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Internship Mission and History

Mission and Model of Training:
“Everyone is a teacher, a student, a patient, and a healer. Each day provides an opportunity to grow and develop. We embrace the challenge to understand and impact our health, our patients, our community, and our world.”

As our mission statement suggests, we are committed to improving ourselves and others in a variety of ways. One of our most important commitments is toward teaching and training. Our doctoral internship program is designed to prepare interns for entry level practice in health service psychology. This commitment is achieved through experiential training activities that prepare interns to provide service to patients in an integrated healthcare setting. Interns will have opportunities to learn in several different healthcare environments around the clinic and hospital. Interns will also train side by side with the full spectrum of multidisciplinary healthcare team members. Our goal is that this environment will put our interns in the beneficial role of being both the teacher and the student. Our interns will learn breadth of skill by working with a diverse group of patient populations with varied clinical needs. Our interns will learn depth to their skillset in health psychology by working frequently with medical comorbidities and other health related challenges.

Technology is utilized within our clinic to enhance the intern and patient experience. Interns have a shared office space with access to their own individual computer and software. Each intern has access to support staff, educational material, and resources within the clinic. Video recording software is placed within each patient office, allowing them to enhance their training and supervision at a moment’s notice. Paging systems are utilized to help physicians consult with interns and to increase access to behavioral healthcare for our patients.

Didactic learning is fully integrated into the clinic structure. Interns will receive daily didactic lessons during lunch. These “noon conferences” will encompass wide varieties of topics in healthcare and behavioral health. These daily didactics will be utilized by not only the interns, but also the full complement of residents and medical directors of the clinic. Furthermore, interns will receive weekly didactic lessons that are specifically catered to the needs of a doctoral intern in health service psychology. These weekly didactics will be focused on core competencies for entry level practice of health service psychologists and typically are only attended by fellow interns and psychologists.

Interns will be given the opportunity to practice supervision and clinical teaching skills with psychology practicum students and medical students when they are available. These relationships will be matched based on clinical interests. Supervision of supervision will be provided weekly, and interns can expect to explore multiple models of supervision throughout their training.

The internship utilizes the practitioner-scholar model of training. The program values experiential learning with formal and informal supervision. Our site has heavy emphasis on
consultation and warm handoffs, most specifically with physicians and medical residents but will work closely with all staff. The site also emphasizes the importance of evidence based research and encourages interns to used empirically supported treatments throughout their practice.

While all interns complete core portions of the training curriculum, interns also have some freedom to pursue personal interests. In particular community outreach programs offer opportunities for interns to focus on areas of special interest. Previous outreach programs have been pursued in the areas of weight management, pain management, women’s health, research, and partnerships with various community organizations.

All of the didactic and experiential components of this program have been developed to allow interns to assume increasing responsibilities as they move towards greater autonomy over the course of their internship. Thus, the program fosters the development of professional competencies as well as professional identity as a health service psychologist. The program also fosters the development of multicultural competence and benefits greatly from the rich diversity of the patients we serve.

**Internship History:**
We began our internship training with the belief that training psychologists in an integrated primary care setting is both a benefit to the field of psychology and a responsibility to the patients in our healthcare system. We align with the American Psychological Association’s strategic plan for expanding psychology’s role in healthcare, and furthermore, believe that this is the present and future of effective psychological treatment.

IU Health Ball Memorial Hospital’s Family Medicine Residency began training interns in 2011 as one of the founding members of the Integrated Behavioral Health Consortium of Indiana. Throughout the consortium’s history our interns focused on health service psychology, school psychology, community mental health, and residential inpatient psychology, rotating between sites throughout Indiana.

The 2017-2018 training year starts a major change for our site as we host a standalone internship site for the first year. This marks an exciting phase of our training, as we shift focus from a breadth of various fields and instead offer a depth of training into health service psychology.

**Internship Setting:**
The Family Medicine Residency Center (FMRC) was built in 2000 to provide access to training for family medicine residents in the Central Indiana area. Since that time, our program has started behavioral health training program that works side by side with the 30 resident physicians. This unique training setting imbeds behavioral health in the same 24 room clinic as medical providers, giving you a chance to see how primary care works from all angles. Being a member of our training facility gives interns the chance to both teach and learn from residents
and staff and allows you to utilize support while maintaining expertise among your peers. The FMRC is the primary location for our interns and contains...

- 24 clinic rooms, divided into 4 pods
- Dedicated behavioral health office space
- Individual computers with access to internet, software, and scoring programs
- Access to two conference rooms with LCD projection for didactics and presentations
- Access to a therapeutic consultation room
- Full access to all support staff and faculty (i.e. physicians, nurses, social work, patient education, medical assistants, coordinators, pharmacists, schedulers, and clinic staff)
- Ample free parking
- A cafeteria, coffee shop, and Subway restaurant within the hospital
- Walking distance to several restaurants
- The clinic is located central to residential areas, Ball State, and the downtown area

The FMRC is located across the street from IU Health Ball Memorial Hospital, a 360 bed teaching hospital. While the majority of time is spent in the outpatient setting, there are ample opportunities to work in the hospital as well. This includes bedside therapy, consultation with providers, multiple specialty medical clinics, hospital wide training events, and various group therapy sessions. Interns are regularly consulted in all areas of the hospital, however, some of the more frequent areas that interns work include...

- The Bariatric and Medical Weight Loss Center
- Safely Home (Post emergency follow up clinic)
- The Cardiopulmonary Center
- Physical Rehab
- Internal Medicine Clinic
- Wards Clinic
- NICU
- The Pain Center
- Palliative Care

All interns will be active in a diverse range of inpatient and outpatient experiences; however, our site also prides itself on flexibility in training. With the permission of the training director, interns have the option to seek out experiences of interest. Previous interns have created opportunities for clinical and research experiences in several areas such as:

- Pediatric Obesity Group visits
- Medically supervised weight management therapy and groups
- Home visits
- Centering Pregnancy
- Weight management family visits
- Group therapy and research in pain management
- Presurgical evaluations
- Psychoeducational groups at the YWCA
- Sports psychology
Training Goals

Therapeutic Intervention:
Interns will develop the necessary skills to implement short term therapeutic intervention in the primary care setting. Interns will implement treatment through warm handoff consultations, individual therapy, group therapy, and psychoeducational groups. In addition to more traditional models of care, interns will have the opportunity to be involved with medical appointments. Interns will have the opportunity to engage in regularly scheduled group medical appointments when there is a strong behavioral component to the care (prenatal, obesity, diabetes, etc.). Interns will infrequently be involved with home visit appointments when patients have limited access to care and there is a behavioral health need. Interns will also have the opportunity to participate in at least one treatment related research project, and if desired, participate in the analysis and publication.

Interns are expected to broaden their general therapeutic skills while developing depth in health psychology interventions. Interns will utilize a variety of treatment modalities and understand the evidence base for each. Interns will also learn facilitation skills necessary for leading small and large groups. Interns will learn to explore diversity and culture with patients and other professionals. Interns will learn how to deliver cost effective treatment while navigating the medical system, healthcare plans, and effective documentation. Interns generally manage an appointment based caseload of ~40% of their work week; however, this amount of time will increase dependent on how often warm handoff consultations are needed.

Consultation:
Interns will be expected to learn the role of a consultant within the hospital setting and throughout various other multidisciplinary systems. Interns will learn how to navigate systems and appropriately consult with the professionals in those systems. Heavy emphasis of training will be made toward consulting with primary care physicians within the residency program. Interns will consult with physicians and medical staff on a daily basis. Interns will consult with providers about shared patients, but often they will seek consultation regarding patients that will not be seen by the intern. In this way the intern will learn how to utilize their expertise to best serve patients in a multidisciplinary system. Interns will also learn the resources of the area and utilize referral sources appropriately.

Screening, Assessment, and Diagnosis:
Interns will develop the skills required to appropriately screen patients in the primary care setting for behavioral health related needs. The interns will also develop a treatment plan and refer screened patients when appropriate. When appropriate the interns will use, or shadow psychologists using, complete assessments for a variety of patient concerns (i.e. ADHD, Dementia, Presurgical Bariatric Examinations, Presurgical Pain Evaluations, Intelligence, Achievement, Developmental, Competency, etc.). Interns will learn to select and administer psychological tests, conduct thorough clinical interviews, assess risk, analyze and integrate data, prepare clear and succinct reports, and provide follow up consultation. In addition to more formal assessments, interns will regularly assess patients seeking treatment for a wide
variety of issues and needs. Interns will use screeners, brief clinical assessment, and diagnostic criteria to conceptualize the patient’s needs and plan treatment.

