of presenting concerns. Interns provide individual, couples, family, and child therapy (depending on demand) and are encouraged to continue to develop their professional identities and theoretical orientations throughout the year. Intern offices are equipped to video- and audio-record sessions for supervision purposes.

Group Therapy (Outpatient)

Both interns co-facilitate a year-long Yalom process group that they develop independently. With the help of their supervisors, interns recruit and screen participants, establish a list of group members, and co-facilitate the weekly group. This is a year-long training experience that is intended to give interns experience in co-facilitating groups and creating a new therapy group from the ground up.

Assessment (Outpatient)

Interns conduct outpatient assessments every two weeks. They administer, score, interpret, and write up full-battery reports for a range of presenting concerns. Common referral questions include diagnostic clarification, parenting competency evaluations, and at times, police officer candidate evaluations for the Salina Police Department, among others.

Therapy (Inpatient)

Interns also provide one-to-one individual therapy for patients in the BHU inpatient unit. Because of the relatively short length of stay in the BHU, interns will generally only see each patient one to three times before the patient discharges. Interns will also have the opportunity to lead or co-lead group therapy. Interns gain experience with short-term inpatient intervention as well as working within an interdisciplinary team in a hospital-based psychiatric inpatient unit.

Assessment (Inpatient)

Interns also occasionally provide brief evaluations of patients in the BHU in addition to their regular biweekly full-battery outpatient assessments. These inpatient assessments include administering, scoring, and interpreting brief two- to three-measure batteries (e.g., MMPI-2 RF and M-FAST) and a short write-up in the patient's chart.

Internal/External Outreach

In addition to the above clinical activities, interns have numerous opportunities to engage in outreach both in the hospital and in the community. In the past, interns have engaged in activities such as:

- Critical Incident Debriefings for SRHC Emergency Department staff and first responders
- Crisis Intervention Training presentations for the Salina Police Department
- Representing Veridian at regional healthcare fairs
- Providing various assessment and consulting services for local organizations such as autism screenings for the Infant and Child Development Center and parenting evaluations for St. Francis Family Services
- Creating an embedded mental health care program in SRHC's Pediatrics unit
- Giving agency-wide didactic presentations
- Presenting at SRHC's annual Behavioral Health Symposium
- Networking with Chaplaincy, Neurology, Pediatrics, and other areas of the hospital that may benefit from embedded mental health care and cross-disciplinary integration
- Presentations for community organizations, such as the local chapter of NAMI and the Ell-Saline School District

Psychology Consultation/Liaison Services

Interns on the Psychology Consultation/Liaison Services rotation gain experience with working as a consultant across the hospital. Interns provide consultation to physicians, nursing, physical therapists, occupational therapists, speech therapists, and other allied professionals. Common duties include short-term therapy for medical patients, cognitive screens, patient advocacy, and working with patients and staff to help patients successfully navigate their hospital stay/treatment. Patient medical concerns include spinal cord injuries, TBI, diabetes, amputation, and other severe injuries. Psychological concerns include stress, adjustment disorders, depression, anxiety, substance use, and personality disorders.

Optional Rotations

To complement and broaden the training gained from the primary rotations, each intern may desire to gain experience in additional area(s) of interest. These secondary rotations are not required but are provided so that each intern is able to customize the training to fit his or her goals. The following are some possible examples:

- Research focus
- Child therapy focus
- Autism spectrum focus
- Additional assessment training/supervision
- Creating and running new treatment groups
- Working with the local university and providing counseling services for their campus

TESTING TEAM

Interns will complete at least ten evaluations on the testing team (part of Veridian). Referrals appropriate for intern assessments are usually received internally from SRHC staff or from external sources such as social services, the probation department, and juvenile detention.

Typical batteries include a cognitive measure, MMPI-2 RF/ MMPI-3/ MMPI-A, and a Rorschach. Additional tests are available and used frequently as well (e.g., PAI, IASC, GADS, TAT, Sentence Completion Test, Draw-a-Person Test, WRAT-4, Child Behavior Checklist, BASC-2, etc.) Training and supervision are provided weekly during the two-hour Testing Seminar.

Advanced training on the administration, scoring, and interpretation of the Rorschach is a major aspect of the testing seminar. In addition to writing good psychological reports, Dr. Morris works to help each intern develop his or her ability to conceptualize and verbalize test results to other professionals.

TRAINING/ SUPERVISION

Interns spend five hours per week in training activities and group supervision in addition to two hours per week of individual supervision with a licensed psychologist. Interns are required to attend all team meetings, which include clinical discussions, and are encouraged to attend department in-services. Interns also have opportunities for doing group and co-therapy with more experienced clinicians. Each of the seminars listed below includes a licensed psychologist. The following is a partial list of training activities interns attend:

- 2 hours weekly individual supervision with Dr. Poling and Dr. Canales

- 2 hours weekly Group Supervision with Dr. Canales
- 1 hour each week in Testing Supervision led by Dr. Morris
- 1 hour each week in Testing didactic led by Dr. Morris
- 1 hour of Didactic Training Seminar led by various presenters

EVALUATIONS

Six weeks into the training year rotations are evaluated to see if they are meeting interns' needs. If there are difficulties, a formal procedure is followed to address any difficulties. Formal six-month and twelve-month evaluations of each intern's performance are provided to the respective graduate school by the primary supervisor (or as requested by each program.) The intern and the internship director review these before they are sent. The internship director requests formal six-month and year-end written evaluations of the internship program and supervisors from each intern. Informal evaluations of individual and program performance are expected to take place in individual and group supervision throughout the year.

SRHC Records Maintenance Policy

Intern evaluations, certificates of completion, and each intern's handbook for their training year are maintained indefinitely by the Training Director in a secure digital file. Records related to Due Process procedures are maintained in the same file, as described in the SRHC's Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the SRHC's Grievance Procedures. Intern evaluations and the certificates of completion are shared with the Director of Clinical Training at the intern's home doctoral program at the mid-point and end of internship year. Remediation plans and notices of termination are shared with the home doctoral program's Director of Clinical Training as described in the SRHC'S Due Process Procedures.