**Supervision:**
Interns will learn how to prepare and present case information, seek supervision, and utilize supervision effectively. Interns will receive informal and formal evaluation throughout the year in the forms of live supervision, live video, taped video, and written evaluations. Both individual and group supervision formats will be used. Interns will also provide supervision for practicum students and medical students when they rotate with our site. Group supervision of supervision will be used to help guide interns and to present a variety of supervision modalities to utilize.

**Law and Ethics:**
Interns will practice in an environment that supports and prepares them for future ethical practice. Ethical and legal issues will be discussed regularly in supervision and practical application of ethical treatment will always be emphasized.

*Further clarification of the goals can be found in the evaluation section of this document.*
Site Goals

1. To establish competence in Health Service Psychology.
   a. Be prepared as an entry level psychologist.
   b. Understand the boundaries of one’s practice, knowledge, and competence.
   c. To have general professional competency as well as specialized competency in specific areas of training.

2. Progress from primarily academic settings into primarily patient and practice oriented settings.
   a. Training will adopt a practitioner-scholar model and application of practice takes precedence over research.
   b. Research and community outreach opportunities may be utilized in addition to practice application at the interest and discretion of the intern and supervisors.
   c. Interns will increase in autonomy throughout the year.

3. Be competent in work with a variety of people and settings.
   a. Understand how individual and cultural diversity influence work.
   b. Utilize supervision effectively and efficiently both as a supervisee and supervisor.
   c. Effectively consult with psychological and non-psychological professionals.
   d. To competently conceptualize a variety of clients through diagnostic evaluation and appropriately incorporating case complexities and co-morbidities.
   e. Understand how to navigate a variety of professional settings and communities.
   f. Be able to critically evaluate treatment methods, treatments programs, and systems.

4. To effectively use didactic lessons to further develop as a psychologist.
   a. To understand an importance of lifelong learning.
   b. To become adept users of evidenced based literature, both in application and understanding.
   c. Use didactic lessons to improve academic knowledge and guide practical application of treatment.
   d. Be competent in teaching other psychologists through the use of didactic and case presentations.
   e. To improve the interns understanding of related psychological fields by learning side by side with interns, therapists, and psychologists in various fields.

5. The internship and all sites within will maintain quality control and regular self-evaluation.
   a. The program shall maintain uniform and central administrative procedures for intern selection, progress evaluation of interns, and the enhancement of the program.
   b. Provide a safe and stable professional environment that is supportive of self-care.
Intern Activities and Responsibilities

Internship:
Interns will complete at least 2000 hours in the 12 month internship. Interns are responsible for keeping track of their hours toward completion and any paperwork necessary by their university. The training year starts on August 1st and ends July 31st.

Schedule:
The FMRC is typically open Monday through Friday from 8AM to 5PM. Generally the last patient arrival is at 4PM. Most of the intern’s work will occur during these hours; however, there are events and clinics that happen outside of these general hours on occasion that the intern is expected to participate in.

Interns schedules are based on the intern’s availability and timing of clinic events but must include the following in their schedule, unless specified otherwise.

- Weekly group supervision
- Weekly group supervision of supervision
- Individual supervision twice weekly
- Supervision of the intern’s supervisee
- Weekly behavioral health didactics
- Daily noon conference didactics
- Quarterly all staff meetings

Based on interest level and clinical need, interns may need to include the following on their schedule.

- Various specialty medical psychoeducation or therapeutic groups
- Medical weight loss morning or evening groups every third week
- Weekly Safely Home meetings and twice weekly Safely Home clinics
- Any special interest projects or community outreach projects created by the intern
- Any training events or conferences attended by the intern
- Rounding with hospital teams
- Grand rounds that are of interest to the intern

Counseling Activities:
Interns will provide a wide variety of therapeutic experiences. Individual sessions are typically brief (30 minutes) short term (1-10 sessions) patient centered therapy. Interns determine the theoretical framework based on the patients’ needs and their experience; however, CBT and motivational interviewing are used frequently. The following list is not exhaustive, but serves as a template of commonly provided counseling services.

- Warm handoffs of physician’s patients
- Mental health screeners
- Brief intervention following a positive mental health screening
- Individual counseling
• Consultations with medical providers
• Crisis assessment
• Group therapy
• Psychoeducational group facilitation
• Home visits
• Various assessments (Interns complete a variety of behavioral health assessments and reports frequently, but rarely give full psychoeducational, neuropsychological, or socioemotional batteries).

**Training and Supervision:**
Interns will complete two hours of individual supervision split between two site supervisors each week. Site supervisors will consist of doctoral level Licensed Psychologists that are certified as a Health Service Provider in Psychology. Notes and electronic medical records will be signed by one of the intern’s assigned supervisor.

Group supervision will be one hour weekly and will include all doctoral interns on site as well as all site supervisors. Supervision of supervision will also be given in group format weekly.
Interns participate in a two hour behavioral health didactic. Group supervision, supervision of supervision, and behavioral health didactics will typically occur all in the same block of time.

Interns are also given the opportunity to give supervision to practicum students and medical students. This will occur for at least one hour weekly, scheduled at the intern’s and student’s convenience. Supervisees are typically psychology graduate students completing their master’s or doctoral level practicum experience from universities in the region. Likewise, interns will occasionally have a medical student shadowing them throughout the day. These students are typically 3rd or 4th year medical students. Supervisors and supervisees will be matched to the same partner for the duration of their rotation.

All supervision typically occurs on site. There are several rooms that are available for supervision, and several conference rooms for didactics and group supervision.

The FMRC also hosts daily noon conferences on a variety of primary care medicine topics. These noon conferences are one hour each day at noon, and provide the opportunity to learn more about how primary care medicine functions and to share behavioral health expertise with an audience of physicians. Topics vary widely and may not directly relate to psychology, but interns are generally expected to attend and participate. Interns will have the opportunity to lead the lecture at least once over the course of the year. Interns typically eat their lunch and socialize during this hour as well.

**Community Outreach:**
Interns participate in at least one outreach opportunity during the course of the internship year. Participation may occur within the clinic or somewhere within the Muncie community. Interns are exposed to a wide variety of community outreach projects throughout the year;
however, the intern may find outreach opportunities outside of clinic operations as well. Interns are encouraged to find an outreach opportunity that they are passionate about with the goal of improving our community.
Intern Selection

Eligibility:
Graduate students from an APA accredited programs in professional psychology are eligible to apply. Applications from students seeking a Ph.D. or Psy.D. in Clinical, Counseling, or School Psychology are welcome.

Preference:
Our selection committee seeks interns with an interest in health service psychology, thorough preparation in therapeutic intervention, comfort with a fast paced unpredictable schedule, a self-starting personality, emotional maturity, ability to utilize feedback positively, ability to handle emotionally difficult situations, and has multifaceted interests both professionally and personally. We are committed to expanding diversity within our field; members of minority groups are strongly encouraged to apply.

Selection Criteria:
Applicants should have the following minimum qualifications:

- Graduate coursework and practicum training in therapeutic interventions. All theoretical orientations are welcome, but applicants must have familiarity and comfort with CBT and motivational interviewing.
- Applicants should have experience in completing concise treatment notes and brief assessment reports.
- APPIC application is required.
- Citizenship is not required, but we are not able to sponsor work or school visas.
- A master’s degree is not required; however, preference will be given to those that have a conferred master’s degree at the time of application.
- Dissertation proposal and any comprehensive examinations are required to be completed prior to internship start date.
- Applicants must be in good standing in their graduate institution.
- A minimum of 4 years of graduate training with a minimum of 400 hours of practicum training in intervention. Preference will be given to those that have interventional training in a healthcare setting.
- Intern is required to have diagnostic training or experience with the DSM-V.
- Verification of all selection criteria from the training director of the applicant’s graduate program, prior to start date.

Selection:
Applications are screened by the training director. Applications meeting all selection criteria will be dispersed to all site supervisors to be read and ranked. Rank order will be determined by the applicant’s experience, perceived interest in our program, and professional and personal fit with our training model. The top ranked applicants will be invited for interview. Applicants are strongly encouraged to come for an in person interview, but video phone interviews can be made available when needed without penalty. Interviews are structured and will be attended
by the training director and at least one other site supervisor. A tour will be provided at the end of the interview followed by an informal question and answer session with our current interns. The entire formal interview process will last around 2-3 hours, but interns will be provided a list of geographic points of interest and are encouraged to explore the surrounding area while they are in the area. The selection committee will then meet to discuss and finalize rank orders after the final interview date.

**Application Procedures:**
If you wish to apply for the doctoral psychology internship at IU Health Ball Memorial Hospital’s Family Medicine Residency Center, please send:

- A completed APPIC application for Psychology Internship from, filed electronically. You can access this form from APPIC’s web site: [http://www.appic.org](http://www.appic.org).
- Please include a cover letter indicating your interests in health service psychology.
- In addition, please include among your letters of recommendation, at least two from supervisors of therapeutic intervention practicum.
- Please include your graduate program transcript, as specified by the APPIC directions for the electronic application.

As a member of APPIC, IU Health Ball Memorial Hospital’s Family Medicine Residency agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.

If you have any questions concerning the application process, please contact the training director.

Josh Rainey, Ph.D.,
Training Director, Director of Behavioral Science
221 N. Celia Avenue,
Muncie, IN 47303
(765)751-2653
jrainey2@iuhealth.org
Intern Compensation

Stipend:
Interns receive a stipend of $23,000 a year and are paid on a biweekly basis.

Benefits:
Interns receive health, malpractice, and life insurance, provided through IU Health beginning on the first day of employment. Interns accrue 1 day of PTO/sick leave every two weeks, starting the first day of internship. The clinic observes all national holidays. All training and educational events are considered work oriented, and do not count against PTO.

Optional Benefits:
Interns have the option to add family members to their health insurance plan for an additional premium. Interns also have access to dental insurance for an additional premium. IU Health has an onsite fitness center that may be utilized for a nominal fee.
Living in Muncie

Many of our applicants are unfamiliar with the Muncie area. This section of the guide is designed to highlight some of our communities many wonderful features. Our internship highly values work life balance, and we feel that our community has all the resources to make that goal a reality.

Quality of Life
Muncie offers the best of both worlds in regards to its size. It is big enough that you will find culture, entertainment, and socialization and it is small enough to be affordable, quiet, and natural. The quality of life is very high and the cost of living is extraordinarily low, making it a great place to live for an internship.

Food and Drink
Muncie is the home to many food and drink options from casual to fine dining. It isn’t hard to find what you are looking for, because Muncie is home to many cultural and ethnic food varieties. Some of the popular locations include:

- Damask Café (Mediterranean)
- Savages Alehouse (Pub and Craft Beer)
- Vera Mae’s Bistro (French)
- Sitara Indian Restaurant
- Scotty’s Brew House
- Brother’s
- Fuji’s (Sushi and Hibachi)
- 3 Wisemen
- The Heorot Pub
- The Caffienery
- Tonne Winery
- The Guardian Brewery
- Elm Street Brewery
- Muncie also hosts most popular chain restaurants

Entertainment
Muncie is often called a college town, and with Ball State University hosting around 20,000 students there are many cultural, entertaining, and fun experiences that are a natural part of our social landscape. There are numerous events, performers, and shows that are hosted by Ball State, but the city itself has many outlets for entertainment outside of campus. Some of Muncie’s highlights include:

- Minnetrista Cultural Center
- Ball State Planetarium
- Ball State Art Museum
- Ball State Athletics
- First Thursday Art Walk
- Emen’s Auditorium (music, comedy, theatre, etc.)
- Many beautiful park areas
- Two walking/biking greenway trails
- Animal friendly atmosphere
- Muncie also hosts most major shopping outlets, a mall, and movie theatres

**Housing**
It is not difficult to find residence in Muncie and it is equally easy to rent a home or an apartment. Cost of living is also very low in comparison to the high quality of life. Safe, quality, affordable housing is adjacent to the hospital and there are many other housing locations within the city and just outside of city limits.

**Location**
Our site is located less than an hour drive to Indianapolis. It is located at a walking distance from Ball State University, campus food and drink locations, and the beautiful White River Greenway walking trail. It is also located less than 5 minutes from downtown, major food and drink locations, and major shopping locations. All work settings are within walking distance of the internship’s main site. Commuting and driving is also easy, as Muncie rarely has any congestion or traffic.
Our site values professional as well as personal wellbeing over the internship year. If you have any questions about life in Muncie, please email the training director with your inquiries.
Evaluation Procedures

The following procedures have been instituted to help interns make progress and assess their growth and development towards the aforementioned goals.

Evaluation of Interns:
Interns meet with their supervisors at the beginning of the internship to informally set personal goals. This is a collaborative process, with each intern articulating specific training goals and hopes for supervision. Additionally, interns review systemic training goals with their individual supervisors two times a year (January and July). During these times interns review a summary of the internship goals achieved over the course of their training. Supervisors complete the intern competency evaluation form at midterm and at the end of the year in consultation with other faculty and staff members who are in a position to evaluate the intern’s progress. Each primary supervisor then reviews the evaluation in person with the supervisee, providing both verbal and written feedback. A copy of each intern’s evaluation form is placed in the intern’s file. Further detail on what is evaluated can be found on the intern competency evaluation form.

Evaluation of Supervisors:
At midterm and the end of the internship year, interns complete the intern evaluation of supervisor form and share this evaluation with their supervisors. Informal feedback from interns is welcomed and encouraged at any time.

Evaluation of Didactics:
At the conclusion of each didactic, the interns are asked to complete the intern didactic evaluation form. This feedback will be considered in future program development.

Evaluation of Program:
At the end of the internship year, interns are asked to complete the internship program evaluation form to provide feedback about the training program. This feedback will be considered in future program development. Interns are also encouraged to provide informal feedback at any time to their training director and supervisors.
Due Process and Grievance Policies

For purposes of the Due Process and Grievance Process a competence problem is defined broadly as:

1. An inability to exhibit or acquire the professional knowledge, skills, and attitudes required to reach an acceptable level of performance
2. An inability and/or unwillingness to acquire and integrate professional standards (e.g., ethical, legal, diversity) in one’s professional functioning
3. An inability to effectively control personal stress, psychological dysfunction, excessive emotional reactions, and/or interpersonal difficulties that interfere with professional functioning.

Characteristics of Competence Problems
Competence problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self-directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as competence problems when they include one or more of the following characteristics:

- The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified by academic or didactic training or supervision.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The behavior has potential for ethical or legal ramifications if not addressed.
- The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability, veteran’s status, etc.
- The intern’s emotional difficulties interfere with his or her capacity to perform competently.
- The intern’s interpersonal style interferes with his or her intraprofessional and interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
- The intern does not acknowledge, understand, or address the concern when it is identified.
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- A disproportionate amount of attention by training personnel is required.
- The intern's behavior negatively impacts the public view of the training program or institution.
- The behavior negatively impacts the internship class.

Guiding Principles to Ensure Due Process
The following principles serve to ensure that decisions made by the internship about interns are not arbitrary or personally based. These principles ensure that the intern is provided ongoing and meaningful feedback, opportunities for remediation, and information about appeals procedures. Guiding principles include:
1. Presenting interns with written documentation of the program's expectations related to professional and personal functioning; this document serves that purpose.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted; this document serves that purpose.
3. Articulating the various procedures and actions involved in making decisions regarding problem behaviors.
4. When a problem arises supervisors will communicate with interns early and often about how to address problem behaviors.
5. Instituting a remediation plan for identified inadequacies, including the competency domain(s) in which performance is not adequate, target behaviors, expectations for acceptable performance, steps for remediation, supervisors’ responsibilities, time frame for expected remediation, and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern that describes how the intern may appeal the program's action; this is enclosed within this document.
7. Ensuring that interns have sufficient time to respond to any action taken by the internship.
8. Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

**Due Process**

The internship has developed a set of procedures to be implemented in the event that an intern has performance or conduct problems. If an intern has performed below expectations a formal letter should be sent from the supervisor to the intern and the training director. If desired, the intern is allowed to respond in writing to the training director regarding problems identified in the letter. The training director may choose to consult with the site supervisor, the intern’s supervisor, and other faculty and administration at IU Health Ball Memorial Hospital serving as individual supervisors for the internship. Following this process the training director may:

1. Choose to take no further action in regard to identified problematic behaviors.
2. Issue a probation notice. This notice will include a clear and well-defined description of the performance or conduct problems. The training director will provide specific recommendations and guidelines for the intern to follow in order to rectify the problems. This notice will include target behaviors, expectations for acceptable performance, recommendations and steps for intern remediation, supervisor’s responsibilities, assessment techniques, expected outcomes and specified timelines and consequences for unsuccessful intern remediation. Remediation may include:
   a. Additional reading, literature review or didactic experiences with specified topics.
   b. Increased supervision that may be offered by the intern’s supervisor or another qualified individual. Supervision may involve changes in the approach, focus or orientation.
   c. Recommended counseling/psychotherapy with specific guidelines regarding confidentiality as to how information from such counseling will be shared with the training director and site supervisor.
3. A leave of absence or termination from the internship.
After a decision has been made the training director will contact the intern’s doctoral program. Information and recommendations from the doctoral program will be welcomed. The intern will receive copies of formal correspondence between the two programs. If an intern does not accept the decision of the training director then a challenge can be initiated. The guidelines for challenges are outlined on the following page.