INTERNS' SCHEDULE

3

2021-2022 Intern Schedules

Intern #1

	Monday	Tuesday	Wednesday	Thursday	Friday
8am	Veridian	Consultation/ Liaison Services	Testing Didactic + Supervision	Consultation/ Liaison Services	Testing (1 st & 3 rd weeks)
9am		BHU Team Mtg	Group Supervision + Consultation		Report Writing (2 nd & 4 th weeks)
10am		Admin Time			
11am			Didactic Seminar		
12pm					
1pm	BHU – 1pm Group	Veridian	Intern Bonding Lunch	Indiv. Supervision – Dr. Poling	BHU – 1 pm Group
2pm	Consultation/ Liaison Services		Consultation/ Liaison Services	Veridian	Consultation/ Liaison Services
3pm	Veridian				
4pm		Intern Process Group 5:30-7pm			
5pm					

Intern #2

	Monday	Tuesday	Wednesday	Thursday	Friday			
8am	Admin Time	Veridian	Testing Didactic + Supervision	Veridian	Consultation/ Liaison Services			
9am	Consultation/ Liaison Services		Indiv. Supervision – Dr. Poling			Group Supervision + Consultation	Admin Time	BHU Team Mtg
10am								
11am			Didactic Seminar					
12pm								
1pm	Testing (1 st & 3 rd weeks) Report Writing (2 nd & 4 th weeks)	BHU – 1pm Group	Intern Bonding Lunch	BHU – 1pm Group	Veridian			
2pm		Consultation/ Liaison Services	Consultation/ Liaison Services	Consultation/ Liaison Services				
3pm		Veridian				Indiv. Supervision – Dr. Canales	Admin Time	
4pm			Intern Process Group 5:30-7pm					
5pm								

Interns will swap schedules in February

PSYCHOLOGY
FACULTY PROFILES

4

Faculty	Position	Theoretical Orientation	Areas of Interest
<p>Claudia Canales, PhD Rosemead School of Psychology—Biola University, 2016 KS LP#2554</p>	<p>Director of Internship</p>	<p>Emotion Focused-Oriented Psychodynamic Psychotherapy</p>	<ul style="list-style-type: none"> • Working with underserved populations • Family dynamics • Women’s issues • Group psychotherapy • Multicultural issues • Spiritual concerns in mental health
<p>J. Ryan Poling, PsyD Fuller Graduate School of Psychology, 2017 KS LP#2646</p>	<p>Assistant Director of Training</p>	<p>Psychodynamic, Object Relations, Integrative</p>	<ul style="list-style-type: none"> • Long-term dynamic therapy • Group psychotherapy • Masculinity and male identity development • Faith integration • Projective assessment • Neuropsychology
<p>Jeremy D. Morris, PhD Rosemead School of Psychology—Biola University, 2004 KS LP#1370</p>	<p>Psychology Faculty, Internship Founder and Director Emeritus</p>	<p>Psychodynamic; Cognitive-Behavioral; Integrative</p>	<ul style="list-style-type: none"> • Child/Adolescents • Personality Disorders • Psychological Testing • Psychoanalysis • Spirituality • Autism Spectrum

POLICIES AND



PROCEDURES



SRHC Clinical Psychology Internship

Intern Selection and Academic Preparation Requirements Policy

1. PURPOSE: To set policies and procedures for selecting doctoral interns

2. GUIDELINE: The selection of psychology interns must be consistent with equal opportunity and non-discrimination policies of the medical center as well as the guidelines and policies of APPIC and APA's CoA. As an equal opportunity training program, the psychology internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status.

3. PROCEDURES: Procedures must be consistent with what is posted on the Psychology Internship website.

Doctoral Internship Training:

Eligibility:

Applicants must meet the following prerequisites to be considered for our program:

1. Doctoral student in an APA-accredited Clinical or Counseling Psychology program
2. Approval for internship status by graduate program training director
3. A minimum of 400 hours of face-to-face graduate-level clinical work under supervision prior to internship.
4. Applicants must be eligible for a Temporary Master's Level Psychologist license in the State of Kansas

Applications for our doctoral training program are solicited nationally from APA accredited psychology doctoral training programs in clinical and counseling psychology. Applicants must meet the requirements to obtain a Temporary Master's Level Psychologist License from the State of Kansas. Having this license is required to start the internship, but it is not required to apply for the internship. More information about this license can be found at the following site: <http://www.ksbsrb.org>

Potential applicants learn about our program from APPIC's internet directory, direct emails to top tiered, clinical doctoral program training directors, and email postings on relevant psychology listservs.

The recruitment of interns includes several specific strategies. Initial efforts focus on obtaining an applicant pool that is highly reflective of the needs of the program. Specifically, we value interns who have a desire to work as a generalist in a semi-rural setting and are comfortable working with a clientele that is often highly religious. Additionally, we seek diversity in all its forms and believe diversity in the internship nourishes the SRHC community and Salina in general.

The Internship program is primarily marketed through APPIC's online directory, which ensures exposure to areas of the country that are more ethnically diverse. Our APPIC page includes a direct link to our program's website, which highlights SRHC's values and the importance it places on diversity. We hope this increases the likelihood that more diverse applicants will view our setting as a desirable place to work commensurate with their diversity-related values.

Strong applicants will be invited for an in-person interview. SRHC conducts interviews as part of an "open house" format during the month of January. As part of our open house all applicants participate in our testing seminar, didactic "Lunch and Learn" and take a tour of all the campuses. During the day each applicant will have an individual interview with the psychology faculty and one or two members of the clinical staff.

After all interviews have been conducted a selection committee composed of the Director of the Internship, Director of Training, Psychiatric Services Director, and one or two clinical staff will convene.

We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, intervention, and the personal characteristics necessary to function well in our Internship setting. Experience with the Rorschach, a desire to serve rural populations, and comfort treating religious clientele is highly desired.