**Procedures for Responding to Continued Problems**

Additional action may need to be implemented if an intern fails to meet expected outcomes in the probation notice. If not, the intern may be released from the probation notice. If an intern on a probation notice has not improved sufficiently to rectify the problems stipulated in their remediation plan, the training director may utilize one of the following approaches or other actions deemed appropriate:

1. The training director will continue the probation period for the intern for a specified period of time.
2. The training director will suspend the intern. Under this suspension, the intern will not be allowed to engage in clinical activities or perform professional services until there is documented evidence that the performance or conduct problems have improved to the extent that these concerns are no longer considered problematic.
3. The intern will be terminated.

**Procedures for Appeal by an Intern**

Interns who wish to contest actions and decisions by the internship must submit a written challenge to the training director within 10 days of receipt of the decision. Failure to submit a written challenge within 10 days will be taken as assent to the internship’s actions and decisions. Once a written challenge is received, the following steps will occur:

1. The training director will convene a review panel consisting of the IU Health Ball Memorial Medical Associates Committee – Clinical Psychologists Subsection, and the intern’s primary site supervisor.
2. A review hearing will be conducted by the chair of the Medical Associates Committee. In the event the training director is the chair of the Medical Associates Committee a new chair will be selected. The site supervisor, intern’s supervisor, and the intern have the right to be present at the hearing. The training director will attend this meeting but will be a non-voting member.
3. Within 15 days of the completion of the review hearing, the Medical Associates Committee will file a written report, including any recommendations for further action. The intern is informed of the recommendations by the Medical Associates Committee through receipt of a copy of the Medical Associates Committee’s report.
4. If the Medical Associates Committee finds in favor of the intern, no further action against the intern is taken.
5. If the Medical Associates Committee finds in favor of the training director, the original supervisory action is implemented.
6. The Medical Associates Committee may, at its discretion, find neither in favor of the training director nor the intern. It may instead modify the original supervisory action or issue and implement its own action.

**Formal Grievance Procedures**

The following steps can be used when an intern wishes to file a grievance:

1. The intern, when involved in a grievance, will first bring this to the attention of their supervisor. In this instance their supervisor should work with the intern to resolve the grievance. If the supervisor refuses to work with the intern, or if the supervisor cannot resolve the grievance; or in the instance where the grievance is between the intern and the supervisor, the intern has the option of bringing the problem to the attention of the training director.

2. The training director should work with the intern to resolve the grievance. If the training director refuses to work with the intern, or if the training director cannot resolve the grievance; or in the instance where the grievance is between the intern and the training director, the intern has the option of bringing the problem to the attention of the IU Health Ball Memorial Medical Associates Committee – Clinical Psychologists Subsection. If the training director is part of this committee, he or she shall temporarily excuse themselves from the committee and not participate in any vote.

3. The Medical Associates Committee will meet with the intern regarding their grievance; the training director will not attend this meeting. The Medical Associates Committee will work with the intern to resolve the grievance. There will be no further appeal.
Appendix A

Internship Training Committee and Didactic Topics

Faculty Biographies

Responsibilities of the Training Director

Responsibilities of Supervisors

Didactic Topic List
Training Committee Members

Josh Rainey, PhD, HSPP
Behavioral Health Training Director
Director of Behavioral Science
Licensed Psychologist, State of Indiana
Health Service Provider in Psychology, State of Indiana

Dr. Rainey serves as the Training Director for the behavioral health doctoral internship and all practicum training. He also serves as the Directors of Behavioral Science at the Family Medicine Residency Center. Dr. Rainey is passionate about teaching and teaches a graduate class at Ball State in the evenings. He is a graduate of the University of Texas at Austin. He completed his internship training, post-doctoral fellowship, and subsequently took a faculty position at Ball Memorial Hospital. Some of his areas of interest are: Bariatric Psychology, motivational interviewing, presurgical evaluations, international behavioral health, and group prenatal care. Outside of the office, he can be found tinkering around his woodworking shop, bicycling, longboarding, and home brewing.

Linda Daniel, PhD, HSPP
Licensed Psychologist, State of Indiana
Health Service Provider in Psychology, State of Indiana

Dr. Daniel has worked for Ball Memorial Hospital since 1996 and has served as the previous Director of Behavioral Science at the Family Medicine Residency Center from 2001 to 2017. Her current role focuses on inpatient clinical care and inpatient training of our residents. She is a graduate of Ball State University. Dr. Daniel has been the lead member of many community outreach programs, and has devotion to both training clinicians and improving the local area. Some of her areas of interest are: Neuropsychology, diagnostic evaluations, Geriatric Psychology, and community outreach. Outside of the office, she is an avid gardener, plays a major leadership role in her Quaker meeting, and enjoys finding and sharing the hidden treasures of Muncie.
Responsibilities of the Training Director

Administration:
The training director will work under the program director in terms of administration, but the training director will serve as the leader of the internship. The training director will serve as the primary source of guidance for behavioral health training program and will serve as an advocate for the needs of the interns to the program director and IU Health system. The budget will ultimately be determined by the program director; however, the training director will be responsible for being familiar with how resources are being allocated and advocating for the needs of the interns. The training director will be in charge of maintaining the selection procedures, interviews, hiring, onboarding, and maintaining accurate files for all new interns. Within the clinic the training director will be responsible for but not limited to maintaining an evenly distributed case load, pairing supervisees and supervisors, obtaining space for the interns to work, reviewing intern and site evaluations, and coordinating with clinic staff.

Training:
The training director will make decisions about the direction of the clinical and curricular training of the internship. They will also uphold the mission, site, and training goals of the program by guiding other psychologists and interns within the system. The training director will find appropriate speakers for the didactic curriculum or create their own presentations when appropriate. The training director will monitor clinical skills of each intern and help the intern seek out appropriate clinical training through evidence based literature, training seminars, referral to an expert, consultation, or supervision. The training director will maintain their own up to date academic and clinical knowledge by reviewing evidence based literature, attending training seminars, consulting with experts, maintaining their licensure status, and having their own clinical load.

Liaison:
The training director will serve as the primary liaison between the internship and several other professional agencies related to the internship. This includes relationships within the IU Health system, including the program director and hospital administration. The training director will host a formal meeting of site supervisors and administration quarterly to discuss the mission and direction of the internship. The liaison duties will also include relationships outside of the IU Health system including but not limited to the Association of Psychology Post-doctoral and Internship Centers, local referral sources, local training resources, local community outreach opportunities, Indiana Psychological Association, Division 38 of the American Psychological Association, and University leadership associated with our interns. The training director will serve as the leader and representative for meetings and discussions within these relationships.

Supervision and Consultation:
The training director will have a formal supervisory role with the interns. This includes both weekly supervision and note review. They will also have open office hours both through and “open door” policy as well as during scheduled office hours on a weekly basis. This is to help facilitate consultation and dialogue about clinical and professional training with the interns.
**Work Environment:**
The training director will be responsible for an equal opportunity work environment. This includes advocating for diversity in hiring practices as well as accounting for culturally sensitive and appropriate work conditions. The training director will be responsible for providing, reasonable, safe, and non-hostile working conditions for the interns at all possible times.
Supervisor’s Clinical Responsibility

The program covers supervisory expectations and responsibilities during the orientation period when interns first arrive on site. Some of the various responsibilities and rights include:

Legally:
The license holder is legally responsible for all patients they are supervising. The license holder has the responsibility to monitor, guide, and provide appropriate patient care for all patients they are supervising for. The license holder will be a representative of the patient care for any legal matters that arise during the internship. The license holder must sign all notes that the interns complete. It is the responsibility of the license holder to edit and sign them in a timely manner. Didactic training on the Indiana state legislature, Indiana state licensure, and the Indiana State Psychology Board will be provided as part of the internship curriculum. Likewise, time for study of the Jurisprudence Exam is given to interns throughout the internship.