Our selection criteria are based on a "goodness-of-fit" with our practitioner-scholar model, and we look for intern applicants whose training goals match sufficiently the training that we offer. We prefer intern applicants from university-based programs but consider candidates from free-standing programs as well. We select candidates from many different kinds of programs and theoretical orientations, from different geographic areas, of different ages, with different ethnic backgrounds, and with different life experiences.

4. RESPONSIBILITIES: The Director of the Internship and Director of Training have full responsibility for the selection of psychology trainees.

SRHC Clinical Psychology Internship

Expectations of Interns

1. Attendance
 - a. Attend all scheduled seminars and be punctual; excessive absences are not permitted.
 - i. Seminar absences must be arranged with the seminar instructor and the Training Director.
 - b. Attend all clinical team meetings as indicated by direct program supervisor.
2. Completion of Projects & Presentations
 - a. An intern is expected to complete all projects or assignments given by the Training Director or member of Psychology Faculty such as, but not limited to, literature reviews, case presentations, or reports within the deadlines set by the instructor.
3. Clinical Performance
 - a. Maintain a clinical caseload, adequate productivity, adequate service delivery standards, and records. These standards will be conveyed by your supervisors.
4. Ethics
 - a. Interns are required to adhere to all of the policies and procedures of SRHC. Interns will be provided with access to SRHC's Policies and Procedures. Any violation of a SRHC Policy may be grounds for disciplinary action.
 - b. Interns are also required to adhere to the Ethical Standards and Principles of Psychologists, as developed and amended by the American Psychological Association. Any violation of these standards will be grounds for disciplinary action.
 - c. Interns found to be in violation of SRHC Policies and the Ethical Standards and Principles of Psychologists will be given verbal or written notice of the charges and associated details so they may have opportunity to respond and defend. The exact details of this process are outlined in the Grievance Procedures portion of the Intern Handbook.
5. Positive Influence on the Environment
 - a. Interns' demeanor, social interactions, and general manner should be one that has a positive influence on the culture of SRHC and on those with whom they directly interact.
6. Participate as member of the Internship Training Committee (TC)
 - a. Each intern will serve a six month term on the TC in order to provide the committee with feedback as well as represent the position of the interns to the committee.

SRHC Clinical Psychology Internship Nondiscrimination Policy

SRHC adheres to a policy of nondiscrimination in recruitment and retention of interns on the basis of gender, race, ethnicity, sexual orientation, and other personal characteristics that are irrelevant to success in an internship. The SRHC Psychology Internship strives to maintain an environment of equal acceptance and respect for individuals regardless of personal, racial, or ethnic background. The Internship program values diversity amongst staff, interns, and clients and seeks to promote a high level of multicultural competence in all training and service activities.

SRHC Clinical Psychology Internship Stipends, Benefits, and Resources Policy

Stipend: Interns are paid an annual stipend of \$25,083 for a full training year

Benefits: Benefits are the same as those for all new staff. Health and dental insurance plans are also available for the intern and family members. Questions regarding specific benefits packages can be directed to SRHC's Human Resources department at 785-452-7142. Questions regarding the internship's time off policy should be directed to the intern's primary supervisor.

Resources: All interns are provided with a private office space, office telephone, and a computer. Attendance at professional conferences is also encouraged and may be funded by SRHC PACE grants when opportunities are available. Assessment and other training materials are provided by each training site. Each intern additionally has access to administrative and IT support throughout SRHC.

SRHC Clinical Psychology Internship

Grievance and Due Process Procedures

This section provides interns an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. SRHC's Due Process procedures occur 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.

I. Rights and Responsibilities

These procedures are a protection of the rights of both the intern and the doctoral internship training program, and also carry responsibilities for both.

Interns: The intern has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having his/her viewpoint heard at each step in the process. The intern has the right to appeal decisions with which he/she disagrees, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

SRHC: SRHC has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

II. Definition of Problematic Behavior

Problematic Behavior 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, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problems typically become identified when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when 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; and/or
6. the intern'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 SRHC;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with SRHC staff.

III. Remediation and Sanction Steps

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the patients involved, members of the intern training group, the training staff, and other SRHC personnel.

A progressive remediation/sanction process will be used by the internship.

1. **Informal Review**

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, 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. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

2. **Formal Review**

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "3" on any learning element on a supervisory evaluation in mid-year and below a "4" at the end of the year, the following process is initiated:

- A. **Notice:** The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. **Hearing:** The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present his/her perspective at the Hearing and/or to provide a written statement related to his/her response to the problem.

C. Outcome and Next Steps: The result of the Hearing will be any of the following options, to be determined by the Director of Clinical Training and other faculty/staff members who were present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:

1. Issue an "Acknowledgement Notice" which 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 further remedial action at this time.
2. Place the intern on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, 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 implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Remediation Plan will be shared with the intern and the intern's home doctoral program and will include:
 - a. the actual behaviors or skills associated with the problem;
 - b. the specific actions to be taken for rectifying the problem;
 - c. the time frame during which the problem is expected to be ameliorated; and,
 - d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will be shared with the intern's home doctoral program. If the problem has not been remediated, the Director of Clinical Training may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3. Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Suspension Plan will be shared with the intern and the intern's home doctoral program and will include:
 - a. the actual behaviors or skills associated with the problem;
 - b. the specific actions to be taken for rectifying the problem;
 - c. the time frame during which the problem is expected to be ameliorated; and,
 - d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide to the intern and the intern's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file.

- D. 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 the internship program may be terminated. The decision to terminate an intern's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC and the intern's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

IV. **Appeal Process**

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of him/herself (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working 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. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, he/she may appeal the decision, in writing, to the Director of Psychiatric Services (currently Shayla Koochel). If the intern is dissatisfied with the decision of Ms. Koochel, he/she may appeal the decision, in writing, to the Vice President of Patient Care/Chief Nursing Officer (currently Luanne Smith). Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Vice President of Patient Care/Chief Nursing Officer has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

V. **Grievance Procedures**

Grievance Procedures are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. Formal grievances will be maintained indefinitely in a separate secure digital file for grievances. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

1. **Informal Review**

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director (TD) in an effort to resolve the problem informally.

2. **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the director of Behavioral Health. The individual being grieved will be asked to submit a response in writing. The TD will meet with the intern and the individual being grieved within 10 working days. In some cases, the Assistant Training

Director (ATD) and/or TD may wish to meet with the intern and the individual being grieved separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the ATD and TD will meet with the intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior/issue associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or ATD will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the TD or other ATD in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the ATD or TD will convene a review panel consisting of him/herself and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. 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 cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate SRHC's due process procedures.

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

ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the Due Process and Grievance Procedures of the Salina Regional Health Center Doctoral Internship Program. 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.

Print Name

Signature

Date

SRHC Clinical Psychology Internship

Evaluation, Retention, and Termination Policy

Evaluation: Evaluation in the internship is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluation performance and also a vehicle for change. Interns complete the "Assessment of Competencies" form at the beginning of the training year, which helps supervisors respond to specific needs. Interns are formally evaluated four times per year by primary individual supervisors (with input from secondary supervisors). Supervisors are also formally evaluated by interns two times per year. Interns give verbal feedback to the Internship Director at the end of each quarter. Interns also have an exit interview with the Internship Training Director and complete the anonymous "Evaluation of Training Program" at the conclusion of the internship year. After graduating from the internship, former interns are asked to complete the "Evaluation of Training Program" form again every year (for seven years) to determine if their perspectives have changed after graduation. Revisions to the training program are constantly being made on the basis of this feedback.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies come to the attention of the training staff. A plan is then established jointly by the Internship Training Director, site supervisors, seminar leaders, and the intern for remediation of the deficiencies. See the section in this manual on Grievance Procedures for further details.

Retention:

In order for Interns to maintain good standing in the program they must:

- By the end of the first training semester, successfully pass the benchmarks of proficiency with the core screening measures, MMPI-2 RF, Rorschach, and diagnostic interviewing
- For the first semester, obtain ratings of at least a "3" for each competency and learning element area on Intern Evaluations form
- No items in competency areas will be rated as a "1" or "2" by Mid Year
- Not be found to have engaged in any significant ethical transgressions

In order for Interns to successfully complete the program, they must:

- Successfully meet the benchmarks on the basic proficiency ratings for the core screening measures, MMPI-2, Rorschach, and diagnostic interviewing
- By the end of the last training period, obtain ratings of at least a "4" in all items in each competency and learning elements on the Intern Evaluation Form
- No items in competency areas will be rated as a "1, 2, or 3" by the end of the year
- Not be found to have engaged in any significant ethical transgressions

The program's minimal levels of achievement are linked directly to its Mid-Year and Final Evaluations which directly correspond to the program's competencies and learning elements. Interns, supervisors and the Training Directors can easily track Interns' progress through the year and identify areas where interns need additional support and training.

Termination: See Due Process Policy

SRHC Clinical Psychology Internship

Family & Medical Leave Policy

- 1. Family & Medical Leave:** SRHC provides interns with up to 12 work weeks of unpaid, job-protected leave within a 12-month period, and does not provide health benefits during the leave (up to 12 weeks). Unpaid leave may be granted in the following circumstances: intern serious health condition or pregnancy-related disability, non-birth parent's attendance at birth of child, parent's care of newborn, if completed within 12 months following birth of child, placement of a child with intern for adoption or foster care, serious health condition of intern's child under 18 years, or older child if disabled, or serious health condition of staff member's spouse or parent.
- 2. Requesting Leave:** Whenever possible, interns must notify the SRHC human resources at least 30 days prior to the leave of absence. Requests for leaves should be made in writing to human resources, stating the reason for the leave, the starting date, and the planned date for return to work.
- 3. Disability Insurance:** During a Family or Medical Leave, interns may be granted up to 6 weeks (for vaginal delivery) or up to 8 weeks (for C-section delivery) of temporary disability insurance payment. This amounts to 58% of average weekly wages during the designated time period.
- 4. Health Insurance:** If an intern is currently covered by SRHC's insurance plans, these benefits continue for interns on medical and family leave. SRHC will pay for intern (and any eligible dependents) insurance premiums while on unpaid leave. If the intern is able but does not return to work after the expiration of the leave, the intern will be required to reimburse SRHC for payment of insurance premiums during the leave. Children may be added to the intern's health insurance policy if coverage is elected within 30 days of the birth or adoption.
- 5. Return to Work:** Interns must contact SRHC's human resources at least two days before their first day of return from leave. If the leave is for an intern's own serious health condition, the intern must provide medical certification verifying ability to return to work. Failure to return to work on the day after the expiration of leave will normally result in termination of employment. If an intern is unable to return to work, the intern must provide medical certification no less than two days before the anticipated return date.
- 6. Hours Supplementation:** Interns are required to complete a 12 month, 2000 hour internship. The number of workdays taken off during a leave of absence will be added as an extension to the training year. The intern should work closely with the SRHC Psychology Internship Program training director to develop a plan to complete all required training experiences upon return from leave. The intern must complete the full 12 months of training, achieve 2000 training hours, and receive satisfactory ratings on the final Intern Evaluation Form in order to complete the internship.
- 7. Maximum Length:** Interns must complete all requirements for graduation of the internship no later than 18 months after the start of the internship.

SRHC Clinical Psychology Internship

Telesupervision Policy

Telesupervision will be utilized at the discretion of the training director when in-person supervision is not feasible. Salina Regional Health Center Internship uses videoconferencing to provide weekly group supervision to all interns. This format began due to the adjustments needed during the Covid-19 pandemic. It is utilized in order to promote interaction and socialization among interns and faculty. Interns and a faculty facilitator meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group Supervision for Psychological Assessment in this format is required for all current SRHC interns for two (2) hours each week, at a regularly scheduled time.

SRHC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. The use of videoconference technology for supervisory experiences is consistent with SRHC's model and training aim as SRHC places a strong training emphasis on access to behavioral healthcare in rural and underserved areas, which often includes the use of telehealth services. SRHC recognizes the importance of supervisory relationships.