Ethically:
The supervisor has the responsibility to monitor the intern’s safety during patient encounters and has the right to transfer care or terminate sessions if the situation warrants it. Likewise, the supervisor has the responsibility to monitor sessions to protect the patient against any negligent actions taken by an intern and has the right to transfer care if the situation warrants it. If the intern’s treatment skills are not adequate or are harmful, it is the supervisor’s responsibility to remediate, train, and enhance that treatment ability. The supervisor will keep an appropriate list of resources for legal and ethical dilemmas to be provided to the intern at the beginning of the internship.

Supervisory:
All patients entering our clinic receive a notification of supervision form. This form explains that our interns are currently in training and will have the opportunity to have supervision from a licensed psychologist. The patient has the right to meet the supervising psychologist at any time during treatment. The intern has the right to present patient information for any patient to the supervising psychologist. Likewise, the supervising psychologist has the right to request patient information from the supervisee for any patient previously or actively being treated by the intern. The intern must submit all notes to the supervisor, and it is the supervisor’s responsibility to provide feedback on creating appropriate notes. The supervisor has the right to return a note for timely editing when appropriate.
Internship Didactic Topics

The behavioral health didactic training occurs for two hours each week and is designed to provide the interns with advanced clinical training in treatment, assessment, diagnosis of psychological disorders and behavioral health issues. The following is a list of previously used topics. Presentations are given by the site supervisors, but are also given by lecturers and psychologists with expertise in the particular area. It should be noted that the didactic list could change based on the lecturers’ availability and interest of the interns. Didactics are occasionally held off site, when local or regional training seminars of interest can be found.

Interns will also attend daily didactics alongside the resident physicians of the clinic. These topics will be of wide diversity, but often contain a behavioral health component as well as a medical component.

<table>
<thead>
<tr>
<th>Bariatric Psychology</th>
<th>Psychological Assessment</th>
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<tr>
<td>Suicide Assessment</td>
<td>Projective Assessment</td>
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<tr>
<td>Supervision Skills Training</td>
<td>Professional Development</td>
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<td>Consultation Skills Training</td>
<td>Behavioral Medicine</td>
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<td>Ethical Principles for Psychologists</td>
<td>Parent Education</td>
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<td>Primary Care Psychology</td>
<td>Eating Disorders</td>
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<td>Motivational Interviewing</td>
<td>Anger Management</td>
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<td>Group Counseling</td>
<td>Positive Psychology</td>
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<td>Pain Management</td>
<td>Professional Practice and Licensure</td>
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<td>Depressive Disorders</td>
<td>Biofeedback</td>
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<tr>
<td>Anxiety Disorders</td>
<td>Cultural Sensitivity in Clinical Practice</td>
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<tr>
<td>Psychopharmacology</td>
<td>Pediatric Psychology</td>
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<tr>
<td>Childhood Sexual Abuse</td>
<td>Child and Adolescent Behavioral Interventions</td>
</tr>
<tr>
<td>Substance Abuse Assessment and Treatment</td>
<td>Neuropsychology</td>
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<tr>
<td>Domestic Violence</td>
<td>Developmental Disorders</td>
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<tr>
<td>Assessment and Diagnosis of ADHD</td>
<td>Posttraumatic Stress Disorder</td>
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<tr>
<td>Issues in Multicultural Counseling</td>
<td>Somatization Disorder</td>
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<tr>
<td>Psycho educational Assessment</td>
<td>Bipolar Diagnosis and Treatment</td>
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</table>
Intern Orientation Checklist

A critical issue in the success of each new Intern’s performance is the orientation session. The orientation process begins the first day of the internship and continues through the first two weeks of the internship. Interns will be trained in many other areas, but may not be able to begin their internship without the successful completion of these orientation items.

_____ Internship training manual
_____ Ball Memorial Hospital employee handbook
_____ Health Insurance Portability and Accountability Act (HIPAA)
_____ Ball Memorial Hospital policies and procedures
_____ Confidentiality statement
_____ Doctoral intern job description
_____ Criminal background check
_____ Drug screen
_____ Tax withholding and insurance benefits forms
_____ Copy of Social Security Card
_____ Copy of valid driver’s license or passport
_____ Copy of curriculum vitae
_____ Copy of previous immunization records (suggested to obtain this before orientation)
_____ TB test
_____ Hepatitis B vaccination
_____ CPR training
_____ OSHA compliance policy
_____ Emergency procedures policy
Appendix C

Internship Evaluation Forms

Intern Evaluation Form

Intern Evaluation of Supervisor Form

Intern Didactic Evaluation Form

Program Evaluation Form

Case Presentation Evaluation Checklist
Intern Competency Evaluation

Intern: ______________________

Supervisor: ______________________

Date: __________________________

Total Hours: ______________________

Supervision Hours: ____________________

Face to Face Hours: __________________

Methods of Observation:

___ Direct Observation
___ Live Recording
___ Audio Recording
___ Video Tape
___ Paper Review
___ Verbal Report
___ Comments from Staff

Competency Rating Definitions

N/A: Indicates that the intern did not perform this duty, or was not evaluated by the supervisor.

Advanced: Indicates skills necessary for licensure and autonomous practice. This is typical of someone finishing their post-doctoral training.

Above Average: Requires supervision but displays highly professional skills and judgement. This is typical of someone finishing their internship or entering post-doctoral training.

Intermediate: Displays significant knowledge of role and skill set and can function effectively with regular supervision. This is typical of incoming interns.

Below Average: Requires continuous supervision, but accepts it. This is typical of a doctoral practicum student. This should last no longer than 3 months, or remediation may be necessary.

Needs Remediation: Displays significant problems beyond the lack of opportunity to learn the skills. The problem may be due to lack of aptitude for the task, or may be due to avoidance or resistance to changing clinical behavior. This includes unethical practice or repeated policy violations.

If clarification is needed, the comments section will be used to do so.

Training Goals: This form should be filled out at least 2 times per year or more often if remediation is necessary. By the midyear evaluation, the intern should be able to meet the Intermediate rating or higher for all objectives. By the end of the training year, it is expected that interns will be able to meet the Above Average rating and be functioning at the post-doctoral level for all objectives. Should an intern not meet the standard set by the training goals, immediate remediation will be put in place and a detailed plan for improvement will be made.
Goal 1: Therapeutic Intervention

Goal 1.1: Intern will skillfully manage patient risk of harm and related confidentiality issues.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions to manage patient risk situations are initiated immediately, then consultation and confirmation of supervisor is sought. Openly discusses applicable confidentiality issues with patients.

___ Above Average
Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.

___ Intermediate
Recognizes potential patient risk but needs guidance regarding evaluation. Able to manage reactions to risk well only after supervision. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality with patient.

___ Below Average
Delays or forgets about important safety issues. Does not document risk appropriately but does not let patient leave site without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.

___ Needs Remediation
Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.

Comments:
Goal 1.2: Intern will demonstrate insightful case conceptualization and treatment planning skills.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Produces insightful case conceptualization using own preferred theoretical orientation. Draws some insights into case from other orientations. Consistently sets realistic goals with patients.

___ Above Average
Independently reaches case conceptualization Recognizes improvements when pointed out by supervisor. Readily identifies areas to address but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor. Distinguishes realistic and unrealistic goals.

___ Intermediate
With supervisory assistance can conceptualize case. Aware of areas to address when clearly stated by patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic agenda aside from goals presented by patient.

___ Below Average
Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Sets inappropriate goals with patient.

___ Needs Remediation
Uses personal bias and beliefs without consideration of psychological theory in case conceptualization and treatment planning. Ignores patient identified goals though clearly stated.

Comments:
Goal 1.3: Intern will demonstrate therapeutic intervention skills.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Interventions are well-timed, effective and consistent with empirically supported treatment. Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

___ Above Average
Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.

___ Intermediate
Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.

___ Below Average
Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients’ level of understanding and motivation.

___ Needs Remediation
Intern lacks awareness of patients’ rejection of interpretation and interventions. Patients frequently to not return due to intern’s deficits in planning appropriate interventions.