For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor, and any crises or other time sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all SRHC supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary. All SRHC videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Office of Information Technology (OIT) Help Desk.

IMPORTANT FORMS

6



SRHC Clinical Psychology Internship

Supervision Agreement

This document is intended to: 1) establish parameters of supervision; 2) assist in intern professional development; and 3) provide clarity in supervisor responsibilities. The intern recognizes that both the intern and the supervisor are responsible for clients' welfare, and agrees to notify the supervisor of any problems that arise in therapy (e.g., suicidal or homicidal risk, suspected child or elder abuse).

Intern: _____

Supervisor: _____

I. Competencies Expectations

- A. Supervision will occur in a competency-based framework (see Intern Evaluation Form).
- B. Supervisees will self-assess clinical competencies. This may be conducted verbally and/or in writing.
- C. Supervisors will compare trainee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of clinical work; and/or 4) supervision.
- D. The initial level of supervision (room, area, available) will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

II. Context of Supervision

- A. _____ hours of individual supervision will be provided per week.
- B. _____ hours of group supervision will be provided per week.
- C. Treatment notes will be completed for all sessions and available for review in supervision. These notes will be completed in a timely manner (discuss specifics with supervisor).
- D. Supervision may consist of multiple modalities including: 1) review of tapes; 2) progress notes; 3) live observation; 4) instruction; 5) modeling; 6) mutual problem-solving; 7) role-play; 8) other _____.
- E. Sessions will only be recorded with voluntary written informed consent of the client.

III. Evaluation

- A. Feedback will be provided in each supervision session and be related to competencies and learning elements.
- B. Performance evaluation will occur at the end of each semester.
- C. Forms used in the performance evaluation process are available in the Intern Handbook.
- D. Interns should strive to achieve ratings of a 3 in the first semester. By the end of year, interns are expected to achieve average supervisor ratings of "Meets entry-level competence for general independent practice" (4).
- E. If the intern is not making satisfactory progress toward successful completion, the intern will be informed at the first indication, and supportive and remedial steps will be implemented to assist the supervisee (see Grievance Procedures in Intern Handbook).

IV. Duties and Responsibilities of Supervisor

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct
- B. Oversees and monitors all aspects of client case conceptualization and treatment planning
- C. Reviews video/audio tapes when applicable
- D. Develops supervisory relationship and establishes emotional tone
- E. Assists in the development of goals and tasks to be achieved, specific to assessed competencies
- F. Presents challenges to, and problem-solves with, the intern
- G. Provides suggestions regarding client interventions/evaluations as well as directives for clients at risk
- H. Will discuss his/her professional background and scope of competence as it pertains to this supervision
- I. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical orientation, training, and understanding

- J. Identifies and builds upon the supervisee’s strengths
- K. Introduces and models the consideration or use of personal factors (e.g., culture, values, beliefs, personality)
- L. Ensures a high level of professionalism in all interactions
- M. Identifies and addresses strains or ruptures in the supervisory relationship
- N. Signs off on supervisee case notes in a timely manner
- O. Defines additional aspects of professional development to be addressed in supervision
- P. Distinguishes and maintains the line between supervision and therapy
- Q. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation

V. Duties and Responsibilities of the Supervisee

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct
- B. Comes prepared to discuss client cases, including case-conceptualization, with necessary materials (e.g., video/audio tapes, notes, progress notes), questions, and relevant literature
- C. Is open to discussing personal factors that impact one’s clinical work or professional development (e.g., culture, values, beliefs, personality)
- D. Identifies specific needs relative to supervisor input
- E. Identifies strengths and areas of future development
- F. Understands the liability of the supervisor with respect to intern practice and behavior
- G. Identifies to clients 1) limits of confidentiality, 2) status as supervisee, 3) the supervisory structure (including supervisor access to case documentation), and 4) name of the clinical supervisor(s).
- H. Discloses errors, concerns, and clinical issues as they arise
- I. Raises issues or disagreements that arise in the supervision process with the goal of resolving them
- J. Provides feedback to supervisors on the supervision process
- K. Responds non-defensively to supervisory feedback
- L. Consults with the supervisor or delegated supervisor in all cases of emergency
- M. Implements supervisor directives in the timeframe specified by supervisor

VI. Procedural Issues

- A. Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indications of harm to self or others.
- C. The supervisor will discuss the supervisee’s development and strengths with the training faculty at this facility.
- D. Written progress reports will be submitted to the trainee’s school and training director describing his/her development, strengths, and areas of concern.

We agree to follow this supervision agreement and to conduct ourselves in keeping with the principles contained therein.

Intern’s signature

Date

Supervisor’s signature

Date

BHU

I. Clinical Duties

- a. As a member of the BHU clinical team, interns are expected to attend and participate in BHU treatment team meetings.
- b. Interns are expected to work with an increasing degree of independence and provide a variety of services while on the BHU:
 - i. Individual therapy
 - Therapy will be very short-term and focused in nature.
 - ii. Group therapy
 - Interns may be asked to either facilitate or co-facilitate psychoeducational, therapy, or activity/recreational groups.
 - iii. Admission Assessment
 - Interns may be expected to shadow and then assist in the admission intake process on the BHU.
 - iv. ED Assessments
 - At times, interns may be asked to shadow nursing or clinical staff on mental health assessment in the ED.
 - v. Psych Consults
 - At times, interns may be asked to shadow or independently conduct mental health consults on medical units within SRHC.
 - vi. Psych Testing
 - As directed by psychiatrists or the Clinical Care Supervisor, interns may be requested to conduct psychological testing based on a referral question. Interns are expected to select appropriate tests and complete the evaluation in a timely fashion.

II. Documentation

- a. Interns are expected to utilize Meditech (electronic medical records system) for all of their clinical notes.
- b. All progress notes must be fully completed in real time.
- c. All intakes need to be fully completed in real time.
- d. Utilize appropriate BHU paperwork.

III. Client Care

- a. Keep appropriate boundaries with patients by maintaining ethical guidelines.
- b. Maintain the BHU schedule by not being late to pick up your patients or having sessions run long.
- c. In the event you are sick or are unable to come to work please call the BHU front desk ASAP.

IV. Rotation issues

- a. If there are any problems with staff or general unit issues, please see the BHU Clinical Care Supervisor, Shayla Koochel, RN
- b. Shayla has office hour(s) every day to meet with staff, if needed, to discuss administrative or clinical issues.

V. Evaluation

- a. Interns will be evaluated by the Team Leader at the middle and end of the rotation.
- b. Interns will evaluate the BHU at the middle and end of the rotation as well.

As Doctoral Intern and Team Leader we have reviewed the aforementioned requirements of the BHU half-year rotation. We both agree to abide by this agreement.

Doctoral Intern Signature

Date

Team Leader Signature

Date

Veridian

- I. Clinical Caseload
 - a. Interns are expected to carry a caseload of 12 patients.
 - b. Interns may also be asked to see “crisis” appointments for patients who are not able to get in to see their therapist in a timely manner.
 - c. Interns are expected to see a variety of cases, including: children, teens, young adults, couples, families, and geriatrics.
 - d. If there is a specific population or patient that would not be good for an intern to treat he/she must address this with your Clinical Supervisor and Crystal Crick.

- II. Documentation
 - a. Interns are expected to utilize Meditech (electronic medical records system) for all of their clinical notes.
 - b. At the end of every day interns need to, at a minimum, have their clinical notes:
 - i. Saved in “Draft” status
 - ii. Code the CPT code which represents the service you provided
 - iii. Enter the DSM-5 diagnosis
 - c. All progress notes must be fully completed in 24 hours.
 - d. All intakes need to be fully completed in 48 hours.
 - e. Utilize appropriate Veridian paperwork for referrals, testing requests, etc.

- III. Client Care
 - a. Keep appropriate boundaries with patients by maintaining ethical guidelines.
 - b. Maintain your clinical schedule by not being late to pick up your patients or having sessions run long.
 - c. Do not see patients outside of the Veridian office.
 - d. Do not see patients when there is not front office staff in the building.
 - e. In the event you are sick or are unable to come to work please call the front desk ASAP.

- IV. Rotation issues
 - a. If there are any problems with scheduling, staff, or general office issues, please see your Clinical Supervisor and/or Crystal Crick.

- V. Evaluation
 - a. Interns will be evaluated by the Training Committee at the middle and end of the training year.
 - b. Interns will evaluate the Supervisors at the middle and end of the training year as well.

As Doctoral Intern and Team Leader we have reviewed the aforementioned requirements of the Veridian full-year rotation. We both agree to abide by this agreement.

Doctoral Intern Signature

Date

Team Leader Signature

Date

Psychology Consultation/Liaison Services

- I. Clinical Caseload
 - a. Interns are expected to work with patients as requested by physicians on the different units.
- II. Documentation
 - a. Interns are expected to utilize Meditech (electronic medical records system) for all of their clinical notes.
 - b. At the end of every day interns need to, at a minimum, have their clinical notes:
 - i. Saved in “Draft” status
 - ii. Code the CPT code which represents the service you provided
 - iii. Enter the DSM-5 diagnosis
 - c. All progress notes must be fully completed in 24 hours.
 - d. All intakes need to be fully completed in 48 hours.
 - e. Utilize appropriate SRHC paperwork for documentation, referrals, etc.
- III. Client Care
 - a. Keep appropriate boundaries with patients by maintaining ethical guidelines.
 - b. In the event you are sick or are unable to come to work please call the front desk ASAP.
- IV. Rotation issues
 - a. If there are any problems with scheduling, staff, or general office issues, please contact Dr. Canales or Dr. Poling.
- V. Evaluation
 - a. Interns will be evaluated by the Training Committee at the middle and end of the training year.
 - b. Interns will evaluate the Supervisors at the middle and end of the training year as well.

As Doctoral Intern and Team Leader we have reviewed the aforementioned requirements of the Embedded Medical rotation. We both agree to abide by this agreement.

Doctoral Intern Signature

Date

Team Leader Signature

Da

SRHC Clinical Psychology Internship Program Evaluation Form

Name:

Date:

EVALUATION PERIOD

Mid-Year

Final

Thank you for your participation with the SRHC internship. Your feedback about our program is very valuable to us. Please take some time to answer the questions below. Do not worry about tallying or finding the average for each section. Please return this form to the Internship Director by

GENERAL REVIEW OF SRHC

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	SRHC has treated me fairly.	1	2	3	4	5	n/a
2	SRHC provides adequate tools and materials for me to do my job.	1	2	3	4	5	n/a
3	SRHC provides adequate work space for me to do my job.	1	2	3	4	5	n/a
4	SRHC HR staff is helpful in answering any questions I may have.	1	2	3	4	5	n/a
5	SRHC pays me a fair wage.	1	2	3	4	5	n/a
6	SRHC benefits package is comprehensive and fair.	1	2	3	4	5	n/a
7	SRHC's info about policies, procedures and reports affecting interns was clear.	1	2	3	4	5	n/a
8	SRHC has ample opportunities to learn how to practice with other medical professionals.	1	2	3	4	5	n/a
9	SRHC provided opportunities for interacting with staff in primary care, medical floors, ED, or ICU units.	1	2	3	4	5	n/a
10	SRHC is supportive of the internship.	1	2	3	4	5	n/a
Comments:							
Total Score:		Average:					

VERIDIAN

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	The Veridian office staff is supportive and has treated me fairly.	1	2	3	4	5	n/a
2	I am happy with the variety of patients I am assigned.	1	2	3	4	5	n/a
3	I am happy with the variety of diagnoses I am working with.	1	2	3	4	5	n/a
4	The number of cases I have on my caseload is manageable.	1	2	3	4	5	n/a
5	The cases I am assigned is helping meet my training goals.	1	2	3	4	5	n/a
6	Other therapists or practitioners are helpful if I seek informal consultation.	1	2	3	4	5	n/a
7	The Team Leader is accessible.	1	2	3	4	5	n/a
8	The Team Leader is effective in helping me meet my training goals.	1	2	3	4	5	n/a
9	I am treated as a member of the clinical team.	1	2	3	4	5	n/a
10	In general, Veridian is a good place for improving my outpatient psychotherapy skills.	1	2	3	4	5	n/a
Comments:							
Total Score:				Average:			