Comments:
Goal 1.4: Intern will understand and use own emotional reactions to patient presentations to improve therapeutic process.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
During session, uses countertransference to formulate hypotheses about patient’s current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.

___ Above Average
Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.

___ Intermediate
Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.

___ Below Average
When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.

___ Needs Remediation
Unable to see countertransference issues, even with supervisory input.

Comments:
Goal 1.5: Intern will demonstrate effective group therapy skills.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of cotherapist/supervisor with follow-up supervision later.

___ Above Average
Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.

___ Intermediate
Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.

___ Below Average
Significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.

___ Needs Remediation
Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

Comments:
Goal 1.6: Intern will establish therapeutic rapport with patients.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Easily establishes quality relationships with almost all patients. Reliably identifies potentially challenging patients and seeks supervision as needed.

___ Above Average
Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.

___ Intermediate
Actively developing skills with new populations. Relates well when has prior experience with population.

___ Below Average
Has difficulty establishing rapport.

___ Needs Remediation
Alienates patients or shows little ability to recognize problems.

Comments:
Goal 1.7: Intern will skillfully and therapeutically address patient needs and concerns related to cultural and individual differences.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Committed to providing excellent services for all patient populations. Acknowledges and respects all differences between self and clients. Recognizes when more information is needed regarding differences and seeks out information autonomously. Aware of own limits of expertise.

___ Above Average
In supervision, recognizes and openly discusses limits to competence with diverse clients.

___ Intermediate
Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.

___ Below Average
Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.

___ Needs Remediation
Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

Comments:
Goal 1.8: Intern will demonstrate awareness of impact of own cultural and ethnic background on psychological work.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Accurately self-monitors responses to differences; differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful and non-defensive about own cultural identity. Reliably seeks supervision when uncertain.

___ Above Average
Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.

___ Intermediate
Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with minor differences that exist between self and clients and appropriately exploring and considering major differences and how clinical work is impacted.

___ Below Average
Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision. Minimizes or denies discomfort with patients to avoid discussing relevant personal and patient identity issues.

___ Needs Remediation
Has little insight into own cultural beliefs even after supervision.

Comments:
Goal 1.9 Intern will seek evidence-based interventions and integrate current scientific knowledge into psychological work.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions and other resources. Displays self-direction in seeking evidence-based clinical practices and independently applies scientific knowledge in treatment of patients and in other relevant areas.

___ Above Average
Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor’s suggestions of additional informational resources, and pursues those suggestions.

___ Intermediate
Occasionally seeks new information without guidance of supervisor. When provided with appropriate resources, willingly uses the information provided and uses supervisor’s knowledge to enhance own understanding.

___ Below Average
Will incorporate new information into practice but waits for supervisor to provide guidance.

___ Needs Remediation
Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

Comments:
Goal 2: Competence in Professional Consultation

Goal 2.1: Intern will demonstrate efficient and clinically useful consultation skills.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.

___ Above Average
Occasionally requests guidance regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer to referral question.

___ Intermediate
Occasionally chooses inappropriate measures when acting independent of supervision. Responds well to feedback regarding choice of measures and integration of results.

___ Below Average
Needs continuous supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.

___ Needs Remediation
Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

Comments:
Goal 2.2: Intern will provide meaningful and appropriate level of guidance in response to consultation requests.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Relates well to those seeking input, provides appropriate level of consultation considering clients’ level of knowledge of psychological theory, method and principles, without supervision.

___ Above Average
Occasionally requests guidance from supervisor regarding management of consultation requests. Able to match information to level of understanding of those seeking consultation.

___ Intermediate
Requires occasional unsolicited input from supervisor regarding management of consultation requests. Good insight once deficits are pointed out.

___ Below Average
Requires significant supervision in management of consultation requests. Occasionally under or over-estimates understanding of clients.

___ Needs Remediation
Unable to establish rapport with other providers that have requested consultation. Harsh or offensive in delivery of information. Unable to match information to level of understanding of others.

Comments:
Goal 2.3: Intern will demonstrate knowledge and skills to adequately carry out effective program evaluations.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Demonstrates exceptional research skills needed for effective program evaluation. Can independently carry out the evaluative process.

___ Above Average
Understands the importance of conducting a program evaluation and collaboratively initiates some aspects of this process. Needs occasional feedback throughout the process.

___ Intermediate
Understands the importance of conducting a program evaluation and demonstrates limited experience in this process. Able to initiate but needs regular feedback throughout the process.

___ Below Average
Minimal understanding of the importance of conducting program evaluation. Unable to initiate collaborative process on own without supervisory input.

___ Needs Remediation
Does not understand the importance of program evaluation. Minimizes need for collaboration in evaluative process.

Comments:
Goal 3: Competence in Theories and Methods of Psychological Screening, Diagnosis, and Assessment

Goal 3.1: Intern will be proficient in psychological diagnosis.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Demonstrates a thorough knowledge and application of psychiatric diagnostic nomenclature and DSM classification. Uses all clinically relevant data sources to diagnose accurately. Autonomously formulates diagnoses.

___ Above Average
Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.

___ Intermediate
Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.

___ Below Average
Has gaps in knowledge of diagnostic nomenclature and is able to accurately diagnose only a few common disorders. Does not consistently consider all data sources to formulate diagnoses.

___ Needs Remediation
Has significant deficits in understanding of psychiatric classification system and or ability to use the DSM criteria to conceptualize diagnoses. Requires significant supervision and reminders to incorporate all data sources to formulate diagnoses.

Comments:
Goal 3.2: Intern will skillfully select and administer psychological screeners and tests.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Proficiently administers all tests. Completes all testing in a timely manner. Autonomously chooses appropriate tests to answer referral question.

___ Above Average
Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.

___ Intermediate
Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.

___ Below Average
Test administration is irregular and slow. Often needs to schedule patients for return visit to complete testing due to poor test selection.

___ Needs Remediation
Test administration is poor and not consistent with manual standards. Requires significant supervision of test selection.

Comments:
Goal 3.3: Intern will skillfully interpret psychological test results.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Understands and adeptly explains contradictory test results. Accurately interprets and integrates results prior to supervision session.

___ Above Average
Demonstrates knowledge of scoring methods, reaches appropriate conclusions with minimal support from supervision.

___ Intermediate
Completes assessments on typical patients with some supervisory input, occasionally uncertain how to interpret unusual findings. Understands basic use of tests. Occasionally reaches inaccurate conclusions or takes computer interpretation packages too literally.

___ Below Average
Significant inaccuracy in interpretation of psychological test results. Over-reliance on computer interpretation packages. Repeatedly omits significant data from assessments, reaches inaccurate conclusions that are unsupported by data.

___ Needs Remediation
Relies on supervisor to interpret test results. Understands when scores are significant but unable to apply meaning to scores.

Comments:
Goal 3.4: Intern will write meaningful psychological reports that inform and improve patient care.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Prompt completion. Report is clear, thorough, and has coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

___ Above Average
Prompt completion. Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervision, makes useful and relevant recommendations.

___ Intermediate
Requires additional time to make changes. Uses supervision effectively for assistance in determining important points to highlight.

___ Below Average
Reports are poorly organized and require major rewrites. Inaccurate conclusions or grammar interfere with communication.

___ Needs Remediation
Relies on supervisor to guide content of reports and recommendations. Unable to complete reports independent of supervision.

Comments:
Goal 3.5: Intern will skillfully provide assessment feedback to patient and/or caregivers.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Plans and implements the feedback session appropriately. Anticipates areas of difficulty in the session and responds with empathy to concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.

___ Above Average
With minor supervisory input, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.

___ Intermediate
Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues.

___ Below Average
Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.

___ Needs Remediation
Presents information in a disorganized manner making it difficult for patient or caregiver to understand. Does not modify interpersonal style in feedback session in response to specific needs of patient or caregiver.

Comments:
Goal 4: Competence in Supervision

Goal 4.1: Intern appropriately and efficiently utilizes supervision.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Intern always comes prepared for formal supervision. Intern effectively and efficiently presents case conceptualizations about patient load. Critical feedback is met with non-defensive attitude and behavioral change. Intern uses supervision to explore professional and systemic issues as well as clinical concerns. Intern is aware of strengths and weaknesses and is actively pursuing improvement.

___ Above Average
Intern is consistently prepared for supervision and rarely needs prompts for effective use of supervision. Critical feedback is explored and met with non-defensive attitude and behavioral change. Intern is aware of strengths and weaknesses and has plans for improvement.