PSYCHOLOGICAL TESTING

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	The weekly testing seminar is helping me bolster my test administration skills.	1	2	3	4	5	n/a
2	The weekly testing seminar is helping me bolster my test scoring skills.	1	2	3	4	5	n/a
3	The weekly testing seminar is helping me bolster my test interpretation skills.	1	2	3	4	5	n/a
4	The weekly testing seminar is helping me bolster my ability to develop an adequate test battery given the referral question.	1	2	3	4	5	n/a
5	The weekly testing seminar is sufficiently broad based to allow me to grow in many assessment areas.	1	2	3	4	5	n/a
6	The weekly testing seminar goes into enough detail that I feel comfortable using that test(s) in future testing with minimal supervision.	1	2	3	4	5	n/a
7	The testing supplies are adequate and up to date.	1	2	3	4	5	n/a
8	The supervision I receive regarding testing is beneficial and developmental in nature.	1	2	3	4	5	n/a
9	The feedback I receive on my testing reports is clear and aids in improving my clinical writing skills.	1	2	3	4	5	n/a
10	In general, I believe the psychological testing portion of the internship has helped increase my testing and clinical writing skills.	1	2	3	4	5	n/a
Comments:							
Total Score:		Average:					

BHU

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	I am satisfied with the quality of the training I am receiving at this rotation.	1	2	3	4	5	n/a
2	I am learning what I was hoping to learn at this rotation.	1	2	3	4	5	n/a
3	I am finding the experience appropriately challenging.	1	2	3	4	5	n/a
4	This rotation is helping me develop clinical knowledge and experience.	1	2	3	4	5	n/a
5	My training on this rotation is helping me to function more independently as a clinician.	1	2	3	4	5	n/a
6	I am given clear direction as to what my role and responsibilities are at this site.	1	2	3	4	5	n/a
7	The Team Leader is accessible.	1	2	3	4	5	n/a
8	The Team Leader is effective in helping me meet my training goals.	1	2	3	4	5	n/a
9	The staff at this rotation treats me as a member of the clinical team.	1	2	3	4	5	n/a
10	In general, this rotation is a good place for improving my clinical skills.	1	2	3	4	5	n/a
Comments:							
Total Score:				Average:			

CONSULTATION-LIAISON (MEDICAL FLOORS)

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	I am satisfied with the quality of the training I am receiving at this rotation.	1	2	3	4	5	n/a
2	I am learning what I was hoping to learn at this rotation.	1	2	3	4	5	n/a
3	I am finding the experience appropriately challenging.	1	2	3	4	5	n/a
4	This rotation is helping me develop clinical knowledge and experience.	1	2	3	4	5	n/a
5	My training on this rotation is helping me to function more independently as a clinician.	1	2	3	4	5	n/a
6	I am given clear direction as to what my role and responsibilities are at this site.	1	2	3	4	5	n/a
7	The Team Leader is accessible.	1	2	3	4	5	n/a
8	The Team Leader is effective in helping me meet my training goals.	1	2	3	4	5	n/a
9	The staff at this rotation treats me as a member of the clinical team.	1	2	3	4	5	n/a
10	In general, this rotation is a good place for improving my clinical skills.	1	2	3	4	5	n/a
Comments:							
Total Score:				Average:			

DIDACTIC SEMINARS

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	Didactic seminars included a good variety of topics.	1	2	3	4	5	n/a
2	Didactic seminars included a good variety of presenters.	1	2	3	4	5	n/a
3	Didactic seminars were of good quality.	1	2	3	4	5	n/a
4	The Director of Clinical Training was open to ideas for future trainings.	1	2	3	4	5	n/a
5	Didactic seminars are at a good time and place for learning to occur.	1	2	3	4	5	n/a
6	I would like to have more seminars that were progressive in nature and scope.	1	2	3	4	5	n/a
7	I would like to have more seminars from professionals outside of SRHC.	1	2	3	4	5	n/a
8	Presenting a seminar is/was an exciting opportunity.	1	2	3	4	5	n/a
9	My comfort level dialoging about clinical issues increased due to the seminars.	1	2	3	4	5	n/a
10	Overall, the didactic seminar series was beneficial to my training.	1	2	3	4	5	n/a
Comments:							
Total Score:		Average:					

SUPERVISION

Supervisor:

Group Supervisor:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	My supervisor is accessible.	1	2	3	4	5	n/a
2	My supervisor is knowledgeable about areas I need the most supervision.	1	2	3	4	5	n/a
3	My supervisor is flexible in his/her approach to supervision.	1	2	3	4	5	n/a
4	My supervision is helping me become a better clinician.	1	2	3	4	5	n/a
5	My supervisor focuses on my strengths as well as my growth areas.	1	2	3	4	5	n/a
6	My supervisor helps me sort through the clinical challenges I am facing.	1	2	3	4	5	n/a
7	My supervisor really understands me.	1	2	3	4	5	n/a
8	Group supervision is effective, and I gain from the experience.	1	2	3	4	5	n/a
9	Group supervision is structured so all interns get support.	1	2	3	4	5	n/a
10	I look forward to and value supervision.	1	2	3	4	5	n/a
Comments:							
Total Score:		Average:					

Supervisor Evaluation Form

To assure a quality psychology training program, it is necessary to receive periodic feedback on the quality of supervision. This form is designed to elicit this type of information. Please make your own evaluations. Do not discuss your answers with other interns. Upon completion of this form, please turn it in to the Director of Psychiatric Services, Shayla Koochel.

SUPERVISOR NAME:

Please rate your supervisor's performance in each of the following areas. Try not to let your rating in one category influence your rating in another category. If the category does not apply, check N/A.