___ Intermediate
Intern is prepared for supervision on most occasions, but occasionally needs prompts for how to effectively utilize supervision time. Intern is occasionally defensive towards critical feedback, but is receptive to behavioral change. Intern is generally aware of strengths and weaknesses.

___ Below Average
Intern is generally unprepared for supervision. Prompts are needed on most occasions to effectively utilize supervision. Intern meets critical feedback with defensiveness. Difficult patients or topics are avoided during supervision. Intern often must be told what areas there are struggling in and have not prepared for improvement strategies.

___ Needs Remediation
Intern is often unprepared, late, or does not attend supervision. Prompts are almost always needed for attending and utilizing supervision. Intern meets critical feedback with defensiveness or aggression. Difficult patients or topics are avoided during supervision. Patient actively deceives supervisor about topics of discussion. Intern is not aware of areas that need improvement and actively avoid improvement to these areas.

Comments:
Goal 4.2: Intern will demonstrate proficiency in supervision techniques and consistently employ these skills in guidance of supervisees.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee’s input. Demonstrates mastery of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed.

___ Above Average
Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as document on evaluation form.

___ Intermediate
Trainee has good rapport with supervisee. Generally recognizes relevant issues, but needs guidance regarding supervision skills. Supervisee finds trainee input helpful. Trainee is rated by supervisee at the satisfactory level.

___ Below Average
Supervisee rates trainee at needs improvement level in several areas. Has basic rapport with supervisee.

___ Needs Remediation
Unable to provide helpful supervision. Supervisee reports trainee is unavailable, hostile, condescending, arrogant, etc.

Comments:
Goal 5: Competence in Professional Conduct, Ethics, and Legal Matters

Goal 5.1: Intern will demonstrate professional interpersonal relationships with colleagues.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Smooth working relationships, handles differences openly, tactfully and effectively. Effectively relates to team members in accordance with unique roles. Effectively uses team format.

___ Above Average
Activey participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.

___ Intermediate
Progressing well on providing input in team setting but input is inconsistent. Effectively seeks assistance to cope with interpersonal concerns with colleagues.

___ Below Average
Ability to participate in team model is limited, relates well to peers and supervisors. May be unaware of interpersonal concerns identified by others.

___ Needs Remediation
May be withdrawn, overly confrontational, insensitive, or may have had hostile interactions with colleagues.

Comments:
Goal 5.2: Intern will use positive coping strategies to manage stress of living.

___ N/A  
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced  
Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Excellent work-life balance and self-care.

___ Above Average  
Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.

___ Intermediate  
Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.

___ Below Average  
Personal problems can significantly disrupt professional functioning. Seeks out but unable to apply supervisory input into healthy coping.

___ Needs Remediation  
Denies problems or otherwise does not allow them to be addressed effectively. Uses unhealthy coping strategies to manage work and personal stress.

Comments:
Goal 5.3: Intern will demonstrate professional responsibility in documentation of patient care.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.

___ Above Average
Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls) but recognizes these oversights and retroactively documents appropriately.

___ Intermediate
Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.

___ Below Average
Documentation needs considerable direction from supervisor. May leave out crucial information.

___ Needs Remediation
Seems unconcerned about documentation. Neglects to document patient contacts. Documentation is disorganized, unclear, or excessively late.

Comments:
Goal 5.4: Intern will demonstrate professional time management skills.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Honors patient appointments and availability as scheduled. Efficient and on time in completing tasks without prompting, deadlines or reminders. Excellent time management skills regarding leave. Always informs supervisor of schedule changes in a timely manner.

___ Above Average
Typically completes clinical work/patient care within scheduled hours. Generally on time. Completes tasks in a timely manner with occasional reminders or need for stated deadline.

___ Intermediate
Completes work effectively and promptly by using supervision time for guidance.

___ Below Average
Highly dependent on reminders or deadlines.

___ Needs Remediation
Frequently has difficulty with timeliness. Tardiness or unaccounted absences and lack of availability are problematic.

Comments:
Goal 5.5: Intern will abide by APA ethical guidelines and state law in psychological work.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Gathers all pertinent information to aid in determining ethical and legal elements of treatment decisions. Judgment is reliable about when consultation is needed. Automatic application of APA ethics and code of conduct without supervision.

___ Above Average
Consistently recognizes ethical and legal issues, appropriately asks for supervisory input. Readily applies APA guidelines in relationships.

___ Intermediate
Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input. Good knowledge APA ethics and code of conduct. Occasional reminders needed.

___ Below Average
Often unaware of important ethical and legal issues. Developing awareness of APA ethical principles and code of conduct.

___ Needs Remediation
Disregards important supervisory input regarding ethics or law. Lacks awareness of professionalism as outlined in APA guidelines. Limited understanding of psychology as a profession.

Comments:
Goal 5.6: Intern will demonstrate professional administrative skills in psychological work.

___ N/A
Supervision was not conducted, intern did not perform the skill, or data was not available for analysis.

___ Advanced
Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.

___ Above Average
Identifies components of the larger task and works independently on them. Minimal supervisory guidance to successfully accomplish large tasks within the time frame allotted. Identifies priorities but needs input to structure minor aspects of task.

___ Intermediate
Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.

___ Below Average
Trainee takes on responsibility then has difficulty asking for guidance or accomplishing goals within timeframe.

___ Needs Remediation
Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

Comments:
This assessment has been reviewed and discussed with the intern.

Supervisor: __________________________

Date: ______________

I have had this evaluation explained to me and accept this evaluation except as detailed below.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Intern: __________________________

Date: ______________
Intern Evaluation of Supervisor Form

Intern:____________________  Supervisor:____________________

Date:____________________

Please provide written feedback for your supervisor in the space below. This is an opportunity for you to request additional support in one of the identified domains. Space is provided for additional comments at the end of each large section. Please note that you are also welcome to add comments about individual items if you wish to do so.

Use the following guidelines for your ratings and place a checkmark in the appropriate box:
1: Strongly Disagree
2: Disagree
3: Neutral
4: Agree
5: Strongly Agree
# I. Supervisory environment:

<table>
<thead>
<tr>
<th></th>
<th>1 SD</th>
<th>2 D</th>
<th>3 N</th>
<th>4 A</th>
<th>5 SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Aids in establishing and maintaining the focus of supervision</td>
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<tr>
<td>B. Is available for consultation when needed outside the regular supervisory time</td>
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<tr>
<td>C. Notifies Intern in advance when unable to keep scheduled supervisory sessions</td>
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<tr>
<td>D. Avoids interruptions during supervision</td>
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<tr>
<td>E. Shows interest in intern concerns</td>
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<td>F. Respects personal differences between supervisor and intern</td>
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<tr>
<td>G. Serves as an advocate or support person for intern</td>
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<tr>
<td>H. Uses appropriate self-disclosure</td>
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<tr>
<td>I. Works to establish a “climate of trust’ to maximize an honest and candid exchange of feelings and ideas</td>
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<tr>
<td>J. Works constructively to resolve conflict in supervisory relationship</td>
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</table>

Additional comments:
## II. Supervision

<table>
<thead>
<tr>
<th>A. Assists with case conceptualization</th>
<th>1 SD</th>
<th>2 D</th>
<th>3 N</th>
<th>4 A</th>
<th>5 SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Clearly conveys feedback about cases or theory</td>
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<tr>
<td>C. Conveys a sound conceptual grasp of patients and their problems</td>
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<td>D. Offers constructive treatment suggestions</td>
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<td>E. Discusses the application of ethical principles</td>
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<tr>
<td>F. Uses appropriate didactic material when needed</td>
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<td>G. Explores the appropriate use of various counseling processes</td>
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<tr>
<td>H. Is knowledgeable about community resources and helps interns make appropriate referrals</td>
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<tr>
<td>I. Recognizes own therapeutic limitations and makes appropriate referrals</td>
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</table>

Additional comments:
### III. Communication:

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<tr>
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<th>2 D</th>
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<th>5 SA</th>
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<tbody>
<tr>
<td>A.</td>
<td>Regularly provides constructive feedback and support</td>
<td></td>
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<tr>
<td>B.</td>
<td>Encourages Intern to share professional/personal concerns and responds constructively</td>
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<tr>
<td>C.</td>
<td>Use video and/or audio recordings to enhance skill development and professional understanding</td>
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<tr>
<td>D.</td>
<td>Willingly examines the supervisor/intern relationship when needed</td>
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<tr>
<td>E.</td>
<td>Acknowledges intern’s competencies and provides positive reinforcement</td>
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<tr>
<td>F.</td>
<td>Encourages independent thinking and action</td>
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<tr>
<td>G.</td>
<td>Frankly discusses intern limitations and growth areas</td>
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<tr>
<td>H.</td>
<td>Allows the use of the intern’s own theoretical orientation without imposing his/her own theoretical orientation on the intern</td>
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<tr>
<td>I.</td>
<td>Provides supervision appropriate to supervisee’s developmental level</td>
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<tr>
<td>J.</td>
<td>Helps Intern select appropriate professional and training goals, tasks, and experiences</td>
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<tr>
<td>K.</td>
<td>Aids in setting goals for supervision</td>
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</tbody>
</table>

**Additional comments:**
Intern Didactic Evaluation Form

Didactic Topic: _________________________________________________________________

Date: ____________________

Presenter(s): ________________________________________________________________

Please rate each item below using the following scale:
1: Strongly Disagree
2: Disagree
3: Neutral
4: Agree
5: Strongly Agree

The topic was relevant to my training. ______

The topic was interesting to me. ______

I have a better understanding of this topic. ______

I can use what I learned in my clinical work. ______

I would recommend this didactic. ______

Comments:
Program Evaluation Form

This evaluation is intended to provide an opportunity for you to give anonymous feedback regarding your internship training experiences. Your feedback will assist us in making improvements in the training program. Feedback from this evaluation will be provided to individual supervisors and/or the training committee, as appropriate.

Instructions: Respond to the following items digitally or on an attached page. Please give your impression of the internship training program as fully and honestly as possible.

1. Internship recruitment materials and procedures
2. Intern orientation
3. Clinical experience
4. Supervision
5. Evaluation process
6. Major Tracks
7. Didactics
8. Integration of science and practice
9. Cultural and individual differences and diversity
10. Professional ethics
11. Personal growth
12. Professional development
13. Resources
14. Overall strengths and/or weaknesses of internship experience
15. Additional comments, suggestions, or concerns.
## Case Presentation Evaluation Checklist

<table>
<thead>
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<th>Section</th>
<th>Omitted</th>
<th>Incomplete Information</th>
<th>Comprehensive Information</th>
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<td>Demographic Information</td>
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<td></td>
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<tr>
<td>Name</td>
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<tr>
<td>Age</td>
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<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Outstanding Features</td>
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<td>Duration of therapy</td>
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<td>Type of therapy modality</td>
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<td>Referral Source</td>
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<td>Primary source</td>
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<td>Chief Complaints</td>
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<td>Subjective</td>
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<tr>
<td>Impact on functioning</td>
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<tr>
<td>History of Present Illness</td>
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<tr>
<td>Problem first noted</td>
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<tr>
<td>Change over time</td>
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<tr>
<td>Prior Treatment and Outcome</td>
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<tr>
<td>Impact of problem on relationships</td>
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<tr>
<td>Collateral information if available</td>
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<tr>
<td>Social History</td>
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<td>Siblings</td>
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<td>Immediate Family</td>
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<tr>
<td>Education</td>
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<td>Occupation</td>
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<tr>
<td>Marital/Relational</td>
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<tr>
<td>Cultural</td>
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<tr>
<td>Trauma/Loss</td>
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<tr>
<td>Medical History</td>
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<tr>
<td>Hospitalizations</td>
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<tr>
<td>Unusual or significant illness/Accidents</td>
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<tr>
<td>Medications</td>
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<tr>
<td>Most recent PCP visit</td>
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**Mental Status**

<table>
<thead>
<tr>
<th>Appearance/Behavior</th>
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<tbody>
<tr>
<td>Mood</td>
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<tr>
<td>Affect</td>
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<tr>
<td>Thought content</td>
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<tr>
<td>Thought form</td>
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<tr>
<td>Perception</td>
<td></td>
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<tr>
<td>Orientation</td>
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<tr>
<td>Intelligence/Cognitive Functioning</td>
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**Summary**

<table>
<thead>
<tr>
<th>Conceptualization and theoretical framework</th>
<th></th>
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<tbody>
<tr>
<td>Developmental status and goals</td>
<td></td>
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<tr>
<td>Challenges to optimal treatment outcomes</td>
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<tr>
<td>Progress of treatment</td>
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<tr>
<td>Prognosis</td>
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</table>

**Diagnostic Impressions – DSM**

<table>
<thead>
<tr>
<th>Primary Clinical Syndromes</th>
<th></th>
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<tbody>
<tr>
<td>Personality Disorder</td>
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<tr>
<td>Developmental Disorder</td>
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<tr>
<td>Physical Disorder</td>
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<tr>
<td>Psychosocial Stressors</td>
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<tr>
<td>Highest level of adaptive functioning in past year</td>
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<tr>
<td>Current level of adaptive functioning</td>
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</table>

**Recommendations**

<table>
<thead>
<tr>
<th>Treatment plan outline</th>
<th></th>
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<tbody>
<tr>
<td>Theoretical orientation to support treatment plan</td>
<td></td>
</tr>
<tr>
<td>Alignment of clinician perspective and treatment plan</td>
<td></td>
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</tbody>
</table>

**Bibliography/References**

| Resource materials |  |
Appendix D

Other Forms

Permission to Record

Notification of Supervision

Supervision Journal

Case Presentation Guide

Certificate of Completion
Permission to Record

Patient Name: ______________________________

Therapist Name: ______________________________

I grant permission to my therapist to have our sessions recorded or observed. I understand that I will not be recorded without my permission or knowledge. All recordings will be treated confidentially and will be used only for therapist training. The recordings may be reviewed by the therapist, clinical supervisor, or advanced doctoral trainees. Recordings will be deleted, erased or destroyed immediately following use for training.

Signature ________________________________   Date __________________

Notification of Supervision

Your therapist is currently under the supervision of a licensed psychologist as part of a training program. The name of your therapist’s supervisor is listed below. You have the right to meet your therapist’s supervisor, if you wish.

Therapist: ____________________________  Title: __________________

Supervisor: __________________________  Title: __________________

Client/Patient: _________________________  Date: ________________
Supervision Journal

Supervisee: __________________________ Date: __________

Supervisor: __________________________

To be completed by supervisee prior to supervision meeting.

What do you need from today’s supervision meeting?

Non-clinical agenda items:

<table>
<thead>
<tr>
<th>Patient Initials</th>
<th></th>
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<tbody>
<tr>
<td>Recording</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Number of Sessions</td>
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<td><strong>Risk Factors</strong></td>
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__________________________________________________________________________

**Supervisor Signature** ____________ **Date**
Case Presentation Guide

- **Identification of the Client**
  - Name
  - Age
  - Race/Ethnicity
  - Occupation
  - Hometown
  - Outstanding features
  - Number of sessions
  - What types of therapy

- **Referral Source**

- **Chief Complaint(s)**
  - Behavioral
  - Physiological
  - Subjective
  - Environmental
  - Functioning

- **History of Present Illness**
  - Initial date of illness
  - Changes to illness over time
  - Helpful past treatment
  - Unhelpful past treatment
  - Exacerbating factors
  - Alleviating factors
  - Effect on people around them

- **Social History**
  - Parenting
  - Immediate Family
  - Education
  - Occupational
  - Marital/Relational
  - Cultural
  - Abuse History
  - Loss or Grief

- **Medical History**
  - Hospitalizations
    - Reason
    - Date
    - Outcome
  - Any unusual illnesses.
  - Any serious accidents
• Current relevant medications
• Relevant review of medical notes

• Mental Status
  • Appearance
  • Behavior
  • Mood
  • Affect
  • Thought content
  • Thought process
  • Perception
  • Orientation
  • Cognitive functioning

• Summary
  • Conceptualization within the theoretical orientation
  • Developments
  • Progress
  • Prognosis

• Diagnostic Impression (DSM-V)
  • Diagnosis
  • Assessment results
  • Rule outs

• Recommendations
  • Treatment plan within theoretical orientation
  • What would you do differently

• References
  • Resource materials
  • Articles
  • Books
  • Theory
  • Authors
Certificate of Completion

NAME

has successfully completed a 2000 hour
Doctoral Internship in Health Service Psychology
through the
IU Health Ball Memorial Hospital Health Service
Psychology Doctoral Internship
START AND END DATE

Josh Rainey PhD, HSPP
Training Director

Linda Daniel PhD, HSPP
Clinical Supervisor