	Excellent	Good	Fair	Poor	Unsatisfactory	N/A
Provides Professional Instruction	5	4	3	2	1	
Maintains supervision schedule	5	4	3	2	1	
Motivates quality performance	5	4	3	2	1	
Communicates freely	5	4	3	2	1	
Generates enthusiasm	5	4	3	2	1	
Produces confidence	5	4	3	2	1	
Preparation for supervision	5	4	3	2	1	
Respect for other viewpoints	5	4	3	2	1	
Availability	5	4	3	2	1	
Stimulates discussion	5	4	3	2	1	
Concerned about intern problems	5	4	3	2	1	
Overall Rating	5	4	3	2	1	

1. Please describe the nature and frequency of the supervision you have received.

2. Is your supervisor generally accessible when you need help?

3. Do you know what your supervisor thinks of your performance?

4. Have you experienced any problems as a direct result of a lack of communication between you and your supervisor?
If "yes," please explain.

5. Improvements which could be made:

Good Qualities:

Other Comments:

Your name (optional):

Date:

INTERNSHIP EXPERIENCE

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply
1	The evaluation process of the SRHC Clinical Psychology Internship is fair.	1	2	3	4	5	n/a
2	The Psychology Faculty at the internship is doing a good job in managing the internship.	1	2	3	4	5	n/a
3	I am learning what I was hoping to learn at this program.	1	2	3	4	5	n/a
4	I am satisfied with the quality of the training I have been receiving.	1	2	3	4	5	n/a
5	The brochures and marketing materials are accurate in their description of the SRHC internship experience.	1	2	3	4	5	n/a
6	I think that the internship prepared me well for professional independent practice.	1	2	3	4	5	n/a
7	If I could choose my internship site again, I would still choose SRHC.	1	2	3	4	5	n/a
8	I would recommend SRHC to future interns.	1	2	3	4	5	n/a
9	I could see myself working at SRHC in some capacity.	1	2	3	4	5	n/a
10	I am highly satisfied with my internship at SRHC.	1	2	3	4	5	n/a
Comments:							
Total Score:				Average:			

SPECIFIC IMPORTANT EXPERIENCES

What have been the highlights of your training experience at SRHC? Why?	
1	
2	
3	
4	
5	

What were the less desirable aspects to your training experience at SRHC? Why?	
1	
2	
3	
4	
5	

Additional Comments or Ideas:

Intern Signature

Date

As the Director of the Clinical Psychology Internship I have read the above rating of the internship and its various components as expressed by this intern. If there are areas of significant concern, these will be addressed before the next review.

Internship Director Signature

Date

SRHC Doctoral Psychology Internship
Intern Evaluation
 (to be completed by supervisor)

Intern: _____ Supervisor: _____

Dates of Evaluation: _____ to _____ Mid-Year Evaluation Final Evaluation

Methods used to evaluate competence:

- | | | |
|---|--|--|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Audio/Video | <input type="checkbox"/> Case presentation |
| <input type="checkbox"/> Documentation Review | <input type="checkbox"/> Supervision | <input type="checkbox"/> Comments from staff/faculty |

**Scoring
 Criteria:**

<p>1 -- Remedial Significant skill development required; remediation necessary</p>
<p>2 -- Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most cases</p>
<p>3 -- Intermediate Competence Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases</p>
<p>4 -- Proficient Competence Expected level of competence for intern at completion of training program; ready for entry-level practice</p>
<p>5 -- Advanced Competence Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training</p>

Competency 1 - Intern will achieve competence in the area of: Research	
Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
Researches empirically-supported interventions appropriate for the patient	
Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 2 - Intern will achieve competence in the area of: Ethical and Legal Standards	
Demonstrates knowledge of and acts in accordance with each of the following	
The current version of the APA Ethical Principles and Code of Conduct	
Relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, regional and federal levels	
Seeks out consultation/supervision regarding ethical and legal issues when appropriate	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	
Conducts self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 3 - Intern will achieve competence in the area of: Individual and Cultural Diversity	
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity	
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 4 - Intern will achieve competence in the area of: Professional Values and Attitudes	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Demonstrates adequate time-management skills	
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 5- Intern will achieve competence in the area of: Communication and Interpersonal Skills	
Develops and maintains effective relationships with a wide range of individuals	
Produces and comprehends oral, nonverbal, and written communications	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	
Manages difficult communication professionally	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 6 - Intern will achieve competence in the area of: Assessment	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors	
Demonstrates understanding of human behavior within its context	
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
Selects and applies assessment methods that draw from the best available empirical literature	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	
Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases	
Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 7 - Intern will achieve competence in the area of: Intervention	
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans specific to the service delivery goals	
Implements interventions informed by the current scientific literature	
Appropriately examines transference and countertransference within the work	
Manages patient risk and safety	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively	
Evaluates intervention effectiveness	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 8- Intern will achieve competence in the area of: Supervision	
Demonstrates knowledge of supervision models and practices	
Can apply this knowledge in direct or simulated practice. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees;	
Can apply the supervisory skill of observing in direct or simulated practice;	
Can apply the supervisory skill of evaluating in direct or simulated practice;	
Can apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Understands the ethical, legal, and contextual issues related to the supervisor role	
Demonstrates knowledge of and effectively addresses limits of competency to supervise	
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 9 - Intern will achieve competence in the area of: Consultation and Interprofessional/Interdisciplinary Skills	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

OVERALL RATING: (average of broad competence area scores)

Comments:

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature

Date

Supervisor's Signature

Date

CONTACT



INFORMATION

SRHC CLINICAL PSYCHOLOGY INTERNSHIP

COMMONLY USED CONTACTS

ROTATION SITES		
	Phone	Fax
Veridian (<i>Psychiatrists and Admin</i>)	452-6113	452-6119
Veridian East	452-4930	452-4932
New Options—IOP	452-6086	
BHU	6904, 7751	6940
SRHC Main Line/Directory	785-452-7000	

Name	Title	Email	Ext.	Other Phone
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